



Public Health Association
AUSTRALIA

Public Health Association of Australia:
*Supplementary submission to the Senate Select
Committee on Health – specifically focusing on
Indigenous health issues*

Senate Select Committee on Health
PO Box 6100
Parliament House
Canberra ACT 2600
Email: health.sen@aph.gov.au

Contact for PHAA:
Adjunct Professor Michael Moore
Chief Executive Officer
mmoore@phaa.net.au

30 January 2015

Contents

Public Health	3
The Public Health Association of Australia	3
Advocacy and capacity building	3
Preamble.....	4
a) Improvements in the provision of health services, including Indigenous health and rural health:	4
Aboriginal and Torres Strait Islander Health.....	4
Conclusion.....	6
References.....	7



Introduction

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. The PHAA has a vision for a healthy region, a healthy nation and healthy people living in a healthy society and a sustaining environment while improving and promoting health for all.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include the development of policy, capacity building and advocacy. 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. PHAA supports a preventive approach for better population health outcomes by championing appropriate policies and providing strong support for Australian governments and bodies such as the National Health and Medical Research Council in their efforts to develop and strengthen research and actions in public health. The PHAA is an active participant in a range of population health alliances including the *Australian Health Care Reform Alliance*, the *Social Determinants of Health Alliance*, the *National Complex Needs Alliance* and the *National Alliance for Action on Alcohol*.

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 providing a close involvement in the development of policies. In addition to these groups the PHAA's 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.

Advocacy and capacity building

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 governments and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Preamble

PHAA welcomes the opportunity to provide a supplementary submission to the Senate Select Committees on Health inquiry into and report on health policy, administration and expenditure, focussing specifically on Indigenous health. This submission addresses the applicable Term of Reference by drawing on research and expertise from the PHAA's member base of Australia's leading public health professionals, specifically those involved with PHAA's Aboriginal and Torres Strait Islander Health Special Interest Group.

This submission reinforces the recommendations provided in previous submissions to this and other Parliamentary Committees which continue to be a priority for PHAA, our individual members and the professional groups we represent.

a) Improvements in the provision of health services, including Indigenous health and rural health:

Aboriginal and Torres Strait Islander Health

Aboriginal and Torres Strait Islanders peoples have experienced the greatest social, economic, political, policy and cultural deprivation of all population groups in Australia – the health consequences of which have been profound compared with the broader community. Indigenous life expectancy is approximately 10 years lower than the non-Indigenous population and Indigenous people have higher rates of death for almost all causes.ⁱ Indigenous people also bear a greater burden of disability and illness in a range of areas including cardiovascular disease, cancer, accidents and injuries, respiratory diseases and diabetes.^{ii,iii,iv}

There are some signs of slow improvement for Aboriginal and Torres Strait Islander peoples' health, but this has been less than the greater improvement seen in the total Australian population. To redress this imbalance, there should be a cross-portfolio, whole-of-government agenda with a clearly articulated vision informed by meaningful community consultation and specific funding.

Governments refer to the Aboriginal and Torres Strait Islander situation as poverty whereas Aboriginal and Torres Strait Islanders speak of rights and self-determination. Aboriginal and Torres Strait Islander health policy and health care must include Aboriginal and Torres Strait Islanders in all decision making processes, and meet the needs of Aboriginal and Torres Strait Islander peoples in different contexts – 30% of Aboriginal and Torres Strait Islander people live in a major city, 20% in an inner regional town, 23% in outer regional areas, 9% in remote areas and 18% in very remote areas.^v

Common themes emerging from key national framework documents include an emphasis on building capacity of community and workforce to enable access to holistic, evidence-based continuums of care in terms of the delivery of alcohol and other drug mental health and related services. The provision of such holistic continuums of care and referral to appropriate treatment pathways is dependent upon the establishment of intersectoral linkages.^{vi,vii,viii}

In other words, people will always have to access a number of different government and non-government services in order to have their needs met. If services are all adequately resourced, adhere to established standards of best practice within their respective areas of expertise and are able to work cooperatively together to meet the complex and multifaceted needs of individuals,

PHAA supplementary submission on Indigenous health

then the journey of healing for people will be a lot smoother. There needs to be a focus on key “at-risk” or “target” groups that are experiencing disproportionate rates of harm.

Traditionally, community-controlled services have succeeded in attracting those people who are marginalised from mainstream services. Among this group of people are the “complex needs” clients, who have a range of needs that cross a number of categories of mainstream medicine (e.g. coexisting mental health and alcohol and other drug problems). As many community-controlled services do not demand proof of Indigenous status, they often cater to the needs of some non-Indigenous people who have also had difficulty in engaging with mainstream services.^{ix}

In terms of both making mainstream services more accessible to Aboriginal and Torres Strait Islander peoples and strengthening the capacity of community-controlled services, workforce development is critical, and the employment of Aboriginal and Torres Strait Islander staff within community-controlled and mainstream organisations is one of the key measures proven to make all services more accessible to communities.

