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From the President

27 April 2018

Professor Ian Anderson AO FAFPHM
Deputy Secretary
Indigenous Affairs
Department of the Prime Minister and Cabinet
P O Box 6500
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Via Email: ClosingtheGapRefresh@pmc.gov.au

Dear Professor Anderson

Closing the Gap Refresh

Thank you for the opportunity to contribute to the Closing the Gap Refresh consultation process. The Royal Australasian College of Physicians (RACP) represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, public health medicine, and addiction medicine. Our members work in every part of Australia and see patients across the lifespan.

The College has identified Indigenous Health as a priority area across all parts of the College. The RACP's Aboriginal and Torres Strait Islander Health Committee (ATSIHC) leads our work in this area, and we have also consulted across the College including with representatives of the Faculty of Occupational and Environmental Medicine.

The RACP is a founding member of the Close the Gap Campaign, which is providing as its submission to the Refresh consultation its *Ten-Year Review: the Closing the Gap Strategy and Recommendations for Reset*. RACP's ATSIHC members contributed earlier in 2018 to the Campaign's submission and the College supports the Review recommendations.

In addition to the *Review*, the RACP wishes to provide the following observations, recommendations, and points of feedback about Closing the Gap and the Refresh.

- Economic development and prosperity are important, as are the health benefits of good work, but the underpinning philosophy of Closing the Gap should not change from a human rights approach.

- Social determinants of health need to be addressed before major progress can be expected. Further work is also required on mental health and psychosocial wellbeing. We draw your attention to our 2016 Health In All Policies Position Statement, including its two fundamental ideas:

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    - Diseases and illness are exacerbated and disparately distributed in direct relationship to inequities in society. Social determinants of health are often responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries; and
    - Addressing the social determinants of health will reduce the burden of avoidable disease, resulting in savings to the health system and economic growth and development.

- Education is central. We need to value different ways of learning and diverse cultural world views. We need to train young people to be empowered in their own life, with education and skills that are relevant to their lives and communities. In remote Australia, this may require much smaller class sizes, flexibility in school delivery and timing, engagement of children and families, and consideration of using different models and languages of teaching, particularly when English may be a fourth or fifth language in many remote communities.

- Additional targets and ways of measuring them are appropriate. If the number of indicators is changed it should only be by the addition of targets—the current ones must be maintained and progress tracked in a consistent way. Targets that are due to "expire" should be not be allowed to do so. Measurement and reporting should include regional and community variation, including jurisdictional variation when that is relevant, e.g. Indigenous incarceration rates. Additional targets could include:

    - A culturally respectful and non-discriminatory health system, which can be monitored by measures including implementation of the National Anti-Racism Strategy and the proportion of health service providers with demonstrable local cultural and language competency.
    - Number and population reach of Aboriginal community controlled health services, given that Aboriginal and Torres Strait Islander health and wellbeing can be improved by people and communities determining and owning the process of health care delivery.
    - Housing and homelessness, reflecting more people experiencing homelessness (including non-metropolitan homelessness) and the impact that extreme homelessness rates has on these peoples' families and communities. This should encompass community-led architecture and planning of housing for everchanging contemporary remote living peoples.
    - Food security, with clarified Commonwealth, state and territory responsibilities for implementing a renewed National strategy for food security in remote Indigenous communities.
    - Community safety.
    - Sexual health.
    - Metropolitan, urban, regional, and remote transport infrastructure that is designed to provide improved access to health facilities, education, employment, and community recreational facilities.
    - Culturally appropriate education avenues for *all* remote living people that inspire children and their families to learn and engage with both traditional and Western societal education, including languages.
    - Employment opportunities *within the healthcare system* from community to tertiary hospital so that health care is increasingly community owned and controlled.
    - Indigenous incarceration rates, including of juveniles.

- Inadequate investment in Aboriginal and Torres Strait Islander health has undoubtedly contributed to the failure to make more progress during Closing the Gap's first 10 years. The Aboriginal and Torres Strait Islander population has, on average, 2.3 times the disease burden of non-Indigenous people,[1] but Australian government health expenditure was only $1.38 per Aboriginal and Torres Strait Islander person for every $1.00 spent per non-Indigenous person in 2013-14.[2]

- We strongly recommend that the *National Aboriginal and Torres Strait Islander Health Plan Implementation Plan* be fully funded, and that it be more directly linked to the commitments of the 2008 Close the Gap Indigenous Health Equality Summit Statement of Intent. This reflects the important nexus between Closing the Gap in whatever form it evolves in its second decade and overarching national reconciliation.

- Accountability mechanisms should be built into the refreshed Closing the Gap framework. The framework and its outcomes, along with the Commonwealth, State, and Territory governments that have carriage of it via COAG, should be primarily accountable to Aboriginal and Torres Strait Islander Australians. The RACP supports Constitutional recognition of Australia's first peoples and recognises the health benefits of genuine reconciliation; we also are on the record supporting the Uluru Statement from the Heart and the establishment of a First Nations Voice enshrined in the Constitution.

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[1] Australian Institute of Health and Welfare 2016. Healthy Futures—Aboriginal Community Controlled Health Services: Report Card 2016. Cat. no. IHW 171. Canberra: AIHW, p. 40.
[2] Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra, p. 192.