

Commonwealth Budget 2021-22

Pre-Budget Submission

29 January 2020

About the NHLF

The National Health Leadership Forum (NHLF) was established in 2011. The NHLF is a collective partnership of 13 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 supports the joint COAG and Aboriginal and Torres Strait Islander Coalition of Peaks 2020 National Agreement on Closing the Gap. 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 welcomes the opportunity to provide input on directions for the 2021-22 Commonwealth Budget. The NHLF welcomes additional Commonwealth investment to respond to the needs of Aboriginal and Torres Strait Islander peoples through the 2021-2031 National Aboriginal and Torres Strait Islander Health Plan and the 2021-2031 National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan.

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 implement or establish arrangements that continue to treat the 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. This separation and/or denial of the intersections creates fragmentation. The Covid-19 pandemic that has dominated 2020 and likely to do so in 2021 and beyond has demonstrated these intersections and the impacts on people across the community from a social and economic perspective.

In conjunction with the social determinants, the cultural determinants of health act as '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 Federal and State and Territory budgets if policy makers are willing to look beyond the narrow definition of the market.

Accordingly, the NHLF calls on the Commonwealth Government to increase its investment contribution to the National Agreement on Closing the Gap. 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.

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%2020Discussion%20Paper%202.Pdf

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

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) 2021-2031 is underpinned by the social 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 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 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.

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.1326-537.2004.tb06056.x

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 nor distributed 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 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

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.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 will be critical 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 support this Plan.**

The NHLF also calls for the funding by the Commonwealth Government to the four Aboriginal and Torres Strait Islander Health professional organisations to continue and be increased.

4. Government Accountability

Budgetary policy must also promote government accountability. Our particular interest is in the 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 Indigenous Evaluation Strategy and calls on the Commonwealth Government to support the 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 we can close the gap.