

Commonwealth Budget 2020-21

Pre-Budget Submission

24 August 2020

About the NHLF

The National Health Leadership Forum (NHLF) was established in 2011. The NHLF is a collective partnership of 12 national organisations who represent a united voice on Aboriginal and Torres Strait Islander health and wellbeing with expertise across service delivery, workforce, research, healing and mental health and social and emotional wellbeing. We provide a range of advice and direction to the Australian Government on the development and implementation of policies, programs or services that contribute to improved and equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander people.

The NHLF was instrumental in the formation of the Close the Gap Campaign and continues to lead the Campaign as the senior collective of Aboriginal and Torres Strait Islander health leadership. Committed to achieving health equality, the NHLF draws strength from cultural integrity, the evidence base and community. The NHLF provides advice and direction to the Australian Government on the development and implementation of informed policy and program objectives that contribute to improved and equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander people.

The NHLF shares a collective responsibility for the future generations of Aboriginal and Torres Strait Islander people and we pay our respect to our Elders who came before us.

Health is a noted human right, it is an underpinning to everyday life, and key factor in economic (and environmental) sustainability. Our vision is for the Australian health system to be free of racism and inequality and that all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable.

The NHLF Membership

- Aboriginal and Torres Strait Islander Healing Foundation
- Australian Indigenous Doctors' Association
- Australian Indigenous Psychologists' Association
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Gayaa Dhuwi (Proud Spirit) Australia
- Indigenous Allied Health Australia
- Indigenous Dentists' Association of Australia
- The Lowitja Institute
- National Aboriginal and Torres Strait Islander Health Workers' Association
- National Aboriginal and Torres Strait Islander Leadership in Mental Health
- National Aboriginal Community Controlled Health Organisation
- National Association of Aboriginal and Torres Strait Islander Physiotherapists
- Torres Strait Regional Authority

Introduction

The NHLF welcomed the COAG decision in December 2018 to establish formal partnership arrangements with Aboriginal and Torres Strait Islander peoples through their peak bodies on the refreshed Closing the Gap Strategy. We are delighted with the promising joint COAG and Aboriginal and Torres Strait Islander Council on Closing the Gap and the endorsement by all Australian governments on the National Agreement on Closing the Gap in July 2020. The National Agreement has the potential to create significant, long overdue change in the relationship between governments and Aboriginal and Torres Strait Islander peoples, to make the necessary gains to close the gap. The NHLF supports the work of the Coalition of Aboriginal and Torres Strait Islander peak bodies in this work.

The NHLF welcomes the opportunity to provide input on directions for the 2021-22 Commonwealth Budget and welcomes additional Commonwealth investment to respond to the needs of Aboriginal and Torres Strait Islander peoples. This submission frames our view on the direction the Commonwealth's ongoing and future investment needs to go.

1. Investment to Address Social Determinants and Stimulate Recovery

Health is a holistic concept that incorporates the physical, social, emotional, and cultural wellbeing of individuals and their communities. Culture is a key enabler of good health - acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability, and community safety.

Whilst the focus of social determinants is on the impact in terms of health and well-being outcomes, they also demonstrate the intersection between sectors and across the social and economic breadth of our society. Too often governments treat or establish arrangements where social determinants such as early childhood development, education and training, employment and income, housing, infrastructure and environment, law and justice, transport, poverty and food security, and health as distinct and/or unrelated policy agendas. The separation and/or denial of the intersections creates fragmentation. The Covid-19 pandemic has highlighted these intersections and the impacts on people across the community from a social and economic perspective.

The cultural determinants of health are those 'protective' factors which support improved health outcomes: for Aboriginal people, their connection to family and community, land and sea, culture and identity is integral to health. The cultural determinants of health have been described as originating from, and promoting, a strength-based perspective, and that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education,

economic stability and community safety¹. Having and maintaining connection to land and waters is crucial for the continued cultural survival of Aboriginal and Torres Strait Islander Australians as well as economic and social participation. These determinants are opportunities within any economic stimulus package if policy makers are willing to look beyond the narrow definition of the market.

