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Submission to

the Senate Select Committee on

Regional and Remote Indigenous Communities

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This Submission is based on the views of the National Rural Health Alliance but may not reflect the full or particular views of all of its Member Bodies.

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Introduction

The National Rural Health Alliance is the peak non-government body concerned with rural and remote health issues in Australia. It comprises 28 Member Bodies, each a national body in its own right, representing health professionals, service providers, consumers, educators and researchers. The vision of the National Rural Health Alliance is equal health for all Australians by 2020. (A list of Alliance Member Bodies is at Attachment 1.)

In 2006 Australia's estimated Aboriginal and Torres Strait Islander population was just over 500,000, or 2.5 per cent of the total Australian population. The health profile of Indigenous Australians is significantly different from that of non-Indigenous Australians. Aboriginal and Torres Strait Islander people have much lower life expectancy, infant mortality rates three times that of the general population, and higher adult mortality that is most marked in the period from early adulthood to middle age. By contrast the overall Australian population has one of the highest life expectancies on earth, a relatively low infant mortality and death rates for people between 35 and 54 years that are one-fifth those recorded for Indigenous Australians.[1]

While the Indigenous health challenge remains a national issue, the Alliance has a particular interest since 70 per cent of Aboriginal and Torres Strait Island people live outside major cities. The Alliance's advocacy work is based on notions of social justice and equity. For this reason it has identified improving Indigenous health outcomes as the nation's number one health priority.

In November 2006 the Alliance released a Position Paper, *The health of Aboriginal and Torres Strait Islander Australians*. It is attached in support of this submission for the evidence it provides about the unacceptably poor state of Indigenous health in Australia and for the recommendations it provides. (See Attachment 2.)

The Alliance welcomes the commitment made in December 2007 by the Council of Australian Governments (COAG) to reduce Indigenous disadvantage. Following the Prime Minister's Apology to Australia's Indigenous people, and the signing of the National Indigenous Health Equality Summit statement of intent, there has been a renewed commitment to closing the gap in life expectancy and health status for Indigenous Australians. This can be achieved through strong national leadership from governments and partnership between key Indigenous and non-Indigenous health organisations. The National Indigenous Health Summit held in March 2008 worked on the development of a set of specific evidence-based targets for action and investment.

Now is the time to seriously tackle the entrenched disparity and unacceptable outcomes in Indigenous health. Despite evidence of improvement in some areas, a great deal more needs to be done as a matter of urgency.

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[1] Australian Bureau of Statistics and Australian Institute of Health and Welfare (ABS/AIHW) (2005). *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*, ABS cat. no. 4704.0, AIHW Catalogue No.IHW14, Canberra.

Issues for consideration

a. the effectiveness of Australian Government policies following the Northern Territory Emergency Response, specifically on the state of health, welfare, education and law and order in regional and remote Indigenous communities.

In the face of little clear evidence, it is difficult for the Alliance to objectively evaluate the effectiveness of the Emergency Response. The intervention has been described by some as a blunt measure with inappropriate tools for dealing with complex social problems. It has had both positive and negative effects, and is providing useful information about how governments should and should not approach the critical issue of improving health and wellbeing in Indigenous communities.

There is anecdotal evidence to suggest that the impacts of the new alcohol restrictions, bans on pornography, and increased police presence have been useful to some degree. However, the quarantining of income has been contentious, with complaints of racial discrimination. The impact of the Emergency Response on land rights and the permit system has also been the subject of much controversy.

In the area of dental health the Emergency Response has been ineffective due to insufficient oral and dental workforce and facilities. Whatever specific new interventions are put in place, it will remain critical to support existing staff in local facilities and to increase their capacity. This will enable them both to maintain their usual services and to try to respond to the extra treatment needs identified through the intervention.

