QAIHC

Queensland Aboriginal and Islander Health Council

QAIHC SUBMISSION TO THE

Australian Government Department of Health

SUBMISSION

CONSULTATION PAPER: Development of the National Preventive Health Strategy

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SUBMISSION

CONSULTATION PAPER: Development of the National Preventive Health Strategy

About the Queensland Aboriginal and Islander Health Council (QAIHC)

The Queensland Aboriginal and Islander Health Council (QAIHC) was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health Sector (the Sector). From our first meeting 30 years ago, we have grown to become a national leader in Aboriginal and Torres Strait Islander health, and as a voice for our 26 members, the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland, two regional bodies, 14 Associate Members and one Affiliate Member.

Like our ATSICCHOs, we embody self-determination; we are governed by an Aboriginal and Torres Strait Islander board that is elected by our Members.

QAIHC Members work tirelessly to provide culturally appropriate, comprehensive, primary health care services to local Aboriginal and Torres Strait Islander communities in Queensland. Collectively they have established more than 60 clinics across the state to service the population. Our two regional bodies – the Institute for Urban Indigenous Health (IUIH) and Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) also provide support to our Members.

Our Members provide more than just holistic Primary Health Care models, they help the whole community and regional economies by encouraging whole of community wellbeing, thus creating local jobs and ensuring local design of services.

Nationally, we represent ATSICCHOs through our affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and are regarded as an expert in our field.

QAIHC, as the peak of ATSICCHOs in Queensland, wishes to express the collective views on behalf of our Members on the consultation paper into the development of the National Preventive Health Strategy.

The purpose of this submission is to ensure the National Preventative Health Strategy takes account of the complex socio-economic determinants of Aboriginal and Torres Strait Islander peoples' health and wellbeing and embeds collective actions that improve equitable access to a range of preventative health care services in a culturally safety environment. QAIHC would like to thank the Australian Government, Department of Health for the opportunity to provide feedback.

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Opening statement

QAIHC believes that all Aboriginal and Torres Strait Islander peoples should have the same opportunity to be as healthy and as well as other Australians, and deserve equitable access to health care and the social system.

Aboriginal and Torres Strait Islander peoples experience a disproportionate burden of health risks due to the impact of colonialism resulting in socio-economic and systemic disadvantage when compared to non-Indigenous Australians, with far greater consequences on health and wellbeing. It is well recognised that preventable chronic disease is the largest contributor to the health disparity between Aboriginal and Torres Strait Islander and non-Indigenous Australians.[1] Improving health outcomes for Aboriginal and Torres Strait Islander peoples is possible through addressing the complex and preventable risk factors of chronic disease.

Addressing chronic disease amongst Aboriginal and Torres Strait Islander peoples is a complex issue and there is no single solution to fix the problem. However, QAIHC and the ATSICCHO Sector acknowledge the Australian Government Department of Health's commitment of developing a National Preventative Health Strategy to provide a long-term vision for improving the health of all Australians and to stimulate a systemic shift to achieve a better balance between treatment and prevention with especial focus on primary and secondary prevention.

QAIHC maintains that the Aboriginal and Torres Strait Islander concept of health is holistic, incorporating the physical, social, emotional, and cultural wellbeing of individuals and their whole community. For Aboriginal and Torres Strait Islander peoples, health is seen in terms of the whole-life-view. This holistic concept also acknowledges the greater influences of social determinants of health and wellbeing. Social determents include: homelessness; education; unemployment; problems resulting from intergenerational trauma; grief and loss; abuse; violence; removal from family and cultural dislocation; substance misuse; racism and discrimination; and social disadvantage.

QAIHC recognises and asserts that it is impossible to separate Australia's historical context from present-day Aboriginal and Torres Strait Islander health disparities. Consideration of this relationship is essential in the development of an effective National Preventive Health Strategy that addresses the complex health needs of Aboriginal and Torres Strait Islander peoples.

This brief submission addresses key questions (4 – 9) that were put forward by the Australian Government Department of Health in the consultation survey "Informing the National Preventive Health Strategy" (the Strategy).

Please note that QAIHC have also contributed to, and support, the National Aboriginal and Community Controlled Health Organisation's (NACCHO's) submission.