Australia's policy framework is generally based on Eurocentric conceptualisations of spatiality – urbanisation - and framed around the neoliberal market model and the primacy of individual responsibility. Consequently public policy does not consider concepts of Indigenous spatiality, and therefore when policies fail the problems become a cost burden issue and the failure to deliver outcomes is seen as a shortcoming of the community rather than the mechanisms that have been applied to the issue. The economic stimulus measures resulting from the Covid-19 pandemic induced recession demonstrates over- reliance on and the limitations of the neoliberal market model for recovery, which is compounded by ideology-based decisions on who is allocated support and who is left out.

Any stimulus pack needs to be designed within a complementary integrated social determinant framework to enable a broader and deeper social and economic recovery. Investment in social determinants of health – early childhood development, education and training, employment and income, environment (land, water, air), law and justice, transport, poverty and food security, health care, housing and infrastructure, are all opportunities to create a framework for employment opportunities within the public and private systems for enable economic recovery. For example, housing provides shelter, safety, and improved health outcomes but it also provides employment. The investment in housing particularly for remote Aboriginal communities, and social housing generally, has been poor due to inadequately planned and implemented quick fixes too often delivered by external entities with no ongoing interest in or attachment to the community. This contributes to substandard outcomes. Yet, investing in local communities to provide housing and maintenance services would create long term sustainable training and employment opportunities. This would also enable communities to take control and responsibility for the identification of problems and designing and implementing the solutions.

¹ Department of Health, 2017 Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 Implementation Plan Advisory Group Consultations 2017 Discussion Paper, retrieved from https://consultations.health.gov.au/indigenoushealth/determinants/supporting_documents/IPAG%20Consultation%202017%20%20Discussion%20Paper%202.Pdf

The National Agreement on Closing the Gap is a framework for investment across integrated, mutually reinforcing social determinants not only to improve the health and wellbeing, but also the livelihoods for Aboriginal and Torres Strait Islander people. But it also provides a guide for the economic stimulus more generally.

2. Health Care Delivery

Aboriginal and Torres Strait Islander people continue to practice one of the oldest living cultures in the world. When it comes to health and wellbeing, Aboriginal and Torres Strait Islander people take a holistic view of health, which has been defined as:

"not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life." ² pg. 55

However, Aboriginal and Torres Strait Islander people's ability to practice their culture and achieve health has been undermined by colonisation and its impacts. Therefore, Aboriginal and Torres Strait Islander people are demonstrably disadvantaged in almost all measures of health and well-being and, so, are still striving to achieve comparable levels of health and wellbeing to other Australians.

The evidence shows that the health and life-expectancy of Aboriginal and Torres Strait Islander people increases markedly with education and associated employment outcomes, so that the outcomes achieved by university qualified people are essentially the same.

Practical, culturally informed, rights-based approaches are central to achieving good health as defined by Aboriginal and Torres Strait Islander people. The National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) 2013-2023, (and the new refreshed NATSIHP currently being developed) embraces the social determinants of health, and the cultural determinants of health, because they play a central role in improving the health and wellbeing of Aboriginal and Torres Strait Islander people. The NATSIHP also recognises the need to focus on the strengths in Aboriginal and Torres Strait Islander communities. It is through the community's strengths; the most significant gains will be achieved. Additionally, there needs to be a focus on outcomes; Aboriginal and Torres Strait Islander people need to be seeing benefits from the policy investment. This objective aligns with the Government's Long-Term National Health Plan, which has the objective of making Australia the first ranked health system internationally within the decade. Australia

² National Aboriginal Community Controlled Health Organisation (NACCHO) 2011. Constitution for the National Aboriginal Community Controlled Health Organisation. NACCHO, Canberra pg. 55.

currently ranks second, but rates relatively poorly in terms of Access and Equity. These must be addressed if the stated objective is to be met.

One of the critical elements of delivering outcomes is self-determination, which, in practice, means Aboriginal and Torres Strait Islander community-led decision making and delivery capacity. Each Aboriginal and Torres Strait Islander community is unique, and that uniqueness requires local solutions. Therefore, the NHLF calls for this upcoming budget and future budgets to allocate funding to support the NATSIHP to ensure that it is Aboriginal and Torres Strait Islander people and their communities who make the decisions that will most benefit them.

