RACGP | Aboriginal and Torres Strait Islander Health

Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Department of the Prime Minister and Cabinet (on behalf of the Council of Australian Governments (COAG)) for the opportunity to contribute to the discussion about the next phase of the Closing the Gap Strategy.

About the RACGP

The RACGP is Australia's largest professional general practice organisation, representing more than 38,000 members working in or towards a career in general practice in urban and rural areas.

The RACGP is responsible for:

- defining the nature and scope of the discipline
- setting the standards, curriculum and training
- maintaining the standards for high quality clinical practice
- supporting general practitioners (GPs) in their pursuit of excellence in patient care and community services.

About RACGP Aboriginal and Torres Strait Islander Health

Improving the health and wellbeing of Aboriginal and Torres Strait Islander people is one of Australia's highest health priorities. The RACGP is committed to raising awareness of Aboriginal and Torres Strait Islander health needs and as a result, RACGP Aboriginal and Torres Strait Islander Health ('the Faculty') was formed to help 'close the gap'.

The Faculty has over 8,000 members either working in the Aboriginal and Torres Strait Islander healthcare sector or who have a passion and interest in this area. The Faculty undertakes a range of activities to help improve Aboriginal and Torres Strait Islander health outcomes. These include:

- developing guidelines and resources for GPs and health professionals
- delivering education and training
- advocating on issues relating to Aboriginal and Torres Strait Islander health
- celebrating Aboriginal and Torres Strait Islander culture, and achievements by Aboriginal and Torres Strait Islander GPs, registrars and medical students.

Approach taken by this submission

The RACGP maintains that achieving progress against the Closing the Gap targets is dependent on Aboriginal and Torres Strait Islander leadership and participation. As a non-Indigenous organisation, we do not claim to speak for Aboriginal and Torres Strait Islander people or organisations. The aim of this submission is to support their vision for the next phase of the Closing the Gap Strategy. Where relevant, the submission will also make recommendations that support the ongoing ability of GPs and primary healthcare teams to support health improvements for Aboriginal and Torres Strait Islander people.

The Royal Australian College of General Practitioners
100 Wellington Parade East Melbourne Victoria 3002 Telephone 1800 472 247
www.racgp.org.au ACN 000 223 807 ABN 34 000 223 807

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RACGP Submission

General comments

Key points:

- Acknowledge and implement *The Redfern Statement* and *The Uluru Statement from the Heart* and implement recommendations from the *2018 Close the Gap – 10 Year Review.*
- Partner with Aboriginal and Torres Strait Islander people through the lifecycle of the next phase of the Closing the Gap Strategy.
- Before commencing with new, untested ideas, consider existing reports and reviews which highlight what works and what could be done better.

The RACGP urges all levels of government to recommit to closing the gap by genuinely working with Aboriginal and Torres Strait Islander leaders and their communities. It is essential that the next phase of the Closing the Gap Strategy is driven by the people it affects most and that they define the measures for success and progress. Improving interactions with communities should start by acknowledging and implementing *The Redfern Statement* and *The Uluru Statement from the Heart*.

All levels of government must move beyond the rhetoric of 'working with, not to', and identify strategies that ensure greater participation of Aboriginal and Torres Strait Islander people in the policy process. It will also be important to identify ongoing opportunities for partnership over the life of the Closing the Gap Strategy – from co-design, to implementation and evaluation.

The RACGP welcomes the Prime Minister's announcement earlier this year that the consultation period for the refresh of the Closing the Gap Strategy has been extended until October 2018 to allow for more comprehensive consultation. However, the recent decision to open up direct and dedicated engagement processes with Aboriginal and Torres Strait Islander peak bodies to include non-Indigenous bodies is less positive. Governments must remain committed to follow through on promises to engage properly and to prioritise the voices of Aboriginal and Torres Strait Islander people.

Governments must prove their willingness to support programs of work led by Aboriginal and Torres Strait Islander people. In 2008 there was widespread, bipartisan commitment to action, demonstrated through the signing of the Close the Gap *Statement of Intent*. In the years since, however, there has been little delivered in line with the statement's commitments. Moving forward, the actions at the centre of the *Statement of Intent* should drive the government's response to Closing the Gap.

Philosophical commitments to 'close the gap' need to be supported by actions that strengthen rather than undermine progress. All too often, policy is made outside the field of Indigenous affairs, yet still results in adverse impacts on Aboriginal and Torres Strait Islander people. This is true at both the federal and state/territory levels of government. Recent examples include:

- the Centrelink Online Compliance Intervention program
- school funding reforms and changes to university funding
- policies relating to the National Disability Insurance Scheme
- income management policies
- Newstart allowance, disability support pensions, and other forms of welfare cuts.

