



the
Lowitja
INSTITUTE

Australia's National Institute
for Aboriginal and Torres Strait
Islander Health Research

*Incorporating the Cooperative Research Centre
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Submission to the Development of a

National Aboriginal and Torres Strait Islander Health Plan

The Lowitja Institute welcomes the opportunity to comment on the development of a National Aboriginal and Torres Strait Islander Health Plan. This submission addresses the following matters:

- The role of the Lowitja Institute
- Knowledge Exchange
- Racism
- Social Determinants
- Health Promotion, Illness Prevention and Early Intervention
- Continuous Quality Improvement
- Evidence-informed policy
- Building on the gains of the recent past
- Principles for a new health plan.

Recommendations

The Lowitja Institute makes the following recommendations for the new health plan:

1. It is recommended that the new Aboriginal and Torres Strait Islander health plan include a specific strategic direction about research and building the evidence base. The plan must

include a key result area in relation to research, evidence, and qualitative and quantitative data, as was included in the previous health plan.

2. To further build on this strategic direction, it is recommended that attention be given to ways in which the use of evidence in policy development can be given greater significance. It is recommended that the plan recognises the need to (a) promote a culture of and (b) explore a framework for evidence-informed policy.

3. It is recommended that the next health plan continue to

a. recognise and facilitate participation in and control of research by Aboriginal and Torres Strait Islander people, as was included in the last health plan, and

b. emphasise capacity building in relation to Aboriginal and Torres Strait Islander health.

4. It is recommended that, in support of the social determinants approach to health, the "silo" effect be acknowledged as a barrier to Closing the Gap and addressed appropriately. To this end, a framework which supports co-ordination and collaboration across governments and government departments should be developed.

5. It is recommended that the new health plan be guided by a comprehensive set of Aboriginal and Torres Strait Islander health principles, as further detailed on page 7 of this submission.

6. It is recommended that the health plan acknowledge the pervasive effect of systemic racism on the physical and social and emotional health of Aboriginal and Torres Strait Islander people; and emphasise action to encourage trust and respectful relationships between Aboriginal people and their health care providers; and to sanction discriminatory behaviour within the health system.

7. It is recommended that the new health plan reflect the importance of Continuous Quality Improvement (CQI) to enhance health systems and promote best practice care.

8. The Lowitja Institute urges the Australian Government to continue its commitment to improve the health and the lives of Aboriginal and Torres Strait Islander people, by way of proper resources and funding, bureaucratic commitment and political leadership. This commitment should endure over time - through challenging fiscal circumstances, as well as in more buoyant economic times.

The Lowitja Institute

The Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research, is dedicated to achieving equity in health outcomes for Aboriginal and Torres Strait Islander people through innovative, collaborative and inclusive research.

The Institute works with Aboriginal and Torres Strait Islander communities and organisations, Australia's leading health research institutions and policymakers to ensure that health research is targeted towards improving the health and lives of Aboriginal and Torres Strait Islander peoples. It is important that our research outcomes are disseminated widely through knowledge exchange, and that promising interventions identified through research are implemented and evaluated.

Named in honour of our Patron, Dr Lowitja O'Donoghue AC CBE DSG, the Institute works under the direction of a skills-based Board made up of a majority of Aboriginal and Torres Strait Islander members and led by an independent Aboriginal Chairperson. The principle of strong Aboriginal and Torres Strait Islander leadership at all levels of research and innovation is central to the Institute's identity.

The Lowitja Institute is committed to maintaining the traditions of research excellence and collaborative endeavour established over many years by our two predecessor organisations the Cooperative Research Centre (CRC) for Aboriginal and Tropical Health (1996–2003) and the CRC for Aboriginal Health (2003–09). The Lowitja Institute, launched in 2010, currently hosts the CRC for Aboriginal and Torres Strait Islander Health (CRCATSIH) through to June 2014 when funding from the Australian Government's CRC program ceases.

