



CLOSE THE GAP



Close the Gap Campaign Federal Budget Submission January 2019

The Close the Gap (CTG) Campaign was launched in 2006 as part of a public call to action to close the gap in life expectancy and health outcomes between Indigenous and non-Indigenous Australians within a generation. The CTG Campaign notes that the current Council of Australian Governments' (COAG) agreement to work in genuine, formal partnership with Aboriginal and Torres Strait Islander peoples to develop a refreshed *Closing the Gap Strategy* builds on the Close the Gap Statement of Intent signed by Australian governments in 2008, which sought a human rights-based approach. The Campaign includes Indigenous peak bodies and non-Indigenous health and advocacy organisations and is co-chaired by two senior Aboriginal leaders. It is distinct from the Federal government's *Closing the Gap Strategy*, which was launched in 2008 in response to the CTG Campaign. The Campaign engages with Australian governments and the broader Australian public with the aim of achieving health equality for Aboriginal and Torres Strait Islander peoples.

SUMMARY AND RECOMMENDATIONS

The CTG Campaign welcomed the COAG decision in December 2018 to establish formal partnership arrangements with Aboriginal and Torres Strait Islander peoples through their peak bodies on the refreshed *Closing the Gap Strategy*. This agreement and the establishment of a joint COAG and Aboriginal and Torres Strait Islander Council on *Closing the Gap* has the potential to be a significant milestone in the relationship between governments and Aboriginal and Torres Strait Islander peoples, long overdue in order to make the necessary gains to close the gap. The CTG Campaign supports the work of the Coalition of Aboriginal and Torres Strait Islander peak bodies in their negotiations with all Australian governments on the details of the partnership.

The CTG Campaign calls on Federal, State and Territory governments to respond to the needs of Aboriginal and Torres Strait Islander peoples in three main ways, as outlined below.

PRIMARY HEALTH CARE

Invest in targeted, needs-based comprehensive primary health care. This is essential to closing the gap in the unacceptable health disparities between Aboriginal and Torres Strait Islander and non-Indigenous Australians. The life expectancy gap is widening, in part due to the inequitable spending on health, housing and other issues. Preventable hospital admissions and deaths are three times higher in Aboriginal and Torres Strait Islander peoples, yet spending on the Medical Benefits Scheme (MBS) is one-third, and the Pharmaceutical Benefits Scheme (PBS) one-fifth, of the needs-based requirement. The CTG Campaign strongly supports increased investment in the Aboriginal Community Controlled Health Services (ACCHS) to increase the quality and accessibility of culturally sensitive and appropriate health care where it is needed most.

We recommend that in this Budget the government:

- Increases the baseline funding for Aboriginal Community Controlled Health Services to support the sustainable delivery of high-quality, comprehensive primary health care services to Aboriginal and Torres Strait Islander people and communities, and index funding for population growth, CPI and service demand.
- Works together with the National Aboriginal and Community Controlled Health Organisation (NACCHO) to fairly negotiate and agree to a new formula for the distribution of comprehensive primary health care funding relative to need.
- Commits a minimum \$100 million towards a four-year ACCHS capacity building program as seed funding to fill the highest priority service gaps (we note that the amount needed, once fully costed, will be significantly higher and is dependent upon the service gap mapping exercise in the National Aboriginal and Torres Strait Islander Health Plan [Implementation Plan] being undertaken)
- Commits to achieving needs-based equity within the MBS and PBS within five years.

MAINSTREAM HEALTH CARE

Ensure the mainstream Australian health care system (hospitals and other medical services) is resourced to deliver culturally appropriate and safe health care that Aboriginal and Torres Strait Islander peoples have a right to expect and receive, just as all Australians do. These measures should include greater transparency so that service providers are made more accountable in providing for the health needs of Aboriginal and Torres Strait Islander peoples.

In this Budget we call on the Government to:

- Establish an Aboriginal Health Authority to oversee health service delivery, professional training and policy and accreditation processes that impact on Aboriginal and Torres Strait Islander health. This authority would introduce a **validated external assessment tool to identify, measure and monitor institutional racism into performance information and reporting requirements across the health system**
- Build capacity and effectiveness of the mainstream health system to close the gap through:
 - embedding cultural safety training across all health professions
 - ensuring culturally safe health practices are recognised in relevant professional accreditation frameworks
- Uphold the commitment made at the August 2018 COAG meeting to develop and implement an Aboriginal and Torres Strait Islander health workforce strategy that is inclusive of non-health professionals working in the health system
- Commit to investing in and implementing the *National Aboriginal and Torres Strait Islander Health Plan (2013-2023)* and its *Implementation Plan* and undertake a comprehensive costing of the Plan to ensure it is properly resourced. **Note:** It is imperative that reporting on the Plan is included in the Prime Minister's annual Closing the Gap Report.

HEALTHY HOUSING

Include the social determinants of health in investment programs to deliver healthy housing for Aboriginal and Torres Strait Islander peoples, as housing is recognised as a fundamental determinant of health and wellbeing. Overcrowded and unhealthy housing is a major factor in the spread of diseases and a strong contributing factor to poor health, especially in young children.