On the positive side, the work in the Northern Territory has stimulated valuable public attention and bipartisan political support for work to improve the health of Aboriginal and Torres Strait Islander people. Provision of adequate services and policies to achieve equal health for Aboriginal and Torres Strait Islander people throughout the nation within a generation will require whole-of-government and national support. It will mean working on the social and economic determinants of poor health, as well as on putting in place a comprehensive primary health care system for Indigenous people. Response measures should be coordinated and aligned with existing services; programs should be complementary not competitive. Governments should be prepared to make the substantial investment that will be required to bring about equity.

Whatever view is taken of the detail of the Northern Territory intervention to date, it can certainly provide useful information for guiding decisions about how a long-term national program should be implemented.

b. the impact of State and Territory government policies on the wellbeing of regional and remote Indigenous communities

The underspend on health services for Aboriginal and Torres Strait Islander people (through the MBS, PBS, dental services and other primary care activities), adjusted for the level of health care need, has been estimated to be $350–500 million per annum. New national investment of this order - around $460 million a year is seen by many as a minimum reasonable figure - should be over and above the special allocations for the Northern Territory intervention.

The new allocations would transform the primary health care system for Aboriginal and Torres Strait Islander people. The required allocations have been outlined in the *Close the Gap* campaign and described in more detail in the NACCHO/Oxfam *Health Equity Plan*. Expenditure would be targeted at health-related infrastructure, developing the Indigenous health workforce, Indigenous community-controlled health services, and improving the accessibility of mainstream health services for Indigenous peoples.

The 2008 Federal Budget provided further down-payments towards the desired amount of targeted funding, with its provisions for improved maternal and child health services (focusing on rheumatic fever and rheumatic heart disease), improved access to drug and alcohol services, support for the Indigenous Tobacco Control Initiative, a National Indigenous Health Workforce Training Plan and expansion of primary health care in the Northern Territory. This last will include the establishment of a remote area health corps and extra funds for follow-up care for Aboriginal children in remote communities and town camps in the Territory.

Many of the nurses and midwives currently distributed across rural and very remote areas, including in many Indigenous communities, do their work in situations where there are no other health professionals. Nursing organisations believe that the *Health Equity Plan* underestimates the nursing workforce required to adequately serve Indigenous communities. Certainly, greater support for the nursing workforce should be a central part of plans to improve regional and remote Indigenous health.

Partnerships must be forged to address the wider determinants of health and wellbeing for people in regional and remote Indigenous communities. Three general proposals that would assist are:

- greater investment in quality data and their analysis (involving Aboriginal and Torres Strait Islander people as active participants to ensure the process is culturally safe and secure) to enable better measurement of relevant health determinants and the health status of Indigenous Australians;
- a multi-sectoral approach to the development and application of a comprehensive social policy framework that can deliver improvement in the determinants of health as they affect Indigenous Australians[2]; and
- continued investment by governments, in collaboration with Indigenous Australians, to make sure that Indigenous human, produced, natural and social capital are valued and developed in a culturally secure manner.

The Alliance supports calls from Aged and Community Services Australia (ACSA) for a comprehensive Indigenous policy for carers, which would incorporate Home and Community Care (HACC) and other community care programs, and for the Remote Indigenous Service Support (RISS) initiative to provide flexible support for all Indigenous services. Like most other people, Indigenous elders and people with a disability prefer to be cared for at home. Families and carers need to be supported with more funding and with simple, streamlined culturally-appropriate processes.

The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) has been a useful framework for the activity of the State, Territory and Australian Governments. One of the important proposals from the recent National

[2] A strong emphasis on Indigenous people in the social exclusion agenda will help with this.

Nutrition Networks Conference held in Alice Springs is for a national nutrition unit which would have responsibility for evaluating and revising NATSINSAP, developing new goals and targets, securing funding for its next phase and leading work on its implementation, with accountability to the relevant Government departments. The conference emphasised the need to augment the workforce involved with Indigenous nutrition and the continued importance of collaborating with communities and community leaders in programs to improve nutrition.

c. the health, welfare, education and security of children in regional and remote Indigenous communities.