PHAA also wishes to note the impact of recent and foreshadowed federal budget funding cuts impacting on Aboriginal and Torres Strait Islander health. Cuts in funding to key organisations and agencies that play a central role in advancing health and broader Closing the Gap priorities will have an impact on the Government’s capacity to achieve outcomes in these areas. Organisations such as the National Congress of Australia’s First Peoples and the National Indigenous Drug and Alcohol Committee (NIDAC) have played an important role in identifying and developing responses to health issues in collaboration with affected communities. These important functions have either been diminished or, in the case of the NIDAC, abolished by recent funding decisions by the Australian Government. Such decisions seem to be at odds with broader policy directions at the national level.

In addition, cuts in funding to key areas within the Department of Social Services portfolio, such as housing and homelessness programs, will clearly impact disproportionately on Aboriginal and Torres Strait Islander communities and as such impact on the capacity to meet Closing the Gap targets. Further, the Budget Papers indicate that \$197.1M will be cut from the ‘Health Flexible Funds’ over 3 years from 2015-16 to 2017-18. There are currently 16 different Flexible Funds providing funding to a diverse range of organisations and groups, including NGOs peak bodies and service delivery agencies across the country (see:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/budget2011-flexfunds.htm>).

Among the Flexible Funds are a number of initiatives, such as the Aboriginal and Torres Strait Islander Chronic Disease Fund and the Substance Misuse Service Delivery Grants Fund, that currently provide funding for programs that target Indigenous Australians. Any further cuts to funding in these key areas would potentially have a devastating impact on families and communities seeking to address a range of health problems.

Recommendations

- Facilitate the provision of a multifaceted range of services within communities, and aim for equitable levels of service delivery across the nation.
- Develop a National Aboriginal and Torres Strait Islander Social Determinants of Health Policy as a key strategy in closing the gap and overcoming Indigenous disadvantage. The policy needs to evolve from research and describe the social determinants, focus on social inclusion and support

PHAA supplementary submission on Indigenous health

the provision of real opportunities in education, employment and health status, with funding tied to delivery of outcomes.

- Develop a policy for the inclusion of Aboriginal health equity and self-determination in the mandate of Local Hospital Networks and Primary Healthcare Networks. The policy should include reforms to increase the investment in culturally competent services by ensuring:
 - Aboriginal community controlled health, legal and welfare services are prioritised and adequately supported
 - Mainstream services better meet the needs of Aboriginal and Torres Strait Islander people
- Greater investment in a holistic approach to mental health for Aboriginal and Torres Strait Islander people that supports prevention, treatment and opportunities to strengthen cultural identity, job readiness and social inclusion.
- Develop a national strategic framework to address food access and security for Aboriginal and Torres Strait Islander people including those living in regional and urban communities. Such a framework should identify determinants of food security, describe the burden of disease due to poor nutrition, determine the status of poor nutrition and support implementation of community driven programs.
- All decisions and policies developed and implemented for Aboriginal and Torres Strait Islander people or communities should not be made without the input of key Aboriginal and Torres Strait Islander people and organisations.
- Funding decisions should be based on the principle of enhancing – not diminishing – community capacity to address key issues and priority areas in Aboriginal and Torres Strait Islander health.

Conclusion

PHAA appreciates the opportunity to make this supplementary submission and looks forward to the possibility of further participation in the inquiry into health policy, administration and expenditure.

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



Professor Heather Yeatman
President



Michael Moore BA, Dip Ed, MPH
Chief Executive Officer



Vanessa Lee BTD, MPH
Vice President

30 January 2015

References

- ⁱ Australian Institute of Health and Welfare 2008. *Australia's Health 2008*. Cat. no. AUS 99. Canberra:AIHW.
- ⁱⁱ Commission on Social Determinants of Health (2008). *Final Report – Closing the gap in a generation: Health equity through action on social determinants of health*. Geneva: World Health Organisation.
- ⁱⁱⁱ Draper G, Turrell G and Oldenburg B 2004. *Health Inequalities in Australia; Mortality*. Health Inequalities Monitoring Series No. 1 AIHW Cat. No PHE 55. Canberra: Queensland university of Technology and the Australian Institute of Health and Welfare.
- ^{iv} Australian Institute of Health and Welfare 2008. *Australia's Health 2008*. Cat. no. AUS 99. Canberra:AIHW.
- ^v Australian Institute of Health and Welfare 2014. *Health expenditure Australia 2012-13*. Health and welfare expenditure series no. 52. Cat. No. HWE 61. Canberra: AIHW.
- ^{vi} Australian Health Ministers' Advisory Council (2004) *A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being*, Australian Government Department of Health and Ageing, Canberra.
- ^{vii} Australian Health Ministers (2003) *National Mental Health Plan 2003-2008*, Australian Government, Canberra.
- ^{viii} *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context* (2003) National Aboriginal and Torres Strait Islander Health Council (NATSIHC), Canberra.
- ^{ix} *Better Health Care: Studies in the Successful Delivery of Primary Health Care Services for Aboriginal and Torres Strait Islander Australians* (2001) Commonwealth Department of Health and Aged Care, Canberra.