



the
Lowitja
Institute

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

8th October 2014

Mr. Stephen Palethorpe
Committee Secretary
The Senate Select Committee on Health
PO Box 6100, Parliament House,
Canberra ACT 2600

Email: health.sen@aph.gov.au

Dear Mr. Palethorpe,

The Lowitja Institute welcomes the Senate Select Committee into Health inquiry for health policy, administration and expenditure. Our submission addresses the terms in a broad sense pertaining to Aboriginal and Torres Strait Islander Health, rather than specific terms of reference.

The Lowitja Institute continues to undertake innovative work to ensure that research and its translation into practice produces tangible outcomes for Aboriginal and Torres Strait Islander peoples.

We welcome the opportunity to be of further assistance to the Committee, should it be required. The contact person for this work is Ms Mary Guthrie, General Manager, Policy, and she can be contacted on 03 8341 5504, or email mary.guthrie@lowitja.org.au.

Yours sincerely

Romlie Mokak
CEO

The Lowitja Institute Submission to the Senate Select Committee on Health

The Lowitja Institute is Australia's National Institute for Aboriginal and Torres Strait Islander Health Research. We are the only research organisation in Australia with a sole focus on the health and wellbeing of Aboriginal and Torres Strait Islander people. Further detail about the Lowitja Institute is set out in Appendix 1.

The Lowitja Institute welcomes this inquiry into health policy, administration and expenditure. Our submission addresses the terms in a broad sense, rather than specific terms of reference.

We have learned over a number of decades that for the successful implementation of Aboriginal and Torres Strait Islander health policy, the following overarching principles are vitally important:

- The Aboriginal and Torres Strait Islander definition and understanding of health incorporates the historical, cultural, spiritual, social, as well as the physical dimension of health;
- The value of Aboriginal and Torres Strait Islander leadership;
- Human rights principles should be reflected in all work in Aboriginal and Torres Strait Islander health;
- Genuine partnership and engagement with Aboriginal and Torres Strait Islander people, organisations and communities are vital if we are to make lasting change;
- Respect for the skills and abilities of Aboriginal and Torres Strait Islander people and organisations to make genuine decisions about their own lives;
- The development of an Aboriginal and Torres Strait Islander health workforce is valued;
- The role of Aboriginal and Torres Strait Islander culture and history is recognised and valued;
- Aboriginal and Torres Strait Islander communities are widely diverse. Locally tailored and targeted solutions are more likely to succeed than a 'one-size-fits-all' approach;
- Strengths-based approach versus a 'deficit model'.

We would draw to the attention of the Committee, the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (Health Plan). The Health Plan was developed in extensive consultation with the Aboriginal and Torres Strait Islander community and health organisations, including the Lowitja Institute. It importantly elevates the role of racism in health, and the central role of culture in Aboriginal and Torres Strait Islander health. We welcome the announcement from the Assistant Minister for Health, that an implementation plan for the Health Plan will be developed by the end of 2014.

Based on our research findings and related work, the Lowitja Institute recommends that the Committee consider a broader frame of health, that is, a health system that is underpinned by social and economic factors that sustain healthy lives. Health and illness does not exist within a vacuum. It extends to social determinants such as education, employment, housing, social systems and the health system itself. Cultural determinants of health, such as culture, empowerment, and racism also have important

connections to the health and wellbeing of Aboriginal and Torres Strait Islander people. Such an approach necessarily requires a preventative perspective on health and wellbeing.

The broader benefits of addressing social and economic factors should be considered in the context of both health and budgetary reform. Research conducted at the National Centre for Social and Economic Modelling, University of Canberra, estimated that if Australia were to adopt the recommendations of the WHO Commission on Social Determinants of Health report, half a million Australians could avoid suffering a chronic disease; 170,000 more Australians could enter the workforce (generating earnings of \$8 billion); and \$4 billion in redundant welfare support payments would be saved. The implications for the wellbeing of Aboriginal and Torres Strait Islander Australians, and for health equity, have not been calculated, but are undoubtedly considerable.¹

The Lowitja Institute believes it is vitally important that the Australian health system incorporate preventative approaches, and whilst longer term strategies are required, less burden on the treatment system is eventually afforded. We believe that the Australian health system is at risk of undoing great good if preventative approaches to health are diminished.

A recent AIHW publication² indicates that circulatory diseases were the leading cause of Aboriginal and Torres Strait Islander deaths for the period 2008–2012 (26%), followed by cancer (20%), external causes (15%), endocrine, metabolic and nutritional disorders (9%), respiratory diseases (8%) and digestive diseases (6%). These non-communicable diseases can be largely preventable by enabling health systems to respond more effectively and equitably to the health-care needs of Aboriginal and Torres Strait Islander people, and by influencing public policies outside of the health sector.

