



Public Health Association
AUSTRALIA

Public Health Association of Australia submission on the Refresh of the Victorian Aboriginal Affairs Framework

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.



Public Health Association
AUSTRALIA

Introduction

From the Uluru Statement from the Heart, 2016:

“Proportionally, we are the most incarcerated people on the planet.

We are not an innately criminal people.

Our children are aliened from their families at unprecedented rates.

This cannot be because we have no love for them.

And our youth languish in detention in obscene numbers.

They should be our hope for the future.

These dimensions of our crisis tell plainly the structural nature of our problem. This is the torment of our powerlessness.” (1)

No population living in conditions such as these can be expected to have acceptable health outcomes.

PHAA takes a strong interest in Aboriginal and Torres Strait Islander health and in the social determinants of health relevant to Aboriginal and Torres Strait Islander Australians. Our organisation has an active Aboriginal and Torres Strait Islander Special Interest Group, and our Board has a specific position of Vice President - Aboriginal and Torres Strait Islander Health.

PHAA welcomes the opportunity to provide input into the refresh of the 2013-18 Victorian Aboriginal Affairs Framework (VAAF). PHAA recently (30 April 2018) provided a submission to the COAG Secretariat in the Department of Prime Minister and Cabinet on the overall refresh of the Closing the Gap (CTG) agenda, and a copy of that submission is attached for your information. It is useful to take the two refresh exercises together. Our national CTG Refresh submission and this current one to the Victorian Government seek to draw the attention of governments to the crucial role played by the social determinants of health.

The ‘Gap’ in wellbeing between Aboriginal and Torres Strait Islander People and other Australians is surely the most intolerable population health failure which Australia is experiencing.

In 2008 our nation set out to overcome the Gap. Goals and targets were set. Governments agreed to take on responsibility for many actions. Yet we now know that the results gathered to mark the 10-year mark of the strategy are largely unsatisfactory.(2)

The most urgent objectives of the national and state strategy Refresh exercises must be to identify why the CTG strategy is not working as hoped, determine corrections to any policy failures, and spark a major re-energisation of the political and resourcing effort.

PHAA argues that underneath a number of ‘transactional’ settings relating to the provision of government services lies a fundamental problem related to the social determinants of health. The social determinants in relation to our Aboriginal and Torres Strait Islander People must be addressed in a cohesive manner. The provision of many vital health services is a necessary but not sufficient condition for achieving population-level health outcomes.

Only a holistic approach which recognises the significance of social determinants will succeed in Closing the Gap. The Gap will only be closed when the approach of governments ceases to be a fragmented one, and where the underlying social determinants of Aboriginal and Torres Strait Islander wellbeing are addressed.

And as the *Redfern Statement* (2016) released by Aboriginal and Torres Strait Islander organisations and their supporters identified, action along these lines is not just a possible option, it is now urgent.(3)

PHAA Comments on the 2018 Refreshes

Refresh of goals and targets at the national level

PHAA argued in its submission to COAG that the national CTG Refresh exercise must under no circumstances be used to reduce the ambition of the goals of CTG, nor to water down the targets.

PHAA also notes that the concept of 'expiry' of targets, including targets which failed to be met, is unsupported. The CTG mission is to actually *close* the gap, not merely to measure and take note of yet another failure to do so. This applies to the Victorian framework as much as to the national framework.

The VAAF and Victoria's own goals and targets

PHAA acknowledges that Victoria, through the VAAF, has expanded the scope of the agenda beyond the seven priority areas of the national CTG framework. This is to be commended. The VAAF framework of Strategic Action Areas includes the seven CTG priorities but adds specific areas of work in addition to the national goals, including:

- Maternal and early childhood health and development
- Economic participation (in addition to the COAG focus on employment)
- Health, housing and wellbeing
- Safe families and communities, and equitable justice outcomes
- Strong culture, engaged communities and confident people

Further, while both the VAAF and CTG frameworks have goals and targets related to education, VAAF adds a focus on training.

In the health domain, the national priorities include life expectancy and infant mortality, but overlooks other aspects of the health of the population. This is particularly concerning since it is plain that many aspects of the substandard health outcomes of Aboriginal and Torres Strait Islander people are driven by population-level causes.

