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Submission to the Australian Government Department of
Health and Ageing in response to the discussion paper for
the Development of the National Aboriginal and Torres
Strait Islander Health Plan

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1. Introduction

Established in 1924, the Australian Nursing Federation (ANF) is the largest professional and industrial organisation in Australia for nurses, midwives, and assistants in nursing. The core business for the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery. This representation is undertaken through Branches in each State and Territory of Australia, and the Federal Office.

The ANF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare, health and aged care, including reform agendas, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration and migration, foreign affairs and law reform.

With a membership of over 220,500, our members provide clinical care in all settings where health and aged care is delivered, across all geographical areas.

2. General Comments

The ANFs position statement *Indigenous health*¹ acknowledges that the health status of Indigenous Australian and Torres Strait Islander people is considerably poorer than any other social group in Australia. Contributing factors to the health inequality of Indigenous Australian and Torres Strait Islander people include: unequal access to primary health care and infrastructure; poor nutrition and unsanitary living conditions; lack of cultural safety and respect, and culturally appropriate health and aged care services; economic and social disadvantage; human rights and social justice issues and insufficient or poorly targeted funding to meet health care needs.

We recognise that the nursing and midwifery professions play a significant role in improving the health of Indigenous Australian and Torres Strait Islander people and that addressing health inequality is a priority. Essential to improving the health of Indigenous Australian and Torres Strait Islander people, is implementation of the recommendations of the *Report of the Indigenous Nursing Education Working Group 2002: 'getting em n keepin em'*,² the human rights based approach outlined in the *Social Justice Report 2005*,³ and the subsequent *Close the Gap* campaign messages.⁴

The ANF considers the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) can play a vital role in providing a framework for taking decisive action on the recommendations of the aforementioned documents, and more recent research, to bring improvements to the health of Australia's first nation's peoples.

3. Specific Comments

Brief comments are provided against the questions posed in the consultation discussion paper circulated by the Department of Health and Ageing.

3.1. How can the Health Plan harness the strengths and culture of Aboriginal and Torres Strait Islander people?

The ANF maintains that the best way in which to harness the strengths and culture of Aboriginal and Torres Strait Islander people is to consult with them as to the Plan's priorities. Then having asked them their views, to continue to consult with them about implementation, monitoring of progress, and evaluation of outcomes for health care. For this consultation to be effective, the discussions must be much broader than at organisational level – the talking and listening needs to be at the level of community and individuals.

3.2 What are the key things that would make a difference to Aboriginal and Torres Strait Islander peoples' health outcome?

Key concepts which the ANF sees would make a difference to Aboriginal and Torres Strait Islander peoples' health outcomes are:

- Self-determination
- Access to high quality health and aged care services that are culturally safe and demonstrate respect for Aboriginal and Torres Strait Islander People
- Anti-racist practices in health and aged care services
- Implementing concrete measures to address the social determinants of health
- Ensuring access to highly skilled multidisciplinary teams in primary health care who practice in a manner that is culturally safe and respectful
- Providing adequate support structures for health professionals
- Supporting Aboriginal and Torres Strait Islander communities to improve their health outcomes.

3.3 What do governments need to do to:

3.3.1 Build on the strengths of Aboriginal and Torres Strait Islander peoples to improve their health?

First and foremost is the need to implement the strategies recommended and derived from past consultations between government and Aboriginal and Torres Strait Islander peoples.

Secondly, it is essential that funding processes move beyond the current propensity for one year programs, to implementing plans which are appropriately funded for long term viability. It is only through sustained programs that improved health outcomes will be achieved.

Thirdly, it is important to continue to actively engage Aboriginal and Torres Strait Islander peoples in the planning, implementation and evaluation of policies and programs that affect them. Policies and programs must be designed for the local communities they serve and be able to respond to the individual needs of these communities.

3.3.2 Support Aboriginal and Torres Strait Islander peoples to proactively manage their health and to achieve and maintain social, emotional and cultural wellbeing?

