Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023

IMPLEMENTATION PLAN ADVISORY GROUP CONSULTATIONS 2017

Discussion Paper

Section 1: Progress on the Implementation Plan

Key questions for consultation participants to inform the next iteration of the Implementation Plan

- *Which parts of the current Implementation Plan are most important to help improve health outcomes for Aboriginal and Torres Strait Islander people and meet the Closing the Gap targets?*
- *Does the life-cycle structure of the current Implementation Plan reflect the key issues needed to achieve health equality?*
- *What are the gaps in the current Implementation Plan?*
- *Which of the current 2013 planned deliverables need to be revisited to reflect changed priorities, revised targets or new evidence?*
- *Which issues need more or different data indicators to measure success or improvement?*

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

All parts of the Implementation Plan (IP) are important, but the area in which there is slower and limited progress is 'Health System Effectiveness'. Two aspects of this are high on CATSINaM's agenda – ***health workforce*** and ***cultural safety***. A critical learning from both national and jurisdictional evaluation of the COAG 'Closing the Gap' strategy is that the strong focus on required strategies in relation to health programs and services is not matched by an equally strong focus on the workforce required to deliver them. This workforce must include the Aboriginal and Torres Strait Islander health workforce and, given that non-Indigenous Australian constitute 97% of the Australian population, a culturally safe non-Indigenous workforce.

Health workforce: Aboriginal and Torres Strait Islander nurses and midwives constitute the largest proportion of the overall Aboriginal and Torres Strait Islander health workforce at ~58%. At the same time, our overall representation in the national nursing and midwifery workforce is 1.06%; this is based on the 2015 AIHW workforce data. While there has been growth over time, i.e. representation in 2011 was 0.79%, the current rate of growth of 42% between 2011 and 2015 will not bridge the gap that must be addressed. We require a 300-400% increase to achieve population parity, and a 600-800% increase to address the vastly disproportionate burden of disease for Aboriginal and Torres Strait Islander Australians. *Please see the **Australian College of Nursing** support letter attached to our submission, which highlights one of the strategies that can contribute if capacity is expanded.*

We acknowledge the recent release of the 2016-2023 Aboriginal and Torres Strait Islander Health Workforce Strategic Framework. We wish to emphasise that we have provided advice to the Department since 2015 about the need for a ***dedicated*** National Aboriginal and Torres Strait Islander Nursing Workforce Strategy in order to gain traction and fast track increases in the Aboriginal and Torres Strait Islander nursing and midwifery workforce. There has been sufficient evidence over the past two decades that trickle-down strategies are ineffective; achieving notable change requires a targeted response focused on the highest areas of need.

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Therefore, if such a national strategy was fully implemented from the 2015-2016 year for three years, it could have increased the representation of Aboriginal and Torres Strait Islander nurses and midwives from 1.06% to parity with population levels by 2018. Our 2015 Economic Analysis Report demonstrated the value of this approach, as it indicated that every dollar invested would result in a $1.60 return.

We commend this report to the Implementation Plan Advisory Group. Immediate action on its recommendations will provide a practical lead and progress several of the strategies and actions in 'Health System Effectiveness'. It will be of significant assistance in progressing the implementation of many other aspects of the IP. The existence of Aboriginal and Torres Strait Islander health staff, particularly nurses and midwives who represent the majority of the overall health workforce, makes a positive difference in Aboriginal and Torres Strait Islander people accessing health services, including health checks, antenatal and maternity care.

Further, it will significantly advance efforts under Strategy 1, 3, 4 and 5 in the 2016-2023 Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (ATSIHWSF), which is meant to align with and support the IP. One drawback of the both the IP and the ATSIHWSF is that they are implemented through state/territory planning forums, of which national Aboriginal and Torres Strait Islander health workforce organisations, such as CATSINaM, are not members.

Cultural safety: As will be evident from our responses to subsequent questions, addressing racism as a social determinant of health is essential for making substantial and sustained progress in improving the health service experiences and outcomes of Aboriginal and Torres Strait Islander Australians. CATSINaM has and continues to undertake a series of dedicated strategies to raise the understanding and ability of non-Indigenous people working across the health sector to change both policy and practice in order to increase cultural safety for Aboriginal and Torres Strait Islander health staff, clients and students.