Based on the questions, QAIHC and its Members provide the following recommendations to the Australian Government Department of Health for consideration in order to deliver an inclusive strategy that meets the health and wellbeing needs of Aboriginal and Torres Strait Islander peoples.

[1] Australian Institute of Health and Welfare (2010). *Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians*. Cat. No. IHW 48. Canberra: AIHW.

Question 4: Are the vision and aims appropriate for the next 10 years? Why or why not?

In general, the vision and aims of the Strategy are appropriate and respond to the preventative health needs of most Australians. However, more attention is required to appropriately recognise and address the significant disparity in preventative health outcomes experienced by Aboriginal and Torres Strait Islander peoples in the current Australian health care system.

The overarching vision and aim of the Strategy statement states:

"The Strategy will be designed to improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors and addressing the broader causes of health and wellbeing. The Strategy will include targets for each aim, so that we can monitor our progress in improving the health of all Australians."

The vision:

The consultation document acknowledges that vulnerable groups experience a disproportionate burden of avoidable disease and social disadvantage when compared with other Australians (page 3). The document also identifies Aboriginal and Torres Strait Islander peoples as a group who have greater health needs (page 4). The document does not, however, identify the role of discrimination in health and wellbeing.

QAIHC believes that disparities in health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples cannot be eliminated unless systemic racism and discrimination be acknowledged and resolved. The existence of racial discrimination has a significant impact on Aboriginal and Torres Strait Islander peoples' overall health. QAIHC notes the vision statement lacks commitment to the elimination of systemic racism and discrimination experienced by Aboriginal and Torres Strait Islander peoples through the development of the Strategy.

Recommendation 1: ***Amend the vision statement to explicitly include discrimination – for example "The strategy will improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors and addressing discrimination and the broader causes of health and wellbeing."***

Aims 1 – 4

Aim 1: Australians have the best start in life

QAIHC is supportive of the life course approach recognised under Aim 1 and of the feedback NACCHO has provided in their submission to the Department of Health.

A life course approach is necessary to address the intergenerational mechanisms that impact on health inequalities. Applying a whole-of-life perspective recognises the different stages in life, highlights key transition periods for individuals and provides strategic points of intersection between health, mental health and social and emotional wellbeing.[2] A properly implemented life course approach will improve the effectiveness and reach of preventative health care services and ensure the health and wellbeing of all people at all ages.

The life course approach should consider maternal health and parenting within the newborn and early childhood (0-5 years) category and must acknowledge that the later stages of life start earlier for Aboriginal and Torres Strait Islander peoples (at 55 years).

Recommendation 2: ***Acknowledge within Aim 1 (a) the importance of maternal health and the first 1000 days in a child's life and (b) that 'later life' starts at 55 for Aboriginal and Torres Strait Islander peoples.***

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[2] Commonwealth of Australia (2013). *National Aboriginal and Torres Strait Islander Health Plan 2013-23*

Aim 2: Australians live as long as possible in good health

Preventable chronic diseases are known as the main contributors to the life expectancy gap between Aboriginal and Torres Strait Islander and non-Indigenous peoples. Aboriginal and Torres Strait Islander peoples experience a burden of disease that is 2.3 times the rate of non-Indigenous Australians. Preventable chronic diseases are responsible for more than two-thirds (70%) of the gap in the disease burden. Over one-third of the overall disease burden experienced by Aboriginal and Torres Strait Islander peoples could be prevented by removing exposure to risk factors such as tobacco and alcohol use, high body mass, physical inactivity and high blood pressure.[3] In line with the holistic concept of health, it is important that physical health is not treated in isolation from the social, emotional, and cultural wellbeing of individuals and their whole community.

The Strategy should take account of the specific risk factors associated with poor health for Aboriginal and Torres Strait Islander peoples, and focus on preventative health approaches that are appropriate to the health and wellbeing needs of Aboriginal and Torres Strait Islander people, with reference given to the four priority reforms in the National Agreement on Closing the Gap.

Recommendation 3: ***Ensure Aim 2 of the Strategy commits to achieving equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous people.***

Aim 3: Australians with more needs have greater gains

QAIHC share NACCHO's concern with the terminology 'more needs' and 'greater gains' as it could be misconstrued as Aboriginal and Torres Strait Islander people being unfairly benefited. Reference to *equity in health outcomes* would facilitate greater public understanding for why principles of fairness need to be at the centre of this Strategy.

