Public Health Association of Australia
submission to the Close the Gap Refresh

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, 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. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a 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.

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 provide a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.
Introduction

From the Uluru Statement from the Heart, 2016:

“Proportionally, we are the most incarcerated people on the planet.
We are not an innately criminal people.
Our children are aliened from their families at unprecedented rates.
This cannot be because we have no love for them.
And our youth languish in detention in obscene numbers. They
should be our hope for the future.
These dimensions of our crisis tell plainly the structural nature of
our problem. This is the torment of our powerlessness.” ¹

No population living in conditions such as these can be expected to have acceptable health outcomes.

PHAA welcomes the opportunity to provide input to the Close the Gap Refresh. Primarily, this submission
seeks to draw COAG’s attention to the crucial role played by the social determinants of health.

The ‘Gap’ in wellbeing between Aboriginal and Torres Strait Islander People and other Australians is surely
the most intolerable population health failure which Australia is experiencing.

In 2008 our nation set out to overcome the Gap. Goals and targets were set. Governments agreed to take
on responsibility for many actions.

Yet we now know that the results gathered to mark the 10-year mark of the strategy are almost entirely
unsatisfactory.²

The most urgent objectives of this Refresh must be to identify why the strategy is not working as hoped,
determine corrections to any policy failures, and spark a major re-energisation of the political and
resourcing effort.

PHAA argues that underneath a number of ‘transactional’ settings relating to the provision of government
services lies a fundamental problem related to the social determinants of health. The social determinants in
relation to our Aboriginal and Torres Strait Islander People must be addressed in a cohesive manner. The
 provision of many vital health services is a necessary but not sufficient condition for achieving population-
level health outcomes.

Only a holistic approach which recognises the significance of those social determinants will succeed in
Closing the Gap. The Gap will only be closed when the approach of governments ceases to be a fragmented
one, and where the underlying social determinants of Aboriginal and Torres Strait Islander wellbeing are
addressed.

And as the Redfern Statement (2016) released by Aboriginal and Torres Strait Islander organisations and
their supporters identified, action along these lines is not just a possible option, it is now urgent.³

In addition, the approach needs to develop away from one where multiple government agencies at state
and federal level are each working separately, and towards a unified government effort that is also fully
integrated with Aboriginal and Torres Strait Islander representatives, service providers, businesses and
Peoples.
Key recommendations

The structure of the goals and targets

The COAG Closing the Gap Refresh secretariat have asked for input into whether the existing structure of goals and targets are correct.

In general, our answer is yes.

The goal areas of child mortality, early childhood education, life expectancy and so on make a fairly obvious set of high-level measures of health and wellbeing.

We would note that stakeholders have now been using this structure for a decade, and that monitoring outcomes over the long term is assisted by consistency in these conceptual structures. If the matrix of goals were now to be changed significantly, the whole exercise of monitoring progress over the years might needlessly be disturbed. So, in principle, the high-level structure of goals should not be altered without good reason.

The specific targets – all of which sit within the single overriding target of ‘closing the gap’ between Indigenous and non-Indigenous Australians – are also at least directed to the correct subject matters.

We note, of course, the revealed fact that too many timeframe targets are at present not being met. However, the targets should not be adjusted or deferred simply to make meeting them more likely. Aspirational targets also serve a purpose in maintaining a long-term view and goal for policies and programs. Once again, the targets set several years ago should not be adjusted without consideration of the consequences, since long-term monitoring requires consistency in targets.

The problem is not that the targets are incorrect. It is that they are not being met. Together with the lack of a social determinants understanding and a lack of Indigenous empowerment, the problem with Closing the Gap has been inadequate implementation of the current intentions.

Performance across the sector has actually been hindered by certain policy decisions made by governments in recent years including:

- the $500 million cut from Aboriginal Health in the 2014-15 budget
- the introduction of the Indigenous Advancement Strategy
- changes to the funding of ACCHOs
- the funding restructure for NACCHO and the affiliates
- other state/territory policy and funding changes.

The refresh must not be used to cloud the measuring of results

PHAA wants to make very clear that the Closing the Gap Refresh exercise must not be used simply as an excuse to weaken goals, defer targets, or render assessments harder by making confusing changes to the goals and targets structure. PHAA strongly believes that the Refresh must try to address the reasons why the targets are not being met, rather than lowering the bar merely so they appear to be met.

Given that the first ten years of the Closing the Gap mission has not met (all) its goals and targets, the suspicion naturally arises that governments may have their own priority of avoiding criticism, and may use the Refresh exercise to blunt that criticism. That would be entirely unacceptable. Frank, honest assessment of progress is essential to the whole Closing the Gap exercise, the blunting of criticism has no place at all in this matter. PHAA will not endorse, and will strongly condemn, any adjustment to the Closing the Gap framework which carries any such taint.
Details of targets might be adjusted to reflect sustainable development goals

PHAA is happy to engage constructively in any ongoing discussion about the details of the goals and targets structure of Closing the Gap. Our organisation has a holistic vision for health which employs the Sustainable Development Goal (SDG) framework developed by the United Nations Development Program. We would recommend that any adjustment to the Closing the Gap goals and targets would benefit from alignment with the framework. For example, the Closing the Gap framework could align with SDG Goal 10 (reduced inequalities) and SDG Goal 16 (Peace, Justice and Strong Institutions). This allow for the addition of ‘justice targets’ to the Closing the Gap framework – an enhancement that PHAA has long advocated.

