

Progress and
priorities report
2017



CLOSE THE GAP

Close the Gap
Campaign
Steering
Committee

Acknowledgements

This report is a collaborative effort of the Close the Gap Campaign Steering Committee. Funding for the report was provided by Oxfam Australia.

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Design and layout: Dancingirl Designs

Printing: Bright Print Group

Published by: The Close the Gap Campaign Steering Committee in February 2017.

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Cover photograph: Melbourne, Victoria: Banook Rind, pictured during filming for the 2017 Close The Gap Day Videos. Carla Gottgens/OxfamAUS.

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Aboriginal and Torres Strait Islander people should be aware that this document may contain images or names of people who have since passed away.

Executive Summary

After 10 years, and despite closing the gap being a national bipartisan priority, it is clear that Australian governments at all levels are, in key respects, failing Australia's First Peoples.

In February 2016, the Close the Gap Campaign (the Campaign) welcomed the Prime Minister's words at his first Closing the Gap report to Parliament where he said **'we have to stay the course on key policy priorities'** and that it is time for governments to **'do things with Aboriginal people, not do things to'** Aboriginal people. In his speech, the Prime Minister said:

I will honour that commitment not by delivering to Indigenous Australians, but by working with Aboriginal and Torres Strait Islander leaders and their communities across Australia...¹

And yet, as shown by the recent report of the Australian National Audit Office regarding the *Indigenous Advancement Strategy*,² across nearly every government funded program, initiative or portfolio responsibility we see the continuation of imposed, unengaged and often rushed service delivery.

Long-standing Close the Gap Campaign leader and CEO of The Lowitja Institute, Mr Romlie Mokak said at the *2016 Medicine & Society Oration* that:

Power in the policy world sits with others, not with Aboriginal and Torres Strait Islander peoples. It resides outside of the domain of Aboriginal and Torres Strait Islander people. We must redress the power imbalance.³

In his Medicine and Society Oration, Romlie Mokak went on to say that ...

we are outsiders to the intimate internal discussions about our very own health and wellbeing.⁴

This must change in 2017.

Closing the gap in health equality between Aboriginal and Torres Strait Islander people and other Australians is an agreed national priority. The Campaign continues to grow each year with 220,000 pledges having been made from across the Australian community, committing to seeing the health outcomes gap close in this generation – by 2030.

Prime Minister, and all Members of Parliament I say to you that Aboriginal and Torres Strait Islander people have the solutions to the difficulties we face.

Consider for a moment the 2.5 million episodes of care delivered to our people by Aboriginal Community Controlled Health Organisations each year.

This community-controlled work is echoed by many of our organisations here today, and amplified by countless individual and community efforts working for change.

Imagine this work stretching out over decades as it has.

We need a new relationship that respects and harnesses this expertise, and recognises our right to be involved in decisions being made about us.

A new relationship where we have a seat at the table when policies are developed.

Dr Jackie Huggins
Redfern Statement Parliamentary Event, 14 February 2017

The launch of the *Redfern Statement* during the Federal Election in June 2016 was a watershed moment for Aboriginal and Torres Strait Islander peak organisations from health, justice, violence prevention, disability, children and families' sectors, coming together to demand a new and better relationship with government.

This should be a wake up call to government that things need to be done differently. Indeed in the Prime Minister's 2017 Closing the Gap Report, six of the seven closing the gap targets were not on track.⁵

The Campaign was especially concerned that the target to halve the gap in child mortality by 2018 is not on track and that Aboriginal and Torres Strait Islander child mortality did not improve significantly over the period 2008-2015. This is not good enough from governments that have committed to close the life expectancy gap by 2030 as a national priority.

While the Campaign has been generally pleased with the statements of ongoing bi-partisan support from across the Federal Parliament supporting closing the gap, words are not enough. The recognised necessity and urgency to closing the gap must be backed by action based on meaningful engagement with Aboriginal and Torres Strait Islander people.

Government must place Aboriginal and Torres Strait Islander affairs at the heart of their agenda, recognising health equality as a national priority.

Despite the regular upheaval of major policy changes, significant budget cuts, changing governments and the constant bureaucracy churn, we have still managed to see some encouraging improvements in Aboriginal and Torres Strait Islander health outcomes – although the 2017 Closing the Gap Report shows a mixed picture with insufficient progress in the key areas of health, education and employment.

Much remains to be done and, as we move into the next phase of the Closing the Gap framework, enhanced program and funding support will be required.

The necessary leadership of the Federal Government in closing the gap does not lessen the responsibility of the States and Territories to do all they can to bring about health equality for Aboriginal and Torres Strait Islander people. Roles and responsibilities of each level of government must be made clear and agreements forged through the Council of Australian Governments (COAG) to renew national partnership arrangements between the Commonwealth and State jurisdictions.

Of particular importance for all levels of government, is to develop a more comprehensive approach to Aboriginal and Torres Strait Islander health that encompasses the social and cultural determinants of health.

The Campaign believes that strong leadership at all levels of government in taking forward a social and cultural determinants approach to Closing the Gap is required. It is here that the Redfern Statement is so important, affirming that:

The health and wellbeing of Aboriginal and Torres Strait Islander peoples cannot be considered at the margins...

It is time that Aboriginal and Torres Strait Islander voices are heard and respected, and that the following plans for action in relation to meaningful engagement, health, justice, preventing violence, early childhood and disability, are acted upon as a matter of national priority and urgency.⁶

The Campaign is confident that in getting this right for Aboriginal and Torres Strait Islander peoples, the inherent strength of a holistic approach to health will benefit all Australians.

We are also confident that if Government delivers on the words of the Prime Minister to work with Aboriginal and Torres Strait Islander peoples to deliver the solutions to health inequality, progress towards the national priority of closing the health equality gap will occur.

Recommendations

New Engagement

1. The Federal, State and Territory governments renew the relationship with Aboriginal and Torres Strait Islander peoples, by engaging with sector leaders on the series of calls in the Redfern Statement, and that they participate in a National Summit with Aboriginal and Torres Strait Islander leaders in 2017, to forge a new path forward together.
2. The Federal Government restore previous funding levels to the National Congress of Australia's First Peoples as the national representative body for Aboriginal and Torres Strait Islander peoples, and work closely with Congress and the Statement signatories to progress the calls in the Redfern Statement.
3. The Federal Government hold a national inquiry into racism and institutional racism in health care settings, and hospitals in particular, and its contribution to Aboriginal and Torres Strait Islander inequality, and the findings be incorporated by the Department of Health in its actioning of the Implementation Plan of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

Reinvigorating the national approach to health inequality

4. State and Territory governments recommit to the Close the Gap Statement of Intent, and develop and implement formal partnerships with the Federal Government with agreed roles, funding and accountability with the provision of annual reports on their efforts to close the gap from each jurisdiction.
5. The Federal, State and Territory governments work together to develop a *National Aboriginal and Torres Strait Islander Health Workforce Strategy* to meet the vision of the National Health Plan.

Social and Cultural Determinants of Health

6. The Federal Government develop a long-term National Aboriginal and Torres Strait Islander Social and Cultural Determinants of Health Strategy.

Implementation Plan

The Implementation Plan is a major commitment by the Federal Government and must be adequately resourced for its application and operation. As such, the Government should:

7. Identify geographic areas with both high levels of preventable illnesses and deaths and inadequate services, and development of a capacity-building plan for Aboriginal Community Controlled Health Organisations (ACCHOs) in those areas.
8. Fund the process required to develop the core services model and the associated workforce, infrastructure, information management and funding strategies required.

9. Ensure Aboriginal and Torres Strait Islander health funding is maintained at least at current levels until the core services, workforce and funding work is finalised, when funding should be linked directly with the Implementation Plan
10. Ensure the timely evaluation and renewal of related frameworks upon which the Implementation Plan relies.
11. Finalise and resource the National Plan for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing. This plan should incorporate and synthesise the existing health, mental health, suicide and drugs policies and plans – and should be an immediate priority of all governments.
12. Ensure that the consultation process for the next iteration of the Implementation Plan be based on genuine partnership with Aboriginal and Torres Strait Islander people, in a way that is representative and properly funded so that First Peoples can be full and equal development partners.

Primary Health Networks

13. The Federal Government mandate formal agreements between Primary Health Networks (PHNs) and ACCHOs in each region that:
 - a. specify Aboriginal and Torres Strait Islander leadership on Indigenous issues and identify the specific roles and responsibilities of both the PHNs and the ACCHOs.
 - b. include workforce targets for Aboriginal and Torres Strait Islander health professionals and include mandatory Aboriginal and Torres Strait Islander representation on the clinical committees of every PHN.
14. The Federal Government mandate ACCHOs as preferred providers of health services for Aboriginal and Torres Strait Islander people provided through PHNs.
15. The Federal Government develop and implement agreed accountability, evaluation and reporting arrangements to support the provision of primary health care for Aboriginal and Torres Strait Islander peoples in each PHN area.⁷

Introduction: We cannot afford to keep drifting...

In part the unfinished business is the myriad of reports, commissions, inquiries and studies we as a nation have conducted over decades. We've had health reports, housing reports, education reports, welfare reports, community violence reports, law reform reports, economic development reports, employment and unemployment reports, Social Justice Commissioner reports, death in custody reports, the taking of children away reports, the list is almost endless... and on top of this we've had assessments, evaluations, pilots, trials, umpteenth policies and policy approaches. And all of this paperwork would comfortably fill a couple of modest suburban libraries. And, it's on the shelf where most of them have stayed. They've stayed there unread, unfinished, their recommendations unimplemented, and they're very much unloved.⁸

Professor Mick Dodson

This Report is the 8th Close the Gap Campaign Report since the first, then called, Shadow Report in 2010. Since 2010, the Close the Gap Campaign Steering Committee has made dozens of recommendations based on the expert knowledge and experience of its Aboriginal and Torres Strait Islander and mainstream health organisation membership.