Risk factors too, such as tobacco, drug and alcohol issues, nutrition and exercise are significant for both the physical and mental health of Aboriginal and Torres Strait Islander people. Health promotion, illness prevention and early intervention programs are essential to mitigate these issues.

Constitutional Recognition

During 2014, the Lowitja Institute has led a project that contributes to the national conversation about constitutional recognition of Aboriginal and Torres Strait Islander people. The project has drawn together a coalition of over 100 non-government health and medical organisations, each of which has agreed to sign a statement in support of constitutional change, highlighting the importance to health and wellbeing. Current plans are for this project to be officially launched before the end of the year.

These organisations also enjoy a high degree of respect and trust in the community and through their memberships, networks and influence, provide a broad base for public support for constitutional change on the basis of health benefit for Aboriginal and Torres Strait Islander people.

¹ Deeble Institute Issues Brief No. 3 – dated 27 March 2014, pg. 2, “Overweight and obesity among Indigenous children: individual and social determinants” see website

https://ahha.asn.au/system/files/docs/publications/deeble_issue_brief_no_3_overweight_and_obesity_among_indigenous_children.pdf accessed 16 September 2014

² Mortality and life expectancy of Indigenous Australians 2008 to 2012, Australian Institute of Health and Welfare, Catalogue 140, pg. 6, Canberra see website <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548468>

The statement recognises that the higher burden of disease and shorter life expectancy for Aboriginal and Torres Strait Islander people is set against long term economic disadvantage and social exclusion. It states that constitutional recognition would provide a strong foundation for overcoming this burden. (Appendix 2)

Recommendation

- That the Committee and Australian Government acknowledge the link between constitutional recognition and the health and wellbeing of Aboriginal and Torres Strait Islander people.
- That the Australian Government commits sufficient resources to Constitutional recognition in order to achieve a successful referendum outcome.

Centrality of culture: Culture as a determinant of health

As well as understanding that Aboriginal and Torres Strait Islander people have the worst health of any population group in Australia, there should also be a clear understanding of the Aboriginal and Torres Strait Islander definition of health across all levels of government:

“Aboriginal health” means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.³

This understanding of health encompasses a different worldview to the Western perspective and requires that a range of factors exist in harmony in order to be in a state of health and wellbeing. Health and wellbeing is not simply about the absence of illness. Culture plays a significant protective role in the health and wellbeing of Aboriginal and Torres Strait Islander people along with the social determinants of health.^{4 5 6}

In the Health Plan, culture has been identified as being central to Aboriginal and Torres Strait Islander peoples’ health and wellbeing.⁷ As the document states, culture must be differentiated from the excessive behaviours, which contribute to ill health and harm. Rather, culture is about sharing life-giving values from which individuals, families and communities can draw strength, resilience and empowerment contributing to health and wellbeing.

With the introduction of the Indigenous Advancement Strategy and the increased role for the Department of Prime Minister and Cabinet, the definition and principles for Aboriginal and Torres Strait Islander health, including culture as a determinant of health, should be extended to all levels of policy and program reform.

³ National Aboriginal Health Strategy, 1989

⁴ UN Declaration on the Rights of Indigenous Peoples, United Nations, 2008 (adopted 2007 by General Assembly), see website http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

⁵ Marmot M, 2010, Fair society, Health Lives: The Marmot Review, Department of Health London, see website <http://www.ucl.ac.uk/whitehallIII/pdf/FairSocietyHealthyLives.pdf>

⁶ Chandler M and Lalonde C, Cultural Continuity as a Hedge Against Suicide in Canada’s First Nations, University of British Columbia see <http://tps.sagepub.com/content/35/2/191.abstract> (accessed 15 September 2014)

⁷ National Aboriginal and Torres Strait Islander Health Plan 2013-2023, 2013, Commonwealth of Australia, pg. 9

Racism

Lowitja Institute-funded research demonstrates that racism and discrimination effects health and wellbeing.⁸ The study found that racism was prevalent in the lives of Aboriginal Victorians surveyed, and that racism leads to higher levels of psychological distress and mental health issues. It identifies the need for increased support and community education efforts to promote respect and social cohesion as strategies for change.

The Health Plan expresses a vision of a health system that is free of racism and inequality.

Recommendation

- That the Australian Government commit to the key strategies outlined in the Health Plan in relation to a culturally respectful and non-discriminatory health system.
- That Governments at all levels continue to endorse the definition of Aboriginal Health as published in the Health Plan and incorporate its implications in all health and other Aboriginal and Torres Strait Islander policy and programs.
- That culture and cultural strengthening continues to be acknowledged as integral in the development of strategies, policies and programs delivered through the Health Plan.

Empowerment

Empowerment has been said to be the ‘missing determinant’ in terms of Aboriginal and Torres Strait Islander health.⁹

In her foreword to the publication *Promoting Aboriginal Health – The Family Wellbeing Empowerment Approach*,¹⁰ Ms. Pat Anderson, Lowitja Institute Chairperson states “*The Family Wellbeing Program facilitates a process of empowerment and agency in people’s lives. As Aboriginal people, we need to have a sense of agency in our lives, that we are not stray leaves blowing about in the wind*”.