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Noting this, the RACGP recommends whole-of-government delivery of the Closing the Gap Strategy. Additionally, all major policy announcements should include an independent assessment of impact on Aboriginal and Torres Strait Islander people that is made public.

Finally, governments must reflect, act on and evaluate the recommendations of the numerous reviews and reports that have been commissioned over past decades. In particular, the annual *Social Justice and Native Title* reports and *Close the Gap Progress and Priorities* reports directly address implementation and progress of the Closing the Gap Strategy and provide relevant recommendations. The refresh is a timely opportunity to re-consider the 2005 Social Justice Report, which argues for a human rights based approach to Aboriginal and Torres Strait Islander health and set the groundwork for the Closing the Gap Strategy, and to acknowledge and act upon the Close the Gap Campaign's Close The Gap - 10 Year Review, which analyses the successes and failures of the Closing the Gap Strategy. Despite the many reports highlighting what may be wrong or how things could be done better, policy failures have continued. It is time governments start considering the outcomes of reports and implement their recommendations before launching into a new, untested process.

What does Closing the Gap mean to you?

Key points:

- Closing the Gap Strategy means equity in the health system and equality in health status and life expectancy by 2030.
- Progress has been achieved, particularly on chronic disease.
- Long term commitment is needed to ensure continued improvement, which aligns with delivery of quality primary healthcare.

The Closing the Gap Strategy has encouraged a holistic focus on the health and wellbeing of Aboriginal and Torres Strait Islander people and provided an opportunity to improve equity in the health system. As a member of the Close the Gap Campaign Steering Committee, the RACGP is committed to the Campaign's *Statement of Intent* and the aim of equality in health status and life expectancy by 2030. Continued support for and from the GP profession can ensure governments deliver on their commitments to ensure Aboriginal and Torres Strait Islander health remains a national priority.

Consistent with its human rights-based underpinnings, the Closing the Gap Strategy should not just focus on questions of health. The Strategy should support the creation of environments that enable people to have greater control over their life circumstances and give children the best start to life. As such, removing systematic barriers to healthcare access and improving the acceptability of primary healthcare for users must remain a priority of the Closing the Gap Strategy.

In many ways, the Closing the Gap Strategy has contributed to improvements in health outcomes for Aboriginal and Torres Strait Islander people. The decision to set two headline health targets, commit $1.6 billion in funding through the *National Partnership Agreement* on *Closing the Gap in Indigenous Health Outcomes* and the federal government's pledge of approximately $800 million for the Indigenous Chronic Disease Program (ICDP), has embedded a long term commitment to achieving health equality.

The initiatives delivered through the ICDP recognised both the impact of chronic disease on the health gap and the barriers to accessing appropriate healthcare.

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There is strong evidence that a well supported primary healthcare system, underpinned by the patient-centred medical home model, incorporating coordinated, comprehensive, accessible quality care, delivers health benefits, reduces the rate of potentially preventable hospitalisations and ensures quality patient care.[1] Well-trained and culturally responsive primary healthcare teams, including GPs, play a critical role in providing the healthcare needed to address chronic illness through prevention, early detection and more effective disease management.[2]

The ICDP mobilised considerable effort to address those areas in the primary healthcare system that created barriers to access. Data suggests that since the implementation of these initiatives in 2009, there has been an increase in health assessments, GP management plans, team care coordination arrangements and allied health items claimed through Medicare (MBS).[3] However, caution is required when solely linking healthcare delivery with financial incentives, rather than quality. Similarly, existing barriers, such as cost, have not been fully addressed for some services. Additionally, there is an ongoing need to promote the Closing the Gap policies and initiatives to ensure widespread awareness of opportunities to improve healthcare for Aboriginal and Torres Strait Islander patients.

The long-term nature of preventive health interventions and the often complex needs of Aboriginal and Torres Strait Islander people reinforce the need for ongoing accessible, culturally targeted and responsive healthcare. Governments must commit over the long term to fund, refine and expand these initiatives to ensure change can be seen at the population level. This should be underpinned by a commitment to align the delivery of primary healthcare with improved health outcomes to ensure quality care is achieved.

Primary healthcare services will remain central to the Closing the Gap Strategy – not only in terms of the continued delivery of services to address chronic disease, but also in providing a multidisciplinary framework of care that considers the social determinants of health. With further support, the sector is well placed to play an important role to address these factors.

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

Key points:

- Aboriginal and Torres Strait Islander people should be considered equal partners in the development of policies that affect their lives.
- Self-determination should be considered as a core principle to drive policy in the future.
- Closer collaboration with Aboriginal Community Controlled Health Services (ACCHS) will ensure policy is driven by those who understand what is needed to create change.