The Federal Government has failed to listen or act adequately or appropriately on the recommendations of the Close the Gap Steering Committee and we remain deeply concerned that Government is yet to fully grasp the interconnectedness of the social and cultural determinants to health. We believe that the nation is at risk of failing Aboriginal and Torres Strait Islander peoples, if it does not act on the recommendations set out by the Close the Gap Campaign, as a priority over the next 12 months.



Melbourne, Victoria: Reginald (Reg) Thorpe, pictured during filming for the 2017 Close The Gap Day Videos. Carla Gottgens/OxfamAUS.

Successive governments have made stop-start attempts to address a number of the recommendations and priorities of the Close the Gap Campaign but there has not been the requisite consistency and follow-through to make bigger gains in closing the health and wellbeing gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

The original 2010 Campaign Report urged:

A national effort informed by all the principles that underpin the Statement of Intent is necessary to achieve health equality for the Aboriginal and Torres Strait Islander population by 2030.⁹

In 2017, the Close the Gap Campaign continues to call for a national effort, with a renewed commitment from all levels of government.

The *Close the Gap Campaign* will this year mark the tenth anniversary of the public side of its campaign for generational change in the health outcomes of Aboriginal and Torres Strait Islander peoples. As the campaign's name suggests, the goal is to end health inequality by 2030. This vision is supported by over 220 000 Australians who have signed a public pledge to support the Campaign's goals.

The Campaign Steering Committee notes that in 2016 alone, over 1600 events were held on National Close the Gap Day involving over 150 000 people at workplaces, schools and public functions. The Campaign Steering Committee believes that it is this growing support from the Australian public, which, alongside the advocacy of the campaign and its members, has focused the minds of Australian governments on the need to take the necessary actions required to make closing the gap a reality.

While there has been continuity in high level public commitment from the last two Federal Governments and a multi-partisan adoption of the *Statement of Intent*, the constantly changing approaches to Aboriginal and Torres Strait Islander affairs has undermined efforts to forge a nationally coordinated solution.

In an attempt to break this cycle, Aboriginal and Torres Strait Islander organisations, led by the National Congress of Australia's First Peoples, released the *Redfern Statement* in June 2016, seeking a new relationship of engagement, where government listens and acts in genuine partnership.

The Close the Gap Campaign is a key supporter of the *Redfern Statement* and its five overarching policy calls upon the Government and detailed calls in the areas of health, justice and community safety, disability, child and family welfare and engagement.

The *Redfern Statement* makes clear that areas of disadvantage affect each other and a comprehensive and coherent approach is required. For example, poverty, disability, child removal, incarceration and community violence all impact on health. Health, in turn, influences the ability to learn or work.

Since its election, the Federal Government has taken initial steps to engage with the signatories and it is hoped that this year will see a greater level of engagement with the Aboriginal and Torres Strait Islander sector. The Close the Gap Campaign believes that such positive engagement, if continued, will lead to more effective policy development, and through that process, positive impact on the social and cultural determinants of health.

Working in genuine partnership and accepting the calls of the Redfern Statement for meaningful engagement would move the Government towards ensuring that the United Nations Declaration on the Rights of Indigenous Peoples (Declaration) is the basis of *all* of the work that government does with Aboriginal and Torres Strait Islander peoples. As the 2014 Social Justice Report made clear, the Declaration should be the ‘building block of policies, legislation and programs’.¹⁰

The 2017 Progress and Priorities Report

The 2017 Close the Gap Campaign Progress and Priorities Report focuses on the key mechanisms for directing and servicing the health priorities of Aboriginal and Torres Strait Islander people, including the Primary Health Network and the work being undertaken via the Government’s *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*.

The Report emphasises dual priorities of (1) a renewed and meaningful engagement between Government and Australia’s First Peoples, as represented through the Aboriginal and Torres Strait Islander peak organisations; and (2) the essential need for health to be considered in the context of the wider social and cultural determinants that significantly impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples throughout.

This Report is made up of three parts:

Part 1: Progress in Closing the Gap

Part 2: A new Relationship

Part 3: Priorities for Action, including:

- A. Reinvigorating the national approach to health inequality
- B. Social and Cultural Determinants of Health
- C. The progress of the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*
- D. Primary Health Networks

The Close the Gap Campaign looks forward to a detailed response from Government on the issues raised in this Report.

CLOSE THE GAP

Indigenous Health Equality Summit

CANBERRA, MARCH 20, 2008

PREAMBLE

Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership for the future is closing the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities. This new partnership on closing the gap will set concrete targets for the future: within a decade to halve the widening gap in literacy, numeracy and employment outcomes and opportunities for Indigenous children, within a decade to halve the appalling gap in infant mortality rates between indigenous and non-indigenous children and, within a generation, to close the equally appalling 17-year life gap between Indigenous and non-Indigenous when it comes to overall life expectancy.

Prime Minister Kevin Rudd, Apology to Australia's Indigenous Peoples, 13 February 2008

This is a statement of intent – between the Government of Australia and the Aboriginal and Torres Strait Islander Peoples of Australia, supported by non-Indigenous Australians and Aboriginal and Torres Strait Islander and non-Indigenous health organizations – to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by year 2030.

We share a determination to close the fundamental divide between the health outcomes and life expectancy of the Aboriginal and Torres Strait Islander peoples of Australia and non-Indigenous Australians.

We are committed to ensuring that Aboriginal and Torres Strait Islander peoples have equal life chances to all other Australians.

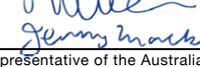
We are committed to working towards ensuring Aboriginal and Torres Strait Islander peoples have access to health services that are equal in standard to those enjoyed by other Australians and enjoy living conditions that support their social, emotional and cultural well-being.

We recognise that specific measures are needed to improve Aboriginal and Torres Strait Islander peoples' access to health services. Crucial to ensuring equal access to health services is ensuring that Aboriginal and Torres Strait Islander peoples are actively involved in the design, delivery and control of these services.

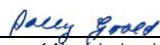
ACCORDINGLY WE COMMIT:

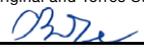
- To developing a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-indigenous Australians by 2030.
- To ensuring primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gaps in health standards by 2018.
- To ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs
- To working collectively to systematically address the social determinants that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples.
- To building on the evidence base and supporting what works in Aboriginal and Torres Strait Islander health, and relevant international experience.
- To supporting and developing Aboriginal and Torres Strait Islander community controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.
- To achieving improved access to, and outcomes from, mainstream services for Aboriginal and Torres Strait Islander peoples.
- To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable and good quality.
- To measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.

WE ARE: SIGNATURES

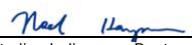



Representative of the Australian Government


Congress of Aboriginal and Torres Strait Islander Nurses


Indigenous Dentists Association of Australia


National Aboriginal Community Controlled Health Organisation


Australian Indigenous Doctors Association


Aboriginal and Torres Strait Islander Social Justice Commissioner.
Human Rights and Equal Opportunity Commission

1

Progress of the life of the Closing the Gap Strategy



Melbourne, Victoria: Cecily Atkinson, pictured during filming for the 2017 Close The Gap Day Videos. Carla Gottgens/OxfamAUS.

To increase and improve access to health services for Aboriginal and Torres Strait Islander peoples, four interacting factors within Australia's health system, identified by Alford (2015), continue to be 'potentially lethal for many Indigenous people:

- Limited Indigenous-specific primary health care services;
- Indigenous peoples' underutilisation of many mainstream health services and limited access to government health subsidies;
- Increasing price signals in the public health system and low Indigenous private health insurance rates;
- Failure to maintain real expenditure levels over time.¹¹

The persistence of these factors reflects systemic racism; that is racism that is 'encoded in the policies and funding regimes, healthcare practices and prejudices that affect Aboriginal and Torres Strait Islander people's access to good care differentially.'¹² Failure to engage effectively with Aboriginal and Torres Strait Islander people through their elected peak organisations allows such racism to continue.

The progress of the headline targets in the Closing the Gap strategy will continue to be disappointing until these issues are properly addressed.

One of the challenges for governments is to accurately and regularly monitor and measure the key health indicators. There is a lot of current reporting that still relies on projections based on the 2011 national census. The national census is a key source of data for tracking the health status of the Australian population. While somewhat limited due to the five-year interval between collection, the 2016 census will, in time, provide a more up to date picture of progress towards closing the gap.

Additionally, reports such as the Productivity Commission's annual *Overcoming Indigenous Disadvantage* Report, the National Aboriginal and Torres Strait Islander Health Survey and other reports from the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW), provide the best estimate of progress, or otherwise, of efforts to close the gap in health inequality.^{13 14}

The recent Australian National Audit Office report on the *Indigenous Advancement Strategy* highlighted some of the reasons why government programs fail to deliver the support needed to facilitate cohesive and effective services to Australia's First Peoples.¹⁵

In addition to measuring the progress against the Closing the Gap Framework targets, the Campaign believes that it is critical to measure, monitor and highlight progress in areas relating to some of the wider social and cultural determinants of health. Food, nutrition, racism and the issues highlighted in the Redfern Statement are some of the determinants that need greater focus and attention from governments.