The work that CATSINaM has initiated and advocated for is aligned with Strategy 1B (specifically the first action) and 1E of the IP, yet has been done without access to specific funding even though it contributes to progress against both of these strategies. Progressing this important work needs ***dedicated*** funding that facilitates collaborative work through partnerships with other lead entities. There are opportunities in relation to health professionals' education and training, accreditation, registration and legislation, to name a few. The IP could be utilised to play a stronger role in engaging stakeholders and addressing barriers to change. Guidance can be found from international evidence-based research (e.g. the work of Naomi Priest from Australia, San'yas, Provincial Health Services Authority, British Columbia and Janet Smylie of Canada), and health professional legislation (e.g. New Zealand/Aotearoa).

Our other concern with this section is that the deliverables for 2023, particularly in relation to accountability, are too far away and should be brought forward in order to drive motivation for change across the health system. We suggest that deliverables be developed for the 2020/2021 financial year.

- *Does the life-cycle structure of the current Implementation Plan reflect the key issues needed to achieve health equality?*

The life-cycle structure remains useful but it is not a stand-alone thread if the Federal Government is going to take a lead from how Aboriginal and Torres Strait Islander Australians understand health in a more holistic and encompassing perspective. As outlined in the 2017 Redfern Statement, it must be accompanied by a National Aboriginal and Torres Strait Islander Social Determinants of Health Strategy. We would suggest this read as a *National Aboriginal and Torres Strait Islander Social and*

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Cultural Determinants of Health Strategy to reflect the language in Section 7 of the IP - also see our response to the next question.

We also wish to comment on the use of the term 'equality', which too easily translates into a focus on sameness, in contrast to the far more helpful and accurate term of 'equity' which focuses on what needs to be done differently or in addition to achieve equal outcomes. Put another way, achieving health outcomes for Aboriginal and Torres Strait Islander Australians that are equivalent or better than those for non-Indigenous Australians requires the implementation and funding of a range of ***different*** and ***additional*** strategies. If Aboriginal and Torres Strait Islander Australians are treated in the same manner as non-Indigenous Australians in the health system we will not **close** the gap in outcomes. We will maintain a gap even if there is equal improvement for both Aboriginal and Torres Strait Islander and non-Indigenous Australians. Government needs language that makes this clear, therefore, ***health equity*** should be adopted in preference to health equality to help facilitate the mind shift required to achieve it. Another recommended shift is replacing the terminology of 'special measures' with ***affirmative action.***

- *What are the gaps in the current Implementation Plan?*

At present the social and cultural determinants of health are 'buried' in the IP with the main Government response being the Indigenous Advancement Strategy. As noted in the 2017 Redfern Statement, this has been a highly problematic strategy that has done little to advance the lives of Aboriginal and Torres Strait Islander Australians to date, nor has it delivered on the Government's preferred agenda as stated in the IP of "school attendance, employment participation and community safety" (p. 33). This is the reason for advocating for an accompanying *National Aboriginal and Torres Strait Islander Social and Cultural Determinants of Health Strategy*.

Social-emotional wellbeing and mental health are incorporated into Aboriginal and Torres Strait Islander people's definition of health, yet are usually dealt with separately within the Australian health system. However, strong arguments have been put to have a dedicated National Aboriginal and Torres Strait Islander Mental Health Plan in order to give this the prominence it requires.

We understand that the '2004-2009 National Strategic Framework on Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing Framework' is to be renewed, but an updated document is yet to emerge. A National Aboriginal and Torres Strait Islander Mental Health Plan should be linked to the NATSIHP IP and the yet to be developed *National Aboriginal and Torres Strait Islander and Social and Cultural Determinants of Health Strategy*, so all three plans are complementary and reinforcing.

We refer the Department to the 2015 paper by Professor Pat Dudgeon, Professor Tom Calma AO and Christopher Holland titled *'Future Directions in Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, Mental Health and Related Areas Policy'*, as CATSINaM concurs with the conclusions and recommendations of this paper as the basis for addressing this neglected and much needed area of action for achieving health equity for Aboriginal and Torres Strait Islander Australians.

Further, these two additional complementary plans need an implementation plan built into them and associated resourcing to ensure they **are** implemented – nothing much will change unless talk becomes walk. We do not want to find ourselves renewing another strategic framework 13 years after it was initiated with little to show in the way of dedicated and sustained implementation that is resulting in real change on the ground.

