



## *Aboriginal Health in Aboriginal Hands*

### **NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION SUBMISSION TO THE COUNCIL OF AUSTRALIAN GOVERNMENTS' CLOSING THE GAP REFRESH**

The following submission to the Council of Australian Governments' 'Closing the Gap Refresh' is made by the National Aboriginal Community Controlled Health Organisation (NACCHO) on behalf of its Members.

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) across the country on Aboriginal health and wellbeing issues. An ACCHO is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Governance. They range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus. The services form a network, but each is autonomous and independent both of one another and of government.

NACCHO and its members are a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination. In 1997, the Federal Government funded NACCHO to establish a Secretariat in Canberra which greatly increased the capacity of Aboriginal Peoples involved in ACCHOs to participate in national health policy development.

Data shows that the nature of health problems for Indigenous people has changed greatly in recent decades. The situation in Australia 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 Aboriginal primary health care services – 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. It also means that whilst we must maintain a focus on the life expectancy gap, we must also concentrate on the quality of life and the burden of disease.

The integrated primary health care model adopted by ACCHOs is in keeping with the philosophy of Aboriginal community control and the holistic view of health. Addressing the ill health of Aboriginal people can only be achieved by local Aboriginal people controlling health care delivery. Local Aboriginal community control in health is essential to the definition of Aboriginal

holistic health and allows Aboriginal communities to determine their own affairs, protocols and procedures.

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, NACCHO intends to publish the submission on its website.

## **1. Do you have any general comments?**

There is extensive evidence that self-determination is fundamental to improving health and wellbeing outcomes. For Indigenous people 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 Indigenous people and their way of life.

For the refreshed closing the gap framework to be effective, it needs the full involvement of Aboriginal 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 Indigenous self-determination.

That said, the gap in life expectancy should remain the overarching target under "Closing the Gap" – we should not shy away from this target. It reflects not only the shorter life expectancy of Indigenous Australians, but also the higher rates of infant mortality, poorer health and lower levels of education and employment. It requires effort in health, but also in education and employment opportunities, housing, community safety, cultural safety, and children and family support.

The initial Closing the Gap commitment was welcomed – it served to focus and harness effort; increase and channel funding; and improve accountability at the national and state level through National Partnership Agreements and a report to Parliament. But the Closing the Gap Strategy was only ever partially implemented, has been abandoned in some areas and its potential is yet to be realised.

The other targets should remain. If they are replaced, the time series on being able to track progress will be broken and related effort would be displaced. Additional targets should be added – in areas like justice, early childhood and housing access – as well as new indicators to guide effort.

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 for Indigenous services.

There is currently no national 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 National Indigenous Reform Agreement which was a weakness that should not be

repeated. NACCHO should be engaged in negotiating and refining targets and their associated implementation strategies and plans.

## 2. What does Closing the Gap mean to you?

Closing the Gap in Indigenous health means:

- Aboriginal Community Controlled Health Organisations (ACCHOs) are the preferred provider of comprehensive primary health care services for Indigenous people, acknowledged for their expertise.
- There is a strong ACCHO service platform – expanded to areas and regions close to where people live and 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 is addressed and there is quarantined funding for Closing the Gap initiatives based on need and burden of disease.
- There is a strong and growing Indigenous health workforce specific to the needs of Indigenous people and communities, inclusive of Indigenous doctors, nurses, Aboriginal Health Workers, Aboriginal Health Practitioners, Social and Emotional Wellbeing workforce and allied health professionals, underpinned by an Indigenous health workforce strategy that is aligned with the ACCHO model of care.
- Mainstream health services are accessible, responsive and culturally safe for Indigenous people in line with the Australian Health Ministers Advisory Council’s Cultural Respect Framework 2016 – 2026.
- Adequate funding to support a long-term plan to address the social determinants of Indigenous health, based on the ACCHO model.
- Indigenous people and organisations are actively involved in the design, delivery and evaluation of services, policies and programs at a Federal, State and Territory and local level. Governments are accountable.

More broadly Closing the Gap means that:

- All governments Federal, State, Territory and Local, have agreed to work in a co-ordinated and focussed way together to achieve targets and make investments in the development of Indigenous peoples that are known to work;
- 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 with clearly defined roles and responsibilities of all levels of government with a strong and transparent accountability framework including independent monitoring and reporting by the Productivity Commission; and

- National legislation agreed to by COAG endorsed 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 with robust monitoring arrangements in place that include peak Indigenous organisations.

### **3. How can governments, Aboriginal and Torres Strait Islander people, and businesses work more effectively together?**

- **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?**

A refreshed agenda should position Indigenous people and ACCOs in the lead of 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, 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 endorsement of implementation plans, and be consulted on broader major health initiatives.

There should be greater transparency of Government's direct investment and allocation towards Closing the Gap initiatives.

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.

There should be regional decision making and greater responsibility at all levels to develop Closing the Gap targets.

Resources should be provided to ACCHOs to develop and implement localised health plans that are responsive to community priorities.

The reporting burden for ACCHOs should be reflective of the funding received and performance indicators and targets should be agreed with the relevant ACCHO.