For example, Reconciliation Australia, via its 2016 Australian Reconciliation Barometer, noted that Indigenous Australians remain twice as likely in 2016 (27 per cent) than non-Indigenous Australians (15 per cent) to consider their living conditions worse compared to most Australians (this statistic is unchanged from 2014). Similarly it found that Aboriginal and Torres Strait Islander experiences of racism are increasing. Both issues have a well-documented influence on health.¹⁶

In December 2016, the Aboriginal and Islander Doctors Association (AIDA) released its *Racism in Australia's health system policy statement*. The policy statement notes that:

Healthcare provider racism can lead to poorer self-reported health status, lower perceived quality of care, underutilisation of health services, delays in seeking care, failure to follow recommendations, societal distrust, interruptions in care, mistrust of providers and avoidance of health care systems.¹⁷

In last year's *Progress and Priorities Report*, the Campaign Steering Committee noted the negative impact of racism on Aboriginal and Torres Strait Islander health, at both a systemic and institutional level. Since then, a 2016 systematic review of differentials in access to good care by Aboriginal and Torres Strait Islander people reiterated the impacts of systemic racism. It identified that the issue was widespread among health care providers but more disturbingly a widespread ambivalence related to 'social silence, discomfort and denial that characterises mainstream Australian thinking'. The review described this barrier as 'racism anxiety' and called for all levels of the health system to acknowledge and address systemic racism through practical measures to reduce discrimination, enhance respect for cultural identity and remove barriers to access.¹⁸

The Australian Indigenous Doctors' Association affirms that:

- Racism needs to be recognised as a strong barrier to achieving a culturally safe health system and that this should be reflected in all health sector and national policies relating to Indigenous doctors and medical students and Aboriginal and Torres Strait Islander health and wellbeing;
- A zero tolerance approach towards racism should be adopted across the health sector;
- Actively pursuing a culturally safe health system provides the most promising path towards eliminating racism towards Aboriginal and Torres Strait Islander doctors and medical students and increasing Indigenous Australians' access to the health system; and
- Given their unique ability to align clinical and socio-cultural skills to improve access to services and provide culturally appropriate care for their people, Aboriginal and Torres Strait Islander health professionals play an important role in improving cultural safety and health outcomes for Indigenous Australians.¹⁹

In 2016, the Close the Gap Campaign Steering Committee recommended a national inquiry to be undertaken, a recommendation we reiterate in this report as well as support AIDA's policy statement.

The headline targets

As stated in the 2016 Campaign Report, given 'the lead times between the design and roll out of programs, and for improvements to be measured, analysed and reported' it is likely 'that improvements to Aboriginal and Torres Strait Islander life expectancy should not be expected to be measurable until at least 2018.'²⁰

Overall, the improvements to the headline targets have been disappointing, particularly for life expectancy which is still at least 10 years less for Aboriginal and Torres Strait Islander people than non-Indigenous people. The Close the Gap Campaign looks forward to being able to comment on fresh data that is expected from the 2016 Census.

The infant mortality rate has more than halved (from 13.5 per 1,000 live births in 1998 to 6.3 per 1,000 in 2015) and the gap has narrowed significantly (by 84 per cent) over this period. The child mortality rate is a precursor indicator to improvements in adolescent and adult health, which had been one of the improvement areas for Aboriginal and Torres Strait Islander health, is now no longer on-track.²¹

Aboriginal and Torres Strait Islander child mortality did not improve significantly over the period 2008-2015 and this lack of progress in such a critical health target is completely unacceptable and indicative of insufficient action to provide universal access to dedicated services for mothers and babies and to address the underlying social determinants.

The Lowitja Institute and *The Lancet* 2016 collaboration: *A Global Snapshot of Indigenous and Tribal Peoples' Health* also showed that for Aboriginal and Torres Strait Islander people compared with the total population there are the following differentials:

- 1.7 times higher levels of child malnutrition
- 1.6 times higher levels of child obesity
- 1.7 times higher levels of adult obesity
- Approximately double the level of maternal mortality.²²

A country as prosperous and capable as Australia should not still be struggling to overcome these disparities for Aboriginal and Torres Strait Islander people who constitute only 3 per cent of the population.

Other measures

Immunisation Rates

Immunisation rates for Aboriginal and Torres Strait Islander children have gone up significantly across the country, with five-year-old Aboriginal and Torres Strait Islander children now having higher immunisation coverage than non-Indigenous children the same age.²³

Immunisation coverage for five-year-old Aboriginal and Torres Strait Islander children is on track to achieve 'the 96 per cent immunisation goal set in the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023, and one-year-old children have coverage rates also exceeding the 88 per cent goal in the plan.'²⁴

The Minister for Indigenous Health, the Hon Ken Wyatt AM recognised the strength of 'community-driven' action in achieving the excellent results for immunisation coverage.

Disability

The Campaign acknowledges the good work of the First Peoples Disability Network and their collaboration with the First Peoples Disability Justice Consortium to prepare the '*Aboriginal and Torres Strait Islander perspectives on the recurrent and indefinite detention of people with cognitive and psychiatric impairment*' submission in April 2016.²⁵ This work is at the intersection of disability, health, and incarceration, demonstrating the interconnectedness of measures of disadvantage affecting Aboriginal and Torres Strait Islander people.

Government is yet to take up the recommendation to include either disability or justice targets in the Closing the Gap Framework and this continues to result in a lack of meaningful nationally coordinated measurement and reporting of the impacts of disability in the Aboriginal and Torres Strait Islander community on health and wellbeing equality.

Other social and cultural determinants

It is the Campaign's belief that the health equality gaps between Aboriginal and Torres Strait Islander people cannot be closed without a nationally coordinated approach to addressing the social and cultural determinants of health.

Such an approach is consistent with commitments governments have made through the Close the Gap Statement of Intent. Namely, to:

- Work collectively to systematically address the social determinants that affect achieving health equality for Aboriginal and Torres Strait Islander peoples.

This commitment is yet to be met by government and, as a result, progress towards addressing social and cultural determinants of health is limited to only a few areas.

The Campaign notes the positive progress in some aspects of education and employment:

- The proportion of 20–24 year olds completing year 12 or above has increased (from 45 per cent in 2008 to 62 per cent in 2014-15) and the proportion of 20–64 year olds with or working towards post-school qualifications has increased (from 26 per cent in 2002 to 42 per cent in 2014-15).
- Additionally, the proportion of adults whose main income was from employment increased from 32 per cent in 2002 to 43 per cent in 2014-15, with household income increasing over this period.²⁶

However, the Steering Committee is concerned about the lack of progress and in some cases negative progress in relation to family violence, psychological distress, substance misuse, and imprisonment:

- Rates of family and community violence experienced by Indigenous peoples were unchanged between 2002 and 2014-15 (around 22 per cent), and risky long-term alcohol use in 2014-15 was similar to 2002 (though lower than 2008).
- The proportion of Indigenous adults reporting high levels of psychological distress increased from 27 per cent in 2004-05 to 33 per cent in 2014-15, and hospitalisations for self-harm increased by 56 per cent over this period.
- The proportion of Indigenous adults reporting substance misuse in the previous 12 months increased from 23 per cent in 2002 to 31 per cent in 2014-15.
- The Indigenous adult imprisonment rate increased 77 per cent between 2000 and 2015, and whilst the Indigenous juvenile detention rate has decreased, it is still 24 times the rate for non-Indigenous youth.²⁷

A nationally coordinated approach to addressing social and cultural determinants necessarily involves capturing necessary data to track progress.

The OID Report has stated that:

...change over time cannot be assessed for all the indicators — some indicators have no trend data; some indicators report on service use, and change over time might be due to changing access rather than changes in the underlying outcome; and some indicators have related measures that moved in different directions.²⁸

For too long, we have been left with hand-wringing platitudes about the issue of suicide for our peoples. Generations of disempowerment, trauma, loss of culture and acute poverty has left the rate of suicide among Aboriginal and Torres Strait Islander people as one of the highest in the developed world.

The suicide rates of Aboriginal and Torres Strait Islander peoples, particularly our young people, is a national crisis. Our response to the crisis will be judged by future generations.

The Close the Gap Campaign, its members and supporters have been fighting for equality in health outcomes for over a decade.²⁹ Ending the suicide epidemic is crucial to closing the gap in life expectancy in this generation.

We have hope though. Our people have proven their resilience despite the odds for the last 228 years.

The Campaign continues to call on government to craft a dedicated National plan for Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing. This plan should incorporate and synthesise the existing health, mental health, suicide and drugs policies and plans – and should be an immediate priority of the Government.

Eye Health

The National Eye Health Survey have reported that blindness rates have reduced from six times more common for Aboriginal and Torres Strait Islander peoples than the non-Indigenous population in 2008 to now being three times more common in 2016.³⁰ While this is an encouraging improvement, low or poor vision remains three times more likely for due to cataracts, refractive errors, diabetic eye disease and trachoma.³¹

Progress in eye health has been considerable and the Roadmap to Close the Gap for Vision³² has been one of the significant drivers behind this. The Roadmap also exemplifies the importance of establishing widespread and long-term collaboration and support. Over 80 local Aboriginal and Torres Strait Islander communities and 550 people were involved in the development of the framework.

At least eighteen regions, making over 40 per cent of the Indigenous population, have begun implementing specific Roadmap recommendations. Progress has been made and planning is underway in every state and territory. The Grampians region in Victoria is an example of a region that has been successful in improving eye health outcomes with five-fold increase in optometry services, 10 per cent increase in annual diabetic eye checks, cataract surgery waiting list reduced to zero and a 58 per cent increase in provision of subsidised spectacles.

Australia is the only high income country in the world to have trachoma

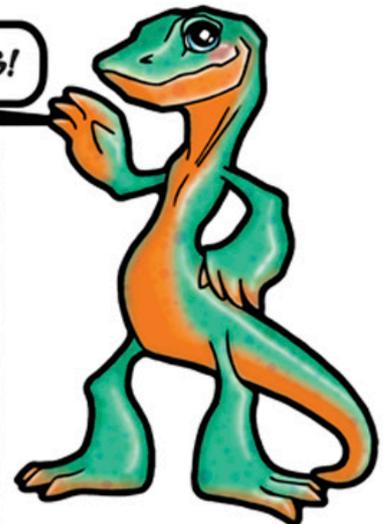
Trachoma is a highly infectious eye disease caused by the bacterium *Chlamydia trachomatis*. It's the fourth leading cause of blindness among Aboriginal and Torres Strait Islander people. Trachoma is found in remote Aboriginal and Torres Strait Islander communities; the prevalence of trachoma in endemic areas fell from 21 per cent in 2008 to 4.6 per cent in 2015.³³ The number of Aboriginal and Torres Strait Islander communities at risk of trachoma also reduced from 233 in 2008 to 137 in 2015, however there are still communities with hyper endemic rates of trachoma.