The Family Wellbeing Program is an evidence-based program that could be supported and resourced in the context of primary prevention and early intervention, as a wellbeing approach to health. The Lowitja Institute and its predecessor organisations have supported and been closely associated with the 150-hour program developed in the early 1990’s. The program is enriched with material from complementary philosophies and empowerment principles for personal transformation. This involves harmonising physical, emotional, mental and spiritual aspects of life and applying this to practical day-to-day living. Program content is delivered in group settings through five 30-hour stages.

⁸ Ferdinand A, et al. 2012, Mental Health Impacts of Racism Discrimination in Victorian Aboriginal Communities – The Lowitja Institute; see website <https://www.lowitja.org.au/lowitja-publishing/L023>

⁹ Anderson P, - The Eberhard Wenzel Oration presented at the 22nd Australian Health Promotion Conference 5 September 2014, pg. 3, see website <https://www.lowitja.org.au/speeches>

¹⁰ Whiteside M, et al. 2014, Promoting Aboriginal Health – The Family Wellbeing Empowerment Approach, Springer Briefs in Public Health, Springer Press

Evaluation reports of the program across a range of settings, including Aboriginal and Torres Strait Islander prison populations, has confirmed participants learned to deal with emotions and avoid conflict, and found more peace in their lives. They were able to analyse situations more carefully, take better care of themselves, give and demand more in their relationships, and participate more actively.

Aboriginal and Torres Strait Islander Leadership

The National Health Leadership Forum (NHLF) is a coalition of representatives of the peak national Aboriginal and Torres Strait Islander organisations across Australia. The NHLF brings together an invaluable source of experience and expertise, providing advice on matters relating to Aboriginal and Torres Strait Islander health. Whilst there is bipartisan support in the Closing the Gap targets for Aboriginal and Torres Strait Islander Health, the government must continue to acknowledge the importance of, and engage in genuine partnership with Aboriginal and Torres Strait Islander leadership, as historically this engagement has been inconsistent. By international example, a draft outcome document to the World Conference on Indigenous Peoples 2014, has suggested that the Indigenous Peoples Permanent Forum has been a major achievement over two decades, ensuring a mechanism for expert advice together with a nominated rapporteur.¹¹

"The United Nations Permanent Forum on Indigenous Issues (UNPFII) is an advisory body to the Economic and Social Council (ECOSOC), with a mandate to discuss indigenous issues related to economic and social development, culture, the environment, education, health and human rights".¹²

Without the mechanisms for self-determination and permanent governance to achieve measures of long term impact, there is a challenge for governments at all levels to understand how to best effect change across the social determinants of health for Aboriginal and Torres Strait Islander people and particularly with the centrality of culture being acknowledged as a key concept.

Recommendation

- That the Committee and Australian Government continue to acknowledge the importance and ongoing relationship with the NHLF for the purpose of
 - seeking advice in relation to Aboriginal and Torres Strait Islander health
 - All other matters relating to the health and wellbeing of Aboriginal and Torres Strait Islander people, including the health implications for new policies and strategies.

Health in all Policies

As identified in the Health Plan it is essential that Governments work together across all building blocks that relate to health. An example currently being implemented in Australia working to reduce health inequalities is South Australia's 'Health in All Policies'. Since 2007 this initiative employs an expert Thinker-in-Residence program to ensure evidence informed practice and a joined-up government approach in population health. Health in All Policies was developed recognising that South Australian Health

¹¹ The United Nations General Assembly, Outcome document of the high-level plenary meeting of the General Assembly known as the World Conference on Indigenous Peoples, 2014, pg 2, see website, <http://www.wcip2014.org/wp-content/uploads/2014/09/N1453491-WCIP-FINAL-DOCUMENT-EN.pdf>

¹² See website: <http://undesadspd.org/indigenouspeoples.aspx>

expenditure was not sustainable, requiring emphasis particularly in the area of preventable chronic diseases and that the work was not the work of the Department of Health in isolation.¹³

The cost of inaction on the social determinants of health has also been reported on for the second time, further confirming the current health system has an opportunity for all government portfolios to invest in equity and the social determinants.¹⁴

Recommendation

- Following the decommissioning of the COAG Reform Council, Australian National Preventative Health Agency, National Partnership Agreement on Preventative Health and with the introduction of the Indigenous Advancement Strategy, that the Committee and Australian Government ensure collaboration and links to the Health Plan.
- That the Australian Government develop an appropriate and effective model for a whole of government response to work in collaboration across the social determinants of Aboriginal and Torres Strait Islander health, including cultural determinants of health.

Evidence-Informed Policy

It is important that health policy including that for Aboriginal and Torres Strait Islander people is informed by a sound evidence base.