What is needed to support Indigenous community leadership and decision-making?

Aboriginal and Torres Strait Islander leaders and organisations have consistently communicated their expectations and priorities to Government based on first-hand experience and knowledge of issues affecting their people.

[1] RACGP. 2015. Vision for general practice and a sustainable healthcare system. Accessed from: https://www.racgp.org.au/download/Documents/advocacy/racgp-vision-for-general-practice-and-a-sustainable-health-system.pdf
[2] R. Donato and L. Segal. 2013. Does Australia have the appropriate health reform agenda to close the gap in Indigenous health? Australian Health Review. 37: 232–238.
[3] Australian Health Ministers' Advisory Council (AHMAC). 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. AHMAC: Canberra.

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The RACGP reiterates the importance of implementing *The Redfern Statement* and *The Uluru Statement from the Heart*. *The Redfern Statement* sets out exactly how Aboriginal and Torres Strait Islander organisations would like governments to work with them. *The Uluru Statement from the Heart*, arising from a different process, outlines a more detailed and specific proposal for how to recognise and work with Aboriginal and Torres Strait Islander people.

Governments must recognise Aboriginal and Torres Strait Islander people as equal partners in the design, development and implementation of the key policies that affect their lives. As a matter of principle, decisions that affect Aboriginal and Torres Strait Islander people must be informed *by* Aboriginal and Torres Strait Islander people - their communities, leaders and organisations. Given current population demographics, engagement with young people should be considered a priority, to better understand the particular needs of this cohort.

Equal partnership will require trust, empowerment and acknowledgement of Aboriginal and Torres Strait Islander people and their communities as leaders in this policy space.[4] As such, the next phase of the Closing the Gap Strategy should establish mechanisms to ensure Aboriginal and Torres Strait Islander people are not only engaged, but have a high level of autonomy over decision making throughout the life of the Strategy. Aboriginal and Torres Strait Islander people themselves should direct these governance arrangements. Appropriate support and resources must be put in place to ensure they are not set up to fail.

Change can happen as Aboriginal and Torres Strait Islander people are supported to make decisions about their communities. There is an active role for governments in this space. The Victorian government has already committed to self-determination as the guiding principle in its policy development, which has resulted in successful joint projects, including treaty talks. The refresh provides an important opportunity for all governments to commit to self-determination as a core principle to drive policy in the future.

The RACGP is encouraged by recent arrangements in the development of the second iteration of the National Aboriginal and Torres Strait Islander Health Plan Implementation Plan. The co-design process, joint policy leadership and ongoing involvement of Aboriginal and Torres Strait Islander leaders and subject matter experts in the monitoring of implementation exemplify the potential for government to collaborate on the development of national policy. Although improvements are still required to this approach, any future progress must build on current cross-sectoral collaboration and partnership.

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

Many changes are needed to improve the dynamics between government and community. One of the more important elements that has been lacking in government engagement is consistency. A more stable policy environment can enable communities to better adapt and gives programs the time needed to demonstrate their value. Longer term commitments from government could enrich, rather than undermine the achievements overtime and build social capital within communities.

Peak Aboriginal and Torres Strait Islander organisations criticised the development of the Closing the Gap Strategy as lacking in genuine engagement, partnership and recognition of ACCHS as key providers of comprehensive primary healthcare.[5]

[4] K. Smith. 2018. Trust in First Peoples as the guardians of their own futures. The Mandarin. Accessed from: https://www.themandarin.com.au/88415-ken-smith-trust-first-peoples-guardians-futures/

[5] R. Donato and L. Segal. 2013. Does Australia have the appropriate health reform agenda to close the gap in Indigenous health? Australian Health Review. 37: 232–238.

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A more collaborative dialogue, that places increased value on Aboriginal and Torres Strait Islander health sector input, is important to address this concern. Every attempt should be made to partner with key organisations, as well as engage with a range of health professionals, including Aboriginal and Torres Strait Islander doctors, that have established recognition and respect within their communities. This ensures that future policy is shaped by those with the strongest knowledge of what works, will improve the evidence base and broaden our understanding of current strengths and weaknesses.

