



The Royal Australasian
College of Physicians

RACP Submission (2015):
Senate Select Committee into Health:
Improving Indigenous Health

Executive Summary

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to respond to the inquiry by the Senate Select Committee on Health into health policy, administration and expenditure. This submission focuses on the Committee's term of reference (e) relating to Aboriginal and Torres Strait Islander health:

'improvements in the provision of health services, including Indigenous health [and rural health].'

Ensuring access to necessary health services must be a priority, to ensure that there is equity for all Australians and to continue to focus on closing the health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. The recent *2014 Overcoming Indigenous Disadvantage report* noted that although some gains had been made in reducing child mortality rates and a small improvement in life expectancy, rates for chronic disease and disability remain alarmingly high.

Improving access to health services, improving the cultural safety and competency of our health system, and recognising and supporting the engagement and leadership of Aboriginal and Torres Strait Islander people, communities – including the community controlled sector – are key elements to improving the health and well-being of Australia's first peoples and further closing the gap.

Key factors in delivering appropriate, effective and safe health services to Aboriginal and Torres Strait Islander people include the need:

- to facilitate comprehensive health care that takes account of the social determinants of Indigenous health;
- to recognise and grow, the Aboriginal and Torres Strait Islander medical workforce;
- to take a life course approach to service delivery;
- to build Aboriginal Community Controlled Health Services' (ACCHS) capacity in regions with relatively poor health outcomes and inadequate services;
- for effective, efficient, culturally appropriate systems that deliver; and
- to value and support Aboriginal and Torres Strait Islander leadership.

Our submission makes the following recommendations for the Committee's consideration:

- 1) **That the Commonwealth supports the inclusion of a national framework to ensure equitable access to medical specialist care, within the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP).**
- 2) **That the Commonwealth lead the development and implementation of a national system, underpinned by this framework that will deliver equitable access to medical specialist care in all regions of Australia.**
- 3) **That funding is confirmed to continue the Specialist Training Program (STP) for 2016 onwards.**
- 4) **That the Health Workforce Division of the Department of Health collaborate with all relevant stakeholders, including state and territory health governments, to continue to develop and implement a clear and measurable strategy to grow the Aboriginal and Torres Strait Islander medical workforce.**
- 5) **That a strategy to improve the cultural safety of the health system is developed and implemented, with wide and appropriate consultation, and led by Aboriginal and Torres Strait Islander health leaders.**
- 6) **Provision of long-term, adequate and secure funding for the Aboriginal Community Controlled Health Sector, to ensure their ability to provide high quality, accessible and culturally safe health services to Aboriginal and Torres Strait Islander peoples, and to support growth in their capacity and capabilities.**
- 7) **Support to enable and grow Aboriginal and Torres Strait Islander leadership in health strategies, planning and service delivery for Australia's first peoples.**

Introduction

Australia is home to the oldest, continuous living culture on earth demonstrating the resilience and enduring nature of our First Peoples. However, many Aboriginal and Torres Strait Islander Australians experience poorer health outcomes than non-Indigenous Australians such as a significantly lower life expectancy. This is a result of interacting and complex factors relating to colonising processes, the social determinants of Indigenous health and conceptual differences in understanding healing and wellbeing. Consecutive governments and Aboriginal and Torres Strait Islander people and organisations have endeavoured to redress this situation through the development of relevant policy and service provision. The Aboriginal Community Controlled Health (ACCH) sector has led efforts in developing and offering culturally appropriate comprehensive primary health care that has made substantial impact in reducing disparities but more work needs to be done by all parties.

There is substantial evidence detailing areas where Aboriginal and Torres Strait Islander people experience a greater burden of disease than their non-Indigenous counterparts. According to the Council of Australian Governments (COAG) Reform Council Report in 2014 *'Healthcare in Australia 2012–13: Comparing outcomes by Indigenous status'*:

- The heart attack rate for Indigenous people in 2011 (1076.9 per 100 000) was two and a half times higher than that of other Australians (420.8 per 100 000).
- In 2010, the prevalence of lung cancer for Indigenous Australians (80.8 new cases per 100 000) was nearly double that of other Australians (44.2 per 100 000).
- The rate of high or very high psychological distress, in 2011–13, was 2.7 times higher for Indigenous people (29.4%) than for non-Indigenous people (10.8%). Although there has been a drop since 2008 in the rates for non-Indigenous people, there has been no significant change for Indigenous people.
- The 'rates of potentially preventable hospitalisations were three times higher for Indigenous Australians (7204 per 100 000) than for other Australians (2334 per 100 000). For vaccine preventable hospitalisations, the rate was 4.3 times higher. For acute conditions it was 2.6 times higher. And for chronic conditions it was 3.6 times higher.'