The challenge for all, including governments, ministers and public administrators, is to move beyond the rhetoric, and to apply the concept of evidence-informed policy to practice. Former Chair of the Australian Productivity Commission, Mr Gary Banks AO, in recognizing the challenges around evidence-based policy, has stated that "most policies are experiments."¹⁵

Health Impact Assessments (HIA) which are a predictive, evidence-based approach to health policy could be considered by Australian Government departments and agencies in consultation with key stakeholders for all areas of Aboriginal and Torres Strait Islander reform, including the Indigenous Advancement Strategy. HIAs are used to predict the positive, negative and/or unintended health consequences, with a combination of evidence and from a variety of sources for planning and policy at a population level. State Health jurisdictions in NSW and SA have existing Aboriginal Health Impact Statement processes and guidelines.^{16 17} A HIA, was published in response to the Northern Territory Emergency Response in 2007.¹⁸

¹³ South Australian Government, South Australian Health in all Policies Case Study, 2013, pg 2, see website, <http://www.sahealth.sa.gov.au/wps/wcm/connect/f31235004fe12f72b7def7f2d1e85ff8/SA+HiAP+Initiative+Case+Study-PH%26CS-HiAP-20130604.pdf?MOD=AJPERES&CACHEID=f31235004fe12f72b7def7f2d1e85ff8>

¹⁴ National Centre for Social and Economic Modelling, The cost of inaction on the social determinants of health, 2012, pg 7, see website <http://www.natsem.canberra.edu.au/storage/CHA-NATSEM%20Cost%20of%20Inaction.pdf>

¹⁵ Banks G, Evidence-based policy-making: What is it? How do we get it?, Australian Productivity Commission – Chairpersons speech at the Australian and New Zealand School of Government (ANZSOG)/Australian National University (ANU) Lecture Series, 4 February 2009.

¹⁶ New South Wales Government, see website, http://www0.health.nsw.gov.au/policies/pd/2007/PD2007_082.html

¹⁷ South Australian Government, see website, <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/aboriginal+health/aboriginal+health+impact+statement+policy+directive>

¹⁸ Australian Indigenous Doctors' Association and Centre for Health Equity Training, Research and Evaluation, UNSW. 2010, Health Impact Assessment of the Northern Territory Emergency Response. Canberra: Australian Indigenous Doctors Association, see website https://www.aida.org.au/pdf/HIA/AIDA_HIA.pdf

Recommendation

- That the Committee and Australian Government consider rigorous approaches to the evidence-base for the health and wellbeing for Aboriginal and Torres Strait Islander people, including the utilisation of health impact assessments.

Maternal Child Health and Early Childhood - A healthy start to life

While the disparity experienced between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander babies, children and their families is still very evident, there are a growing number of programs with evidence of positive impact.^{19 20} The Lowitja Institute Stewardship Dialogues, a project aimed at generating policy options through national consultations with relevant stakeholders, determined the need for two papers with focus on the importance of early childhood development and the programs known to have evidence of benefit for Aboriginal and Torres Strait Islander babies, children and families. They are attached at Appendix 3.

These considerations are integral to inform the approaches of the Indigenous Advancement Strategy across all programme areas, particularly Children and Schooling, Safety and Wellbeing and Remote Australia.²¹

With current health policies shifting away from universal health principles, access for Aboriginal and Torres Strait Islander mothers, babies and families to the optimum continuity of care will be severely compromised. The AIHW has reviewed and reported on access to primary health care relative to need for Aboriginal and Torres Strait Islander peoples that outlines very clearly the current impediments.²²

The Health Plan acknowledges the areas that are crucial to a healthy start to life for babies, children and their families across the life course. This includes access to sexual and reproductive health, health literacy, ante, peri and post natal care and maternal and child health services, to ensure positive early childhood development. This investment can potentially enable reduction of risk factors later in life for Aboriginal and Torres Strait Islander people, working towards a whole of life cycle.

Aboriginal and Torres Strait Islander babies, children and young people continue to be alarmingly over-represented in national child protection and out of home care systems.²³ Primary health investment with a focus in the early years is critical and, built on the knowledge and evidence developed by the Lowitja Institute with the Healthy Start Healthy Life Program area (2009-2014). Immediate collaboration with the Department of Health in the development of the Indigenous Advancement Strategy is required,

¹⁹ Bowes J & Grace R, 2014. Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia. Issues paper no. 8. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: Australian Institute of Family Studies.

²⁰ Jongen C, et al. 2014, Aboriginal and Torres Strait Islander maternal and child health and wellbeing: a systematic search of programs and services in Australian primary health care settings, James Cook University, Unpublished.