Governments should also consider enacting those elements that have been found to contribute to successful Aboriginal and Torres Strait Islander health programs. This includes, for example, community engagement, ownership and control over particular programs.[6] Engaging in this way must be matched by a willingness to provide adequate and secure funding with flexibility to meet community needs, workforce and skills development, and governance capacity building.[7]

How the Closing the Gap targets can better measure what is working and what is not

Key points:

- The next phase of the Closing the Gap Strategy must not only measure, but include a coordinated and strategic policy response that is fully funded and reflects the priorities of Aboriginal and Torres Strait Islander people.
- The Closing the Gap Strategy has an opportunity to reflect and learn from the Close the Gap Campaign.
- Consider regular monitoring and reporting of Aboriginal and Torres Strait Islander workforce development through the Closing the Gap Strategy.

Despite a sustained commitment to monitoring progress, the current Closing the Gap Strategy is failing Aboriginal and Torres Strait Islander people. The Strategy as a whole has been reduced to focus predominately on the targets as a measure of disadvantage and annual commitments to 'do better'. This focus unfairly puts responsibility for the lack of progress on communities and detracts from the key purpose, that is to break down the structural barriers to achieve equality.

Data collection and monitoring progress remains a key component of the Strategy, but should not be an endpoint. The next phase of the Closing the Gap Strategy must include a coordinated and strategic policy response that is fully funded, receives long-term, bi-partisan commitment and reflects the priorities of Aboriginal and Torres Strait Islander people. The national leadership of the Australian Government is central to supporting this agenda.

The targets have not encouraged a strong culture of governmental accountability. This was underscored by the Australian Government's decision in 2014 to abolish the COAG Reform Council, which independently assessed progress against the targets. Further consideration must be given to accountability mechanisms, especially those that monitor the contributions of governments and mainstream organisations.

[6] R. Donato and L. Segal. 2013. Does Australia have the appropriate health reform agenda to close the gap in Indigenous health? Australian Health Review. 37: 232–238.
[7] R. Donato and L. Segal. 2013. Does Australia have the appropriate health reform agenda to close the gap in Indigenous health? Australian Health Review. 37: 232–238.

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In light of this, the RACGP suggests that the Closing the Gap refresh is an opportunity to differentiate the Closing the Gap Strategy and the Close the Gap Campaign. There has been widespread confusion between the two. The refresh process provides scope for the Closing the Gap Strategy to learn from the Close the Gap Campaign, including the way non-Indigenous organisations have supported Aboriginal and Torres Strait Islander Campaign leadership.

There is a pressing need for more and better evaluation of the policies and programs targeted at Aboriginal and Torres Strait Islander people. Where there is an understanding of what works, which is supported by evidence, this should inform the approach. For example, we have a clear picture of the conditions in which programs experience success.[8] For those programs that are already funded, an evaluation process should be incorporated into the program's delivery, with appropriate funding and capacity development. However, it is not enough just to evaluate programs, findings must be widely communicated and applied to improve overall service delivery.

Primary healthcare - what has worked well under Closing the Gap?

At its inception, COAG established a system that prioritised addressing health inequality, provided funding to address chronic disease and built in accountability through dedicated health targets. As a result, the Closing the Gap initiatives have contributed to health improvements.

As outlined above, activities delivered through the ICDP (now the *Indigenous Australians Health Program*) have enabled GPs and other primary healthcare practitioners to help improve the health status of Aboriginal and Torres Strait Islander people in terms of access, treatment and continuity of care.[9] Evaluations of the ICDP found several notable changes, including:

- more effective support to access health services, including improved coordination and monitoring of care provision
- improved cultural responsiveness to the needs of Aboriginal and Torres Strait Islander people, with acknowledgement of more work needed
- reduced barriers, such as financial and transport. The Pharmaceutical Benefits Scheme (PBS) co-payment and top-up payments for specialist services in particular are noted to have played a role in addressing financial burden
- improved capacity of the community controlled sector to support and empower communities
- increased attention to enhancing access to specialist, allied health and team-based approaches to chronic illness care.[10]

Primary healthcare - what has not worked as well?

Important as this progress is, the burden of chronic disease amongst Aboriginal and Torres Strait Islander people remains disproportionately high. MBS claims for specialist and psychologist items and usage rates for the PBS are still lower for Aboriginal and Torres Strait Islander people compared with non-Indigenous people.[11] Further work is needed to extend these initial gains. Improvements must align with expectations for quality primary healthcare and acknowledge that appropriate systems must be in place to ensure their successful management and accountability.

[8] Steering Committee for the Review of Government Service Provision. 2016. Overcoming Indigenous Disadvantage: Key Indicators 2016. Productivity Commission: Canberra.
[9] KPMG. 2014. National Monitoring and Evaluation of the Indigenous Chronic Disease Package Final Summary Report.
[10] Menzies School of Health Research. 2013. Sentinel Sites Evaluation: A place-based evaluation of the Indigenous Chronic Disease Package 2010–2012. Summary Report; KPMG. 2014. National Monitoring and Evaluation of the Indigenous Chronic Disease Package Final Summary Report.
[11] AHMAC. 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. AHMAC: Canberra.