Again, such changes should be judiciously chosen to improve the way progress with wellbeing is assessed, and should be cautious so as to ensure, as already mentioned, that long-term assessment consistency is not clouded by too much change in the goals and targets.

We understand that the COAG secretariat intends to undertake workshops on the goals and targets structure between May and July 2018. This would be the opportunity for technical discussion of these matters. PHAA has expertise in this area and could arrange for relevant subject matter experts to be engaged in such discussions.

The social determinants of health

PHAA’s holistic vision of the fundamental nature of health recognises the key role of the social determinants of health. Few scenarios illustrate the social determinants as clearly as does the unacceptable state of wellbeing of Aboriginal and Torres Strait Islander People in Australia. The basic reason that service delivery investments alone do not deliver the outcomes governments expect is that the holistic social condition of our Indigenous Peoples is not being adequately taken into account.

The social determinants understanding of health draws attention to the interrelated impacts of health, education, empowerment, employment, social worth and many other aspects of the human condition. Given the whole nature of the Closing the Gap exercise, a social determinants approach is essential, not optional. Governments will not make the progress we all desire on Indigenous wellbeing merely by funding an array of transactional health, education etc services.

Key materials on the social determinants of health include Galea and Vlahov (2002), Wilkinson and Marmot (2003), and the extensive report of the World Health Organization and its Commission on Social Determinants of Health, Closing the Gap in a Generation (2008), which is highly relevant to Australia’s own Closing the Gap agenda.

We are aware of the submission made to you by the Central Australian Aboriginal Congress which also discussed the role of the social determinants of health, and PHAA generally endorses this submission for your close attention.

Engagement with Indigenous voices

One of the fundamental difficulties with the whole subject of wellbeing of Aboriginal and Torres Strait Islander Peoples is the continuing failure of governments to partner with Indigenous people, representative bodies, service providers and businesses to an adequate degree.

We strongly urge Australia’s governments to escape from practices of internal, bureaucratic discussion of these issues and maximise engagement with Indigenous voices. This is not simply a question of acquiring specific expert input on questions of service design and delivery. It is integral to the empowerment of Aboriginal and Torres Strait Islander people which is itself a social determinant of health and wellbeing in the long run.
PHAA members report that in the Refresh process so far, such engagement has been inadequate. Members perceive problems such as tokenism, efforts to maintain bureaucratic control of the policy agenda, and ‘smothering’ of controversies to minimise criticism of government. Progress will not be made in such a climate. We strongly urge all governments to adopt an open, confident approach to working with Aboriginal and Torres Strait Islander people through all processes dealing with Indigenous wellbeing.

On a related matter, we urge all governments to increase their recognition of the role of Aboriginal and Torres Strait Islander service providers in many of the areas of service delivery which are undertaken by governments, and which must increase to achieve the Closing the Gap agenda. The evidence shows not simply that using Indigenous service providers is more effective in many respects, but that growth in Indigenous services is itself a major element of increasing Indigenous empowerment, employment and expanding education and skills.8, 9 This direction should underlie all government service delivery policies. PHAA recognises that governments have already made efforts in their service purchasing policies, but we urge that such efforts must be increased.

Comments on specific issues

Evidence of health outcomes

Complementing the Prime Minister’s Report released earlier this year, the Australian Institute of Health and Welfare released Closing the Gap: 2017 analysis of progress and key drivers of change on 23 April 2018.10 This report notes the importance of determinants of health as drivers of change, with social determinants accounting for one-third of the gap in health outcomes between Indigenous and non-Indigenous Australians. However, there is significant complexity involved in identifying causal relationships, especially given the lack of currently available data. The report specifically calls for longitudinal data sets to assist in unravelling these relationships and pathways, as well as improvements to Indigenous identification in data sets, and consistency of this identification, and increased sample sizes to allow for required analysis. The AIHW report also notes the utility of interim measures for assessing whether longer-term targets are on track.

PHAA is still considering the extensive data and conclusions of this 310-page report. It is PHAA’s intention to make a supplementary submission to COAG if appropriate once we have considered this report.

Data sovereignty

One of the technical difficulties with the Closing the Gap process is the issue of data sovereignty. Often reliable data and information on Aboriginal and Torres Strait Islander wellbeing is lacking. In addition, there are issues with misuse of traditional knowledge and cultural heritage matters.11 Assessing the progress of the Closing the Gap agenda requires consistent data that is agreed to by Aboriginal and Torres Strait Islander organisations.
Conclusion

PHAA absolutely supports the Closing the Gap agenda and will continue to make contributions to this essential national undertaking. Closing the Gap is not optional for our nation.

The first decade’s progress has not been satisfactory, and all governments must maintain a high degree of political commitment to doing better. A retreat into bureaucratic inertia must not occur. Indeed, given the inadequate results so far, governments must increase, not merely maintain, their level of political commitment.

On the immediate subject of the structural goals and targets elements of the Closing the Gap Refresh, our key messages are:

- For consistency’s sake, the Closing the Gap goals and targets ought not be changed except where a positive improvement in their capacity to assess actual progress with Aboriginal and Torres Strait Islander wellbeing is identified
- Any changes to the goals and targets should reflect social determinants of health concepts, and where relevant be aligned to the Sustainable Development Goals framework.
- Any changes to the goals and targets should not occur without the agreement of Indigenous participants
- Governments should improve their current forms of engagement with Indigenous voices in the Closing the Gap framework

The PHAA appreciates the opportunity to make this submission, and further commits to helping identify expert contributors to any unfolding process of reviewing the details of the goals and targets structure of the Closing the Gap framework.

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

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References