Historically, funding has been invested in 'symptom' control (for example, measures to alleviate substance abuse) rather than addressing the root cause of these practices. This requires a whole of government policy response and a whole of community response. The 'symptoms' we see are a culmination of events of history (such as, the Stolen Generation and forced removal from traditional lands). These events can have a powerful and enduring effect on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Governments need to develop an understanding of these effects, the relationship between Aboriginal and Torres Strait Islander peoples and their land, and take a strong and proactive lead in educating all Australians in order to address Aboriginal and Torres Strait Islander health disadvantage. Until this recognition is fully understood, and thinking shifts from treating a set of symptoms, the funding strategies will continue to be as effective as 'the ambulance at the bottom of the cliff' scenario. The classic example is turning the symptoms of mental health into a clinical issue instead of confronting and dealing with the causes of the mental health dysfunction.

3.3.3 Address the social determinants of health?

Addressing the social determinants of health requires a strong whole of government policy development and integrated implementation.

The ANF supports the three overarching recommendations of 'Closing the Gap within a Generation', the World Health Organisation's Commission on Social Determinants of Health report. These relate to: improving daily living conditions; tackling the inequitable distribution of power, money and resources; and, measuring and understanding the problem and assessing the impact of action.

While we believe the Australian Government should take a social determinants of health approach to all communities, there needs to be a particular focus for Australia's Aboriginal and Torres Strait Islander communities.

For Aboriginal and Torres Strait Islander people, in addition to the well recognised social determinants of health such as education, housing and shelter, employment, equity and access to everything, but especially food and health care, other critical determinants of health include: access and relationship to land, connectedness to community and family, the impact of racism and cultural identity and levels of self-determination and community control. Respect and understanding of the intrinsic and critical impact these have on Aboriginal and Torres Strait Islander peoples' health is essential.

The ANF supports the work of organisations such as the Lowitja Institute, a research institute dedicated to evidence-based Aboriginal health research conducted collaboratively with Aboriginal organisations, academic institutions and government bodies, to inform the development of specific programs that will bring about positive health outcomes for Aboriginal communities. The results of such research should be utilised by the Australian Government in policy formulation and in developing the NATSIHP.

The ANF strongly supports a collaborative approach in regards to the design, delivery and evaluation of health promotion programs and health and aged care services that meet the needs of Aboriginal and Torres Strait Islander communities, which are high quality, and culturally sensitive and appropriate.

Aboriginal disadvantage is well documented. While statistics representing disadvantage in Aboriginal communities are important, it is equally important to measure and document successes, and to understand why some programs work and others do not fully achieve their objectives.

3.4 How could the health system work better for Aboriginal and Torres Strait Islander peoples? This may include: health promotion activities, comprehensive primary health care, allied health and specialist services, mental health services, hospitals and aged care?

The current systems for health funding in Australia create serious barriers to effective health promotion and chronic disease management, and limit effectiveness in terms of equity, access and value for money in primary health care. While this is true for many parts of the country, it is especially felt in Aboriginal and Torres Strait Islander communities. In most instances, the community does not have much input or control in relation to health strategies that directly affect them. The models of promotion, prevention, care and treatment are not always based on the best available evidence. This leads to discrepancies in their efficiency and cost effectiveness; and the current modalities don't necessarily provide for positive outcomes for people and their communities; and sustainable, replicable service delivery remains a challenge.

A key strategy to ensure effective implementation of the Health Plan is to enhance the capacity of Aboriginal Community Controlled Health Organisations (ACCHOs) through better resourcing. This requires a funding model for ACCHOs to attract and retain a multidisciplinary health care team of health care professionals: Aboriginal Health Workers, well-supported by registered nurses, registered midwives, and allied health professionals; and, targeted funding to improve the physical infrastructure of ACCHOs. Additional funding may be required.

The ANF strongly supports funding models which provide for positive health outcomes for communities through sound health policy designed to meet population needs, through consultation and genuine partnership with those communities.