Child health

Aboriginal and Torres Strait Islander children have the poorest health of all Australian children, and have higher death rates than non-Indigenous children of the same age. Infectious illnesses are more prevalent among Indigenous children and greatly impact on overall health.

The Alliance continually asserts the right of all Aboriginal and Torres Strait Islander people to have access to culturally appropriate primary health care. It also asserts the right of all Indigenous people, especially the aged, mothers, infants and children, to live in a safe environment, free of violence and coercion. The health and wellbeing of mothers is key to healthy children, and the Committee's attention is drawn to a recent analysis of over forty thousand patient records in Queensland, the Northern Territory, South Australia and Western Australia which reveals that Indigenous women are 70 times more likely to suffer head injuries requiring hospital treatment than non-Indigenous women, with rates of injury being higher in rural and remote areas than in cities.[3]

When addressing issues of child health and wellbeing, Aboriginal and Torres Strait Islander men must be involved in the dialogue, because negative stereotypes of Aboriginal and Torres Strait Islander men will continue to impact on children's identity and lead to further discrimination and racism.

The true burden of poor social and emotional wellbeing among Aboriginal and Torres Strait Islander Australians and the extent of its impact on children is not known. The problems faced by Aboriginal and Torres Strait Islander people with mental illness are exacerbated in rural and remote areas by poor access to appropriate primary health care and specialist mental health services. The Alliance re-emphasises the critical role of Aboriginal and Torres Strait Islander health workers in mental health service delivery, and the ongoing need to broaden their skills.

In child health, the broader issue is for Australia to develop world's best-practice programs for supporting pregnant women and their babies in the first few years of life. Aboriginal and Torres Strait Islander women and children, especially those living in rural and remote communities, should be the highest priority for government programs relating to maternal and child health. Access to maternal and child health nurses during a child's early years is vital in helping to prevent many of the aspects of non-healthy lifestyles that are linked to chronic disease. Much more should be made of the capacity of the nursing and midwifery workforces in regional and remote Indigenous communities. They should be better supported and utilised more effectively.

[3] Lisa M Jamieson, James E Harrison and Jesia G Berry, *Hospitalisation for head injury due to assault among Indigenous and non-Indigenous Australians, July 1999 – June 2005*, Medical Journal of Australia, 19 May 2008.

Governments should give support to community-led initiatives to promote breastfeeding, to lay the basis for healthy birth-weights, and to encourage and enable physical activity in children and young people.

There are currently serious deficiencies relating to the supply of fresh food in some remote areas. It is fundamental to human rights and health that all pregnant women, breastfeeding mothers, babies and children in rural and (particularly) remote areas have access to adequate affordable nutritious food.

Traditionally Australian Indigenous people had a diet that was relatively low in energy but rich in micro-nutrients – the kind of diet which is now known to protect health and prevent chronic disease. It took much effort – and therefore energy – to obtain the food. Today, Indigenous people enjoy hunting for bush tucker but it is often a weekend activity, with the bulk of their diet coming from the community store. Community stores should be enabled to price fruit and vegetables more affordably than 'junk food', and fresh water should be readily available as an attractive alternative to soft drinks. Projects underway that have the potential to improve the situation include nutrition programs in schools, buying services across several communities, and strategies to improve management of stores, employment, training, fair trading, food safety and hygiene, pricing and transport.

Governments should support dedicated nutrition positions for the development and delivery of maternal and child health programs which prioritise early life and are linked with pre-existing programs and structures for Aboriginal and Torres Strait Islander communities. For example, the Alliance urges the government to increase the national effort on early intervention in child and maternal health and for healthy parents, particularly through *Healthy Mothers: Healthy Babie*s programs, and family services for rural areas.

The capacity of health workers in Indigenous communities to address health promotion, nutrition and obesity issues should be enhanced through inclusion of these topics as core components in health courses, and through development of information materials and programs that are culturally appropriate and that communicate effectively to the people they are designed to serve.