### **4. How could the Closing the Gap targets better measure what is working and what is not?**

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

What has worked well:

- The initial Closing the Gap national commitment and associated initial funding in areas like remote housing and funding for ACCHOs for chronic disease and maternal health initiatives as specifically linked to closing the gap targets.

- Where ACCHOs are recognised as the preferred provider and have been adequately resourced to design and deliver primary health care services responsive to their communities.

What has not worked well includes:

- Lack of transparency and accountability of Indigenous specific funding (including administration costs).
- Loss of national political leadership and drive for a concerted bipartisan effort across the country.
- Changes in policy parameters and inability to track investments properly, for example the original closing the gap building blocks are different to the getting children to school, adults to work and communities safe, that is again different to the Indigenous Advancement Strategy areas.
- Not having clear evidence-based implementation plans and measurable data that directly links program investment to Closing the Gap strategy.
- Cuts to Indigenous specific funding, the Indigenous Advancement Strategy and diversion of ACCHO growth funding to Primary Health Networks.
- The transfer of responsibility for Indigenous Affairs to the Department of the Prime Minister and Cabinet and accordingly the loss of programmes from the Office of Aboriginal and Torres Strait Islander Health, has impacted on performance outcomes.
- Under investment in Indigenous health and an Indigenous workforce.
- Lack of long term funding certainty constraining ability to plan and deliver sustainable change. This included the loss of the CAOG National Reform Agreement including the five National Partnership Agreements in housing, economic participation, early childhood development, health and remote service delivery.
- Lack of accountability on the mainstream to deliver and account for services to Indigenous people reflective of their needs; as well as mainstream streams of funding not being harnessed for Indigenous people.
- Lack of ongoing commitment to addressing critical housing shortage.
- Demoralising initiatives like the cashless debit card, income management and changes to the Community Development Employment Projects Program (CDEP) erode trust and are costly and do not deliver outcomes.
- Continual change in contract arrangements, changes in Government staff and loss of corporate understanding of the issues, reinventing wheels, 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?**

- **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 Indigenous views of health and connection to culture and land. Wellbeing should be defined by Indigenous 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 Indigenous 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 its relevant areas.

NACCHO and its Members suggest that a proposed indicator under the Closing the Gap Strategy should be whether Government effort is supporting Indigenous aspirations. Some suggestions about the way that this indicator could be measured are as follows:

- Number and location of ACCOs (with the intention that this number would increase over time responding to community needs where gaps exist).
- Proportion / amount of funding that is directly related to Indigenous community controlled service delivery (with the intention that this amount would increase over time responding to community needs).
  - This does not include mainstream funding that is received by Indigenous 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 engagement of Indigenous led community development plans.

Organisations funded to deliver Indigenous specific services should have the same reporting responsibilities as ACCOs.

## **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 Indigenous 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. Indigenous service delivery should be funded through ACCOs – they are the best placed to ensure that local Aboriginal and Torres Strait Islander culture is considered in service design and delivery.
2. There should be a strong Indigenous workforce in areas of health, education, family support, community safety and early childhood supported through capacity building, mentoring and networking. Specifically, an Aboriginal and Torres Strait Islander workforce will help to ensure that services are designed for the needs of Indigenous people.
3. Mainstream services are held to account for culturally safe services and supports for Indigenous people. This includes reporting on key indicators relating to access to key services by Indigenous status.
4. There should be a dedicated funding stream directed towards the preservation of Indigenous languages; the protection and maintenance of cultural sites; governance and management of Indigenous held land and; supporting cultural festivals and the arts.
5. At a national level, Indigenous people must be involved in the design of key policies that affect their livelihoods.

NACCHO 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 homelands and develop their land 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?**

NACCHO and its Members are of the view that the current targets are still relevant and provide a benchmark for future improvement; continued commitment of the current targets is required to measure the impact over an extended duration. Additional targets are required to measure the impact that social determinants have on life expectancy.

Additional targets to be implemented should address the following key areas:

- Increasing the proportion of Indigenous service delivery funding provided directly to ACCHOS.
- Increasing Indigenous specific investment in primary health care and social determinants of health commensurate with need.

- Reducing overcrowding and increasing access to appropriate housing.
  - This must include the recommitment of an Indigenous Housing National Partnership Agreement.
- Reducing the rate of Indigenous child removal / child protection interactions.
- Closing the gap in the Australian Early Development Census scores.
- Closing the gap in the proportion of Indigenous people living in the lowest socioeconomic quintile (quintile five).
- Reducing the rate of Indigenous people in youth detention and incarceration.

In health, additional targets / indicators that assist to drive and monitor the inputs to the attainment of the current health targets.

All new targets / indicators should be negotiated with Indigenous people at a local level, representative bodies and relevant peaks.

Government departments should also be required to publish annual Close the Gap reports demonstrating achievement against the targets in the overarching strategy. Progress against the targets should be independently monitored and results made public with the annual report to Parliament.

ACCHOs should be supported with funding to develop and govern the implementation of their own community development plans and localised Closing the Gap strategies. This could include governance and administration support.