Engagement of Community Based Workers and the local workforce can help eliminate trachoma

To eliminate trachoma, the World Health Organization recommends implementation of the SAFE strategy. This involves Surgery to treat advanced disease (Trichiasis), antibiotics to clear the infection, facial cleanliness to reduce transmission and environmental improvements to ensure sustainable access to clean water and sanitation.³⁴

With support from The Fred Hollows Foundation, Community Based Workers (CBWs) and other members of the local workforce have contributed to the SAFE strategy to help eliminate trachoma.

CLEAN FACES, STRONG EYES!



Milpa the Trachoma Goanna program 'clean faces, strong eyes'. Oak Valley. Picture provided by Indigenous Eye Health, University of Melbourne.

An external evaluation of the CBWs program in the Northern Territory (NT) revealed that the employment and engagement of local people including CBWs added considerable value in supporting screening and treatment activities undertaken by the NT Government in remote Aboriginal communities. The Centre for Disease Control and the University of Melbourne's Indigenous Eye Health now also engage local people to support work on preventing trachoma.

More information and 'Lessons Learned' from CBWs is available on the Australian Indigenous HealthInfoNet.³⁵ This includes information about essential conditions for successful CBW programs and evidence on 'what works' to support other organisations to enhance program outcomes through the effective use of CBWs.

Trachoma requires full implementation of the SAFE strategy

While there have been reductions in prevalence rates in some communities, implementation of the entire SAFE Strategy is required to not only eliminate trachoma in Australia but to make sure that it does not re-emerge. This requires investment from all levels of government in housing, environmental and hygiene infrastructure including ongoing operations and maintenance. This investment should focus on initiatives that are community driven or have meaningful participation of the community as evidence shows that this leads to more sustainable outcomes.

Nutrition and Food Security

Greater attention on nutrition and food security is required to support the push for ending the life expectancy gap within a generation. The Network for Healthy Foods and Nutrition Futures for Australia's First Peoples state that:

...access to safe, nutritious food is a fundamental human right.³⁶ Without good nutrition, babies cannot grow and develop; children cannot succeed in school; and capacity for employment is reduced. Furthermore, nutrition is a key component of both the prevention and management of the major chronic diseases impacting Aboriginal and Torres Strait Islander peoples. Food and nutrition, therefore, must play a more prominent role across the Closing the Gap targets.³⁷

In November 2016, the Australian Bureau of Statistics (ABS) released the *Australian Aboriginal and Torres Strait Islander Health Survey: Consumption of food groups from Australian Dietary Guidelines*. The survey found that Aboriginal and Torres Strait Islander peoples consumed too little of the five major food groups and too much sugar and other discretionary foods. Aboriginal and Torres Strait Islander adults consumed an average of 2.1 serves of vegetables per day, which is less than half of the 5-6 serves recommended by the Australian Dietary Guidelines and almost one serve less vegetables than non-Indigenous people. On average, Aboriginal and Torres Strait Islander peoples consumed just one serve of fruit, which is half the recommended serves per day.

While Aboriginal and Torres Strait Islander peoples living in urban areas consumed 1.3 serves for both fruit and dairy products per day, those living in remote areas consumed less than one serve (0.9) of fruit and less than one serve (0.9) of dairy products per day. However, Aboriginal and Torres Strait Islander peoples living in remote areas consumed around half a serve more of grain foods and lean meats and alternatives than people living in urban areas.

Of greater concern is the levels of sugar intake, where 41 per cent of the population's total daily energy intake came from energy-dense, nutrient-poor 'discretionary foods', such as sweetened beverages, alcohol, cakes, confectionery and pastry product – equating to over six serves of discretionary foods per day. This is triple the number of vegetable serves consumed.³⁸

Accountability

The Campaign agrees with the contention in the 2016 *OID Report* and the 2015 *NIRA Report* that more work is needed on evaluating programs and services. As the 2016 *OID Report* states:

Data alone cannot tell the complete story about the wellbeing of Aboriginal and Torres Strait Islander Australians, nor can it fully tell us why outcomes improve (or not) in different areas. To support the indicator reporting, case studies of 'things that work' are included in this report (a subset in this Overview). However, the relatively small number of case studies included reflects a lack of rigorously evaluated programs in the Indigenous policy area.³⁹

However, the Campaign believes that much more emphasis needs to be given to addressing and identifying service gaps. We are hopeful that the service mapping to be undertaken as part of the NATSIHP Implementation Plan will go a long way to improving our understanding of what is happening in Aboriginal and Torres Strait Islander communities but this work is long overdue and urgent.

The view of the Campaign is that the disparity between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australian's health outcomes cannot be eliminated until:

- the service gaps are identified and filled;
- much more attention and resourcing is paid to culture, racism, wellness, self-determination and the empowerment of communities and the Aboriginal and Torres Strait Islander community controlled service sector; and
- the social and cultural determinants of health and wellbeing are addressed.

There are many factors which inhibit improvements in health and wellbeing. The *Redfern Statement* in many respects is suggestive of an overarching policy approach through a national framework that unites sectors and fills the gaps in the current COAG Closing the Gap strategy. Implicit is the need for the delivery of solutions on the ground by Aboriginal and Torres Strait Islander services working with their communities. The way that services are funded can often lead to a siloed approach. Each community needs to have an integrated service delivery approach, and participatory processes focused on empowering and developing communities.

2

New Engagement: Redfern Statement



Co-chair of the National Congress of Australia's First Peoples Jackie Huggins speaking at the Redfern Statement event in Canberra on 14 February 2017. Great Big Events.

'After 10 years of Close the Gap, we have seen and accomplished some good things. However, we are now at a critical point where the hard fought gains could be lost if Government doesn't truly commit to partnerships led by Indigenous peoples and their identified priorities.'

Donna Murray, CEO Indigenous Allied Health Australia

Fundamentally, the relationship between Aboriginal and Torres Strait Islander leaders and the Federal Government sets the tone for the necessary relationships with the bureaucracy, State and Territory governments and the wider Australian community.

There has been growing frustration among Aboriginal and Torres Strait Islander peak organisations and their mainstream supporters regarding the deteriorating relationship between them and governments at all levels, and particularly the poor relationship with the Federal Government.

After 10-years of the Close the Gap Campaign, there has been some solid improvements with many of the building blocks now in place to see greater progress in the key health measures. As we enter into the middle phase of the Campaign's 25-year effort, the strength of the relationship between Australia's First Peoples and the governments that should serve them will be crucial.

In an attempt to avoid the absence of clear commitments and narrative with regards to Aboriginal and Torres Strait Islander issues during the 2016 Federal Election, the Close the Gap Campaign became a key supporter of the Redfern Statement which brought together under the leadership of the National Congress of Australia's First Peoples (National Congress) the leading Aboriginal and Torres Strait Islander peak organisations. The Redfern Statement became a historical manifesto that called on the 45th Parliament of Australia to renew the relationship with Aboriginal and Torres Strait Islander peoples.

The Redfern Statement

We stand here as Aboriginal and Torres Strait Islander peak representative organisations with a deep concern:

- that in 2016 First Peoples continue to experience unacceptable disadvantage;
- that the challenges confronting Aboriginal and Torres Strait Islander people continue to be isolated to the margins of the national debate;
- that, Federal Government policies continue to be made for and to, rather than with, Aboriginal and Torres Strait Islander people;
- that transformative opportunities for government action are yet to be grasped.

Stand with us to let this statement and plan for government action be heard and acted upon by our nations' leaders.

The Redfern Statement represented the unified voice of Aboriginal and Torres Strait Islander leaders in health, justice, children and families, disability and family violence sectors and listed some 40 plus actions that the Federal Government should consider as priorities for these sectors.

The five overarching asks of the Redfern Statement emphasised the importance of improved engagement via a new genuine partnership, better quality resourcing that is sufficient and consistent, the consideration of new targets and the strength of the coordinated approach from across Aboriginal and Torres Strait Islander peak organisations that should be mirrored by governments.

As discussed in the following sections of this Report, the Close the Gap Campaign stresses the importance of the interrelations of all Aboriginal and Torres Strait Islander sectors, with the social and cultural determinants of health explaining up to a third of the health gap for Australia's First Peoples.⁴⁰

Change will not be achieved without recognition of the broader elements that determine health.

It has been encouraging to see some initial steps from the Federal Government to engage with the Redfern Statement signatories with the intention to improve the relationship and discuss the priorities contained in the Statement. Following the Council of Australian Governments (COAG) meeting on 9 December 2016, the meeting Communique stated that:

Leaders reaffirmed that improving the lives of Indigenous Australians is a priority of COAG's strategic forward agenda and agreed that the 'Closing the Gap' framework has played a significant role in driving unprecedented national effort to improve Indigenous outcomes. With the current framework approaching its 10-year anniversary and some targets due to expire in 2018, Leaders have committed to work together and with Indigenous leaders, organisations and communities to refresh this agenda with renewed emphasis on collaborative effort, evaluation and building on what works in each jurisdiction.⁴¹



Aboriginal leaders meeting with party leaders and Indigenous politicians at the Redfern Statement event in Canberra on 14 February 2017. Great Big Events.

This is a welcome and necessary reaffirmation of their common commitment to closing the gap. It is critical that engagement is the centrepiece of moving this agenda forward.

Alongside this engagement, the Campaign wants to see the Federal, State and Territory governments forge bilateral or multilateral agreements developed with Aboriginal and Torres Strait Islander leaders, in order to drive a nationally coordinated approach.

Each level of government must develop a structured, clear and formalised framework of engagement with Aboriginal and Torres Strait Islander leaders. In addition, State and Territory governments should also show transparency and accountability by providing annual reporting on their efforts to close the gap in health inequality by 2030.

Finally, the Campaign stands with the signatories and supporting organisations and campaigns of the Redfern Statement to call for the National Congress funding to be restored to previous levels and assured over the longer-term.

