Public Health Association of Australia submission on My Life, My Lead: Implementation Plan Advisory Group (IPAG) Consultation 2017 on the social and cultural determinants of Aboriginal and Torres Strait Islander Health

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Contents

Introduction.......................................................................................................................... 3

The Public Health Association of Australia............................................................................. 3
Vision for a healthy population .............................................................................................. 3
Mission for the Public Health Association of Australia.......................................................... 3
Priorities for 2017 and beyond............................................................................................... 3

Preamble.................................................................................................................................. 4

Health Equity .......................................................................................................................... 4
Social Determinants of Health................................................................................................. 4

PHAA Response to the consultation....................................................................................... 5

Overarching principles............................................................................................................. 5
Key questions from the discussion document ......................................................................... 6
Social and Cultural Determinants of Health........................................................................... 7
 1. Early childhood development, education and youth ........................................................... 7
 2. Law and justice .................................................................................................................. 8
 3. Health choices .................................................................................................................. 9
 4. Food security .................................................................................................................... 10

Conclusion............................................................................................................................... 11

References................................................................................................................................. 12
PHAA submission on social and cultural determinants of Aboriginal and Torres Strait Islander Health

Introduction

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Priorities for 2017 and beyond

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The aims of the PHAA include a commitment to:

- Advancing a caring, generous and equitable Australian society with particular respect for Aboriginal and Torres Strait Islanders as the first peoples of the nation;
- Promote and strengthen public health research, knowledge, training and practice;
- Promote a healthy and ecologically sustaining human society across Australia, including tackling global warming, environmental change and a sustainable population;
- Promote universally accessible people centered and health promoting primary health care and hospital services that are complemented by health and community workforce training and development;
- Promote universal health literacy as part of comprehensive health care;
- Support health promoting settings, including the home, as the norm;
- Assist other countries in our region to protect the health of their populations, and to advocate for trade policies that enable them to do so;
- Promote the PHAA as a vibrant living model of its vision and aims.
PHAA submission on social and cultural determinants of Aboriginal and Torres Strait Islander Health

Preamble

PHAA welcomes the opportunity to provide input to the My Life, My Lead: Implementation Plan Advisory Group Consultation on the social and cultural determinants of Aboriginal and Torres Strait Islander Health. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities developed in collaboration with Aboriginal and Torres Strait islander organisations and people. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Health Equity

Nowhere in Australian policy is the importance of health equity more apparent than in the area of Aboriginal and Torres Strait Islander health and wellbeing. As outlined in the Public Health Association of Australia’s Constitutional objectives:

*Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people’s health. The health status of all people is impacted by the social, political, and environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease.*

The PHAA notes that:

- Health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups.¹
- Health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people,² resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services unequally and unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society.

Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. This is particularly pertinent when considering issues such as Aboriginal and Torres Strait Islander Health policy.

The determinants of health inequities are largely outside the health system and relate to the inequitable distribution of social, economic and cultural resources and opportunities. Health inequities are the result of the interaction of a range of factors including: macro politico-economic structures and policy; living and working conditions; cultural, social and community influences; colonisation and racism.
PHAA submission on social and cultural determinants of Aboriginal and Torres Strait Islander Health

PHAA Response to the consultation

Overarching principles

The PHAA supports the overall Implementation Plan with the inclusion of social and cultural determinants of health. This is an important step in the journey to closing the gaps – socioeconomic, political and cultural as well as health - between Australia’s Aboriginal and Torres Strait Islander and non-Indigenous people. As noted in the most recent progress report, there is still a long way to go, especially in health, education and employment. Recognition of the importance of Aboriginal and Torres Strait Islander health is a recognition of the importance of health equity, and must be a national priority supported by action.

Key United Nations documents such as the Declaration on the Rights of Indigenous Peoples provide important context for Aboriginal and Torres Strait Islander health in Australia. The UN Declaration makes it clear that Indigenous peoples have the right to determine and administer health (and other) programs affecting them. This makes it clear that Aboriginal and Torres Strait Islander people should be centrally involved in this Implementation Plan.