There are many overarching complex structural barriers, beyond the control of individuals and their families and communities, that contribute to poor preventive health amongst Aboriginal and Torres Strait Islander peoples in Australia. If equity factors are not considered appropriately during the development of the Strategy, it is possible for the Strategy to unintentionally cause or worsen inequity by not sufficiently addressing the needs of Aboriginal and Torres Strait Islander peoples and consequently widening both health disparities and inequity.

Recommendation 4: ***Focus Aim 3 of the Strategy on achieving 'health equity' not 'greater gain' to address inter-generational health disadvantages and improve life outcomes.***

Aim 4: Investment in prevention is increased.

QAIHC support the Strategy's aim to increase investment in prevention; it is essential to improve health and wellbeing outcomes of the population. To be effective, the Strategy should direct equitable long-term investment to community-controlled organisations to ensure self-determination in improving preventive health outcomes for Aboriginal and Torres Strait Islander peoples. Current practice is that vast majority of Australian Government investment towards Aboriginal and Torres Strait Islander peoples' health is managed by mainstream health organisations and there lacks accountability.

Recommendation 5: ***Embed Priority Reform Two from the National Agreement on Closing the Gap (Build the Aboriginal and Torres Strait Islander community-controlled sector) into Aim 4.***

[3] Australian Institute of Health and Welfare (2016). *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011.*

Question 5: Are these the right goals to achieve the vision and aims of the Strategy? Why and why not? Is there anything missing?

QAIHC supports the Strategy's goals to prioritise effort for those with greater needs, including in rural and remote locations. However, the goals are not set in a way that sufficiently recognise and respond to the over-representation of Aboriginal and Torres Strait Islander peoples in the various vulnerable groups identified, nor to the underlying cause of the socio-economic disadvantage experienced by Aboriginal and Torres Strait Islander peoples.

In terms of socio-economic status, according to ABS Census data, Aboriginal and Torres Strait Islander peoples are more likely to live in the most disadvantaged areas. 48 per cent of Aboriginal and Torres Strait Islander peoples live in the bottom fifth of the most disadvantaged Local Government Areas (LGAs), compared to 18 per cent of non-Indigenous people. Overall, only 5.4 per cent of Aboriginal and Torres Strait Islander peoples live in areas of high relative advantage compared with 22 per cent of non-Indigenous Australians.[4] Aboriginal and Torres Strait Islander peoples who live in urban settings experience similar levels of socioeconomic disadvantage compared with their rural and remote counterparts and need to be recognised as a vulnerable group in this Strategy. Aboriginal and Torres Strait Islander peoples are also consistently over-represented across the priority population groups of "regional and remote" and "disability".

The historical nature of disadvantage makes Aboriginal and Torres Strait Islander people a distinct group who require a very specific and distinct response. That response must be led by Aboriginal and Torres Strait Islander peoples, as the new National Agreement on Closing the Gap acknowledges. In order for this Strategy to be effective for Aboriginal and Torres Strait Islander peoples, there needs to be a stand-alone goal specifically for Aboriginal and Torres Strait Islander peoples' health and wellbeing.

Recommendation 6: ***Create Goal 7:*** **Aboriginal and Torres Strait Islander peoples' will be enabled to achieve health equity.**

The goals also need to recognise the importance of self-determination, for example through strengthening the ATSICCHO Sector's capability to deliver preventative health care services (through the provision of targeted funding).

QAIHC supports the recommendations presented in the NACCHO submission.

Question 6: Are these the right actions to mobilise a prevention system?

QAIHC support NACCHO's recommendations and suggest:

1. Along with enhancing information and health literacy skills, focus is also needed on improving the health literacy environment within services to meet the health literacy needs of the population. For example, the health literacy environment to support healthy eating (including food security, physical activity, smoking cessation, and Alcohol and other drugs (AOD).
2. Cultural safety must be central to in information delivery (including recognition of different language groups' requirements).
3. Aboriginal and Torres Strait Islander peoples must be engaged in co-design. The first Priority Reform in the new National Agreement on Closing the Gap outlines the need for shared

[4] Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016

decision-making and genuine partnership. These principles must be embedded within the proposed actions, in particular the “partnerships” and “leadership and governance” actions.