As the only research organisation in Australia with a sole focus on the health and wellbeing of Australia's First Peoples, it is vital for Closing the Gap in mortality and morbidity rates that the Lowitja Institute obtain an independent and permanent source of income beyond the current CRC funding. To this end, representations are currently being made to the Australian Government.

Knowledge Exchange

Knowledge exchange is a term the Lowitja Institute uses to describe the complex series of interactions between our researchers and the users of our research. The overarching aim of knowledge exchange is to enhance research outcomes, both in terms of individual capacity development and lasting health improvements for Aboriginal and Torres Strait Islander people.

It should be noted that knowledge exchange is a distinct, more comprehensive and more inclusive concept than Knowledge Translation, as referred to in the last health plan¹. The knowledge exchange approach to Aboriginal and Torres Strait Islander health research includes, but is not limited to, the following principles:

- Aboriginal and Torres Strait Islander people have an integral role and a voice throughout the entire research process;

¹ Commonwealth of Australia 2007, National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013, Australian Government, Canberra, p. 40.

- The research process is regarded as an equal partnership □ the intellectual input from community is equally important as the intellectual output by the researchers;
- The research work is a learning relationship, not merely a project. That relationship continues over time, beyond final reports;
- Skill development and building and supporting an Aboriginal and Torres Strait Islander research workforce is an important aspect of the research;
- Findings are communicated to communities in a culturally appropriate and relevant manner;
- Findings are disseminated through a range of media to a range of audiences: policy, government, research, academic, and more;
- Evidence should be used to shape relevant government policy;
- There is a recognition that, historically, Aboriginal and Torres Strait Islander people's experience of research has been associated with colonisation and exploitation.

For more information about knowledge exchange, see the Lowitja Institute website <http://www.lowitja.org.au/knowledge-exchange>

Racism

We welcome, in particular, the introduction of racism and racial discrimination into the Aboriginal and Torres Strait Islander health policy discourse. We have known for some time, through anecdotal and research evidence, that racist behaviours, beliefs and prejudices cause psychological distress. Recent research undertaken in partnership with the Lowitja Institute, and published in November 2012, strongly supports this statement.²

Given that the health plan discussion paper³ acknowledges the Aboriginal and Torres Strait Islander understanding of health, it is important that policy-makers are further informed by an understanding of the harm caused by racism to both the physical and the social and emotional health of Aboriginal and Torres Strait Islander people. However, discussion about racism is difficult and highly charged in the Australian community and action should be focused on the development of respectful relationships and sanctioning of discriminatory behaviour, policies and practices, including particularly within the health system.

Social Determinants

The role of social determinants in health is now well established. For example, the CRC for Aboriginal Health undertook work in this regard almost ten years ago⁴. What has not been progressed in Aboriginal and Torres Strait Islander health policy is a framework for collaborative inter-sectoral action on Closing the Gap. The new health plan must acknowledge

² Mental Health Impact of Racial Discrimination in Victorian Aboriginal Communities – Experience of racism survey: a summary, VicHealth, Melbourne. Available at www.vichealth.vic.gov.au/Publications/Freedom-from-discrimination/Mental-health-impacts-of-racial-discrimination-in-Victorian-Aboriginal-communities.aspx

³ Department of Health and Ageing 2012, Development of a National Aboriginal and Torres Strait Islander Health Plan: Discussion Paper, Australian Government, Canberra, page 2

⁴ Anderson, I., Baum, F. & Bentley, M. 2007, Beyond Band-aids: Exploring the Underlying Determinants of Aboriginal Health, Cooperative Research Centre for Aboriginal Health, Darwin.

the complex inter-relationship of factors that impact on Aboriginal health. The challenge for governments is to work across sectors and agencies in order to avoid or lessen the 'silo' effect and this challenge should be acknowledged as a barrier to Closing the Gap. It is recommended that a more effective, collaborative and accountable approach to working across government be included in the health plan.