The Redfern Statement in June 2016 brought together key messages from the peak organisations for Aboriginal and Torres Strait Islander health, justice, violence prevention, disability, children and families’ sectors, in a unified voice. The Statement identifies strategies for addressing disadvantage and inequality, through meaningful engagement with the communities. The PHAA is a supporter of the Redfern Statement and continues to support the principles contained within it.

PHAA recommends that all policies build on evidence-based approaches and are developed in collaboration with Aboriginal and Torres Strait Islander communities in a way that strengthens and supports culture, health and capacity. Projects should be multi-strategy and community-led to address local issues, in recognition of the heterogeneity of the Aboriginal and Torres Strait Islander communities in Australia. Aboriginal and Torres Strait Islander communities are found throughout Australia, from major cities to very remote areas, and each has different needs and resources. There is a need to facilitate the provision of a multifaceted range of services within communities, and aim for equitable levels of service delivery across the nation.

The National and State and Territory Aboriginal Community Controlled Health Organisations need to have close involvement with policy and program implementation. Similarly, as noted in the forthcoming National Health and Medical Research Council guidelines, research should partner with or be led by Aboriginal and Torres Strait Islander people and/or organisations.

Preventing ill-health and the adequate resourcing of the primary health sector are essential and the recent erosion of these areas must be addressed. A culturally capable workforce is important and requires building up the Aboriginal and Torres Strait Islander health workforce in both Aboriginal Community Controlled Health Organisations and mainstream health services.

Acknowledgement of the social and historical factors which give rise to the experiences and circumstances of disadvantage of Aboriginal and Torres Strait Islander communities is required in this Implementation Plan, and to improve health system performance and outcomes generally. Health inequities stem from structural disadvantage with the social, structural and political discrimination arising from colonisation having enduring consequences. Public health policy and programs need an understanding of the impacts of these issues and the political, social, economic and cultural factors that sustain marginalisation, including cumulative intergenerational trauma caused by such practices as colonisation and ongoing removal of children. The forced removal of Aboriginal and Torres Strait Islander young people from their families and communities can cause dislocation from culture and has an impact on their health and wellbeing. An
**PHAA submission on social and cultural determinants of Aboriginal and Torres Strait Islander Health**

A holistic approach is required, including socioeconomic, cultural, emotional and trauma, grief and loss, and valuing Indigenous knowledge and cultural beliefs and practices.

A strengths based approach is important, recognising, building on and validating good practice led by Aboriginal and Torres Strait Islander people. This requires longer term funding and sustainability to achieve long term goals, and therefore funding should not be short term and should facilitate a partnership approach to implementation.

The United Nations’ Sustainable Development Goals have been focus of attention internationally since their adoption in 2015. These goals aim to end poverty, protect the planet and ensure prosperity for all, with targets to be achieved over the next 15 years. The goals include health and the social determinants of health, and the Implementation Plan should be consistent with them.

**Key questions from the discussion document**

**Next iteration of the implementation plan**

1. **Which parts of the current Implementation Plan are most important to help improve health outcomes for Aboriginal and Torres Strait Islander people and meeting the Closing the Gap targets?**

   The goals, deliverables and targets are important as they determine the coordinated response by Governments at all levels and other agencies, therefore it is important that they focus on priority issues and ways to influence and change the determinants of health. They also make strategic intent transparent and make it easier for implementation and review, provided there is sufficient monitoring and evaluation. The current implementation plan as “20 goals that focus on improving the health of pregnant women, reducing smoking, tackling diabetes, providing more health checks and achieving better immunization rates”. The intention is to address health determinants across the life-course.

   It is important to focus on the determinants of health, specifically: smoking, nutrition, alcohol and physical activity as well as the chronic avoidable conditions that result as consequence of these risk factors, for example, overweight, obesity, diabetes, heart disease and some cancers. Utilising terminology that focusses on chronic disease prevention sometimes leads to understating priority of action on determinants of health that are essential for growth and development as well as disease prevention. These include those related to nutrition and physical activity.