Reviews of the worldwide public health literature reveal 'a strong association between direct personal experiences of racism and ill health among a number of minority groups in developed countries.' 'Racism accounts for a significant burden of Indigenous ill health.'² The DRUID study 'indicated that racism explained one-third of the prevalence of depression and poor self-assessed health status among Indigenous Australians.'³

Australian Indigenous Health *InfoNet* reports that the levels of ear disease and hearing loss among Aboriginal children living in some northern and central Australia communities is such that they would be classified by the WHO as being 'a massive public health problem' requiring 'urgent attention'.⁴ Poorer health outcomes are not solely an issue for those Aboriginal and Torres Strait Islander people living in rural and remote regions of Australia. Citing the DRUID report, the Australian Institute for Health and Welfare highlights that, 'after adjusting for other risk factors, urban Indigenous Australians with Type 2 diabetes had a 2–3-fold increased risk of diabetes complications such as peripheral vascular disease.'⁵

Despite the clear need for health services, MBS data shows that Aboriginal and Torres Strait Islander people access Medicare-subsidised specialist services at a lower rate compared to non-Indigenous Australians. This is true whether they live in the city or in rural or remote areas. Data shows that in 2010-11, Aboriginal and Torres Strait Islander peoples were seeing specialists 178 times less for every 1000 people compared to the non-Indigenous community.⁶

¹ COAG Reform Council (2014) www.coagreformcouncil.gov.au

² Paradies, Y., Harris, R. & Anderson, I. (2008) The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda, Discussion Paper No. 4, Cooperative Research Centre for Aboriginal Health, Darwin.

³ Paradies, Y. (2006), 'A Systematic Review of Empirical Research on Self-reported Racism and Health', International Journal of Epidemiology, vol. 35, no. 4, pp. 888–901.

⁴ Indigenous Health Info Net - www.healthinonet.ecu.edu.au

⁵ Australian Institute of Health and Welfare (AIHW) - www.aihw.gov.au

⁶ Aboriginal and Torres Strait Islander Health Performance Framework (2012): Tier 3 - www.aihw.gov.au

Improving access to medical specialist care

A national Framework supporting a national system

The low use of specialist services is a contributing factor to the health 'gap' between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. Although there are many examples across Australia where access to specialist services is working well, there remain areas with very poor access by Aboriginal and Torres Strait Islander people to specialist care is generally substantially less than needed, given their level of health need. This is particularly a concern in relation to chronic disease, preventable hospital admissions and healthy child development.

In August 2014, the RACP convened and hosted a roundtable with a wide range of experts in Aboriginal and Torres Strait Islander health to discuss the reasons behind the low use of services and how this problem would best be addressed. Issues discussed included the lack of clarity on roles and responsibilities between the different levels of government involved and the health agencies and providers, administration issues, the need for improved information management, and the need for better data, evaluation and accountability. In addition, the barriers and problems caused by the continuing institutional racism and culturally unsafe approaches to health service delivery were highlighted as major ongoing concerns.

A consensus was reached that a framework was required, to underpin the implementation of a nationally networked and coordinated system to ensure complete coverage of health services across Australia and enable ongoing analysis to determine areas of service inefficiencies and gaps as a part of regular quality improvement process. The framework would:

1. Be a principle-based guide that informs and supports the equitable provision of high-quality, effective, accessible and affordable specialist medical care for all Aboriginal and Torres Strait Islander peoples;
2. Support the development of community led models of care, designed to meet the community's needs;
3. Highlight the core components within best practice models of care that facilitate high-quality, effective, accessible, affordable and culturally safe specialist medical care; and
4. Advocate for, and outline the requirements for the establishment of a ***national, networked system that provides complete geographical coverage across Australia.***

The principles identified by the roundtable participants for the framework were:

Indigenous leadership – Service development and provision should be led by Aboriginal and Torres Strait Islander people, health organisations and communities supported by health system responsibility.

Culturally Safe & Equitable – Specialist services should address barriers facing Aboriginal and Torres Strait Islander peoples (including systemic racism) and should provide culturally safe services delivered by well-trained and professional multidisciplinary teams.

Person-centred & Family orientated – Specialist services should focus on the individual and understand the role and value of the family in care provision.

Flexibility – Diversity of populations, locations and health services requires flexible models of care as well as flexible approaches to funding and service arrangements.

Sustainable & Feasible – Services need to be based on identified needs, take account of existing infrastructure and be appropriately resourced to ensure they are sustainable.