National Congress' ongoing viability as the only national representative body for Australia's First Peoples is critical and essential. National Congress must be supported to provide a mechanism to engage with Aboriginal and Torres Strait Islander people, develop policy, and advocate to government. Government should also ensure that the Aboriginal and Torres Strait Islander peak organisations are supported so that they can continue to provide high quality advice, engagement, research and leadership on behalf of Aboriginal and Torres Strait Islander peoples.

Recommendations

1. The Federal, State and Territory governments renew the relationship with Aboriginal and Torres Strait Islander peoples, by engaging with sector leaders on the series of calls in the Redfern Statement, and that they participate in a National Summit with Aboriginal and Torres Strait Islander leaders in 2017, to forge a new path forward together.
2. The Federal Government restore previous funding levels to the National Congress of Australia's First Peoples as the national representative body for Aboriginal and Torres Strait Islander peoples, and work closely with Congress and the Statement signatories to progress the calls in the Redfern Statement.
3. The Federal Government hold a national inquiry into racism and institutional racism in health care settings, and hospitals in particular, and its contribution to Aboriginal and Torres Strait Islander inequality, and the findings be incorporated by the Department of Health in its actioning of the Implementation Plan of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

3

Priorities for Action



Melbourne, Victoria: Banook Rind. Carla Gottgens/OxfamAUS.

The current framework for a national approach to closing the gap, progress on the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, and the impact of the Primary Health Networks (PHNs) are particularly important to efforts to close the gap and form the focus of what follows in this section.

A. Reinvigorating the national approach to health inequality

The Campaign has long called for a co-ordinated, national approach between the Federal Government and state and territory governments and their health departments, agreed in partnership with Aboriginal and Torres Strait Islander people. That is why the COAG level *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* was such an important achievement when it was established in 2008. Alongside the annual independent COAG reporting mechanism, the agreement sought to ensure policy and funding alignment in every jurisdiction to tackle this critical national undertaking. The COAG Report ensured a level of national accountability.

In December 2013, the then Abbott Government at COAG made the decision to not renew the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*. The 2014 Federal Budget discontinued the COAG reporting mechanism. The current arrangements are insufficient to achieve health equality by 2030. The Campaign is deeply concerned that any move away from a nationally coordinated approach to disparate approaches, will lack the necessary cohesion. The Campaign has previously stated that:

Closing the Gap, as a national priority, must involve a coordinated and planned national response across federal, state and territory governments through the COAG process if it is to be successful. A national issue requires a national response. This national response must be monitored against benchmarks and targets so that we know whether we are on track to close the gap.⁴²

Each State and Territory should have a trilateral agreement with the appropriate Aboriginal and Torres Strait Islander peak health body and the Federal Government. The agreements should not just be statements of good intention, but clearly specify roles, funding, reporting and accountability.

The issue of implementation, funding and accountability and the ability to capture data that demonstrates progress in closing the health gap is critical to the success of these state and territory plans and the trilateral frameworks. The Campaign believes there is clearly a role for COAG in ensuring co-ordination between jurisdictions and accountability to the Aboriginal and Torres Strait Islander health sector. We welcome the Prime Minister's invitation to Premiers and Chief Ministers to join him for the 2017 'Closing the Gap' statement in Canberra and the December COAG Communique, which states:

Leaders reaffirmed that improving the lives of Indigenous Australians is a priority of COAG's strategic forward agenda and agreed that the 'Closing the Gap' framework has played a significant role in driving unprecedented national effort to improve Indigenous outcomes. With the current framework approaching its 10 year anniversary and some targets due to expire in 2018, Leaders have committed to work together and with Indigenous leaders, organisations and communities to refresh this agenda with renewed emphasis on collaborative effort, evaluation and building on what works in each jurisdiction.⁴³

However, it remains to be seen if this is a sign of a reinvigoration of an accountable national approach that is strategic, concrete and easily monitored. There is a clear need for a process of accountability to Aboriginal and Torres Strait Islander peoples and the nation as a whole.

The Campaign believes that the proposed Redfern Statement Engagement process provides a platform for such a collaborative effort across all jurisdictions.

At the heart of any arrangement between the different levels of government should be a commitment to growing the Aboriginal and Torres Strait Islander health workforce to deliver the services needed. The Aboriginal and Torres Strait Islander workforce should be boosted both in the community controlled and mainstream health services and there needs to be a nationally coordinated strategy to ensure this priority is attended to.

Recommendations

4. State and Territory governments recommit to the Close the Gap Statement of Intent, and develop and implement formal partnerships with the Federal Government with agreed roles, funding and accountability with the provision of annual reports on their efforts to close the gap from each jurisdiction.
5. The Federal, State and Territory governments work together to develop a *National Aboriginal and Torres Strait Islander Health Workforce Strategy* to meet the vision of the National Health Plan.

B. Social and Cultural Determinants of Health

The social determinants of health can be defined as:

The inter-relationships between health and social determinants such as education, employment status, overcrowding and income are well established in the national and international literature.⁴⁴

In other words, the way we live, work and play affects our health.

For Aboriginal and Torres Strait Islander peoples, social determinants formed by societal structures and inequalities can be added to the historical impact of colonisation and its contemporary impacts including the perseverance of racism and the dynamics of cultural disconnection. Hence the term 'social and cultural determinants of health' provides a more focused and contextually appropriate means of understanding the nature of the issues faced regarding health inequality in Australia.

The National Aboriginal Community Controlled Health Organisation's (NACCHO) Constitution acknowledges that:

'Aboriginal health' means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life.⁴⁵

Culture and wellbeing is central to the health of Aboriginal and Torres Strait Islander peoples. As Professor Ngiare Brown suggests:

We represent the oldest continuous culture in the world, we are also diverse and have managed to persevere despite the odds because of our adaptability, our survival skills and because we represent an evolving cultural spectrum inclusive of traditional and contemporary practices. At our best, we bring our traditional principles and practices – respect, generosity, collective benefit, and collective ownership – to our daily expression of our identity and culture in a contemporary context. When we are empowered to do this, and where systems facilitate this reclamation, protection and promotion, we are healthy, well and successful and our communities thrive.⁴⁶

In essence, a focus on cultural wellbeing can have benefits for health, both in terms of addressing the negative effects of cultural disrespect and the positive effects of building on cultural resilience.

A ‘social and cultural determinants’ approach recognises that there are many drivers of illhealth that lie outside the direct responsibility of the health sector and which therefore require a collaborative, inter-sectoral approach...

The cultural determinants of health originate from and promote a strength based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety.⁴⁷

Key to a social and cultural determinants approach to addressing Aboriginal and Torres Strait Islander health is empowering Aboriginal and Torres Strait Islander services and communities through positive and effective engagement.⁴⁸ Effective engagement can be defined as:

...the sustained process that provides Indigenous peoples with the opportunity to participate actively in decision making from the earliest stage of defining the problem to be solved. Indigenous participation continues during the development of policies – and the projects designed to implement them – and the evaluation of outcomes.⁴⁹

One of the key hindrances in effective policy implementation is the varying approaches of both Federal and State and Territory governments to Aboriginal and Torres Strait Islander peoples’ health. A change of government often means a change in relationships and approach creating uncertainty, unnecessary complexity, delays and confusion.

A recent review concluded that while examples of effective engagement existed, most did not go beyond mere ‘consultation’ thereby impairing capacity building and making accountability by governments to First Peoples opaque at best.⁵⁰ Poor engagement creates a silo effect and fails to take into account the impact of social and cultural determinants on health.

Past *Progress and Priorities Reports* have called upon governments to broaden the *Closing the Gap* approach to include targets and strategies on other areas of policy such as incarceration, community safety, disability and child protection.

The 2016 *Overcoming Indigenous Disadvantage (OID) Report* notes these areas as ones where the gap is increasing. For example, in the area of incarceration the report found that the adult imprisonment rate increased 77 per cent between 2000 and 2015, and the juvenile detention rate is 24 times the rate for non-Indigenous youth. While incarceration, mental health and children removal is measured by the Productivity Commission, there are no generational targets set at the COAG level. Clearly, there is a need for specific national COAG strategies that seek to arrest the negative trends and close the gap in outcomes. They are all part of the same vicious circle, which affects health and wellbeing outcomes.

As mentioned above, the lack of action in these areas led to an important development in the context of the 2016 Federal election campaign – the creation of *the Redfern Statement*.

Previous *Progress and Priorities Reports* have advocated for new ‘Closing the Gap’ targets for incarceration, community violence and disability. To those recommendations, we add a call for a COAG target to eliminate the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 2040. The *Family Matters Report* projects that if current trends in child removal aren’t addressed “the population of Aboriginal and Torres Strait Islander children in care will almost triple in size by 2035.”⁵¹

Why do Indigenous Australian’s have amongst the highest rates of preventable and life-threatening rheumatic heart disease (RHD) in the world?

It starts as a common bacterial infection (Group A Streptococcus) in children 5-15 years of age, and if left untreated, can lead to Acute Rheumatic Fever and the permanent heart damage known as Rheumatic Heart Disease (RHD) which can lead to open heart surgery, permanent disability, heart failure, stroke and premature death.

An estimated 6000 Indigenous young people in northern Australia are living with rheumatic heart disease or have had acute rheumatic fever which can cause fibrosis of heart valves, leading to crippling valvular heart disease, heart failure and death. People often die in their 30s and 40s.

RHD is 100 per cent preventable.

The simple administration of one of the oldest and cheapest antibiotics known – penicillin – can stop acute rheumatic fever graduating into RHD. Early detection, diagnosis and management of the disease can reduce life-threatening complications.

Addressing RHD delivers widespread benefits in health, education and employment.

Focussing on a sentinel condition like RHD not only saves lives and improves quality of life for Aboriginal and Torres Strait Islander children, it will help close the gap by addressing the wider health issues in Aboriginal and Torres Strait Islander communities; many of those conditions share the same root causes (overcrowding, poor housing conditions, inadequate nutrition and lack of access to healthcare). Healthy children can grow, learn and prosper.