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This demonstrates the need for governments to commit to consistent and long term delivery of these initiatives. GPs are seeing the benefits in their practices, although these may not translate into population level change for some time.

One of the challenges with delivery of these initiatives is the time lag between service delivery and improvements to behaviour. We should expect to see some meaningful changes to the health outcomes after long term, sustained effort and investment.[12]

A stronger role for primary health services

While tackling chronic disease must remain a national priority, action must also address those social and economic factors that impact health. The social and cultural determinants of health account for nearly 35% of the health gap.[13] It is now well recognised that a broad range of issues affect Aboriginal and Torres Strait Islander health status, some of which include racism, income and employment, contact with the justice system and inadequate housing.[14] Yet, there is no comprehensive national approach to address the impacts of the social and cultural determinants of health.

The Closing the Gap Strategy is a useful framework to execute a whole-of-government response, which compels action at the highest levels through COAG. At all levels of government, all agencies should be contributing to progress on the Closing the Gap Strategy. That includes analysing the impacts of their individual policies and programs on Aboriginal and Torres Strait Islander people. Implementation should consider support for delivery at the local level. ACCHS' broad range of activities already demonstrate what can be achieved by primary healthcare services in this space. With further support, the primary healthcare sector as a whole can make a significant contribution to tackling these outcomes.

The RACGP acknowledges the work being progressed through the *National Aboriginal and Torres Strait Islander Health Plan Implementation Plan* to address social and cultural determinants. A whole-of-government approach, that establishes the strategic links between the two bodies of work, and the necessary resourcing, is critical to ensure further improvements in health outcomes.

A more equitable funding model is required

Expenditure on primary healthcare for Aboriginal and Torres Strait Islander communities has increased since the 1990s, but these increases are not sufficient to overcome the high burden of morbidity and mortality in this population. A stronger commitment is needed to properly fund the Closing the Gap Strategy to achieve health equality, based on both need and evidence of what works. A basic principle of equity is that health expenditure should reflect the relative need for health services. It is expected that health expenditure for population groups with higher levels of need should be proportionately higher.[15] On a per person basis, average health expenditure for Aboriginal and Torres Strait Islander people in 2013–14 was 1.38 times that for non-Indigenous Australians. However, Aboriginal and Torres Strait Islander people currently experience a burden of disease and illness 2.3 times the rate of non-Indigenous Australians.[16] Funding decisions should reflect this relative need.

[12] Close the Gap Campaign Steering Committee. 2016. Progress and Priorities Report 2016.
[13] AHMAC. 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. AHMAC: Canberra.
[14] R. Donato and L. Segal. 2013. Does Australia have the appropriate health reform agenda to close the gap in Indigenous health? Australian Health Review. 37: 232–238.
[15] Whitehead 1992; Braveman 2003, cited in AHMAC. 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. AHMAC: Canberra.
[16] AHMAC. 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. AHMAC: Canberra.

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Who and what programs get funded is as important as the overall quantum of funds. A more rigorous process for allocating funding and for making decisions about which programs receive funding is required.[17] This must take into account evidence-based principles and practices that underpin successful program delivery for Aboriginal and Torres Strait Islander people,[18] and consider what programs already exist, to avoid duplication of services. For example, general principles for successful programs include community involvement and engagement, grass roots solutions, flexibility of program design and delivery with long-term and stable funding.

In many cases, Aboriginal and Torres Strait Islander organisations best embody these principles and practices. As such, they should be prioritised in funding decisions for service delivery to communities, with medium to long term funding commitments. In the health sector, ACCHS should be recognised as preferred providers. Other services, including general practices and Primary Health Networks (PHNs) can model their service provision and community engagement on ACCHSs, and be guided by their model and expertise.

And yet, in practice, funding decisions do not reflect this thinking. Funding for the PHNs and the Indigenous Advancement Strategy has shown a preference for funding mainstream organisations. Significant financial resources have been allocated to government-led projects that have achieved minimal success, and in some cases, have created further disadvantage. Examples include income management, remote school attendance schemes and remote employment programs.[19] These resources could be better used by organisations (in meaningful partnership with mainstream organisations where preferred) who have established links to the community and successful models of service delivery.[20] There will be no progress if the current approach to funding continues.