Continuity of Care – Care is provided across the life course and across health care settings and geographies and is underpinned by comprehensive primary health care. Strengthening primary health care systems to make best use of specialist services to achieve best long-term and sustainable health outcomes must be included in the planning of specialist services, and primary health care services.

Quality and Accountability – The right care needs to be delivered at the right time and in the right way with clear accountability at all levels.

Improving access to medical specialist care is more than providing a service; it also needs to ensure a focus on the quality of the care given, ensuring that medical specialist health service covers the principles outlined.

The RACP and its partners in this work are continuing to develop the outline of this framework, and recommendations for the national system. It is vital that this framework be incorporated into the implementation plan currently being developed for the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP), and that it receive Federal and State government commitment and participation to develop and implement the national system.

- 1) *That the Commonwealth supports the inclusion of a national framework to ensure equitable access to medical specialist care, within the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP).*
- 2) *That the Commonwealth lead the development and implementation of a national system, underpinned by this framework, that that will deliver equitable access to medical specialist care in all regions of Australia.*

Aboriginal and Torres Strait Islander Health Workforce

Growing the Aboriginal and Torres Strait Islander medical workforce

Growing the size and capacity of the Aboriginal and Torres Strait Islander medical workforce is essential to improving access to and quality of service from specialist medical care, thereby helping to close the gap in health outcomes.

According to Health Workforce Australia, Aboriginal and Torres Strait Islander people 'are a major health workforce delivering culturally-safe, comprehensive primary care to Aboriginal and Torres Strait Islander people' and hold a crucial position 'at the forefront of efforts to close the health gap - and need to be more broadly recognised and supported to perform this role.'⁷

In particular, the Aboriginal and Torres Strait Islander health workforce help to minimise 'demand for acute care services.' Several studies have shown the positive impact that Aboriginal and Torres Strait Islander health practitioners and workers 'have on health outcomes including palliative care, diabetes care, mental health care and maternal and infant care. Without a strong and well supported Aboriginal and Torres Strait Islander health workforce, 'the gap in health outcomes may have been even wider than it is today.'⁸

We welcome the intent of the Government's *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011–2015* and its aim to bring the Aboriginal and Torres Strait Islander workforce up to population parity (2.6 per cent by 2015).⁹ However, there needs to be more follow-through on the Strategic Framework with clear strategies and initiatives identified and funded.

Of importance is the need for the Specialist Training Program (STP) to continue. Not only does this program support the high quality training of our future physician workforce and support the provision of qualified doctors in areas of workforce shortage, it directly supports the provision of physicians into Aboriginal Medical Services and communities. Of the positions administered by the RACP, 55 per cent rotate through rural and remote areas and 24 per cent directly target Aboriginal and Torres Strait Islander communities.

A key value delivered by the STP is the opportunity for trainee physicians to develop strong relationships across multidisciplinary health teams; including relationships with Aboriginal Health Workers, nurses and those interested in embarking on a medical career. Additionally, STP highlights the importance of role models for future Aboriginal and Torres Strait Islander medical physicians.

⁷ Health Workforce Australia – Growing our Future Final Report (2011) - www.hwa.gov.au

⁸ Health Workforce Australia – Growing our Future Final Report (2011) - www.hwa.gov.au

⁹ National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011–2015 - www.health.gov.au

It is encouraging to see more Aboriginal and Torres Strait Islander medical students coming through the medical schools across Australia. These future doctors will be important leaders in health, and will contribute towards the provision of a more culturally safe and competent Australian health system. It is important to recognise Aboriginal Health Services such as the Kimberley Aboriginal Medical Services Council and Queensland's Inala Health Service in the State's South East play an important leadership role for Aboriginal and Torres Strait Islander health professionals in training and making connections back to the community.^{10 11}

It is vital that Australia has appropriate strategies in place to recruit, train and retain an adequate Aboriginal and Torres Strait health workforce that meets the needs of one of the fastest growing populations in Australia. This workforce needs to be supported within a culturally safe health system that values their expertise and skills in meeting the health needs of Aboriginal and Torres Strait Islander people.

A culturally safe health system

It is recognised that a major inhibitor both of Indigenous people accessing health services and of considering, embarking on and staying in the health workforce is the lack of cultural safety and competency in many areas of the health system.

This needs to be fully recognised, and appropriate strategies developed and implemented to address this significant issue. This will require effective and wide consultation across jurisdictions and health professions, and must be appropriately led and informed by Aboriginal and Torres Strait Islander health leaders.

3) That funding is confirmed to continue the Specialist Training Program (STP) for 2016 onwards

4) That the Health Workforce Division of the Department of Health collaborate with all relevant stakeholders, including state and territory health governments, to continue to develop and then implement a clear and measurable strategy to grow the Indigenous medical workforce.