RHD patient Trenton reveals his chest-scar, Edith Falls, Nitmiluk National Park, Northern Territory, Australia. Photo by Moonshine Agency from www.TakeHeart.tv

If RHD is not addressed more intensively, Indigenous health outcomes will remain far below that of non-Indigenous Australians.

Remoteness, transient population, poor living and education standards, high health practitioner turnover, and limited knowledge of the disease all contribute to the persistence of RHD.

These children were born completely healthy with normal heart function. They started life the same way as everybody else and yet they acquired this disease and their heart gets permanently damaged. But rheumatic heart disease is completely preventable and yet so many children suffer from it. I think that's the saddest part.

Dr Bo Remenyi, Paediatric Cardiologist, Menzies School for Health Research



National Health Leadership Forum leaders – November 2016.

Recommendation

6. The Federal Government develop a long-term National Aboriginal and Torres Strait Islander Social and Cultural Determinants of Health Strategy.

C. Progress of the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan*

I am delighted the Implementation Plan has sown the seeds to tackle the social and cultural determinants of health. The social and cultural determinants of health underpin everything that we do, contributing to at least 31 per cent of the gap in life expectancy between Indigenous and non-Indigenous Australians. These issues can only be addressed through whole-of-Government action.⁵²

Hon Ken Wyatt AM, MP Minister for Indigenous Health

In the 2015 Close the Gap Report, the Campaign commended the development and launch of the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023* (the Implementation Plan). The development of the Implementation Plan a positive model of policy development collaboration between Government and the Aboriginal and Torres Strait Islander health peaks, represented by the National Health Leadership Forum.

There is ongoing, bi-partisan support for the Implementation Plan and the Campaign considers it as essential for driving progress towards the provision of the best possible outcomes from investment in health and related services.

The Implementation Plan has seven Domains that cover the broad priorities for Aboriginal and Torres Strait Islander health, including:

1. Health Systems Effectiveness
2. Maternal Health and Parenting
3. Childhood Health and Development
4. Adolescent and Youth Health
5. Healthy Adults
6. Healthy Ageing
7. Social and Cultural Determinants of Health

After a year of operation, progress against each of the 106 deliverables of the Implementation Plan, spread across the 7 Domains has been slow. However, the Campaign understands that the Department of Health is investing good resources into the actioning of the Implementation Plan.⁵³

The Implementation Plan is now the primary mechanism for efforts to close the gap in health inequality.

'The Implementation Plan is a guide to action that the Government can take now and the continuing partnership between Government and our Aboriginal and Torres Strait Islander health leaders means we have the best chance for success...'

Richard Weston, CEO The Healing Foundation

'The number one priority must be to do the hard mapping work, to show where resources and services will make the biggest impact and sooner...'

Julie Tongs, CEO Winnunga Nimmityjah

The Implementation Plan Advisory Group (IPAG)

The Close the Gap Campaign welcomes the Government's instigation of an Implementation Plan Advisory Group (IPAG) to formalise the commitment made in the Plan to continue the partnership between Government and Aboriginal and Torres Strait Islander health leaders. The Hon Ken Wyatt AM, MP Minister for Indigenous Health has stated on behalf of the Government stated that:

...we recognise that governments cannot progress this agenda and action alone. This can only be done in collaboration with Aboriginal and Torres Strait Islander people.⁵⁴

The IPAG is jointly chaired by the Department of Health and the National Health Leadership Forum and has expert advisor members from Aboriginal and Torres Strait Islander primary health, acute health and early childhood health.

The IPAG will provide advice to the Department of Health and the Department of Prime Minister and Cabinet as they develop, monitor and review the Implementation Plan. In particular, the IPAG will review and assess progress of the actions in the Plan; across the whole health system with a focus on the social and cultural determinants of health; and, guide action under the plan going forward.

The Campaign will continue to monitor the work of the IPAG and calls for the IPAG to be adequately resourced to be able to undertake the work outlined above as a priority for Aboriginal and Torres Strait Islander health.

Mapping Core Services

One of the critical first order priorities of the Implementation Plan, as detailed in its Domain 1 *Health Systems Effectiveness* is systematically and comprehensively map out the health needs, workforce requirements and capabilities, and service capacities across Australia. There isn't a clear understanding of where and what the service gaps are and Aboriginal and Torres Strait Islander people will continue to die from avoidable illnesses unless the health service gaps are identified and filled.

The Close the Gap Campaign calls on the IPAG to prioritise the services and workforce mapping to identify the service gaps and develop a **core services model** that informs the planning of services across jurisdictions.

Much of the work identified in the other Implementation Plan Domains hinge on the service mapping and gap identification work happening first and this must be adequately resourced to take place as soon as possible.

A core health service model and associated workforce and funding arrangements must be urgently developed to meet Aboriginal and Torres Strait Islander health needs on a national, regional and community level, and immediate priority be directed towards regions with relatively poor health and inadequate levels of service.

Funding the Plan and building the Workforce

To date, the Government has not provided any specific funding for the actions and deliverables in the Implementation Plan. The Campaign Steering Committee recognises that some of the actions may already have funding available or do not clearly require funding at this time.

However, it is essential that a transparent account is given by the Department of Health on the funding needs and implications for each of the current deliverables.

The main funding vehicles for many primary and tertiary health and medical services are provided through uncapped national funding schemes, MBS and PBS. The current usage rates of these schemes by Aboriginal and Torres Strait Island people, though increasing slowly and getting higher, are approximately the same level as for the rest of the population. However, usage is still approximately, on a needs basis, about half or less required given that the burden of illness of Aboriginal and Torres Strait Islander people being 2.3 times that of the rest of the population.

This is of critical importance given that avoidable admissions and deaths are three times greater for Aboriginal and Torres Strait Islander people and it is for this reason that effectiveness in identifying and filling the service gaps, defining core services and their associated workforce and funding strategies will have a fundamental bearing on whether or not the gaps close.

The Department of Health should work with the ACCHOs to best utilise the existing funding schemes (such as the MBS and PBS) for the relevant service delivery based actions under the Implementation Plan.

The impact of Social Determinants

The Implementation Plan's Domain 7 *Social and Cultural Determinants of Health* remains underdeveloped and the Close the Gap Campaign will be monitoring the progress of this priority Domain throughout 2017.

As already detailed in the previous section of this Report, addressing the social and cultural determinants of health for Aboriginal and Torres Strait Islander people is crucial to any meaningful efforts to close the gap in health equality in Australia. Increasingly, Aboriginal and Torres Strait Islander peaks – as evidenced in the Redfern Statement work – are calling on Government to move away from the siloed approach to addressing Aboriginal and Torres Strait Islander needs, but rather understand and act on the links between housing, land rights, justice, disabilities, violence prevention, employment and education. The Government's Closing the Gap Framework looks at the wider spectrum of issues that affect the health of Australia's First Peoples but there isn't a clear binding narrative to connect the targets of the Government's Framework.

The work of the Implementation Plan has an opportunity to start systematically making the connections between all the social and cultural determinants. The Campaign welcomes the Department of Health's plans to bring together a whole-of-Government Social and Cultural Determinants of Health Working Group to contribute to the Implementation Plan work and to make the connections necessary across Government.

'We have to get everything working together to make the biggest impact on health... where we live, how we learn, our access to jobs, it all has an impact on the wellbeing of our people.'

Pat Turner, CEO National Aboriginal Community Controlled Health Organisation

The Next Implementation Plan iteration

The Campaign Steering Committee understands that the IPAG, through the Department of Health, will be conducting a consultation process in the first half of 2017 to inform the next iteration of the Implementation Plan to be launched in 2018.

It is important that the next iteration of the Implementation Plan provides comprehensive actions to transform the work of the core service mapping under the Domain 1 *Health Systems Effectiveness*, into actions that go to the delivery of core services in the areas of highest need.

The consultation process should be wide and inclusive, with particular emphasis on the participation of the ACCHOs sector.

Recommendations

The Implementation Plan is a major commitment by the Federal Government and must be adequately resourced for its application and operation. As such, the Government should:

7. Identify geographic areas with both high levels of preventable illnesses and deaths and inadequate services, and development of a capacity-building plan for Aboriginal Community Controlled Health Organisations (ACCHOs) in those areas.
8. Fund the process required to develop the core services model and the associated workforce, infrastructure, information management and funding strategies required.
9. Ensure Aboriginal and Torres Strait Islander health funding is maintained at least at current levels until the core services, workforce and funding work is finalised, when funding should be linked directly with the Implementation Plan.
10. Ensure the timely evaluation and renewal of related frameworks upon which the Implementation Plan relies.
11. Finalise and resource the National Plan for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing. This plan should incorporate and synthesise the existing health, mental health, suicide and drugs policies and plans – and should be an immediate priority of all governments.
12. Ensure that the consultation process for the next iteration of the Implementation Plan be based on genuine partnership with Aboriginal and Torres Strait Islander people, in a way that is representative and properly funded so that First Peoples can be full and equal development partners.

D. The role of Primary Health Networks

Getting the delivery of comprehensive Primary Health Care right is a first order priority for the wellbeing of Aboriginal and Torres Strait Islander people.⁵⁵ As NACCHO has noted, 'comprehensive primary health care is central to achieving real outcomes and health benefits for Aboriginal people, rather than a selective or disease-focussed approach that concentrates exclusively on the treatment of illness'.⁵⁶

The decision was taken to replace Medicare Locals in July 2015 with 'geographically much larger Primary Health Networks, responsible for "commissioning" wide-ranging primary health care service delivery from "service providers"'.⁵⁷ The Primary Health Networks (PHNs) are designed with a key objective to reduce avoidable hospital admissions and to 'drive down the overall costs to the Budget bottom-line of medical care'.⁵⁸

In the initial development of the PHNs initiative, the Government did not make any provision for Aboriginal Community Controlled Health Organisations to be represented on PHN Boards, their Clinical Councils or their Community Advisory Committees. The National Community Controlled Health Organisations (NACCHO) noted:

...a serious concern... was the automatic transfer of scores of millions of dollars in Aboriginal and Torres Strait Islander "health programme grant funds" from Medicare Locals to Primary Health Networks for PHNs to distribute without any public guidelines to protect probity, ensure fairness, and encourage value for money or consultation with the ACCHO Sector.⁵⁹

The *2016 Close the Gap Campaign Report* started to look at the PHNs as a critical part of the health service infrastructure needing to address the health of Aboriginal and Torres Strait Islander people.⁶⁰

The three priorities of 'Engagement', 'Cultural Safety' and 'a growing and supported Aboriginal and Torres Strait Islander health workforce' are critical to having effective primary health care.