The Lowitja Institute endorses the comprehensive range of health and health-care system issues outlined in the discussion paper, each of which has been addressed by the Lowitja Institute, or its predecessor organisations, through research and published findings.

Health Promotion, Illness Prevention and Early Intervention

It is important that the new health plan include a health promotion/illness prevention approach to Aboriginal and Torres Strait Islander health and that any achievements that have been made during the recent health reform period are maintained into the next health plan timeframe. We must not lose sight of the aspiration of *Australia: The Healthiest Country by 2020*⁵ and what that means for the health of First Australians. Associated programs and funding to address tobacco use, as well as alcohol consumption and obesity, should be continued into the next health plan.

Continuous Quality Improvement

Improving the standard of primary health care for Aboriginal and Torres Strait Islander people is a key priority at the Lowitja Institute. Our *Healthy Start, Healthy Life* program focuses on improving the delivery of health care to Aboriginal and Torres Strait Islander people. The program aims to develop and evaluate tools and resources to reduce risk, promote health and support best practice in the prevention, early detection and management of chronic illness. Success in this area will have a major beneficial impact on current efforts to close the gap in Indigenous health outcomes. The Lowitja Institute work on Continuous Quality Improvement (CQI) can be seen at our website at www.lowitja.org.au/continuous-quality-improvement

We believe that greater focus on integrating CQI into the operations of primary health care providers to Aboriginal and Torres Strait Islander people can yield substantial benefits in Closing the Gap. We also draw attention to our work in *Improving the Culture of Hospitals*⁶, which focuses on CQI in the acute care sector. We recommend that CQI be included in the development of health system aspects of the new plan.

Evidence-Informed Policy

We refer to the principles outlined on page 24 of the discussion paper⁷, in particular the principle of 'harnessing of evidence'. The Lowitja Institute believes that the development of evidence-informed policy needs to be a focus in the next health plan beyond the level of principle and articulated into strategic action.

⁵ National Preventative Health Taskforce 2009, *Australia: The Healthiest Country by 2020*, National Preventative Health Strategy – the roadmap for action 30 June 2009, Preventative Health Taskforce, Canberra. Accessed on 5/12/2012 at [www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap/\\$File/nphs-roadmap.pdf](http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap/$File/nphs-roadmap.pdf)

⁶ <http://www.lowitja.org.au/improving-culture-hospitals>

⁷ Department of Health and Ageing 2012, *Development of a National Aboriginal and Torres Strait Islander Health Plan: Discussion Paper*, Australian Government, Canberra.

It is important that a revised Aboriginal and Torres Strait Islander Health Plan indeed any Aboriginal and Torres Strait Islander health policy instrument or program is informed by a sound evidence base.

It has been encouraging in recent years to see Government recognition of the need for evidence-informed policy⁸. The challenge for all involved, including government ministers and public administrators, is to move beyond the rhetoric, and to apply the concept of evidence-informed policy to practice. The Chair of the Australian Productivity Commission, Mr Gary Banks AO, in recognising the challenges around evidence-based policy, has stated that 'most policies are experiments'⁹. For those of us who have witnessed policy-making in Aboriginal and Torres Strait Islander health over decades, we see more than a grain of truth in that claim. It is time for more rigorous use of evidence to replace what often seems to be political ideology, bureaucratic timelines and professional interest.

The Lowitja Institute acknowledges that this is a contested area. Processes to determine what actually counts as evidence or what is the most relevant evidence, still appear to be unclear. The new health plan could support a more articulated or structured approach to evidence-based policy development. It is recommended that the new health plan include a strategy that recognises the need to (a) promote a culture of and (b) further explore a framework for evidence-informed policy.

Evidence must, of course, be obtained in an ethical and scrupulous manner. To this end, we commend the knowledge exchange approach, as outlined above.