5) That a strategy to improve the cultural safety of the health system is developed and implemented, with wide and appropriate consultation, and led by Aboriginal and Torres Strait Islander health leaders.

Aboriginal and Torres Strait Islander Leadership

The role of Aboriginal and Torres Strait Islander leadership and community engagement

Service development and provision should be led and informed by Aboriginal and Torres Strait Islander health people, organisations and communities.

The RACP supports the Government's recognition in its *National Aboriginal and Torres Strait Islander Health Plan 2013-23* (NATSHP) that Aboriginal and Torres Strait Islander people 'share a continuing legacy of resilience, strength and determination.'¹² Much has been achieved to date by the strong leadership provided by the community controlled sector and organisations such as the National Aboriginal Community Controlled Health Organisation (NACCHO), the Australian Indigenous Doctor's Association (AIDA), and the National Health Leadership Forum (NHLF) amongst others.

States such as Western Australia and NSW, in recognising the value and strength of Aboriginal leadership in determining better health outcomes, have developed strategies that promote and look to grow their Aboriginal workforce, their cultural learning and Aboriginal leadership capability.^{13 14} To ensure a coordinated approach, it is vital that the Federal Government work with the states and territories to support growing and effective Aboriginal leadership in health care service planning and delivery. This support should be detailed in the

¹⁰ Inala Indigenous Health Service - www.health.qld.gov.au/iivs

¹¹ Kimberley Aboriginal Medical Services Council - www.kamsc.org.au

¹² National Aboriginal and Torres Strait Islander Health Plan 2013-23 - www.health.gov.au

¹³ WA Health Aboriginal Leadership Strategy 2013-16 - www.aboriginal.health.wa.gov.au

¹⁴ Aboriginal Health Plan 2013-2023 - www.health.nsw.gov.au

strategies that result from the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-2015.

The RACP welcomes the government's commitment to the development of an Implementation Plan for the NATSIHP. The NATSIHP commitments made to support the community controlled sector must be followed through with adequate, long-term and secure funding to enable these organisations to continue to provide essential frontline services to Aboriginal and Torres Strait Islander people and grow their capacity and capabilities, with a particular emphasis on building ACCHS' capacity in regions with relatively poor health outcomes and inadequate services. An environment of short term grants for funding inhibits long-term planning in this space. A longer-term vision for capacity building and planning is necessary to give stability and assurance to the sector.

- 6) *Provision of long-term, adequate and secure funding for the Aboriginal Community Controlled Health Sector, to ensure their ability to provide high quality, accessible and culturally safe health services to Aboriginal and Torres Strait Islander peoples, and to support growth in their capacity and capabilities,*
- 7) *Support to enable and grow Aboriginal and Torres Strait Islander leadership in health strategies, planning and service delivery for Australia's first peoples.*

Summary

As outlined in the last (2014) Close the Gap report from the Prime Minister¹⁵, there have been small improvements in the life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. It is particularly encouraging to see the improvement in the mortality rate gap for Aboriginal and Torres Strait Islander children.¹⁶

However, despite these gains, the life expectancy gap remains close to 10 years, and a continued focus and effort is required, especially to ensure appropriate, timely and culturally safe health services are accessible to Australia's first peoples to contribute to this gap being closed.¹⁷

Investing in the way medical specialist care is provided to Aboriginal and Torres Strait Islander people is a critical component in making further inroads to the life expectancy gap. As recommended, the Federal government should work with the state and territory governments, the Aboriginal Community Controlled health sector and the medical specialist workforce to develop a national system that identifies and rectifies gaps and inefficiencies in the provision of medical specialist care.

It is also vital that Australia continues to support the growth and active engagement of a highly skilled and valued Aboriginal and Torres Strait Islander medical workforce; working in an environment that is culturally safe and culturally appropriate.

Aboriginal and Torres Strait Islander leadership and community engagement is fundamental to any efforts to improve health services to Aboriginal and Torres Strait Islander people, and must be supported.

The RACP thanks the Senate Select Committee on Health for this opportunity to provide a submission on these very important issues. We offer our services for any future discussions or planning on how to continue to develop and deliver a world-class health system that supports improved health and well-being for Aboriginal and Torres Strait Islander people across Australia.

¹⁵ Closing the Gap Prime Minister's Report 2014 - www.pc.gov.au

¹⁶ Child Mortality Rates decline - www.humanrights.gov.au

¹⁷ Australian Institute of Health and Welfare - www.aihw.gov.au

APPENDIX A

Attach Specialist Access Consensus Statement 2014