The Campaign believes that the PHN program has the potential to make a significant positive difference in health outcomes for all Australians if they are culturally safe and properly engaged with the Aboriginal and Torres Strait Islander community within their network area. The ability of PHNs to deliver culturally safe, high-quality primary health care for Aboriginal and Torres Strait Islander people will be seen in the lived experience of the people.

Engagement

It is essential that Federal Government ensure that the PHNs are engaging with ACCHOs to ensure the best primary health care is afforded to Aboriginal and Torres Strait Islander people, as well as the broader community. Competitive tendering processes for PHNs that award contracts to organisations that are able to write the best proposal may well be at the expense of organisations that can provide the best services in terms of access, quality and outcomes.

However, formal partnerships between PHNs and ACCHOs should reduce rather than exacerbate current funding inequities and inefficiencies.

It is the Campaign's view that **ACCHOs must be considered the 'preferred providers'** for health services for Aboriginal and Torres Strait Islander people. Where there is either no existing ACCHO or insufficient ACCHO services, capacity should be built by the establishment of new ACCHOs or within existing ACCHOs (or have capacity development of existing ACCHOs) within the PHN area to extend their services to the identified areas of need. Where it is appropriate for mainstream providers to deliver a service, they should be looking to partner with ACCHOs to better reach the communities in need.⁶¹

The Campaign welcomes the collaboration between the Department of Health and the National Aboriginal Community Controlled Health Organisation to develop the *Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOS) – Guiding Principles* which are intended to provide:

...guidance for actions to be taken by each party across six key domains: Closing the Gap; cultural competency; commissioning; engagement and representation; accountability, data and reporting; service delivery; and research.⁶²

Having a shared understanding of the key domains of focus and the principles of engagement and collaboration are a good start, however, more can be done to formalise the relationship between PHNs and ACCHOs.

Cultural Safety

The need for culturally safe services, with safe spaces that support the holistic concept of health is well established.

ACCHOs continue to be the exemplar for cultural safety standards as they are, by their very existence, best placed to respond to the health needs of the community based on implicit cultural understanding.⁶³

Again, it is encouraging to see some indications that the PHNs are looking to incorporate culturally safe practices as evidenced by the *Guiding Principles* document between PHNs and ACCHOs. The *Guiding Principles* state:



Community Based Workers leading the way in education and practice for trachoma elimination. Picture provided by The Fred Hollows Foundation.

'An understanding of Aboriginal and Torres Strait Islander culture is important to partners who wish to engage with Aboriginal and Torres Strait Islander people effectively and as equals.

Underpinning the Guiding Principles is a shared knowledge that will ensure:

- respectful culturally sensitive consultation
- recognition that Aboriginal and Torres Strait Islander health outcomes will be achieved when Aboriginal and Torres Strait Islander people control them, and
- that commissioned service delivery will be a strengths-based approach reflecting the United Nations Declaration on the Rights of Indigenous Peoples.⁶⁴

Respect of culture must be embedded in all PHN practice and management, from formalised cooperation with ACCHOs, the delivery of services and the investments made in the non-Indigenous workforces so that they understand and value Cultural Safety and its importance for Aboriginal and Torres Strait Islander people seeking care.

Aboriginal and Torres Strait Islander Workforce

At the time of writing the report there was limited information available from the Department of Health and the 31 PHNs regarding the number of Aboriginal and Torres Strait Islander people employed with PHNs or engaged services. This should be systematically monitored and reported on by all PHNs.

The 2014 *Aboriginal and Torres Strait Islander Health Performance Framework* Report stated that 'Aboriginal and Torres Strait Islander people are significantly under-represented in the health workforce.'⁶⁵ The Report goes on to say that the Aboriginal and Torres Strait Islander health workforce is 'integral to ensuring that the health system has the capacity to address the needs' of Australia's First peoples.⁶⁶

As already stated above, there must be a national strategy to increase the size of the Aboriginal and Torres Strait Islander health workforce.

The Primary Health Networks should be a significant direct and indirect employer of Aboriginal and Torres Strait Islander health workers and professionals. The Government also needs to make sure there is a concerted effort to train and prepare the required Aboriginal and Torres Strait Islander workforce to meet what should be, at a minimum, a population parity level of demand for Aboriginal and Torres Strait Islander health workers.

For example, there are now over 3000 Aboriginal and Torres Strait Islander nurses and midwives nationally, which represents solid growth but still only represents just over 1 per cent of the total nursing and midwifery workforce.⁶⁷ It would need to be closer to 9000 Aboriginal and Torres Strait Islander nurses and midwives nationally to come close to population parity.

A desktop audit of the PHNs found it difficult to identify Aboriginal and Torres Strait Islander policy and clinical expertise for many of the PHNs. Clearly, some PHNs have better connections to the regional ACCHOs than others, and these connections should be mandated through a formal agreement.

Other areas of interest

The PHNs have been given significant funding (\$192 million.⁶⁸) to prevent suicide and reduce incidents of suicide and electronic mental health services. While additional resourcing is always welcome, it is crucial that the services provided for these priority areas of health and wellbeing are designed and implemented by the Communities.

One of the core objectives of the PHNs Mental Health Care guidelines is to:

enhance and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.⁶⁹

This is the right idea but more appropriately, the funding made available through the PHNs should be used primarily to support and build up the existing ACCHO mental health services.

Regarding the '\$241 million for drug and alcohol treatment services is being delivered through Primary Health Networks' being distributed by PHNs on population and need,⁷⁰ there needs to be much more transparent detail of how those funds are being spent and how ACCHOs and other community stakeholders are being partnered to deliver those services. This should be a focus of public reporting from the Department of Health.

Recommendations

13. The Federal Government mandate formal agreements between Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOs) in each region that:
 - a. specify Aboriginal and Torres Strait Islander leadership on Indigenous issues and identify the specific roles and responsibilities of both the PHNs and the ACCHOs.
 - b. include workforce targets for Aboriginal and Torres Strait Islander health professionals and include mandatory Aboriginal and Torres Strait Islander representation on the clinical committees of every PHN.
14. The Federal Government mandate ACCHOs as preferred providers of health services for Aboriginal and Torres Strait Islander people provided through PHNs.
15. The Federal Government develop and implement agreed accountability, evaluation and reporting arrangements to support the provision of primary health care for Aboriginal and Torres Strait Islander peoples in each PHN area.⁷¹



Jennifer Ketchell, Indigenous Community Liaison officer, Joyce Palmer Health service, Palm Island. Jennifer is a Kalkadoon, Bwngcolman and Torres Strait Islander woman.

Conclusion

2017 is the year that the relationship with government must be reset if we are going to meet the national commitment to close the health equality gap. The delivery of the Redfern Statement to the Prime Minister on the 14th February was a watershed moment setting forth a way for the Federal Government to do this.

The impetus for meaningful engagement that has been raised by the Redfern Statement signatories, with support from the Close the Gap Campaign and other Aboriginal social justice campaigns and organisations, is to be commended and should be taken up by the Federal Government.

The Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 remains a major vehicle for driving the changes needed to achieve health equality. The Close the Gap Campaign is calling for significant investments made to support the development of the Implementation Plan and the services required for its success, particularly as its next iteration is planned for 2018 and beyond.

Underpinning the health of Aboriginal and Torres Strait Islander people is an understanding of the broader social and cultural determinants of health and a commitment to addressing all the issues facing Australia's First Peoples in a holistic and considered way. We welcome some of the initial steps made by Government to date to incorporate social and cultural determinants of health in policy considerations but much more needs to be done.

The State and Territory governments have a responsibility to be open and accountable regarding their efforts to close the gap. The Federal Government, however, retains the ultimate responsibility to lead a positive and productive relationship with the First Peoples of this country. We look forward to seeing the developments of engagement made under the auspices of the Redfern Statement in 2017 and beyond.

Finally, it is essential to remember that as long as we have such an appalling discrepancy between the health and wellbeing of Aboriginal and Torres Strait Islander people and that of the non-Indigenous population – we remain incomplete and poorer collectively as a nation.

As Dr Jackie Huggins said in delivering the Redfern Statement to the Prime Minister:

We ask for government and parliament to work with us.
Prime Minister, you said recently that 'every Australian deserves a fair go in this race of life'.
We ask no less than this for our people.

Who we are

Australia's peak Aboriginal and Torres Strait Islander and non-Indigenous health bodies, health professional bodies and human rights organisations operate the Close the Gap Campaign. The Campaign's goal is to raise the health and life expectancy of Aboriginal and Torres Strait Islander people to that of the non-Indigenous population within a generation: to close the gap by 2030. It aims to do this through the implementation of a human rights-based approach set out in the Aboriginal and Torres Strait Islander Social Justice Commissioner's Social Justice Report 2005.

The Close the Gap Campaign Steering Committee first met in March 2006. Our patrons, Catherine Freeman OAM and Ian Thorpe OAM, launched the Campaign in April 2007. To date, almost 200,000 Australians have formally pledged their support.

