



ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

AHHA PRIMARY HEALTH NETWORK DISCUSSION PAPER SERIES: PAPER THREE

INTRODUCTION

In April 2015 the Commonwealth Health Minister, the Honourable Sussan Ley, announced the establishment of 31 new Primary Health Networks that will “*reshape the delivery of primary health care across the nation*”¹. Primary Health Networks (PHNs) are to be ‘outcome focussed’ on improving frontline services and ensuring better integrated care between primary and acute care services. Specifically the Minister stated that the Government seeks to “*ensure Australians are able to access the right care, in the right place, at the right time and Primary Health Care Networks form a core part of our plan*”².

In improving the delivery of local primary health care services, Minister Ley noted that the Government has set Primary Health Networks six priority areas for targeted work in:

- mental health;
- Aboriginal & Torres Strait Islander health;
- population health;
- health workforce;
- eHealth; and,
- aged care.

To facilitate discussion of the key challenges and opportunities arising from the establishment and operations of PHNs, this series of discussion papers published by the Australian Healthcare and Hospitals Association (AHHA) considers a combination of the critical success factors for PHNs and explores each of the priority areas in the context of organised primary health care in Australia.

The PHN program has the potential to make a significant positive difference in health outcomes for all Australians. This paper, **PHN Discussion Paper #3 - Aboriginal and Torres Strait Islander Health**, considers this topic in the context of organised primary health care in Australia and identifies key issues for exploration and resolution.

¹ Media Release “New Primary Health Networks to deliver better local care” Minister for Health (11/4/15)

² Media Release “New Primary Health Networks to deliver better local care” Minister for Health (11/4/15)

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In Aboriginal and Torres Strait Islander cultures, the notion of health is viewed holistically – *“Aboriginal health is not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being, and thereby contributing to the total well-being of their Community”*³.

As at June 2014 the estimated population of Aboriginal and Torres Strait Islander people in Australia was 713,600 people⁴. Of these, around 75% live in major cities and regional areas where mainstream health services are located⁵. Notwithstanding this, access to and use of health services is often low⁶.

The outcome of this for Aboriginal and Torres Strait Islander people is that they continue to experience unacceptably poor health relative to other Australians - *“Aboriginal and Torres Strait Islander people experience a burden of disease 2.5 times that of other Australians. Cardiovascular disease, cancer, diabetes and respiratory diseases are the major diseases contributing to this unacceptable gap in life expectancy”*⁷.

There are many factors that contribute to the poor health outcomes experienced by Aboriginal and Torres Strait Islander people in contemporary Australia. Some barriers include: limited availability and/or affordability of services, lack of transport to access services, low levels of health literacy, and cultural appropriateness of services⁸, as well as institutional racism⁹. However, it is well documented that many factors outside of the health sector have an influence on the health outcomes of Indigenous Australians - *“much of the gap in life expectancy can be explained by social inequalities, which arise from the conditions of daily life and the fundamental drivers that give rise to them”*¹⁰.

These factors, also known as the ‘social determinants of health’, are a confluence of social, economic, geographic and cultural circumstances that have an impact on health. In considering the impact of these factors on the health of Aboriginal and Torres Strait Islanders, one study suggests that between one-third and one-half of the health differences between Indigenous and non-Indigenous Australians may be explained by differences in their social determinants of health¹¹. Given this, it is acknowledged that in order to effectively address the health disparities experienced by Aboriginal and

³ Investing in Healthy Futures for Generational Change - National Aboriginal Community Controlled Health Organisation (2013)

⁴ Overview of Australian Indigenous Health Status 2014 – Australian Indigenous Health Infonet 2015)

⁵ Submission to the Australian Government Department of Health and Ageing’s Development of a National Aboriginal and Torres Strait Islander Health Plan: Discussion Paper - Australian Medicare Local Alliance (2013)

⁶ Submission to the Australian Government Department of Health and Ageing’s Development of a National Aboriginal and Torres Strait Islander Health Plan: Discussion Paper - Australian Medicare Local Alliance (2013)

⁷ Investing in Healthy Futures for Generational Change - National Aboriginal Community Controlled Health Organisation (2013)

⁸ Submission to the Australian Government Department of Health and Ageing’s Development of a National Aboriginal and Torres Strait Islander Health Plan: Discussion Paper - Australian Medicare Local Alliance (2013)

⁹ A Woman of Influence – Health Advocate (December 2014)

¹⁰ Marmot, M. 2010. Fair Society Healthy Lives (the Marmot review). UCL Institute of Health Equity. Available at: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

¹¹ Booth and Carroll (2005) The health status of Indigenous and non-Indigenous Australians (Centre for Economic and Policy Research ANU)

Torres Strait Islander people “*the health system must be linked to and supported by a range of programs and services that address wider social and economic disadvantage*”¹².