Supporting and strengthening community based organisations

Like any organisation, ACCHSs can experience governance and capacity problems which can impact on the effectiveness of the service. Where organisations experience these failures, it can be associated with under-resourcing and a lack of skills capacity and training.[21] The pattern of inconsistent funding and reliance on multiple funding streams creates an unnecessary burden on the capacity of ACCHS. This includes often complex and duplicative reporting requirements. These issues must also be considered in the support of improvements to the ACCHS sector. Addressing problems with governance and some services' lack of capacity is necessary for success. Resourcing is one of the key determinants of good governance, and ongoing government support is closely related to this. Support for ACCHS should also include resources for capacity building to enable services to perform to their full potential.

[17] S.Hudson, 2016. Mapping the Indigenous Program and Funding Maze. Research Report 18. Centre for Independent Studies: Sydney.
[18] Closing the Gap Clearinghouse. 2013. What works to overcome disadvantage: key learnings and gaps in the evidence 2011-12. Accessed from: http://www.aihw.gov.au/closingthegap/publications/.
[19] L. Fowkes. 2016. Impact on social security penalties of increased remote Work for the Dole requirements. CAEPR Working Paper 108/2016; E Klein. 2017. 'As costs mount, the government should abandon the Cashless Debit Card'. The Conversation. 12 December, 2017. Accessed from: https://theconversation.com/as-costs-mount-the-government-should-abandon-the-cashless-debit-card-88770
[20] MA Campbell *et al*. 2017. Contribution of Aboriginal Community-Controlled Health Services to improving Aboriginal health: an evidence review. *Australian Health Review*. doi: 10.1071/AH16149.
[21] T. Calma. 2007. What Does A Human Rights Approach Offer In Improving The Health Of Indigenous Australians? Accessed from: https://www.humanrights.gov.au/news/speeches/what-does-human-rights-approach-offer-improving-health-indigenous-australians-speech

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Investing in the ACCHS sector is not just about service provision. It is also about investing in the employment of Aboriginal and Torres Strait Islander people. The health and social care sector is currently the largest employer of Aboriginal and Torres Strait Islander people.[22]

Continuing to grow the workforce across all roles, with priority for much needed positions such as Aboriginal Health Practitioners and Aboriginal Health Workers, should be recognised as a priority under the Closing the Gap Strategy. Not only in terms of the availability of services for Aboriginal and Torres Strait Islander people, but also for the generation of employment and income.

With this in mind, regular monitoring and reporting of the Aboriginal and Torres Strait Islander workforce development through the Closing the Gap Strategy would be valuable. There is a range of data available to support this.[23] Additionally, the sector itself provides a template for how other community services can be managed to improve employment outcomes. Expansion of the Aboriginal and Torres Strait Islander workforce could be measured not only in its contribution to boosting employment, but as a measurable component of the delivery of culturally appropriate services.

Indicators that best support the needs and aspirations of Aboriginal and Torres Strait Islander peoples

Key points:

- It is important that the Closing the Gap Strategy retain a human rights focus, rather than pursuing a shift to 'prosperity'.
- The RACGP recommends including an indicator to measure access of primary healthcare.

Should governments focus on indicators such as prosperity, wellbeing or other areas?

To best support the needs and aspirations of Aboriginal and Torres Strait Islander people, the Closing the Gap Strategy must adopt a human rights-based approach. The *Closing the Gap Discussion Paper* highlights a shift towards a narrative dominated by economic participation. The pre-determined focus on the 'prosperity' of Aboriginal and Torres Strait Islander people as the Strategy's end point strongly reflects COAG's preference for an economic based framework to drive change.

While prosperity is an important outcome, its focus as an end in itself is a risk. It potentially frames the Closing the Gap Strategy in purely monetary terms and reduces governmental responsibility should people fail to achieve prosperity.

Aboriginal and Torres Strait Islander concepts of wellbeing include ideas such as connection to country, culture, and community, as well as a notion of prosperity. The concept of human rights allows for this, where, by virtue of being human, Aboriginal and Torres Strait Islander people are able to make choices about their lives and have the opportunity to pursue their own priorities. Taking a human rights approach to Aboriginal and Torres Strait Islander health was recommended in the *2005 Social Justice Report*, and provides a well recognised and supported framework to address the consequences Aboriginal and Torres Strait Islander health inequality.

[22] Australian Bureau of Statistics (ABS). 2018. 2076.0 - Census of Population and Housing: Characteristics of Aboriginal and Torres Strait Islander Australians, 2016. Accessed from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/2076.0Main%20Features512016?opendocument&tabname=Summary&prodno=2076.0&issue=2016&num=&view=http://www.abs.gov.au/ausstats/abs@.nsf/mediareleasesbyReleaseDate/142C08A784A1B5C0CA2581BF001EE22C?OpenDocument

[23] See for example the AIHW, ABS and the Australian Health Practitioner Regulation Agency for workforce data.