²¹ Indigenous Advancement Strategy, 2014, Commonwealth of Australia, see website http://www.dpmc.gov.au/indigenous_affairs/ias/index.cfm

²² AIHW, 2014. Access to primary health care relative to need for Indigenous Australians. Cat. No. IHW 128. Canberra: AIHW, see website <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129547982>

²³ Report Card: The wellbeing of young Australians, Australian Research Alliance for Children and Youth, 2013, pg. 8, see website <http://www.aracy.org.au/documents/item/126>

particularly in relation to social and human services and early childhood education to ensure healthy early year's development and consequent health outcomes.

This could include alignment, further development and resourcing of established indicators such as those in the ARACY Nest Action Agenda; a strategy that also outlines the economic benefit of improving the wellbeing of children and young people and in particular the culture and identity for Aboriginal and Torres Strait Islander people.²⁴

Recent knowledge from international experience highlights models with provision and access to comprehensive primary health or family services orientation rather than child protection responses.²⁵ With roughly 85% of child protection reports in Australia not requiring a child protection response, a reorientation to family services should be considered and by further promoting programs with evidence of benefit for Aboriginal and Torres Strait Islander children and families.

The Secretariat for Aboriginal and Islander Child Care (SNAICC) has developed important resources to guide the cultural, family and community needs of Aboriginal and Torres Strait Islander children.²⁶ An initiative led by SNAICC "Family Matters- Kids safe in culture, not in care" is presently looking at the reorientation and reform of the child protection and out of home care systems, evidenced to be failing Aboriginal and Torres Strait Islander families and children.²⁷

Recommendation

- That the Department of Health initiate collaboration in the development of strategies, policy and programs as part of the Indigenous Advancement Strategy to ensure there is evidence of benefit for the health and wellbeing of Aboriginal and Torres Strait babies, children and families.
- That the Australian Government commit to the significant role of prevention and comprehensive primary health care, supporting Aboriginal and Torres Strait Islander cultural strengthening and family centred practices for health and wellbeing.
- That indicators and early year's frameworks that include Aboriginal and Torres Strait Islander cultural strengthening for the health and wellbeing of babies', children and families be linked.

Justice Reinvestment

Custodial populations endure some of the worst health outcomes in the community in terms of mental illness, chronic disease, excess mortality and exposure to communicable disease. Mental illness and alcohol misuse particularly have been shown to effect imprisonment rates. Considering the 27% Aboriginal and Torres Strait Islander adult prison rate (80% in the Northern Territory), there is clearly an imperative to

²⁴ The Nest Action Agenda, 2014, Australian Research Alliance for Children and Youth, pg. 5, see website <http://www.aracy.org.au/documents/item/157>

²⁵ Price Robinson R, et al. 2014, International approaches to child protection; What can Australia learn, Australian Institute of Family Studies, see website <https://www3.aifs.gov.au/cfca/publications/international-approaches-child-protection>

²⁶ Secretariat of National Aboriginal Islander Child Care, 2012, Aboriginal and Torres Strait Islander Children's cultural needs, see website <http://www.snaicc.org.au/uploads/rsfil/02932.pdf>

²⁷ Secretariat of National Aboriginal Islander Child Care, 2014, Family Matters-Kids in culture, not in care; An invitation to change the lives of Aboriginal and Torres Strait Islander Children, pg 13, see website <http://www.snaicc.org.au/uploads/rsfil/03333.pdf>

redress this significant health risk factors.²⁸ Aboriginal and Torres Strait Islander young people aged 10–17 were almost 16 times as likely to be under supervision within the justice system as non-Aboriginal and Torres Strait Islander young people.

In a report soon to be published by the Lowitja Institute, justice reinvestment as an approach, is tested in Australia with a citizen's jury of community members and policy makers, as an alternative area for investment than the current system that continues to support the infrastructure of incarceration. The three core principles developed were equity and fairness, prevention, and community involvement. Further research is recommended in the final report of this particular approach, but it is suggested that Justice Reinvestment was viewed positively where there was a critically informed community.²⁹

Further research and collaboration recognise the economic benefits of Justice Reinvestment and the appropriate primary, secondary and tertiary prevention programs for Aboriginal and Torres Strait Islander people is required.

This approach addresses the wider prevention approach to health, by addressing the 'upstream' factors such as investment in education, mental health programs and drug and alcohol programs that (a) contribute to the broader social factors and (b) mitigate the risks to people's wellbeing.³⁰

Recommendation

- That the Committee and Australian Government acknowledge the critical role of the social determinants of health such as education, employment and housing, the cultural determinants such as empowerment and racism and access to prevention programs for mental health and substance misuse, in lowering rates of incarceration of Aboriginal and Torres Strait Islander people.
- That the Australian Government determine further opportunities for collaboration for the Aboriginal and Torres Strait Islander Community, researchers, policy makers and service agencies in Justice Reinvestment approaches of benefit to Aboriginal and Torres Strait Islander people.

Career development for Aboriginal and Torres Strait Islander workers in the health sector

The Aboriginal and Torres Strait Islander health workforce has a key role in closing the gap in health outcomes by making services more culturally appropriate, accessible and by bringing a unique understanding to health delivery for their people.