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A core connecting theme will be the work required to eradicate racism – both individual and institutional – in all aspects of Aboriginal and Torres Strait Islander Australian's lives. Racism is a social determinant of health, so addressing it is necessary to achieve positive change in health, mental health and social-emotional wellbeing outcomes. One of CATSINaM's current priorities is to advocate for the development and implementation of a 'Race relations and health barometer'. This would create an alternative baseline and ongoing measure of cultural safety initiatives, which would be a vast improvement on the very limited options currently being utilised, such as discharge against medical advice. A further opportunity is to utilise compulsory health professional registration processes for requiring health professionals to complete existing survey tools on unconscious bias. CATSINaM would be very happy to assist the Department with further information on this.

- *Which of the current 2013 planned deliverables need to be revisited to reflect changed priorities, revised targets or new evidence?*

We assume this is meant to read 2023. Due to our answers to other questions we are less specific here, as we think that each deliverable should be reviewed and assessed in the light of adjustments and better specification in the IP. As noted above, in order to drive a faster pace of change, consideration should be given to having deliverables by 2020/2021, particularly for Health System Effectiveness.

- *Which issues need more or different data indicators to measure success or improvement?*

This needs dedicated focus for all areas of the plan. The goals for each area are limited in their vision and focus on only specific aspects of health or health system usage/engagement rather than positive change in health outcomes. They appear to be driven by what can be easily measured using existing system data, rather than what would provide a better indicator of positive change in order to determine what needs to be measured using existing and new mechanisms. For example, what work has occurred to incorporate the reporting and KPIs associated with core primary health care services and OCHRE streams?

We are aware that smoking is related to several areas of chronic disease that in combination account for a significant proportion of the health gap, but along with attendance at health checks and immunisations it is not the only marker of change needed. This reflects a dominant culture rather than an Aboriginal and Torres Strait Islander approach to health. It does not tell us if Aboriginal and Torres Strait Islander Australians experience better health outcomes, and feel more valued and included within the health system and society. Therefore, it is important to expand beyond quantitative to include qualitative measures.

We note that the Aboriginal and Torres Strait Islander Health Performance Framework is identified as an important source of data on health improvements, yet, the link between specific indicators and sections of the plan is absent – at least in the public version of the IP. If this mapping has occurred within the Department it would be important for this to be made public. We also note that no mention is made of another regular measurement and monitoring activity, such as BEACH data or the Overcoming Indigenous Disadvantage Key Indicators reporting cycle (the most recent being 2016). Given the Overcoming Indigenous Disadvantage Key Indicators has a section on Healthy Lives as well as other areas critical to the social and cultural determinants of health, the relationship between it and the NATSIHP IP should be explicit.

The 'strategies' listed for each area are written as outcomes statements. While this is a good thing, they read more like objectives against which indicators should be written that provide a more nuanced story about change – what is changing with what effect that contribute to higher level changes.

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Section 2: Developing the 2018 Implementation Plan

> **Key questions for consultation participants to inform the next iteration of the Implementation Plan**
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> - *What new actions are needed to accelerate progress towards the Closing the Gap targets? How could we measure success against these new issues?*
> - *How can the Implementation Plan be designed to highlight the involvement and leadership of Aboriginal and Torres Strait Islander people?*

- *What new actions are needed to accelerate progress towards the Closing the Gap targets? How could we measure success against these new issues?*

We refer you to our response to the first question in Section 1 on health workforce, and the critical need for a ***dedicated*** National Aboriginal and Torres Strait Islander Nursing Workforce Strategy as this will be vital in working towards the employment target, as well as drive efforts against the education targets.

We also refer the Department again to the recommendations in the 2017 Redfern Statement and the interconnectedness of the areas it outlines. The new action is a bi-partisan long-term commitment to continue the NATSIHP and the IP across successive terms of Government.

Finally, given that the Closing the Gap targets require inter-sectoral cooperation and collaboration, we would expect that this is reflected in the governance of the IP. A cross-cutting issue is the eradication of racism across all sectors – this must be built into the Closing the Gap targets, and/or required as an action for all targets.

- *How can the Implementation Plan be designed to highlight the involvement and leadership of Aboriginal and Torres Strait Islander people?*

We acknowledge that the National Health Leadership Forum (NHLF) has been invited to contribute to both the NATSHIP and the IP in a consultative capacity. However, we note that the NHLF Secretariat is not adequately funded for the full range of matters about which it is approached, nor for developing and promoting its role and functions. This situation must be addressed in terms of governance and resourcing to ensure the involvement and leadership of Aboriginal and Torres Strait Islander Australians. Much more could be achieved if national Aboriginal health organisations, where critical expertise lies, were resourced and formally built into the process at both national and jurisdictional levels.