It follows that, in seeking to demonstrably and sustainably improve health outcomes for Aboriginal and Torres Strait Islander people, the notion of ‘health’ must give due consideration to physical and mental elements of good health, as well as to the social, economic, cultural and spiritual factors at play in the lives of Aboriginal and Torres Strait Islander people.

PRIMARY HEALTH CARE AND ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

A major component of the solution to addressing the unacceptable health outcomes experienced by Aboriginal and Torres Strait Islander people is comprehensive primary health care - “*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*”¹³.

Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Medical Services (AMSs) provide comprehensive primary health care service to many Aboriginal and Torres Strait Islander people and communities. These organisations range from large multi-functional services employing medical practitioners, nursing and allied health practitioners providing a wide range of services, to small services that rely on Aboriginal Health Workers and/or nurses to provide the bulk of primary care services¹⁴.

In the health sector ACCHOs *represent the longest serving primary health model in Australia*¹⁵ and the care they provide is seen as an *appropriate and effective way to provide health services to Indigenous families and communities and improve Indigenous health outcomes*¹⁶. Furthermore, there is evidence that services provided by ACCHOs are valued by their clients and also tend to improve socio-cultural outcomes, such as patient satisfaction, preferences for attending an ACCHS, confidence in the service, and adherence to treatment regimens¹⁷.

However, it should be noted that delivering primary care services to Aboriginal and Torres Strait Islander people is a shared responsibility between ACCHOs and mainstream primary care health services. Whilst there are some claims that ACCHOs deliver better results for Aboriginal and Torres Strait Islander patients, the evidence is not available to “*determine whether or not the quality of clinical*

¹² Investing in Healthy Futures for Generational Change - National Aboriginal Community Controlled Health Organisation (2013)

¹³ Investing in Health Futures for Generational Change - National Aboriginal Community Controlled Health Organisation (2013)

¹⁴ Investing in Health Futures for Generational Change - National Aboriginal Community Controlled Health Organisation (2013)

¹⁵ Investing in Health Futures for Generational Change - National Aboriginal Community Controlled Health Organisation (2013)

¹⁶ *Consumers Health Forum – Submission to the Federal Treasurer on the 2015-16 Federal Budget (2015)*

¹⁷ Deeble Institute Evidence Brief – The relative effectiveness of Aboriginal Community Controlled Health Services compared with mainstream health service (2014)

*care provided by ACCHOs is better than that provided by mainstream health services*¹⁸. This is supported by the first National Key Performance Indicator report (2014) which found high levels of variation in the performance of both ACCHOs and non-ACCHOs funded by the Commonwealth to deliver comprehensive primary health care¹⁹.

So, whilst it is acknowledged that individual ACCHOs and AMS already adopt a comprehensive approach to primary health care, there is a need to strive for the adoption of this model within the overall health system (and beyond) in order to effect better coordination and integration of services to meet the needs of Aboriginal and Torres Strait Islander people.

It is in this context that the National Aboriginal and Torres Strait Island Health Plan (2013-2023)²⁰ provides the pathway for improving the health of Aboriginal and Torres Strait Island people by emphasising their *right to live a healthy, safe and empowered life*. Central elements of this include:

- Aboriginal and Torres Strait Islander community control and engagement – *there is a full and ongoing participation by Aboriginal and Torres Strait Islander people and organisations in all levels of decision-making affecting their health, and*
- Partnership – *partnership and shared ownership between Aboriginal and Torres Strait Islander people, Governments and service providers operates at all levels of health planning and delivery.*

Three specific areas for further consideration by the primary health care sector include:

- **Collaboration:** As noted in the National Aboriginal and Torres Strait Island Health Plan (2013-2023)²¹ *“working in partnerships to remove barriers to good health and building evidence around health interventions is critical for improving the health of Aboriginal and Torres Strait Islander people. Partnerships also provide a mechanism to effectively engage with communities on their goals and priorities for health”*.
- **Workforce:** The Council of Australian Governments acknowledges that developing the capacity of the Aboriginal and Torres Strait Islander workforce is a key building block in closing the unacceptable mortality and morbidity gap for Aboriginal and Torres Strait Islander people²². In this context there are three workforce related issues for consideration:
 - Workforce Distribution - *“The most significant health workforce issue, particularly in the area of general practice medicine, is not one of total supply but one of distribution, which is to say inadequate or non-existent service provision in some rural and remote areas, and to populations of extreme disadvantage, most particularly the Aboriginal and Torres Strait Islander communities and some outer metropolitan communities”*²³.

¹⁸ Deeble Institute Evidence Brief – The relative effectiveness of Aboriginal Community Controlled Health Services compared with mainstream health service (2014)

¹⁹ Deeble Institute Evidence Brief – The relative effectiveness of Aboriginal Community Controlled Health Services compared with mainstream health service (2014)

²⁰ National Aboriginal and Torres Strait Islander Health Plan (2013 – 2023)

²¹ National Aboriginal and Torres Strait Islander Health Plan (2013 – 2023)

²² Health Workforce Australia – Building a Sustainable Health Workforce (2013)

²³ Review of Australian Government Health Workforce Programs (2013)

- Aboriginal and Torres Strait Islander people in the health workforce - *“Any effort to close the gap between Indigenous and Non-Indigenous Australians must acknowledge the important contribution that Aboriginal and Torres Strait Islander Health Workers make to this process. The value of Aboriginal and Torres Strait Islander Health Worker workforce is, however, not currently well understood or recognised by a large proportion of health professionals, or the broader Australian community”*²⁴, and
- Culturally appropriate care – ensuring that *“mainstream services are better equipped to be responsive to the needs of Aboriginal and Torres Strait Islander peoples”*²⁵ by promoting and embedding cultural safety and respect among all health professionals, ensuring that mainstream health planning processes take account of priorities identified in agreed Aboriginal and Torres Strait Islander health national plans, and increasing participation in the planning and managing of health services by Aboriginal and Torres Strait Islander peoples²⁶.
- **Social Determinants of Health:** Notwithstanding that the factors influencing health outcomes in Aboriginal and Torres Strait Islander Australians are varied and cross-sectoral, with many residing outside of the direct influences of health sector organisations, there is much the primary health care organisations can do to address the social determinants of health. Being people-centred and place-based, primary health care organisations (both ACCHO and non-ACCHO) are well placed to provide leadership and drive action at multiple levels within health and social systems²⁷.

PRIMARY HEALTH NETWORKS AND ABORIGINAL and TORRES STRAIT ISLANDER HEALTH

A key guiding principle in the National Aboriginal and Torres Strait Island Health Plan (2013-2023) is Aboriginal and Torres Strait Islander community control and engagement – *“Health issues must be addressed at a community level. The community needs to control its health services so that they are concentrated on the important issues in that community”*²⁸.

Given the role that ACCHOs have played in providing care to Aboriginal and Torres Strait Islander people at the community level for around 50 years, a useful starting point for PHNs is *“to learn from the work undertaken by ACCHOs and AMSs who have built and operated models of primary care that are integrated with other parts of the health system, and are characterised by a more holistic approach to healthcare”*²⁹.

²⁴ Health Workforce Australia (2011) Growing Our Future: final report on the Aboriginal and Torres Strait Islander Health Worker project

²⁵ National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 Australian Government Implementation Plan 2007-2013

²⁶ National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 Australian Government Implementation Plan 2007-2013

²⁷ Submission to the Australian Government Department of Health and Ageing’s Development of a National Aboriginal and Torres Strait Islander Health Plan: Discussion Paper - Australian Medicare Local Alliance (2013)

²⁸ National Aboriginal and Torres Strait Islander Health Plan (2013 – 2023)

²⁹ AHHA Primary Health Care: Opportunities and Challenges Communique (Sept 2014)

In practice, this would see PHNs and Aboriginal Health Services actively and jointly involved in service planning, design, delivery and evaluation. For this to occur, PHNs need to acknowledge the comprehensive primary health care experience and expertise resident in individual Aboriginal Health Services. ACCHOs and AMSs must also be willing to accept the role that PHNs play within the broader primary health care system, and work collaboratively to effect overall sectoral change to ensure the integrated approaches required to realise better health outcomes for Aboriginal and Torres Strait Islander peoples are embedded in the system.