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A guiding mechanism, supported by the Australian Government, is the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP), which supports Aboriginal and Torres Strait Islander people in attaining a high standard of holistic health. The human rights based approach is also reflected in the Close the Gap Campaign's *Statement of Intent*. The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 adopts health equality and a rights-based approach as one of its overarching principles. Even a slight shift towards a 'prosperity' narrative (especially if informed by a western notion of prosperity) will threaten these human rights principles.

More importantly, economic driven policy risks negative outcomes. Growth is necessary, and brings great benefits, but it must be equitable. The 'prosperity' narrative tends to favour outcomes in urban and regional areas, with greater access to a 'normal' market environment. In this context, increasing responsibility is put on individuals and communities to resolve the conditions that create their insecurity and vulnerability.[24] Emphasis on individual responsibility often translates into blame for non-participation. In turn, less focus is directed towards tackling the social and economic barriers that prevent participation.

Similar arguments dominated discussions regarding the forced closure of communities in Western Australia and the terminology, such as 'lifestyle choices'.[25] The RACGP is concerned that they may come to dominate the Closing the Gap Strategy.

An indicator to measure primary healthcare access

As health remains a central priority in the Closing the Gap Strategy, addressing health inequality and improving equity in the health system are essential to achieving progress. As outlined earlier, the primary healthcare system and workforce plays an important role in preventing and managing chronic disease and addressing the social and cultural determinants of health, which reduces more costly hospital presentations and admissions.

There is an opportunity to tell an important story with the data related to primary healthcare access. The RACGP recommends the next phase of the Closing the Gap Strategy include an indicator to measure primary healthcare access and use of healthcare services. Data sources for this include the Australian Institute of Health and Welfare, who have published reports on access to healthcare relative to need, and the Australian Bureau of Statistics, who collect data from national health surveys and economic data by area. The Australian Health Practitioner Regulation Agency (AHPRA) collect workforce data, and the Department of Human Services collects MBS and PBS data. Some of this data is already collated and published on the *My Healthy Communities* website[26] and the Productivity Commission's *Report on Government Services.*[27]

[24] K. Pholi and C. Richards. 2009. Is 'Close the Gap' a useful approach to improving the health and wellbeing of Indigenous Australians? *Australian Review of Public Affairs*. 9 (2): 1–13
[25] ABC. 2015. 'Indigenous 'lifestyle choices' won't close the gap: PM'. Transcript. March 11, 2015. Accessed from: http://www.abc.net.au/am/content/2015/s4195123.htm
[26] See MyHealthyCommunities: http://www.myhealthycommunities.gov.au/
[27] Steering Committee for the Review of Government Service Provision. 2018. *Report on Government Services 2018*. Productivity Commission, Canberra.

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100 Wellington Parade East Melbourne Victoria 3002 Telephone 1800 472 247
www.racgp.org.au ACN 000 223 807 ABN 34 000 223 807

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

Governments must stay the course on their commitment to collaboration and partnership as the new way of working with Aboriginal and Torres Strait Islander communities. Understanding where economic development fits in the next phase of the Closing the Gap Strategy, as an indicator or otherwise, should be guided by the priorities of Aboriginal and Torres Strait Islander people.

The place for Aboriginal and Torres Strait Islander culture in the Closing the Gap framework

Key points:

- A strengths based approach interrupts the deficits narrative and provides an opportunity to showcase Aboriginal and Torres Strait Islander driven change.
- There are already many examples of programs and initiatives with culture at the centre, which have resulted in improved outcomes for communities.
- To support the role of culture, the Closing the Gap Strategy must prioritise the principle of self-determination.

According to the current approach adopted through the Closing the Gap Strategy, the defining features of Aboriginal and Torres Strait Islander people are understood as deficits. A focus on the 'gap' alone can mean losing sight of progress and the positive outcomes that are occurring.[28] A strengths based approach, which highlights the contributions of cultural experience, practice and achievement, is an opportunity to showcase change driven by Aboriginal and Torres Strait Islander people.

In the face of interventionist and disruptive Government policies, cultural knowledge and practices have been nurtured throughout history and in many ways continue to contribute to our daily life. Findings from recent consultations analysing the social and cultural determinants of health found that for Aboriginal and Torres Strait Islander people, a strong connection to culture is strongly correlated with good health, through strengthened identity, resilience and wellbeing.[29] Therefore, it is important to not only measure their impact, but to support continued access to their benefits.