CATSINaM, like the other national Aboriginal health organisations, is not funded to engage as heavily in the design, development, implementation and evaluation of the NATSIHP and the IP as is needed. Currently, CATSINaM is a small national organisation with an expectation of jurisdictional reach, but without funding to enable this reach to be achieved in practical terms. Therefore, the funding approach must be revised so this is made possible. This would help address the matter raised above about the current approach to implementation of both the IP and the ATSIHWSF, where there is no representation from national health workforce bodies in the state/territory planning forums.

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Further, CATSINaM survives on short term funding commitments ranging from one to three years, which blunts our ability to fully engage in long-term planning in Aboriginal and Torres Strait Islander health. Commensurate with our recommendation to have a long-term commitment to Aboriginal and Torres Strait Islander health, CATSINaM and other national Aboriginal health organisations must have the security of long-term funding commitments, as this will support our work to foster Aboriginal and Torres Strait Islander leadership and governance in the health sector that can feed into the IP.

Key questions for consultation participants to inform the response to the social and cultural determinants of health

- *What are the medium and long-term priorities for addressing the social and cultural determinants of health?*
- *What are some examples of projects that have successfully worked across different sectors (e.g. health, education, employment etc.) to improve Indigenous health outcomes?*
  What worked? What didn't work as well?
- *Where are the main opportunities for governments and the health sector to support achieving the Closing the Gap targets?*
- *Strengthening culture and connection to country are seen as both a priority and a challenge – one key challenge is how to measure success. Are there examples of successful cultural programs and measures that we could learn from/ build upon? What is government's role?*
- *How can governments better support programs which strengthen culture? How can governments avoid being a barrier to Aboriginal and Torres Strait Islander people connecting with culture and country?*

- *What are the medium and long-term priorities for addressing the social and cultural determinants of health?*

Once again, the 2017 Redfern Statement provides direction on several relevant areas, including the meaningful engagement of Aboriginal and Torres Strait Islander Australians in national representation on decision-making bodies. We strongly advise the cross-portfolio working group to utilise this material in devising a whole-of-Government plan. Addressing racism remains a short, medium and long-term priority as it requires committed and sustained effort, and its impact as a social determinant of health is extensive.

We need a health system, commencing with entry into any initial training and education programs, extending into health professional registration, performance management within health services, continuing professional development, health services management and health policy that sends a clear and consistent message that racism has no place in the health sector, let alone the wider society.

CATSINaM has undertaken a series of initiatives to contribute to this being realised. This includes the adaptation of the Aboriginal and Torres Strait Islander Health Curriculum Framework for nursing and midwifery, their cultural safety policy, cultural safety training for leaders in nursing and midwifery, national seminars on cultural safety, and their current campaign to have cultural safety included within health professional legislation. A further idea is that the new Indigenous Commissioner in the Productivity Commission should have a clear responsibility for monitoring Closing the Gap targets.

- *What are some examples of projects that have successfully worked across different sectors (e.g. health, education, employment etc.) to improve Indigenous health outcomes?*
  What worked? What didn't work as well?

We are not privy to all possible projects but are conscious of common elements of successful 'projects'. First of all, we must move away from short-term projects that produce promising results over the short-term (two-three years), but then are defunded so they do not realise their potential and are expected to achieve sustainability within an unreasonable timeframe. This short-term cycle typically results in disengagement of and distrust by Aboriginal clients/patients and communities; it is a strong barrier to health system effectiveness. We need programs that can be community-driven, developed and strengthened over time based on evaluation and monitoring feedback loops, so we do not lose corporate/program knowledge and can build on strengths and achievements.

Developing and supporting Aboriginal and Torres Strait Islander staff is central – moving from projects to programs that offer sustainable employment options contributes to staff retention. Combining this with training and professional development options is crucial. It also, very directly, addresses the social and cultural determinants of health through access to ongoing employment, and the benefits it brings to people's families and communities.

Cultural knowledge is one of the sets of knowledge that is frequently specifically sought after, valued and built into job descriptions for these programs. It must not be an extra expectation for Aboriginal and Torres Strait Islander staff that non-Indigenous staff are not asked or expected to meet – this is another critical learning from both national and jurisdictional evaluation of the COAG 'Closing the Gap' strategy.