The Aboriginal and Torres Strait Islander health sector including Aboriginal Community Controlled Health, mainstream health services and Aboriginal and Torres Strait Islander peak bodies has demonstrated significant successes in terms of recruitment, support and retention of a technical and professional health workforce of Aboriginal and Torres Strait Islander people. While there is still some way to go in terms of

²⁸ Simpson P, et al. 2014, Assessing the public's views on alternatives to imprisonment using a Citizen's Jury approach, p7, Lowitja Institute report to be published shortly

²⁹ Ibid.

³⁰ National Indigenous Drug and Alcohol Committee, 2009, Bridges and Barriers, addressing Indigenous incarceration and health, pg. 6, see website, http://www.nidac.org.au/images/PDFs/nidac_bridges_and_barriers.pdf

bringing the Aboriginal and Torres Strait Islander health workforce up to parity, a number of Aboriginal and Torres Strait Islander health professional organisations have been leaders in terms of building the professional health workforce. Aboriginal and Torres Strait Islander nurses and midwives, doctors, psychologists, allied health workers and Aboriginal and Torres Strait Islander health workers, have developed highly effective working relationships with their stakeholder partners such as governments, health and medical schools; health faculties and medical professional bodies; and primary/secondary/tertiary education bodies. Establishing trusting relationships and partnerships has been vitally important for the building of mutual understanding and laying the foundation for the development of these professions. Strategies have included establishing career pathway programs, scholarship programs, traineeships, mentoring and networking programs, as well as providing collegiate support for one another.

It was reported in 2013 in a Review of Australian Government Health Workforce Programs;

“The most significant health workforce issue, particularly in the area of general practice medicine, is not one of total supply but one of distribution, which is to say inadequate or non-existent service provision in some rural and remote areas, and to populations of extreme disadvantage, most particularly the Aboriginal and Torres Strait Islander communities and some outer metropolitan communities.”³¹

This same report also presents the good news on the growth that has been achieved across health disciplines for Aboriginal and Torres Strait Islander people.

Aboriginal Community Controlled Health Services (ACCHS) in Australia collectively, are a significant employer of Aboriginal and Torres Strait Islander people. There are high rates of tertiary qualified employees within ACCHS and therefore contributing to further education and employment outcomes for Aboriginal and Torres Strait Islander people nationally; a major focus of the Department of Prime Minister and Cabinet and the Indigenous Advancement Strategy. However, there is also evidence and knowledge to suggest that skills development and Aboriginal and Torres Strait Islander health pathways, particularly in Aboriginal Community Controlled settings is under resourced and often not collaboratively or strategically developed and driven by the sector.^{32 33}

The Aboriginal and Torres Strait Islander Health Performance Framework identifies participation in the workforce (3.12) as well as cultural competency and support required for recruitment and retention strategies within mainstream health services employing Aboriginal and Torres Strait Islander staff (3.22).³⁴ With more accurate data and reporting now available, closer scrutiny of Aboriginal and Torres Strait Islander loading not being targeted to Aboriginal and Torres Strait Islander care or underutilized program funding, should be redistributed to areas of greater need and population, and limited or no access to healthcare. Mainstream health services, such as those developing organisational strategies with an ongoing commitment to training the non-Indigenous workforce in cultural safety and Aboriginal and Torres

³¹ Mason J, 2014, Review of Australian Government Workforce Programs, Commonwealth Government of Australia, pg. 6.

³² National Aboriginal Community Controlled Health Organisation, Investing in Aboriginal Community Controlled Health Makes Economic Sense, 2014, NACCHO Aboriginal Community Controlled Health Press Club, pg. 32-35, see website, http://www.naccho.org.au/download/naccho_health_futures/Full%20Report%20-%20Economic%20Value%20%20Final%20Report.pdf

³³ Health Workforce Australia, 2011, Growing Our Future: the Aboriginal and Torres Strait Islander Health Worker Project Final Report, pg 11-12, see website, <http://www.hwa.gov.au/sites/uploads/a-tsi-hwa-final-report-201208.pdf>

³⁴ Aboriginal and Torres Strait Islander Health Performance framework 2012 Report, Commonwealth Government Australia.

Strait Islander self - identification practice, with genuine partnerships with the ACCHS (where available) and strategies to support Aboriginal and Torres Strait Islander students through health pathways in secondary, vocational and tertiary education, should also be considered for incentives for exemplar practice.

The Lowitja Institute's Overburden Report³⁵ suggests models of "relational" funding to ensure effectiveness and accountability to best match Aboriginal and Torres Strait Islander community need within the systems of healthcare, both Aboriginal Community Controlled and mainstream. This is particularly pertinent to the area of health workforce development for Aboriginal and Torres Strait Islander peoples, as growth and demand in the sector continues, however the current funding arrangements do not reflect this, particularly for Aboriginal Community Controlled Services.