In addition, and aligned with the National Aboriginal and Torres Strait Island Health Plan (2013-2023), through meaningful collaboration between Aboriginal Health Services and PHNs, mutual accountability for performance and delivery can be agreed and implemented - "*structures can be put in place for the regular monitoring and review of implementation as measured against indicators of success, with processes to share knowledge on what works*".³⁰

Building on this understanding, PHNs can play an integral role in partnerships that provide an integrated and holistic approach to improving Aboriginal and Torres Strait Islander health that encompasses social, emotional, and cultural well-being.

Recommended Aboriginal and Torres Strait Islander focused initiatives for PHNs include:

- Ensure an appropriate representation of Aboriginal and Torres Strait Islander people on Clinical Councils and Community Advisory Committees
- Recognise Aboriginal and Torres Strait Islander health needs in population health plans and proactively engage Aboriginal and Torres Strait Islander peoples in understanding needs and developing solutions in response, including addressing the causes and impacts of the social determinants of health
- Commit to planning and working in equal partnership with the Aboriginal Health Services in responding to the gap in health outcomes between Aboriginal and Torres Strait Islanders and other Australians
- Work with General Practice and other mainstream primary care providers and Aboriginal Health Services to:
 - improve the delivery of culturally sensitive and secure care through promoting improved identification and recording of Indigenous consumers, provision of cultural safety training, and use of MBS item numbers for services for people of Aboriginal and Torres Strait Islander descent
 - support to obtain and/or maintain general practice accreditation
 - establish effective outreach programs that improve access to screening and early detection, and offer joint chronic disease prevention and management initiatives
 - bring a focus to embedding health literacy considerations in all Aboriginal and Torres Strait Islander preventive health programs and policies

³⁰ National Aboriginal and Torres Strait Islander Health Plan (2013 – 2023)

- work to address workforce issues through: increasing the rates of participation and completion of training by Aboriginal and Torres Strait Islander people in the health workforce; education and training within the primary care system to develop a broader health workforce able to deliver culturally appropriate care; and, addressing identified service/workforce gaps in partnership with others.
- As recommended by RACGP³¹, work with Reconciliation Australia to develop and implement PHN Reconciliation Action Plans, recently evidenced as being effective in “*redressing the disparities in employment, education and health*”³² experienced by Aboriginal and Torres Strait Islander peoples.

The above approaches would see “*an approach to primary health care that is resourced and structured to deliver comprehensive care in response to individual and community need*”³³. And that this approach would include a “*focus on community development, prevention and health promotion, coordinated and integrated care, and action on the social determinants of health*”³⁴.

A useful vehicle at the systems level to support this action at scale is the National Aboriginal and Torres Strait Islander Health Plan (2013-2023) Implementation Plan which the Australian Government has committed to develop and implement in 2015/16³⁵.

CONCLUSION

Primary Health Networks have a key role to play in closing the gap in health disparities between Aboriginal and Torres Strait Islander peoples and other Australians. The challenges in Aboriginal and Torres Strait Islander health are well documented and solutions reside in the ability of individuals and organisations in the health sector, and beyond, to work together in ways that are cognisant of cross-cultural needs and address the social determinants of health. To this end, there is much for Primary Health Networks to learn from Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services, as well as the experiences of Medicare Locals and Divisions of General Practice.

³¹ Health Voices: Primary Health Networks need GPs at core to improve patient outcomes - Dr Frank R Jones (April 2015)

³² Media Release: National Reconciliation Week launch highlights Reconciliation Action Plan success – Reconciliation Australia (2015)

³³ Submission to the Australian Government Department of Health and Ageing’s Development of a National Aboriginal and Torres Strait Islander Health Plan: Discussion Paper - Australian Medicare Local Alliance (2013)

³⁴ Submission to the Australian Government Department of Health and Ageing’s Development of a National Aboriginal and Torres Strait Islander Health Plan: Discussion Paper - Australian Medicare Local Alliance (2013)

³⁵ 2015-16 Health Portfolio Budget Statement: Outcome 5.3 Aboriginal and Torres Strait Islander Health

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