The Close the Gap Campaign is a growing national movement. In 2007 the first National Close the Gap Day was held. It involved five large State events and more than 300 community events. National Close the Gap Day has become an annual event since 2009. Australians across every state and territory participate in this event. Health services, schools, businesses, hospitals, government departments, ambulance services, non-government organisations and others hold events to raise awareness and show support for the Campaign and its goals. Reflecting the importance of the Campaign to nation, it has become the largest and highest profile Aboriginal and Torres Strait Islander health event in the country. On National Close the Gap Day in 2015, nearly 1,596 community events were held involving approximately 150,000 Australians.

The current members of the Close the Gap Campaign are:

Chairs

- Dr Jackie Huggins, Co-Chair for the National Congress of Australia's First Peoples
- Ms Patricia Turner, CEO National Aboriginal Community Controlled Health Organisation

Members

- Aboriginal and Torres Strait Islander Healing Foundation
- Aboriginal Health and Medical Research Council of New South Wales
- Australian Healthcare and Hospitals Association
- Aboriginal Health Council of South Australia
- ANTaR
- Australian College of Midwives
- Australian College of Nursing
- Australian College of Rural and Remote Medicine
- Australian Human Rights Commission (Secretariat)
- Australian Indigenous Doctors' Association
- Australian Indigenous Psychologists' Association
- Australian Medical Association
- Australian Physiotherapy Association
- Australian Student and Novice Nurse Association
- *beyondblue*
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- CRANAplus
- Expert Adviser – alcohol and other drugs (Pat Dudgeon)

- Expert Adviser – epidemiology and public health (Ian Ring)
- Expert Adviser – mental health and social and emotional wellbeing (National Aboriginal and Torres Strait Islander Leadership in Mental Health) (Ted Wilkes)
- First Peoples Disability Network
- Healing Foundation
- Heart Foundation Australia
- Indigenous Allied Health Australia
- Indigenous Dentists’ Association of Australia
- Indigenous Eye Health, University of Melbourne
- Kidney Health Australia
- Menzies School of Health Research
- National Aboriginal and Torres Strait Islander Health Workers’ Association
- National Aboriginal Community Controlled Health Organisation
- National Association of Aboriginal and Torres Strait Islander Physiotherapists
- National Congress of Australia’s First Peoples
- National Coordinator – Tackling Indigenous Smoking (Dr Tom Calma AO – Campaign founder and former Aboriginal and Torres Strait Islander Social Justice Commissioner)
- National Heart Foundation of Australia
- NSW Aboriginal Land Council
- Oxfam Australia
- Palliative Care Australia
- PHILE Network
- Public Health Association of Australia
- Reconciliation Australia
- Royal Australasian College of Physicians
- Royal Australian College of General Practitioners
- The Fred Hollows Foundation
- The Lowitja Institute
- The Pharmacy Guild of Australia
- Torres Strait Regional Authority
- Victorian Aboriginal Community Controlled Health Organisation
- Winnunga Nimmityjah Aboriginal Health Service

Appendix 1

2016 Progress and Priorities Report Recommendations

Recommendations

2016 Federal Election

That each political party prior to the 2016 Federal Election, commit to:

- Make Aboriginal and Torres Strait Islander health and wellbeing a major priority for their election policy platforms, and fund the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (2013–2023)* until it expires in 2023.
- An additional COAG Closing the Gap Target to reduce imprisonment rates and increase community safety.
- Working with COAG to introduce a target for Aboriginal and Torres Strait Islander people with disability as part of the Closing the Gap framework. The Australian Government should introduce this target in conjunction with the Disability Recommendations 11, 12, 14, 15 and 16 of the Aboriginal and Torres Strait Islander Social Justice Commissioner's *Social Justice and Native Title Report 2015*.

Implementation Plan for the National Aboriginal and Torres Health Plan

That through the *Implementation Plan for the National Aboriginal and Torres Health Plan*, appropriate core health service models and associated workforce and funding arrangements are urgently developed to meet Aboriginal and Torres Strait Islander health needs on a national, regional and community level, and immediate priority be directed towards regions with relatively poor health and inadequate levels of service.

That Aboriginal Community Controlled Health Services (ACCHOs) should be the preferred model for investment in primary health care services for Aboriginal and Torres Strait Islander communities and that the planning activities of the Primary Health Networks include partnership and service delivery arrangements through and by the ACCHOs.

Previous Report

That the Australian Government address the Campaign's 2015 *Progress and Priorities Report* Recommendations (see Appendix 1).

Institutional racism in the health system

That a national inquiry into racism and institutional racism in health care settings, and hospitals in particular, and its contribution to Aboriginal and Torres Strait Islander health inequality, is undertaken by the Senate Select Committee on Health.

Indigenous Advancement Strategy

That the Recommendations of the Close the Gap Campaign Steering Committee to the 2015 Senate Finance and Public Administration References Committee Inquiry into the impact of the IAS tendering process are implemented as a priority.

Appendix 2

The Redfern Statement (Extract)

The Redfern Statement

An urgent call for a more just approach to Aboriginal and Torres Strait Islander Affairs

Social justice is what faces you in the morning. It is awakening in a house with adequate water supply, cooking facilities and sanitation. It is the ability to nourish your children and send them to school where their education not only equips them for employment but reinforces their knowledge and understanding of their cultural inheritance. It is the prospect of genuine employment and good health: a life of choices and opportunity, free from discrimination.

Mick Dodson, Annual Report of the Aboriginal and Torres Strait Islander Social Justice Commissioner, 1993

We are here today, the 9th of June 2016, in Redfern where in 1992 Prime Minister Paul Keating spoke truth about this nation – that the disadvantage faced by First Peoples affects and is a responsibility for all Australians.

We stand here as Aboriginal and Torres Strait Islander peak representative organisations with a deep concern:

- **that in 2016 First Peoples continue to experience unacceptable disadvantage;**
- **that the challenges confronting Aboriginal and Torres Strait Islander people continue to be isolated to the margins of the national debate;**
- **that, Federal Government policies continue to be made for and to, rather than with, Aboriginal and Torres Strait Islander people;**
- **that the transformative opportunities for government action are yet to be grasped.**

Stand with us to let this statement and call for government action be heard and acted upon by our nations' leaders.

A plan for urgent government action

In the past 25 years – a generation in fact – we have had the *Royal Commission into Aboriginal Deaths in Custody*, the *Bringing them home Report* and *Reconciliation: Australia's Challenge: the final report of the Council for Aboriginal Reconciliation*. These reports, and numerous other Coroner and Social Justice Reports, have made over 400 recommendations, most of which have either been partially implemented for short term periods or ignored altogether.

In the last 25 years we have seen 8 Federal election cycles come and go, with seven Prime Ministers, seven Ministers for Indigenous Affairs, countless policies, policy changes, funding promises and funding cuts – all for the most marginalised people in Australia.

For the last quarter century then, we've seen seminal reports which have repeatedly emphasised that our people need to have a genuine say in our own lives and decisions that affect our peoples and communities. This, known as self-determination, is the key to closing the gap in outcomes for the First Peoples of these lands and waters.

All of these reports call for better resourcing of Aboriginal and Torres Strait Islander organisations and services for Aboriginal and Torres Strait Islander communities.

All of these reports call for real reconciliation based on facing the truths of the past and creating a just and mature relationship between the non-Indigenous Australian community and the First Peoples.

The next Federal Government will take on the same responsibility to right this nation's past injustices as the last 8 federal governments have had. The next government of Australia will take power with our First Peoples facing the same struggles as they were in 1992. But this next Federal Government also has an unprecedented nation-building opportunity to meaningfully address Aboriginal and Torres Strait Islander disadvantage. They have the mandate to act. We therefore call on the next Federal Government to:

- Commit to resource Aboriginal and Torres Strait Islander led-solutions, by:
 - Restoring, over the forward estimates, the \$534 million cut from the Indigenous Affairs portfolio in the 2014 Budget to invest in priority areas outlined in this statement; and
 - Reforming the *Indigenous Advancement Strategy* and other Federal funding programs with greater emphasis on service/need mapping (through better engagement) and local Aboriginal and Torres Strait Islander organisations as preferred providers.
- Commit to better engagement with Aboriginal and Torres Strait Islander peoples through their representative national peaks, by:
 - Funding the National Congress of Australia's First Peoples (Congress) and all relevant Aboriginal and Torres Strait Islander peak organisations and forums; and

- Convening regular high level ministerial and departmental meetings and forums with the Congress and the relevant peak organisations and forums.
- Recommit to Closing the Gap in this generation, by and in partnership with COAG and Aboriginal and Torres Strait Islander people:
 - Setting targets and developing evidence based, prevention and early intervention oriented national strategies which will drive activity and outcomes addressing:
 - » family violence (with a focus on women and children);
 - » incarceration and access to justice;
 - » child safety and wellbeing over-representation in out-of-home care; and
 - » increasing Aboriginal and Torres Strait Islander access to disability services;
 - Secure national funding agreements which emphasise accountability to Aboriginal and Torres Strait Islander peoples, between the Commonwealth and States and Territories (like the former National Partnership Agreements), to drive the implementation of national strategies.
- Commit to working with Aboriginal and Torres Strait Islander leaders to establish a Department of Aboriginal and Torres Strait Islander Affairs in the future, that:
 - Is managed and run by senior Aboriginal and Torres Strait Islander public servants;
 - Brings together the policy and service delivery components of Aboriginal and Torres Strait Islander affairs and ensures a central department of expertise;
 - Strengthens the engagement for governments and the broader public service with Aboriginal and Torres Strait Islander people in the management of their own services.
- Commit to addressing the unfinished business of reconciliation, by:
 - Addressing and implementing the recommendations of Council for Aboriginal Reconciliation, which include agreement making framework (treaty) and constitutional reform in consultation with Aboriginal and Torres Strait Islander peoples and communities.

The health and wellbeing of Aboriginal and Torres Strait Islander peoples cannot be considered at the margins.

It is time that Aboriginal and Torres Strait Islander voices are heard and respected, and that the following plans for action in relation to meaningful engagement, health, justice, preventing violence, early childhood and disability, are acted upon as a matter of national priority and urgency.

Endnotes

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