



30th April 2018

Re: Consultation regarding Closing the Gap Refresh.

### **Share Your Views – Online Questions**

1) Do you have any general comments?

This is one of the most important policy areas in Australia to date.

2) What does Closing the Gap mean to you?

That Australians are taking social injustice seriously. We all want to address the enduring consequences of colonisation. Closing the Gap keeps governments on track and transparent. We can all see that more (not less) needs to be done.

3) How can governments, Aboriginal and Torres Strait Islander people, and business work more effectively together?

This is best done by handing over control where ever possible to Indigenous people and communities. If this is not possible then we must invest time and resources into working in partnership towards goals that are identified by Indigenous Australians themselves. This is not impossible – it takes commitment and always leads to better outcomes.

a) What is needed to change the relationship between government and community?

Transfer of control of funding. This is by far the best driver. Even if the Indigenous community then need to purchase services from mainstream or non-Indigenous services – when they have control of the funding they have more say in how it is spent and there is more accountability.

b) To help close the gap, what is needed to support Indigenous community and decision making?

More support (technical and other) to transfer funding and control and indicators to measure progress. Modelling on what is working (and a lot is). An example is the system of care that has been developed in South East Queensland by the Institute for Urban Indigenous Health. This model should be rolled out across Australia – it is seeing extraordinary success against many of the health targets and is also seeing significant increases in Indigenous training and employment. Additionally, having to write numerous small funding proposals for the revolving door of bureaucrats, year after year after year with much more oversight than is done with the non-Indigenous community, is simply unfair. Funding models must change.

4) How could Closing the Gap targets measure what is working and what is not?

As noted above – indicators for measuring funds administered through community controlled organisations. Additionally, two new targets should be added: Preterm birth and maternal mortality for the following reasons:

- 82% of child deaths (<5-years) occur in infants <1-year and 53% from perinatal conditions such as preterm birth<sup>1</sup>
- Preterm birth rates have not changed since the national targets were set in 2008



- In 2008, preterm birth rates were 13.3% for Indigenous women and 8.0% for non-Indigenous women<sup>2</sup>
- In 2017, preterm birth rates were 13.6% for Indigenous women and 8.4% for non-Indigenous women<sup>3</sup>
- Preterm birth is one of the largest causes of perinatal and infant deaths in Indigenous babies
- Preterm birth an important contributor to moderate to severe childhood disability and mortality, it also marks the genesis of many chronic diseases in adult life, in particular: diabetes, cardiovascular and renal disease;<sup>4</sup> all of which are overrepresented in the Australian Indigenous population
- Closing the preterm birth gap is likely to impact all other Closing the Gap targets in the future (e.g. life expectancy, literacy, numeracy, school attendance, year 12 and employment targets)<sup>1</sup>
- Preterm birth has some modifiable causes, for example: inadequate antenatal care, psychosocial stress, infections, smoking in pregnancy, poor maternal education and teenage pregnancy<sup>4</sup>
- Internationally, the World Health Organisation recommends preterm birth be a priority area for research and program innovation<sup>4</sup>
- Maternal mortality is not counted comprehensively in Australia (especially late maternal deaths up to 1 year postnatally) and there is not always adequate identification of Indigenous status. A spotlight on maternal mortality would help to drive better data collection and accountability (as does occur in the UK with the confidential inquiries).

a) What do you think are the most important issues for Aboriginal and Torres Strait Islander Australians, families and communities? Why?

## **Birthing on Country**

One of the most important things that could be achieved is to focus on getting the right start in life and reducing the preterm birth rate. Birthing on Country provides a framework for national, system wide reform in maternity care and in maternal child health. Birthing on country relates to system-wide, culturally responsive maternal and infant health services that provide the best start in life for Aboriginal and Torres Strait Islander babies and their families. Implementation of this national policy would see significant change across the country. Birthing on country needs a significant injection of funds and high-level government support and monitoring. The National Maternity Services Plan, endorsed by the Australian Health Ministers Advisory Council (AHMAC) in 2010, outlined actions that included the establishment and evaluation of: Birthing On Country Sites.<sup>5</sup> This Plan expired without ever designating funding for these actions. However, what was funded was an international literature review on Birthing On Country maternity services, which were defined as services:

*“designed and delivered for Indigenous women that encompass some or all of the following elements: are community based and governed; allow for incorporation of traditional practice; involve a connection with land and country; incorporate a holistic definition of health; value Indigenous and non-Indigenous ways of knowing and learning; risk assessment and service delivery; are culturally competent; and developed by, or with, Indigenous people.”<sup>6p.5</sup>*

The key components of Birthing On Country were established from the literature<sup>6</sup> and at the Birthing On Country National Workshop (2012)<sup>7</sup> it was described 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.”<sup>7p.11</sup>*

Recommendations from the workshop included the development of ‘exemplar sites’ in urban, rural, remote and very remote areas.<sup>7</sup> No funding has been committed towards this aim despite the endorsement by the Australian Health Ministers Advisory Council of the ‘Guiding Principles for Developing a Birthing On Country Service Model and an Evaluation Framework’ which was released in 2016.<sup>8</sup>