4. Recognition is given to the existing capacity of the ATSICCHO Sector in supporting the Strategy’s actions, and future potential for the Sector if funding were available. NACCHO refer to the proven agility, flexibility and preparedness of the ATSICCHO Sector in their submission.
5. That (a) the National Agreement on Closing the Gap’s four priority areas, in particular priority four, are integrated into the ‘research and evaluation’ and ‘monitoring and surveillance’ actions, (b) stronger partnerships between researchers and ATSICCHO representatives are referenced, and (c) data is made available to the ATSICCHO sector to inform prevention policy and practice.

Question 7: Where should efforts be prioritised for the focus areas?

QAIHC support NACCHO’s proposal to re-order the focus areas prioritise on positive health messaging (e.g. healthy eating, physical activity, health screening, immunisations) before harm reduction health messaging (reducing AOD / tobacco use).

QAIHC also recommend the following items be added to the existing “boosting action in focus areas”:

1. Mental health and social and emotional wellbeing should be an overarching focus area of prevention. This will align with Aboriginal and Torres Strait Islander peoples’ holistic view of health and wellbeing.
2. Annual health checks for Aboriginal and Torres Strait Islander peoples be included as a health promotion and screening tool (for example, through MBS Item #715).
3. Improving food security for all Aboriginal and Torres Strait Islander peoples, both remote and urban. QAIHC’s submission to the Inquiry into food pricing and food security in remote Aboriginal and Torres Strait Islander communities can be found here.
4. Communicable diseases, including sexually transmitted infections (STIs) such as the syphilis epidemic.
5. The impact of housing and environmental health on health and wellbeing be acknowledged.
6. Injury needs to be included, with reference made to the National Injury Prevention Strategy that the Department of Health is developing. QAIHC provided feedback to the department on the development of this strategy and our submission can be found here.

Question 8: How do we enhance current prevention action?

The National Agreement on Closing the Gap’s four priority focus areas and the principles underlying them must be integrated in this strategy to enhance current prevention action. Themes that are strongly reflected in the NACCHO submission and in QAIHC’s responses to the other questions include:

1. acknowledgment that Aboriginal and Torres Strait Islander people require a specific and targeted response which is led by community.
2. recognition of the ATSICCHO Sector’s capability in preventative health
3. cultural safety
4. self-determination
5. multi-sectoral partnerships
6. appropriate funding.

Question 9: Any additional feedback/comments?

Improving overall population health outcomes through empowering people to take control over their health and its determinants has been proven to be effective. Focusing on people and their needs, aspirations, and capabilities; enriching their autonomy and resilience and enabling true self-determination is what is needed to improve health and wellbeing.

The ATSICCHOs' evidence-based integrated Model of Care[5] is the true reflection of this approach which further incorporates the holistic concept of Aboriginal and Torres Strait Islander peoples' health and wellbeing. ATSICCHOs are often the first point of contact for Aboriginal and Torres Strait Islander peoples and it is for this reason that ATSICCHOs must be engaged in the co-design, co-development, co-implementation and co-evaluation of health promotion initiatives.

There is a need for a multi-level, coordinated and evidence-based intensified response that has a strong focus on strategic structural improvements, creating supportive environments and developing the ATSICCHO Sector capacity to strengthen community capacity. The Strategy must include activities across the three tiers of prevention (primary, secondary and tertiary prevention).

QAIHC and the ATSICCHO Sector acknowledge the Australian Government Department of Health's commitment of developing a National Preventative Health Strategy to provide a long-term vision for improving the health of all Australians and to stimulate a systemic shift to achieve a better balance between treatment and prevention with especial focus on primary and secondary prevention.

Health promotion is an active interest for QAIHC and our Members. QAIHC is strongly committed to, and interested in, being part of the solution to ensure Aboriginal and Torres Strait Islander peoples are able to access and use health promotion information and services appropriately, and would welcome opportunity to provide further information.

[5] Queensland Aboriginal and Torres Strait Islander Community Controlled Health Organisations' Model of Care (QAIHC), November 2019. https://www.qaihc.com.au/media/37570/modelofcare_19082019_hr.pdf

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