In line with the National Agreement on Closing the Gap the NHLF strongly supports increased investment in the Aboriginal Community Controlled Organisations across all of the social determinants which, when combined, will increase the quality and accessibility of culturally sensitive and appropriate health and community where it is needed most; and as importantly create sustainable employment opportunities and expand economic activity.

Specifically, the NHLF calls for more investment in targeted, needs-based comprehensive primary health care. This is essential to providing timely and robust interventions and prevention strategies to improve health outcomes for Aboriginal and Torres Strait Islander and non-Indigenous Australians before health statuses of people require intensely disruptive and expensive tertiary/acute care interventions. Preventable hospital admissions and deaths are three times higher among Aboriginal and Torres Strait Islander peoples yet spending on the Medical Benefits Scheme (MBS) is one-third, and the Pharmaceutical Benefits Scheme (PBS) one-fifth, of the needs-based requirement.

3. Health Workforce necessary to deliver health care

The health sector is the biggest industry for Aboriginal and Torres Strait Islander peoples' employment. Health (and with Social Assistance) is also the strongest jobs growth sector now and for the foreseeable future; and there are already critical shortages, especially in Aboriginal and Torres Strait Islander health (nationally) and across much of rural and remote Australia. It is a sector that needs more support to continue to grow and retain the Aboriginal and Torres Strait Islander health workforce.

There needs to be more investment in establishing and enabling the sustainability of accessible services. The quality, access to and outcomes of those services are also the result of the culture of the service itself. We know that certain characteristics of the work environment are fundamental predictors for retention of the Aboriginal and Torres Strait Islander health workforce. A supportive workplace is found to be a significant predictor of job satisfaction. Conversely, a workplace that tolerates racism and is an environment of limited support from management and peers, where lack

of mentoring and professional development opportunities, are predictors of poor satisfaction, emotional exhaustion, and high turnover.³ Improvement in health system performance requires institutional racism to be addressed⁴ and a first step is the creation of workplaces that do not tolerate direct or indirect racism, conscious or unconscious bias and actively engage with organisational self-assessment of policies, procedures and practices. This will contribute to the creation of culturally safe and responsive health care environments in all healthcare settings. The mainstream Australian health care system (hospitals and other medical services) must be resourced and be responsible for the delivery of culturally appropriate and safe health care that Aboriginal and Torres Strait Islander peoples have a right to expect and receive, just as all Australians do. Cultural Safety needs to be embedded into the health services and non-Indigenous health professionals need to be held to account for racist and inappropriate behaviour/attitudes towards Aboriginal and Torres Strait Islander patients and health professionals.

The health sector comprises many health professions, of which only a few (15) are nationally regulated, meaning workforce planning and delivery is compromised. This results in poorer quality of care and health outcomes because the contributions of many professions are not well understood, and they are neither supported or distributed so as to address health needs effectively. This lack of data of the self-regulated professions is a serious gap in the information required to undertake proper health workforce planning to meet community health needs and providing employment opportunities because we don't know who is out there and who is doing what. Whilst government agencies at local levels may collect data on their health workforce it is not necessarily aggregated, inclusive of private and/or NGO sectors, or shared. Workforce planning, for any industry, is an important element in increasing employment. This requires good data collection and in the case of the health system, data needs to be collected for all health professionals from training to becoming a regulated or self-regulated health practitioner.

Currently, workforce planning to the extent it exists is framed around defined budgets rather than on population need. This reflects the direction of workforce investment based around the quantum of funding available and not what is needed in actual staffing requirements to meet patient/client needs. This approach preferences resources toward the crisis end of care rather than prevention and early intervention health care, which in turn places greater crisis demand on the system. There is a lack of investment in growing the workforce to meet Aboriginal and Torres Strait Islander

³ Lai, G.C., Taylor E. Haigh M.M. and Thompson S. (2018). Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review *Int. J. Environ. Res. Public Health*, 15, 914; and Taylor, V.E. Lalovic A. and Thompson, S. (2019) Beyond enrolments: a systematic review exploring the factors affecting the retention of Aboriginal and Torres Strait Islander health students in the tertiary education system *International Journal for Equity in Health*, 18:136 <https://doi.org/10.1186/s12939-019-1038-7>.