   Strategy 1F: “Quality and completeness of data to support continued policy development and improved service design, planning and evaluation” is very important to underpin the continuous improvement, focus and effectiveness of the plan.

   The PHAA commends the inclusion of disability in the current Implementation Plan, however more needs to be done to ensure Aboriginal and Torres Strait Islander people continue to be a priority population. Access to the National Disability Insurance Scheme is critical to supporting individuals and their carers/families.

2. **What are the gaps in the current Implementation Plan?**

   In keeping with the close involvement of Aboriginal and Torres Strait Islander communities in policy and program development and implementation, these communities are best placed to identify gaps. Some of the gaps identified by the PHAA include:

**Culture**

The current National Plan has culture central to its policy framework, and is the first national public health policy to do so. The PHAA supports this validation of Culture as being critical to the health and wellbeing of
PHAA submission on social and cultural determinants of Aboriginal and Torres Strait Islander Health

Aboriginal and Torres Strait Islander people. The Implementation Plan, however, needs to further consider the question of what this means – what are the implications and how should it be applied in practice to the work that is done? Further research investment may be required to identify ways for public policy to apply culture in the National Plan’s implementation processes. In keeping with the principles outlined above, this should be led by Aboriginal and Torres Strait Islander researchers.

Food and Nutrition

The NATSIHP mentions nutrition but more needs to be done if we are to improve the health of Aboriginal and Torres Strait Islander people. Currently in the health plan there are aims to reduce risk factors and improve health outcomes across the life course, with priority areas including maternal health and parenting; childhood health and development; adolescent and young health; healthy adults and healthy aging. Nutrition has an important role to play at each of these life stages. The Implementation Plan also states prioritisation of nutrition, particularly for pregnant women, infants and children.

The Implementation Plan however does not articulate specific nutrition strategies despite the The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 (NATSINSAP) outlining comprehensive national strategies which are still relevant.

3. Which issues need more or different data indicators to measure success or improvement?

Prisoners

Currently the only available data on the number of people in prison in Australia comes from an annual snapshot on 30th June and quarterly averages of the end of month population figures from the Australian Bureau of Statistics. Because of the flow of people through prisons, with relatively short stays and high levels of remand, the number of people moving through prison each year is markedly different and higher than the number in there on any one day. It has been estimated that the number of people released from prison in a year is 25% higher than the daily population, with the number of Aboriginal and Torres Strait Islander people in particular, moving through the system being significantly underestimated when the daily population figure is used. Better data on the numbers of people in prison is essential in order to have accurate information on which to base policy and program decisions. A potential model is the Australian Institute of Health and Welfare’s Juvenile Justice National Minimum Data Set.

Social and Cultural Determinants of Health

1. Early childhood development, education and youth

In taking looking at the whole life cycle in health policy and planning, it is appropriate that early childhood development, education and youth should have a focus. With the median age of the Aboriginal and Torres Strait Islander population in Australia being 22 year compared with 38 years for the non-Indigenous population, the importance of this area in this particular Implementation Plan is clear. PHAA notes, however, that there are few youth-related strategies currently, and that the whole life cycle needs to be included.

Key recommendations

- An adequately resourced Federal Aboriginal and Torres Strait Islander early childhood education and care program to support our most vulnerable children
- At least two full days (20 hours) subsidised access to early childhood education and care for all children, regardless of their parents’ circumstances
- Strengthening Family Tax Benefit payments for families on low incomes
PHAA submission on social and cultural determinants of Aboriginal and Torres Strait Islander Health