An example of incentive for funding within the former Medicare Locals and now Primary Health Networks, is that of the Royal Australian College of General Practitioners (RACGP) and the Practice Incentives Program (PIP) Indigenous Health Incentive. Developed in consultation with its own Aboriginal and Torres Strait Islander Faculty, the program required a minimum number of participants within the practice to engage with cultural awareness training in order to be eligible for practice incentive funding.³⁶

The impact of recent policy changes are also worth considering with decreased funding and inflexible arrangements impacting the National Tackling Indigenous Smoking and Healthy Lifestyle program workforce; operating as the Aboriginal and Torres Strait Islander Chronic Disease Flexible Fund until June 2015. This policy was developed and nationally implemented incrementally over 4 years, however now with Aboriginal Community Controlled Organisations uncertain of their future human and program resource capacity. The Lowitja Institute has provided small grants assistance to the short term evaluation of one such program in South East Queensland, Deadly Choices. However the enormous value and impact in the training, skills development, employment, economic participation and community modelling of good behaviors in a large workforce specifically designed to work with Aboriginal and Torres Strait Islander people, would also be worth reviewing when the Indigenous Advancement Strategy suggests these programme areas as priority.

Recommendation

- That the Australian Government adopt the key strategies regarding human and community capability, as outlined on page 23 of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

Medical Research Future Fund

We note that the Australian Government plans to establish, from 1 January 2015, a Medical Research Future Fund (MRFF), that will grow to be the largest of its kind in the world. The Fund will facilitate

³⁵ Dwyer J, et al. 2009, The Overburden Report: Contracting for Indigenous Health Services, Cooperative Research Centre for Aboriginal Health, Darwin. pg. 58, see website <https://www.lowitja.org.au/sites/default/files/docs/Overburden%20update%20FINAL.pdf>

³⁶ Practice Incentives Program – Indigenous Health Incentives Guidelines, September 2010, Department of Health and Aging, pg. 2, see website <http://www.medicareaustralia.gov.au/provider/incentives/pip/files/indigenous-health-incentive-guidelines.pdf>

Australia maintaining a world class medical research sector, with access to cutting edge innovation and clinical breakthroughs in our hospitals — the underpinnings of the health system of the future.

The Lowitja Institute applauds this commitment to health and medical research. We are concerned however that as well as this commitment it is essential for the Australian health system to understand the role of prevention and early intervention in improving health. The health disparity of Aboriginal and Torres Strait Islander people is largely preventable illness, and we would expect that there is a continued focus and funding directed towards social health issues, such as co-ordination of the social determinants of health, understanding of the cultural determinants of health, access to health services and development of health workforce needs (both Aboriginal and Torres Strait Islander and the mainstream health workforce).

Recommendation

- That the MRFF specifically prioritise the needs of Aboriginal and Torres Strait Islander people and consider this throughout the research policy and program framework
- As Australia's National Institute for Aboriginal and Torres Strait Islander Health Research, that the Lowitja Institute be considered as a critical partner in further developments of the MRFF

Appendix 1

The Lowitja Institute

Who we are

The Lowitja Institute is Australia's National Institute for Aboriginal and Torres Strait Islander Health Research. We are the only research organisation in Australia with a sole focus on the health and wellbeing of Aboriginal and Torres Strait Islander people.

Named in honour of our Patron, Dr Lowitja O'Donoghue AC CBE DSG, we work under the direction of a Board made up of a majority of Aboriginal and Torres Strait Islander members and led by an independent Aboriginal Chairperson.

We are largely funded by the Cooperative Research Centres (CRC) Program, an Australian Government initiative, and we host the Lowitja Institute Aboriginal and Torres Strait Islander Health CRC.

What we do

We work towards our vision of helping **achieve equity in health outcomes for Aboriginal and Torres Strait Islander peoples** and 'Our Dreaming' outlines the principles and pathways we will use to get there.

By bringing together community, researchers and policy makers to identify research needs, **we fund research** and **we enable** the kind of high-quality, collaborative health research that will make a real difference in the lives of Aboriginal and Torres Strait Islander people.

Through our scholarships program, we are also helping develop the next generation of Aboriginal and Torres Strait Islander health researchers.

Our research program focuses on community capabilities and the social determinants of health; on needs and opportunities for the Aboriginal and Torres Strait Islander health workforce; and on health policy and systems.

How we do it

Our way of developing research is very different from traditional approaches. The voice of Aboriginal and Torres Strait Islander people informs all our activities, whether we're conducting community-based research or setting our strategic direction. This puts Aboriginal and Torres Strait Islander peoples' knowledge and cultural understanding at the heart of the research process and outcomes.

We ensure that research outcomes are disseminated widely through knowledge exchange and that promising interventions identified by research are implemented and evaluated. Our knowledge exchange practices have earned us a reputation as national leaders in the translation of research knowledge into evidence based practice and policy.