<u>Education</u>

The Northern Territory Emergency Response has highlighted the fact that there are not enough teachers and schools for Indigenous children in remote areas. This requires urgent government attention.

The Alliance supports the Government's goal that all Indigenous people should be able to participate fully in education, employment and society wherever they may be, and its specific targets to halve the gaps between Indigenous and non-Indigenous Australians in writing and numeracy, in the attainment of Year 12 or its vocational equivalent, and in employment outcomes.

To meet these goals, Indigenous children and families will need greater educational support from infancy through to the end of secondary schooling. Thereafter there must be similar strong support and higher expectations for success in tertiary education. Educational institutions need to be culturally safe for Aboriginal and Torres Strait Islander students. A national plan for consistent and sustainable education transition programs

spanning the education spectrum would greatly assist the development of clear pathways through schools to vocational education and training, universities and professions.

Historically Aboriginal and Torres Strait Islander young people have been overlooked in our nation's educational and workforce policy developments. They therefore represent a significant untapped resource, particularly in the fields of health and education. Indigenous students often suffer from a lack of planning and preparation for higher education and generally there is insufficient setting of educational and career expectations. By the age at which the possibility of higher education is raised, it is often too late for students to gain the necessary pre-requisite educational standards.

There is strong evidence of the potential value for improved health outcomes among Indigenous people of having a greater number of Indigenous health professionals. Work to improve the participation rate of Indigenous people in higher education should therefore include special efforts to attract Aboriginal and Torres Strait Islander young people to health professions.

Aboriginal youngsters have a strong interest in sport and will therefore take readily to sports medicine or physiotherapy or sports psychology. However it is very hard for a year 10 student to get a meaningful work experience placement in these fields. Cadetships are a proven means for overcoming some of these barriers, by providing undergraduate education as well as employment opportunity at the end.

It is important to have a recognised career path from vocational education and training to higher education. The vertical path should recognise previous study. There should also be a horizontal path that provides supports and update training (and affirmation) for people who want to continue at the level of career for which they are qualified.

Some tertiary institutions waive HECS fees for Aboriginal health students, without which their numbers in those institutions would be much diminished. Support for Aboriginal and Torres Strait Islander students entering tertiary education should be available in all institutions and all disciplines. A number of scholarships and cadetships are specifically available for Indigenous students. These are very helpful and hugely oversubscribed, and could be usefully increased in number and value.

Abstudy is available for those who are eligible but it does not cover all the expenses associated with completing tertiary education away from home. The financial burden of higher education on families is enormous, especially if there are other younger children at home. There are stories of Indigenous students missing meals because they need money for text books and other requirements of their course.

Most Indigenous students, like other rural students, need to move away from home and extended family support when they undertake higher education. Indigenous students face a range of barriers to success in pursuing further education, including low self-esteem, low expectations and fear of failure, and also a fear of success and accompanying sense of exclusion from their Indigenous culture. Anecdotally, cultural isolation has an immense impact on the capacity of students to complete their courses and achieve the desired educational outcomes. It would greatly help these students if each campus had adequate Indigenous support workers with appropriate backgrounds to suit the courses offered.

Indigenous leadership is critical to success in this work and it is also important to nurture ideas of career development.

Finally, in Indigenous education as in other functional areas, it is very useful to celebrate success.

d. employment and enterprise opportunities in regional and remote Indigenous communities

There is a close link between a person's health and their employment and economic status. An effective approach to Indigenous employment and commercial ventures in regional and remote communities will help improve people's health.

Success on the Indigenous employment and commercial fronts will require sustained co-ordination between government departments and across Commonwealth, State, Territory and local governments. It should be recognised that in some social environments there are 'two ways' of doing business. Existing linkages between governments and Aboriginal and Torres Strait Islander communities and organisations in the not-for-profit sector, the wider community and the private sector must be strengthened. This will help those involved to understand the business and economic processes from both Indigenous and non-Indigenous perspectives. If allowed to inform relationships and processes, this will enable more Indigenous Australians to participate in and contribute to the social and economic wealth of this country.