Funding for services, programs, care and treatment must be based on the population health needs of the community and be designed to promote the goals of primary health care enabling the promotion of health, maintenance of health, continuity of care and the involvement of a range of health care professionals in the care. This model allows for a person to be seen by the right health professional for their needs, in an appropriate place at the right time – that is, a needs driven funding model, not one driven by a particular health care professional. This requires investment to create supportive environments and policies that promote and protect our health and prevent disease and injury in order to maximise people's potential to achieve optimal health.

The ANF maintains that the key to providing better access for the community to primary health care services is the development of funding models in which the funding follows the person and not the provider/hospital (as is the case in the current fee for service model).

Essential elements in making the health system work better for Aboriginal and Torres Strait Islander people include:

- All health and aged care services providing care in a culturally safe and respectful manner. This gives regard to the long standing barriers to engaging with mainstream health services
- Supporting the training, education, recruitment and retention of Aboriginal and Torres Strait Islander health professionals in health and aged care services
- Enhancing health literacy within Aboriginal and Torres Strait Islander communities
- Consulting and engaging with Aboriginal and Torres Strait Islander communities in the design, implementation and evaluation of health policy and programs
- The integration of services – at all levels, in all geographical and health care settings, and into other areas such as social and welfare services
- Providing differing models of care, depending on the needs of the community – utilising existing models which have been successful
- Establishing and maintaining support for multidisciplinary health care teams
- Co-ordinating care across integrated services
- Using existing infrastructure as a hub for other services – for example, the school or health clinic
- Using e-Health and telehealth facilities – to improve access to allied health, specialist nursing, midwifery or medical practitioner services
- Thinking outside the square in terms of acute care being able to be delivered in the community in rural or regional towns – for example, for providing palliative care or other Hospital in the Home services.

3.5 What more could be done to facilitate the growth, support and retention of Aboriginal and Torres Strait Islander health professionals?

There is a broad range of Aboriginal and Torres Strait Islander Health Professionals who form the backbone of ACCHOs.

The ANF supports ongoing access to professional development for these health care professionals, and supports significant improvement to their levels of remuneration.

Additionally, non-Indigenous health professionals require greater understanding of the role of Aboriginal Health Care professionals to improve collaboration and interdisciplinary care. The ANF supports the continued improvement in capacity of the Aboriginal health care workforce and its ability to deliver health care which is well supported and culturally appropriate. This requires funding investment into educational preparation for nurses, midwives, medical practitioners, allied health professionals and Aboriginal Health Workers.

Work is needed on:

- institutional racism
- attitudes of non-Indigenous health and aged care professional and administrative staff in mainstream health and aged care services
- embedding a process so that Aboriginal and Torres Strait Islander health professionals are included in mainstream health and aged care services
- challenging assumptions – that all Aboriginal and Torres Strait Islander people will want to work in Indigenous communities or health clinics
- providing sustainable education program funding to be able to give additional supports for Aboriginal and Torres Strait Islander students.

3.6 What more could be done to develop, support and retain mainstream health professionals to provide comprehensive and culturally appropriate health care services to Aboriginal peoples?

It is critical that non-Indigenous health professionals, particularly in mainstream health and aged care services, are educated and supported to provide health and aged care that is culturally safe and respectful. This is an important part of improving health outcomes for Aboriginal and Torres Strait Islander peoples and requires funding investment into the educational preparation for registered nurses, registered midwives, medical practitioners, allied health professionals and Aboriginal Health Workers.

In order to address Aboriginal and Torres Strait Islander health disadvantage, significant improvement is required in the following areas:

- institutional racism
- unlawful discrimination
- improving the level of cultural safety and respect in all mainstream health and aged care services
- mandating education for non-Indigenous health and aged care professionals and administrative staff regarding cultural safety and respect. This could be via regulated content for undergraduate curricula, including theoretical content and the option of clinical placements of significant length (for example, four week's placements every year of the undergraduate course) with adequate support to achieve placement objectives,
- mandatory continuing professional development (CPD) required of health care professionals registered with the Australian Health Practitioner Regulation Agency
- changing perceptions about where Aboriginal and Torres Strait Islander health care professionals might choose to work
- challenging entrenched mainstream society assumptions about Aboriginal and Torres Strait Islander peoples and their approach to health and aged care. This may require taking people out of their comfort zone in order to achieve real and lasting growth and change. As part of this, the government must lead a community wide cultural safety education program which focusses on the importance of cultural identity on the health and wellbeing of Aboriginal and Torres Strait Islander peoples and the devastating and enduring effects of past practices and policies.