- Long-term commitment to subsidising full-time access for Aboriginal and Torres Strait Islander children (0-6) years so that all families can afford 5 days of early childhood education
- Invest in the First 1000 Days – an Indigenous-led, holistic initiative which seeks to provide coordinated, comprehensive intervention to address the needs of Aboriginal and Torres Strait Islander children and their families from (pre-) conception to two years of age.
- Reduce over-representation of Aboriginal and Torres Strait Islander children in out-of-home care.
- Work with Aboriginal and Torres Strait Islander communities, their organisations and representative bodies to develop a national strategy and target to reduce this over-representation.
- Increase the priority of supporting families to care for children, in keeping with the National Framework for Protecting Australia’s Children 2009-2020.
- Recommendations from the More Aboriginal and Torres Strait Islander Teachers Initiative:
  - National strategy of promoting teaching as a career to Aboriginal and Torres Strait Islander peoples
  - National leadership strategy for Aboriginal and Torres Strait Islander teachers
  - Mentoring programs for Aboriginal and Torres Strait Islander teacher education students and early career teachers should be supported to increase the Aboriginal and Torres Strait Islander education workforce, and in turn, increase educational success for Aboriginal and Torres Strait Islander children and young people, their families and communities
  - Establishing and promoting pathways for Aboriginal and Torres Strait Islander Education Workers to transition to careers as teachers.

2. Law and justice

Prisoners have greater health needs than the general Australian population. Due to historical, political and social issues such as colonisation, racism, lower levels of education and socio-economic status, Aboriginal and Torres Strait Islander prisoners’ health outcomes are worse than those of other Australians. Low levels of education and low socio-economic status are risk factors for substance abuse, risky alcohol consumption, and poor mental health which in turn are contributing factors for contact with the justice system.

Key recommendations

- There needs to be a greater focus, in collaboration with Aboriginal and Torres Strait Islander organisations, on the underlying social issues which lead to higher levels of incarceration of Aboriginal and Torres Strait Islander youth and adults.
  - Early intervention programs should be developed to identify and address social and health behaviours likely to lead to contact with the criminal justice system, especially for mental health, substance use and dependence and violence.
  - Evidence-based education and vocational programs targeting disaffected youth.
  - Culturally appropriate and effective alternatives to incarceration such as court diversion programs, Circle Sentencing, youth and adult drug court and Magistrates’ referrals into treatment.
- Justice Reinvestment principles should be examined. Investment in interventions to prevent offending and subsequent imprisonment could provide significant social and economic benefits.
- There should be Closing the Gap Justice targets to provide a national focus for reducing the over incarceration of Aboriginal and Torres Strait Islander people.
- The Royal Commission into Aboriginal Deaths in Custody recommendations should be implemented.
PHAA submission on social and cultural determinants of Aboriginal and Torres Strait Islander Health

- A Custody Notification Service should be established in every State and Territory to reduce deaths in custody.
- Funding for Aboriginal Community Controlled Health Services should be increased to address primary health, mental health and substance dependence problems in the community, ensuring that those with mental health and/or substance dependence problems are offered effective treatment options including residential treatment, as a preventive measures and an alternative to incarceration.
- Aboriginal and Torres Strait Islander prisoners should be given the option of accessing Aboriginal Community Controlled Health Services while in custody to ensure continuity of care between prison and the community. The health services must be appropriately funded to do this outreach work.
- Imprisonment should be the punishment of last resort for all non-violent and non-sexual crimes.
- Selected Medicare and Pharmaceutical Benefits Scheme items should be available to those in custody to improve health outcomes.
- When incarceration is mandated, Aboriginal and Torres Strait Islander prisoners should be housed as close as possible to their family/community of residence.

For further information, please see PHAA’s Incarceration of Aboriginal and Torres Strait Islander Peoples policy.

3. Health choices

Among the key challenges for Aboriginal and Torres Strait Islander communities in terms of health choices, is substance use and misuse. Substance use contributes significantly to the gap in life expectancy between Aboriginal and Torres Strait Islander people and other Australians. Smoking is the major cause of chronic disease and alcohol use a major contributor to the higher rates of injury, violence and the high rates of Aboriginal and Torres Strait Islander people in the criminal justice system. Together alcohol, tobacco and illicit substances use continues to be both the cause and effect of much suffering amongst Aboriginal and Torres Strait Islander people causing serious harm to the physical health and to the social health of individuals and their communities.