There is already evidence of the success of positive discrimination programs for Indigenous communities relating to borrowing and capital investment. Among these are programs to engage Indigenous communities in mainstream investment opportunities, such as mining joint ventures with industry leaders in the Pilbara of Western Australia, or resort tourism ventures such as Kakadu in the Northern Territory.

Other prime examples include remote Aboriginal and Torres Strait Islander entities being encouraged to take a minority stake in long term capital city construction, with contracts geared to ultimately provide majority ownership over the life of the project.

Adequate housing tailored to suit the climate and lifestyles of Indigenous Australians remains an essential element of improved health and wellbeing of Aboriginal and Torres Strait Islander communities in remote areas. The subsidised loan system currently in place has already assisted thousands of Indigenous families to achieve home ownership, mainly in suburban or regional areas. In remote and very remote areas the housing challenge is even more complex, given the existence of few skilled workers locally for adequate levels of maintenance.

Nevertheless, as the intervention in the Northern Territory clearly demonstrates, the health status of Indigenous Australians can only be improved if there is substantial new investment in living conditions and other social and economic determinants of health. Governments should work with local communities to provide improved housing, water and electricity supply, and sewerage and drainage systems.

This will require significant new investment and provides the opportunity to attract and train skilled workers in regional and remote Indigenous communities, including apprentices through on-the-job training. The areas of greatest need include plumbers, electricians, bricklayers and roofing specialists.

It would be useful if COAG would work with industry, communities, professional and philanthropic groups to develop such employment and enterprise opportunities for Aboriginal and Torres Strait Islander people.

Suitably trained Indigenous mentors appear to play a vital role in providing the all-important link between those in remote area communities who seek to engage in various forms of commercial enterprise. This determines the need not only to engage the services of mentors, but for consultation with community elders at every stage in the process. It will help governments win confidence, gain mutual respect for all stakeholders and maintain a harmonious and ongoing working relationship with Indigenous entrepreneurs and communities alike.

As with education and health, government should be conscious in this commercial activity of the need to involve Indigenous people on the ground and of the need for the products or services provided to be culturally safe.

Attachment 1:

Member Bodies of the National Rural Health Alliance

ACHSE	Australian College of Health Service Executives
ACRRM	Australian College of Rural and Remote Medicine
AGPN	Australian General Practice Network
AHHA	Australian Healthcare & Hospitals Association
AHPARR	Allied Health Professions Australia Rural and Remote
AIDA	Australian Indigenous Doctors' Association
ANF	Australian Nursing Federation (rural members)
APA (RMN)	Australian Physiotherapy Association Rural Member Network
ARHEN	Australian Rural Health Education Network Limited
ARNM	Australian Rural Nurses and Midwives
CAA (RRG)	Council of Ambulance Authorities - Rural and Remote Group
CRANA	Council of Remote Area Nurses of Australia Inc
CRHF	Catholic Rural Hospitals Forum of Catholic Health of Australia
CWAA	Country Women's Association of Australia
FS	Frontier Services of the Uniting Church in Australia
HCRRA	Health Consumers of Rural and Remote Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NRHN	National Rural Health Network
RACGP (NRF)	National Rural Faculty of the Royal Australian College of General Practitioners
RDAA	Rural Doctors' Association of Australia
RDN	Rural Dentists Network
RFDS	Royal Flying Doctor Service of Australia
RGPS	Regional and General Paediatric Society
RHWA	Rural Health Workforce Australia
RIHG	Rural Indigenous and Health-interest Group of the Chiropractors' Association of Australia
RPA	Rural Pharmacists Australia—Rural Interest Group of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
SARRAH	Services for Australian Rural and Remote Allied Health