⁴ 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; and Henry B. R. Houston, S. and Mooney G.H. (2004). Institutional racism in Australian healthcare: a plea for decency, *Med J Aust* 2004; 180 (10): 517-520. doi: 10.5694/j.1326-5377.2004.tb06056.x

peoples' needs. For example, Aboriginal Health Practitioners are not utilised throughout our services system, rather they are limited to the Aboriginal community-controlled health sector and some public hospitals.⁵ Likewise, Aboriginal and Torres Strait Islander midwives, maternal and child nurses are not necessarily employed by services located within areas that have a high Aboriginal and Torres Strait Islander population, yet we know that the Aboriginal and Torres Strait Islander population is younger, and the fertility rate is higher. Funding structures to support allied health services are often inadequate or non-existent.

The need for more Aboriginal and Torres Strait Islander health professionals is especially acute across northern Australia, for example. The proportion of the population who are Aboriginal and/or Torres Strait Islander at around 10 per cent in northern Queensland; 25 per cent in the Northern Territory and close to 40 per cent in northern Western Australia. There are too few health professionals in northern Australia to provide a comparable service coverage to that enjoyed by most Australians. This makes the development of local workforce capacity and pathways even more critical, which can only be achieved through investment in health infrastructure and the workforce.⁶

The National Aboriginal and Torres Strait Islander Health Workforce Plan, currently under development, will be essential to closing the gap in Indigenous disadvantage and should contribute to improving Aboriginal and Torres Strait Islander health and wellbeing by growing the Aboriginal and Torres Strait Islander workforce across all professions and levels. **To improve health outcomes and employment it will be necessary for all Australian governments to endorse and implement this Plan once completed. For the Commonwealth, its role is to provide sustained investment in activities** such as:

- Investment in Indigenous-led models of pathways programs from VET in schools, greater support for VET programs with the articulation onto Tertiary studies.
- Increase and expand support for cadetships and traineeships supported by Indigenous-led model of pathways.
- Increase the funding level for the Scholarships such as the Puggy Hunter Memorial Scholarship Scheme.
- Foster consistency across jurisdictions in their drugs and poisons Act for all health professionals
- Investment in data and research capacity building to grow the Aboriginal and Torres Strait Islander health research workforce.

⁵ Bond. C 2018, Indigenous Health Program at the University of Queensland. <https://www.lowitja>

⁶ IAHA. 2019. Submission to the Senate Select Committee Inquiry on the effectiveness of the Australian Government's Northern Australia Agenda.

4. Government Accountability

Budgetary policy must also promote government accountability. In particular, in areas of funding that purport to impact Aboriginal and Torres Strait Islander Australians. The Indigenous Procurement Policy (IPP) and other policies designed to grow Aboriginal and Torres Strait Islander business enterprises must be properly implemented and accountable. The objectives of the IPP are to increase employment; stimulate private investment in Indigenous business; create Indigenous wealth and to enable economic development in remote and regional locations. Accordingly, the NHLF supports the Productivity Commission's development of the Indigenous Evaluation Strategy and calls on the Commonwealth Government to endorse its implementation across all agencies and for it to be appropriately resourced.

5. Conclusion

The NHLF believes it is possible to address the health gap between Australia's First Peoples and non-Indigenous Australians. But to do so, requires the acknowledgement and responsibility of all Australian governments and their agencies to listen to and work in partnership with Aboriginal and Torres Strait Islander people and their peak organisations to design and implement the solutions that Aboriginal and Torres Strait Islander people know will work for them. If the Commonwealth Budget, and jurisdictional budgets, fully support implementation of these key policy frameworks referred to in this submission and implied in the recent commitment endorsed by National Cabinet we can close the gap. It is the responsibility of government to lead action on health equality and provide the necessary resources to ensure that Aboriginal and Torres Strait Islander peoples can access and benefit from the same level of good health and health care that all Australians have a right to, which is a basic human right.