Building on the gains of the recent past

It is paramount that the new health plan reflect and support the gains of the recent past. The developments over the past decade or so, such as the establishment of the Closing the Gap campaign, the National Health Leadership Forum, the establishment of a range of Aboriginal and Torres Strait Islander health workforce bodies, the Healing Foundation, and the National Congress of Australia's First Peoples must be valued and not be overlooked. In addition, it must be stated here that the establishment of the Lowitja Institute, Australia's first Institute for Aboriginal and Torres Strait Islander health, has contributed significantly to the body of evidence through our research skill and work, knowledge exchange approach to health research, and commitment to capacity development.

Prime Minister Rudd's Apology to the Stolen Generations in 2008 was a profound national event that established new-found trust between Aboriginal and Torres Strait Islander peoples, governments and the wider community. The ensuing Statement of Intent by the Prime Minister paved the way for bipartisan and cross-professional commitment that continues to be demonstrated. Those commitments have been manifested at the political and policy level through the COAG framework.

⁸ R. Gittins 2008, 'Rudd's vision for bureaucrats', The Sydney Morning Herald, 5 May 2008, quoting Prime Minister Kevin Rudd "Policy innovation and evidence-based policy-making is at the heart of being a reformist government". Accessed on 5/12/2012 www.smh.com.au/business/rudds-vision-for-the-bureaucrats-20080504-2au6.html

⁹ G. Banks 2009, Evidence-based policy making: What is it? How do we get it? ANU Public Lecture Series, presented by ANZSOG, Canberra, February 2009, Australian Productivity Commission. Accessed on 1/12/2012 at http://www.pc.gov.au/data/assets/pdf_file/0003/85836/20090204-evidence-based-policy.pdf

We are at a point in the history of Aboriginal and Torres Strait Islander health policy where important, long-sought and hard-fought gains have been made. We must continue with what works well if we are to improve the lives and the health of Australia's First Peoples.

Principles

The new health plan should be prefaced with a series of comprehensive governing principles. There will be a continuous turnover of policy-makers working in the Aboriginal and Torres Strait Islander health policy environment over the next decade and a set of principles for Aboriginal and Torres Strait Islander health can serve as a constant guide for good practice. Such principles would strengthen the new health plan as a leading, seminal document for the next decade, and include, but not be limited to, the following concepts:

1. The Aboriginal and Torres Strait Islander definition and understanding of health, incorporates the historical, cultural, spiritual, social, as well as the physical dimension of Aboriginal and Torres Strait Islander health;
2. The importance of Aboriginal and Torres Strait Islander leadership;
3. Human rights principles are reflected in all work in Aboriginal and Torres Strait Islander health;
4. Genuine partnership and engagement with Aboriginal and Torres Strait Islander people, organisations and communities are present at all stages of health policy development;
5. The skills and ability of Aboriginal and Torres Strait Islander people and organisations to make genuine decisions about their own lives and health are respected;
6. The capacities of the Aboriginal and Torres Strait Islander community, government, service systems, organisations and the workforce are enhanced;
7. The development of an Aboriginal and Torres Strait Islander health workforce (medical, nursing, allied health, Aboriginal and Torres Strait Islander health workers, research and health policy/administration skills) is valued;
8. Aboriginal and Torres Strait Islander culture and history is recognised and valued;
9. Diversity of culture, location, etc. is understood and reflected in policy and program delivery;
10. Long term funding and resource provision;
11. Two-way accountability;
12. Policies and programs are based on sound evidence;
13. Strengths-based approach versus 'deficit model'.

Conclusion

Improving Aboriginal health remains an ongoing challenge for Australia as a nation and there must be an enduring commitment to Closing the Gap, even in a tight fiscal environment.

The new health plan should reflect the ambitions that Aboriginal and Torres Strait Islander people have for their health. If we are genuine about Closing the Gap in the health status and life expectancy of First Australians, and consequently for Australia to fully mature as a nation, it will require courage on the part of politicians, commitment on the part of the health bureaucrats, and leadership on the part of health and medical professionals.