Key recommendations

- Ongoing partnership between Aboriginal and Torres Strait Islander peak bodies, communities and people and governments, health system managers and health professionals.
- The Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014-2019 should be fully implemented.
- The emphasis of approaches to addressing substance use within communities should be the social determinants of substances use (the reasons why people use substances), rather than particular substances.
- Full implementation of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014-2019
- Need for awareness raising on substance use among Aboriginal and Torres Strait Islander people and for Federal, State and Territory governments, as well as health system managers and health professionals to provide a targeted effort to reduce the higher burden of substance use among Aboriginal and Torres Strait Islander communities.

For further information, please see PHAA’s Aboriginal and Torres Strait Islander People’s Substance Use policy.
4. Food security

Food security is a fundamental human right. Food insecurity is a significant issue for Aboriginal and Torres Strait Islander peoples in remote, regional and urban parts of Australia. This has a long history, commencing with the colonization of Australia and ongoing policy and social and economic influences. These influences continue and are exacerbated by disproportionate disadvantage across areas including income and employment, housing, and the challenges of food affordability and availability. This history and current circumstances mean that presently some families go hungry and a high incidence of malnutrition persists alongside the disproportionate burden of chronic disease.

Key recommendations

- Supportive policy settings to ensure government leadership and action on food security including the development and funding for implementation of a National Nutrition Policy
- Community led programs and projects to address nutrition and food security issues and the resources to effectively implement them
- Retail initiatives – Aboriginal community controlled stores are already showing leadership. Such initiatives should be enhanced and expanded.
- Enhanced training opportunities and creating job opportunities for Aboriginal and Torres Strait Islander people in the public health and nutrition workforce
- Establish an ongoing national food and nutrition monitoring and surveillance system to assess and monitor availability, affordability, accessibility and acceptability of healthy food

For further information, please see PHAA’s Food Security for Aboriginal and Torres Strait Islander Peoples policy and background paper, and Attachment A to this submission.

5. Housing

Safe and secure housing is a fundamental human right. Housing is an area of particular concern for Aboriginal and Torres Strait Islander communities throughout Australia. Aboriginal and Torres Strait Islander people are twice as likely as non-Indigenous people to live in rental accommodation, rather than having the security of home ownership, and almost one-in-five live in housing which is over-crowded. Many Aboriginal and Torres Strait Islander people, especially in remote areas, live in dwellings with major structural problems and a lack of basic facilities in good working order. Almost one-third of Aboriginal and Torres Strait Islander people have experienced homelessness in their lifetime.

Key recommendations

- Expansion of the Aboriginal and Torres Strait Islander housing policies from the current remote housing policy to include policies relevant to all communities
- Establishing a national representative body of Aboriginal and Torres Strait Islander leaders can focus on housing security for Aboriginal and Torres Strait Islander peoples.
Conclusion

PHAA supports the broad directions of the inclusion of social and cultural determinants of health in the Aboriginal and Torres Strait Islander Health Implementation Plan. However, we are keen to ensure meaningful engagement with the Aboriginal and Torres Strait Islander community in this process, in line with this submission. We are particularly keen that the following points are highlighted:

- Policies and programs should be community-led
- The Aboriginal and Torres Strait Islander health workforce should be strengthened
- Continuity of funding is required for sustainable achievements
- The development of a National Nutrition Plan should be prioritised
- Justice targets should be added to Closing the Gap targets
- All programs and policies should take a trauma informed approach
- Ongoing removal of children exacerbates existing intergenerational trauma.
- An adequately funded Federal Aboriginal and Torres Strait Islander early childhood education and care program is needed to support our most vulnerable children.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the Implementation Plan.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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5 May 2017
References

17 Australian Institute of Health and Welfare (2011) Substance use among Aboriginal and Torres Strait Islander people. Cat. no. HW 40 Canberra:AIHW