The other factor that is vital to consider is the level of flexibility and adaptability of core program concepts to respond to the particular needs of a jurisdiction, region and/or local community. This avoids the highly ineffective 'cookie cutter' approach, which results in the homogenisation of Aboriginal and Torres Strait Islander Australians. For example, programs that reflect this include the CATSINaM Mentoring Program, the CATSINaM 'Cultural safety and resilience' training, the Griffith University 'Hands Up' Program, the CATSINaM Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework, the Birthing on Country initiatives (nationally and internationally), the Nurse-Family Partnership programs, Healthy Choices, and the National Tobacco Control Project.

- *Where are the main opportunities for governments and the health sector to support achieving the Closing the Gap targets?*

We are responding on the basis of **requirements**, rather than opportunities, although again we refer the Department back to the 2017 Redfern Statement. There are multiple opportunities but these basic requirements must be met for any opportunity to be taken up:

  - *For Governments:* a bi-partisan approach that raises Aboriginal and Torres Strait Islander health above political power play, and sustained commitment and 'real' shared decision-making with Aboriginal and Torres Strait Islander people and/or their representative bodies (as per the original CTG Statement of Commitment signed by all Governments in a bi-partisan manner) combined with ongoing long-term resources. Further, increasing the allocation of funding to Aboriginal Community Controlled Health organisations wherever possible.

  - *For the health sector:* demonstrated commitment to substantive actions that 1) build the capacity of non-Indigenous staff to recognise and redress racism, 2) create culturally safe working and health service environments; and 3) create education, training, employment

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and career progression pathways for Aboriginal and Torres Strait Islander people in all areas of the health sector – professional, administration, corporate services, policy, training and education etc.

- *Strengthening culture and connection to country are seen as both a priority and a challenge – one key challenge is how to measure success. Are there examples of successful cultural programs and measures that we could learn from/build upon? What is government's role?*

We will reflect on CATSINaM's experience, where strengthening culture and cultural connections is a central thread to all that we do supporting the Aboriginal and Torres Strait Islander nurses and midwives and strengthening good practice in Aboriginal and Torres Strait Islander health as a whole.

CATSINaM members view cultural identity as a core component of the social and cultural determinants, hence we have made pride in our identity our core business. Strength in cultural identity is a prerequisite to resilience in the face of racism and low cultural safety, which enables successful recruitment and retention of our workforce.

This means we are a cultural hub for our Members. Our national and jurisdictional activities that bring Aboriginal and Torres Strait Islander nurses and midwives together are vital for fostering relationships and promoting cultural identity, particularly when so many of our Members are culturally isolated in their workplaces. It is through these activities and forums that we revitalise a long-standing cultural tradition of sharing and trading Indigenous knowledges and skills in the spirit of reciprocity.

Our success is evident in the enormous growth in our membership, the increasing engagement of health and education stakeholders in our initiatives, and growing traction with embedding Indigenous knowledges and skills across the nursing and midwifery and wider health sector.

Government's role is to preserve the cultural knowledges and connections that exist, and do whatever they can to restore and recover what has been lost. This must happen through sustained commitment to supporting the organisations that operate as cultural hubs, networks and sites for mentoring and leadership development, whether in specific communities or, as in CATSINaM's case, in professions.

- *How can governments better support programs which strengthen culture? How can governments avoid being a barrier to Aboriginal and Torres Strait Islander people connecting with culture and country?*

A major failing with Government funding is that Government personnel determine the parameters of programs, and what will and will not be acceptable for funding. This practice must stop, as determining what constitutes a program that strengthens culture and connection to country is not the expertise of Government. It results in fitting square pegs into round holes; ultimately it is institutionally racist. As explained in the Cultural Respect Framework 2016-2016, recently released by AHMAC:

> *"Institutional or systemic racism exists in social and political institutions, and 'refers to the ways in which racist beliefs or values have been built into the operations of institutions in such a way as to discriminate against, control and oppress various minority groups'" (p. 9).*

Government must access independent advice from Aboriginal and Torres Strait Islander Australians, although a process by which Aboriginal and Torres Strait Islander Australians nominate suitable people to undertake this role needs to be followed. In fact, in response to the National Health and Hospital Reform process in 2010, NACCHO developed a proposal for establishing a 'National Aboriginal and

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Torres Strait Islander Health Authority' that is consistent with this recommended approach. We have attached a copy of the original summary position and commend it to the cross-portfolio working group.

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