There are several examples of programs and initiatives with culture at the centre, which have resulted in improved outcomes for communities. Enabling these community led and evaluated initiatives to continue will be important to accelerating progress. Examples include:

- holistic and comprehensive health as embodied in the ACCHS sector
- traditional environmental practices, promoted through protected area programs, Indigenous rangers and natural resource management
- community led initiatives such as Marulu: the Lililwan Project, a community-led strategy developed to address Fetal alcohol spectrum disorder in the Fitzroy Valley of Western Australia; and the Pika Wiya Health Service Aboriginal Corporation's Anangu Bibi Program, an antenatal, birth and post-natal care for Aboriginal women.

[28] R. Lovett *et al.* 2018. *Closing the Gap in child mortality: Ten years on.* Accessed from: https://www.sbs.com.au/nitv/article/2018/02/13/closing-gap-child-mortality-ten-years

[29] Commonwealth of Australia, Department of Health. 2017. My Life, My lead – Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations, December 2017.

Amongst these, ACCHSs are an excellent example of how communities can be empowered by exercising control of local services. Beyond primary healthcare, ACCHS provide a broad range of services which tackle social and cultural determinants of health, enable employment opportunities and are culturally responsive places that address holistic needs. This is why they are the preferred health service providers for Aboriginal and Torres Strait Islander people.[30]

Current research to better understand the role of culture as a health asset will help to quantify the benefits of cultural activity and how it could be incorporated into policy.[31] Adopting this approach could prompt a different way of looking at the targets and measurements, so that they capture absolute gains or changes in status or behavior, rather than continuing to measure relative gaps only.

Key targets or commitments that should be measured in a refreshed Closing the Gap agenda

Key points:

- Governments should be guided by the priorities of Aboriginal and Torres Strait Islander people, including those outlined in *The Redfern Statement*.
- Support retaining the headline health targets.
- The RACGP recommends incorporating measures of the impacts of the social and cultural determinants of health.

As outlined earlier, Aboriginal and Torres Strait Islander leaders and organisations have consistently communicated their expectations and priorities to governments. This includes recommendations on what should be measured through the Closing the Gap Strategy. Further engagement with Aboriginal and Torres Strait Islander peak organisations and communities is needed to clarify if these remain the priority targets and commitments.

With this in mind, the RACGP supports *The Redfern Statement* recommendation to:

Recommit to Closing the Gap in this generation, by and in partnership with COAG and Aboriginal and Torres Strait Islander people by setting targets and developing evidence-based, prevention and early intervention oriented national strategies which will drive activity and outcomes addressing:

- *family violence (with a focus on women and children);*
- *incarceration and access to justice; child safety and wellbeing, and the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care; and*
- *increasing Aboriginal and Torres Strait Islander access to disability services.*[32]

[30] J. Streak Gomersall, *et al.* 2017. What Indigenous Australian clients value about primary health care: a systematic review of qualitative evidence. *Australian and New Zealand Journal of Public Health*. 41 (4): 417-423; K. Panaretto, *et al.* 2014. Aboriginal Community Controlled Health Services: Leading the Way in Primary Care. *Medical Journal of Australia.* 200 (11): 649-651.
[31] See Dr Ray Lovett. Mayi Kuwayu: The National Study of Aborginal and Torres Strait Islander Wellbeing.
[32] The Redfern Statement. 2016. Accessed from: http://nationalcongress.com.au/about-us/redfern-statement/

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The RACGP remains committed to achieving health equality by 2030. Despite the health gains of the past 15 years and improvements to the delivery of and access to primary healthcare, the life expectancy gap is widening.[33] Retaining the headline health targets will be essential in the next phase of the Closing the Gap Strategy. Such an approach reflects the aspirations of the Close the Gap Campaign including the strong need for governments to implement a comprehensive strategy to address the social and cultural determinants of health.

What resources, including data or information, are needed to help communities and develop and drive local action?

A broader understanding of what contributes to health outcomes is needed to capture the impacts of the social determinants. Measuring progress on life expectancy and health status should also include how elements such as housing, education, employment, trauma, justice, income and the experience of racism contribute to the health gap.[34]

As such, an accounting of these elements will be important to understand and build into a comprehensive response through the Closing the Gap Strategy. The current work being undertaken through the *National Aboriginal and Torres Strait Islander Health Plan Implementation Plan* is a starting point to consider how these indicators could be measured and incorporated into the policy response. Particularly important will be to reflect on the outcomes of the *My Life, My Lead* consultation process, which will be useful to identify how to drive local action.

[33] AIHW. 2017. Trends in Indigenous mortality and life expectancy 2001–2015. Cat. no. IHW 174. AIHW: Canberra.
[34] AHMAC. 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. AHMAC: Canberra.

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