Our approach works because there is evidence that where Aboriginal and Torres Strait Islander people have a decisive input into the design of research and the delivery of health services, positive health outcomes are achieved.

Our partners

Partnerships are our strength. Our 15 partners from around Australia—community-controlled health services; state, territory and federal government departments; and academic research institutions—support the implementation of the current research agenda.

Essential Participants

- Australian Institute for Aboriginal and Torres Strait Islander Studies
- Central Australian Aboriginal Congress
- Edith Cowan University
- Flinders University
- James Cook University
- Menzies School of Health Research
- Queensland Institute of Medical Technology Berghofer Medical Research Institute
- The University of Melbourne
- The University of New South Wales

Other Participants

- AMSANT
- Charles Darwin University
- Department of Health – Commonwealth
- Griffith University
- La Trobe University
- The George Institute of Global Health

The Lowitja Institute – Statement in support of Constitutional Recognition

We call on all Australians to support recognition of Aboriginal and Torres Strait Islander peoples in the Australian Constitution.

We look forward to a time when all Aboriginal & Torres Strait Islander people can fully participate in all that Australia has to offer, enjoying respect for our country's first cultures and leadership, and the dignity and benefits of long healthy lives.

Australia's First Peoples continue to die far earlier and experience a higher burden of disease and disability than other Australians. This is a result of long term economic disadvantage and social exclusion, among other factors. Constitutional recognition would provide a strong foundation for working together towards better health and social wellbeing in the hearts, minds and lives of all Australians.

This statement has been endorsed by leading health organisations that are united in support of constitutional recognition:

Founding Members

Australian Indigenous Doctors' Association

Congress of Aboriginal and Torres Strait Islander Nurses

Indigenous Allied Health Australia

Lowitja Institute

National Aboriginal and Torres Strait Islander Healing Foundation

National Aboriginal and Torres Strait Islander Health Workers Association

National Aboriginal Community Controlled Health Organisation

Allied Health Professions Australia

Australasian College of Health Service Management

Australian College of Nurses

Australian Health Promotion Association

Australian Healthcare and Hospitals Association

Australian Medical Association

Cancer Council Australia

Catholic Health Australia

Council of Deans of Nursing and Midwifery (Australia & New Zealand)

Heart Foundation

Medical Deans of Australia and New Zealand

Public Health Association of Australia

Members

Aboriginal Health Council SA

Aboriginal Medical Services Alliance Northern Territory

Arthritis Australia

Asthma Australia

Australasian College for Emergency Medicine

Australasian Hepatology Association

Australasian Podiatry Council

Australian and New Zealand College of Anesthetist's

Australian and New Zealand Orthopedic Nurses Association

Australian College of Mental Health Nurses

Australian College of Nurse Practitioners

Australian Council of PVCs and Deans of Health Sciences

Australian Pharmacy Council

Australian Physiotherapy Council

Australian Primary Health Care Nurses Association

Australian Psychological Society Ltd

Australian Women's Health Network

Baker IDI Heart and Diabetes Institute

Breast Cancer Network Australia

Cancer Council NT
Cancer Council SA
Cardiac Society of Australia and New Zealand
Charles Sturt University
Chronic Illness Alliance
Consumers Health Forum of Australia
Continence Nurses Society Australia
Diabetes Australia
Dietitians Association of Australia
Drug and Alcohol Nurses of Australasia Inc.
Faculty of Health Sciences, University of Adelaide
Faculty of Health, Queensland University of Technology
Faculty of Health, University of Canberra
Faculty of Health, University of Technology, Sydney
Flinders University
Fred Hollows Foundation
Good Beginnings Australia
Headspace
Health Services Union National
Hepatitis Australia
Kidney Health Australia
Maari Ma Health Aboriginal Corporation
Mental Illness Fellowship of Australia
Monash University
Multiple Sclerosis Society of Australia
National Breast Cancer Foundation
National Indigenous Drug and Alcohol Committee

National Stroke Foundation

Occupational Therapy Australia

Osteoporosis Australia

Queensland Aboriginal & Islander Health Council

Rheumatic Heart Disease Australia

Royal Australasian College of Physicians

Royal Australian and New Zealand College of Psychiatrists

Royal Australian College of General Practitioners

SANE Australia

Services for Australian and Rural Remote Allied Health

South Australian Health & Medical Research Institute

Southern Cross University

The George Institute for Global Health

The Society of Hospital Pharmacists of Australia

University of South Australia

University of Wollongong

Victorian Aboriginal Community Controlled Health Organisation

Vision Australia

Women's Healthcare Australasia

Updated as of 14 August 2014

Appendix 3 (attachments)

1. Stewardship Dialogues in Aboriginal and Torres Strait Islander Health: Education and Early Years
2. The importance of a healthy start to life: Synopsis of evidence
3. Synopsis of effective interventions to promote a healthy start in life