3.7 How could the integration and coordination of comprehensive health care for Aboriginal and Torres Strait Islander patients be improved? Examples include:

3.7.1 support for patients after they have been discharged from hospital?

Measures include:

- Equity in quality of meeting health and aged care needs
- Use of Aboriginal Health Care workers in liaison positions between acute care services and community and primary health care services
- National Pharmacy Licensing and national harmonised Drugs and Poisons legislation to improve services especially for people living in border areas – to minimise barriers to services caused by cross-border variances
- Multidisciplinary health care teams and co-ordination of care by nurses and midwives in conjunction with Aboriginal Health Workers
- Enhanced communication between mainstream health care professionals and ACCHOs.

3.7.2 the interaction between mental health and drug and alcohol services?

As stated previously this is currently too symptom based and treatment focused. There is a pressing need to be addressing the cause of alcohol and/or drug abuse and dependence and mental health issues.

Another important point here is to educate more Aboriginal and Torres Strait Islander people as mental health nurses and psychologists.

3.7.3 how can comprehensive health care services be made more accessible for Aboriginal and Torres Strait Islander peoples, including in urban, regional and remote areas?

As outlined elsewhere in this paper it is critical that health care services and the front line health care professional and administrative staff within these, provide care that is culturally safe and respectful.

These services must therefore:

- be welcoming, respectful and friendly
- be understanding that Aboriginal and Torres Strait Islander peoples may have different needs, and have flexible processes to accommodate these needs
- ensure all staff practice in a manner that demonstrates cultural safety and respect towards Aboriginal and Torres Strait Islander people
- employ Aboriginal Health Workers and Aboriginal health care professionals in mainstream health and aged care services

- understand that Aboriginal and Torres Strait Islander health professionals may be overwhelmed if they are required to undertake duties beyond their position – for example, acting as cultural brokers and interpreters across a facility,
- work to make sure that all health care professionals employed in ACCHOs receive competitive salaries and are recruited and retained in sufficient numbers to ensure manageable and safe workloads.

3.8 How can services be made more culturally competent and appropriate for Aboriginal and Torres Strait Islander peoples?

Measures include:

- Mandatory cultural safety and respect education for all health care professionals
- Mandatory community development programs as CPD for all health professionals
- Integrate into service accreditation processes such as ACHS EQUiP, Aged care accreditation, and ISO, as well as any regulated accreditation, for example Community Pharmacy services
- Teaching cultural diversity at primary and secondary school level.

3.9 What do you think should be the guiding principles of the Health Plan?

- Cultural respect
- An holistic approach to health care
- Self-determination
- Needs based funding
- Implementing a zero tolerance approach to unlawful discrimination in the provision of health care
- Addressing inequality in relation to the social determinants of health
- Addressing inequality in respect of access to high quality and culturally safe health and aged care
- Building the capacity and resourcing of Aboriginal Community Controlled Health Organisations
- Action
- A right to health and social justice

3.10 What do you think should be the priorities for the Health Plan?

- To be implementable – to include achievable actions not just ‘flowery’ words
- Evaluation – honesty and genuineness in partnership to engage with Aboriginal and Torres Strait Islander people

4. Conclusion

The ANF appreciates the opportunity to provide input to the development of the National Aboriginal and Torres Strait Islander Health Plan.

With a plethora of research providing stark statistics on the disadvantage experienced by Aboriginal and Torres Strait Islander peoples in relation to health care service delivery and health care outcomes, it is critical that the Health Plan be practical, implementable and be well-resourced to achieve effective outcomes.

We would be happy to be involved in any further consultation processes, and more importantly, to assist in disseminating information to our membership who can play a significant part in implementing the finalised Health Plan.

References

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