Some work has been done in Queensland towards the development of a Birthing on Country Site. The Birthing in Our Community (BIOC) Program was established in Brisbane in 2013 through a partnership between the Institute for Urban Indigenous Health (IUIH), the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane Ltd, and the Mater Health Service (MHS) (\$1.3 million joint funding). It includes a new model of care with shared clinical and Indigenous guidance and oversight provided through a multi-agency, multidisciplinary Steering Committee. A community-based Midwifery Group Practice offers 24/7 care to women through pregnancy to six weeks postnatally. A strong capacity building arm has seen funding (\$157,000 p.a.) secured to employ Indigenous Family Support Workers (also provided with educational opportunities) and Indigenous student midwives (employed as cadets or health workers), both of whom work side by side with the midwives, and provide the first Welcome Visit and facilitate cultural strengthening through monthly Family Yarning Circles. A five-year NHMRC Partnership grant (awarded 2014) provides the research funding for our longitudinal Indigenous Birthing in an Urban Setting Study. Early clinical outcome data is very encouraging and shows the popularity of the model with improvements across all maternal infant health indicators (see example below).

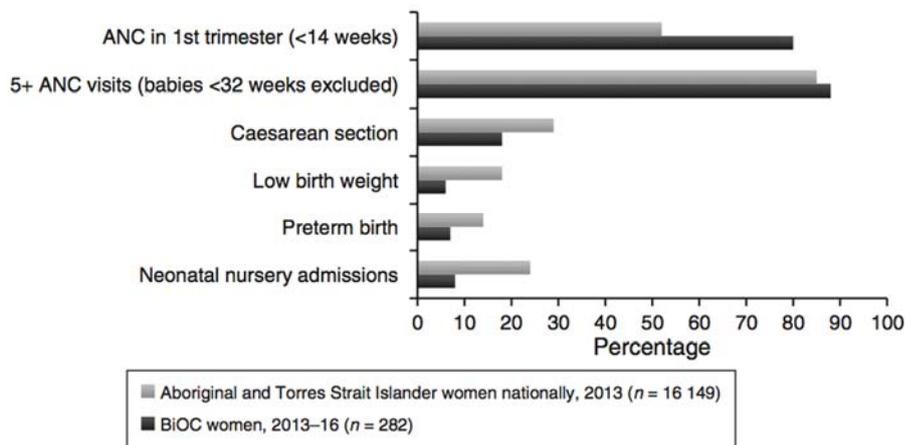


Figure 1. Maternal and infant health outcomes of women in the BiOC program compared with Australian Aboriginal and Torres Strait Islander women, 2013<sup>10</sup>



More recent data (4-year evaluation) shows sustained improvements in outcomes including a **58% reduction in preterm birth**. The next step for this program is to establish an Indigenous controlled birth centre. **Widespread scale up of this innovative service should be adopted as a national strategy to reduce preterm birth and child mortality across Australia.**

Further National Health and Medical Research Funding has been received by our team to work with 2 communities towards establishing Indigenous Birthing Centres. We aim to assist with developing and evaluating Birthing on Country sites (policy implementation). Government funding and support is required.

Yours sincerely

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## References

1. Commonwealth of Australia. Closing the Gap Prime Minister's Report 2018. Canberra: Department of the Prime Minister and Cabinet, 2018.
2. Laws P, Li Z, Sullivan E. Australia's mothers and babies 2008. Sydney: AIHW National Perinatal Statistics Unit, 2010.
3. Australian Institute of Health and Welfare. Australia Mothers and Babies 2015 - Perinatal dynamic data displays. 26.10.16 2017. <https://www.aihw.gov.au/reports/mothers-babies/perinatal-dynamic-data-displays/contents/dynamic-data-displays> Cat. no. PER 91).
4. Howson C, Kinney M, Lawn J, editors. The Global Action Report on Preterm Birth, Born Too Soon. Geneva: March of Dimes, Partnership for Maternal, Newborn and Child Health, Save the Children, World Health Organisation; 2012.
5. Australian Health Ministers Advisory Council. National Maternity Services Plan, 2011. Canberra: Australian Health Ministers Advisory Council, Commonwealth of Australia, 2011.
6. Kildea S, Van Wagner V. 'Birthing on Country,' Maternity Service Delivery Models: A review of the literature. Canberra, An Evidence Check rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>): Maternity Services Inter-Jurisdictional Committee for the Australian Health Minister's Advisory Council, 2013.
7. Kildea S, Magick Dennis F, Stapleton H. Birthing on Country Workshop Report, Alice Springs, 4th July. Brisbane: Australian Catholic University and Mater Medical Research Institute on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Minister's Advisory Council, 2013.
8. Kildea S, Lockey R, Roberts J, Magick Dennis F. Guiding Principles for Developing a Birthing on Country Service Model and Evaluation Framework, Phase 1. Brisbane: Mater Medical Research Unit and the University of Queensland on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Ministers' Advisory Council, 2016.
9. AIHW. Australia's mothers and babies 2013—in brief. Perinatal statistics series no. 31. Cat no. PER 72. Canberra: AIHW, 2015.
10. Kildea S, Hickey S, Nelson C, et al. Birthing on Country (in Our Community): a case study of engaging stakeholders and developing a best-practice Indigenous maternity service in an urban setting. *Australian Health Review* 2017; (Epub ahead of print).