Rheumatic Heart Disease (RHD) is a prime example of the massive human and other costs generated by unhealthy housing. The Campaign calls on the government to make good on the current work underway at Commonwealth level on the social determinants of health. A return to National

Partnership Agreements is essential, so that all governments can work together to ensure Indigenous housing design and delivery is working to improve health outcomes.

The CTG Campaign calls on the government to:

- Reinstatement and expansion of the Housing for Health program to help eradicate third world diseases, with a strong focus on measures to combat RHD
- Provide an interim National Partnership Agreement on Remote Indigenous Housing to provide resources for critical housing needs while the formal partnership negotiation process determines the long-term housing plan to support Aboriginal and Torres Strait Islander health.

DISCUSSION

The CTG Campaign remains committed to working with all governments and across sectors to achieve health equity for Aboriginal and Torres Strait Islander peoples. As part of this strategy, primary health care services are essential to closing the gap in life expectancy and health outcomes. Preventable hospital admissions and deaths, for which primary health care services and prevention are the most important remedy, are three times as high for Aboriginal and Torres Strait Islander peoples. Despite this, expenditure under the MBS accounts for only-third of the needs-based requirements and about one-fifth of the needs-based requirements under the PBS. Preference must be given to the network of ACCHS, known as Aboriginal Medical Services in some jurisdictions.

1. Aboriginal and Torres Strait Islander people have a right to access quality health care that they require, in the location that they choose.

The network of more than 140 ACCHS are an essential component in the provision of holistic, affordable and appropriate primary health care to Aboriginal and Torres Strait Islander peoples. Underspending by the Commonwealth on critical primary health care services lies at the heart of the widening mortality and life expectancy gaps.

In order to fully address the significant gaps in primary health care service delivery, the CTG Campaign urges the undertaking of a nation-wide needs' assessment to ascertain service gaps where primary health care services are currently most lacking. The Federal government previously committed to do this work through the National Aboriginal and Torres Strait Islander Health Plan's Implementation Plan, under Strategy 1A. However, three years after the Plan's launch, this work has still not been resourced or implemented.

All Australian governments must identify those areas with high levels of preventable hospital admissions and deaths, and low use of both the MB and the PBS.

2. The Australian health care system needs to be responsive to Aboriginal and Torres Strait Islander health needs

Australia has a fundamental responsibility towards Aboriginal and Torres Strait Islander peoples to structure and resource a health system that is culturally safe, has well-trained staff and is responsive to Aboriginal and Torres Strait Islander health needs. **Institutional racism in mainstream hospitals and health services reinforces inequalities that lead to poorer health care outcomes for Aboriginal and Torres Strait Islander people.** Redressing this through

comprehensive health workforce development and training strategies is essential to achieving health equity.

The CTG Campaign recognises that effective solutions include growing the Aboriginal and Torres Strait Islander health workforce, equipping the broader health workforce with the right training to deliver culturally safe health care, and investing in the greater development of ACCHS's satellite and outreach services.

As per Recommendation 5 in the CTG Campaign's 10-year Review, we call on the Government to take a strategic approach to aligning existing frameworks and strategies with the refreshed *Closing the Gap Strategy*. Doing so will reduce duplication and allow for a targeted and coordinated national and local approach that better aligns health service delivery and government expenditure where it is needed most.

3. Good housing for good health

The current Government has articulated an understanding of the social determinants impact on health (see *My Life, My Lead Report* - 2017). This is an opportune moment to call on all governments to invest in Indigenous housing, to ensure that Aboriginal and Torres Strait Islander peoples have the same chance that all other Australians have of being well, preventing illness and healing from conditions before they escalate and require hospital admission or result in avoidable deaths.

The linkages between affordable and appropriate housing and health outcomes must be recognised in the Government's refreshed *Closing the Gap Strategy*. The CTG Campaign has long recognised housing as a determinant of health. Inappropriate, poor-quality and overcrowded housing has profoundly adverse impacts on Aboriginal and Torres Strait Islander health outcomes.

We want to reduce avoidable deaths and illness in Aboriginal and Torres Strait Islander peoples. The CTG Campaign is committed to working with Federal, State and Territory governments to ensure that remote, regional and urban housing supply is responsive to health and basic hygiene needs.

In addition to calling for an increase in overall housing to redress overcrowding, the CTG Campaign also recognises that poor and derelict facilities within existing homes leads to the spread of preventable diseases for Aboriginal and Torres Strait Islander peoples.

CONCLUSION

More than 10 years after a commitment was made by Australian governments to close the gap in life expectancy and health outcomes for Aboriginal and Torres Strait Islander peoples, it has widened. The CTG Campaign remains firmly focused on achieving health equality for Australia's First Peoples, acknowledging that it is the responsibility of Australian governments to listen to and work in partnership with Aboriginal and Torres Strait Islander peak organisations to design and implement the solutions that Indigenous people know work for them. If the budget proposals outlined in this submission are adopted and implemented, we can close the gap. It is the responsibility of government to lead action on health equality and provide the necessary resources to ensure that Aboriginal and Torres Strait Islander peoples can access and benefit from the same level of good health and health care that *all* Australians have a right to, which is a basic human right.