In regard to this the wider focus of the VAAF on child health and development, maternal health and (less specifically) 'wellbeing' at state level is welcome. These health directions should be maintained and indeed expanded.

PHAA would suggest that additional focuses on the prevention of chronic disease, focusing on the key areas of obesity and cancer, should find a place in the refreshed Victorian Framework. Immunization, the use of alcohol, tobacco and other drugs, and mental health are additional candidates for focussed attention. VAAF should set specific goals and adopting metrics and targets in each of these areas.

The existing VAAF focus on justice issues and housing issues is also welcomed, as conditions experienced in these areas are vital social determinants of health.

The inclusion of justice system goals, as well as goals relating to family and community safety (which would include the subject of family violence), is also to be commended.

It is also important to note that these frameworks should not see divergence between national and state agendas. These are vital areas of concern which are not state-only responsibilities, but require coordinated attention by both levels of government.

Engagement with Indigenous voices

One of the fundamental difficulties with the whole subject of wellbeing of Aboriginal and Torres Strait Islander Peoples is the continuing pattern of failure of governments to partner with Indigenous people, representative bodies, service providers and businesses to an adequate degree.

In refreshing the goals and targets (whether those of the national CTG process or the additional goals and targets adopted by Victoria under VAAF), the empowerment of Aboriginal and Torres Strait Islander people must be kept foremost in mind. Indigenous needs, voices and priorities should come first in all CTG and VAAF strategic planning.

In this regard PHAA commends the VAAF Refresh for noting that “new agendas must be led by and reflect the needs and aspirations of the Aboriginal community, not Australian governments alone” (VAAF Refresh Discussion Guide, p.3). In both design and delivery, the CTG agenda must be led by Aboriginal and Torres Strait Islander voices.

We strongly urge Australia’s governments to escape from practices of internal, bureaucratic discussion of these issues and maximise engagement with Indigenous voices. This is not simply a question of acquiring specific expert input on questions of service design and delivery. It is integral to the empowerment of Aboriginal and Torres Strait Islander people which is itself a social determinant of health and wellbeing in the long run.

PHAA members report that in the national CTG Refresh process so far, such engagement has been inadequate. Members perceive problems such as tokenism, efforts to maintain bureaucratic control of the policy agenda, and ‘smothering’ of controversies to minimise criticism of government. Progress will not be made in such a climate. We strongly urge all governments to adopt an open, confident approach to working with Aboriginal and Torres Strait Islander people through all processes dealing with Indigenous wellbeing.

Delivery

In addition to getting the strategic frameworks right, it is clear that delivery has been an issue with the unsatisfactory progress to date on the CTG agenda.

A successful approach to closing the gap needs to develop away from one where multiple government agencies at state and federal level are each working separately, and towards a unified government effort that is also fully integrated with Aboriginal and Torres Strait Islander representatives, service providers, businesses and Peoples.

In addition, PHAA urges all governments to increase their recognition of the role of Aboriginal and Torres Strait Islander service providers in many of the areas of service delivery which are undertaken by governments, and which must increase to achieve the Closing the Gap agenda.

The evidence shows not simply that using Indigenous service providers is more effective in many respects, but that growth in Indigenous services is itself a major element of increasing Indigenous empowerment, employment and expanding education and skills.(4, 5) This direction should underlie all government service delivery policies. PHAA recognises that governments have already made efforts in their service purchasing policies, but we urge that such efforts must be increased.

Conclusion and recommendations

PHAA absolutely supports the CTG and VAAF agendas and will continue to make contributions to this essential national undertaking. The goal of Closing the Gap is not optional for our nation.

The first decade's progress has not been satisfactory, and all governments must maintain a high degree of political commitment to doing better. A retreat into bureaucratic inertia must not occur. Indeed, given the inadequate results so far, governments must increase, not merely maintain, their level of political commitment.

On the immediate subject of the structural goals and targets elements of the VAAF Refresh, our key messages are:

- For consistency's sake, the VAAF (and CTG) goals and targets ought not be changed except where a positive improvement in their capacity to assess actual progress with Aboriginal and Torres Strait Islander wellbeing is identified
- Specifically, PHAA suggests that goals and targets relating to chronic diseases, cancer, obesity, immunisation and mental health would have an appropriate place in a refreshed VAAF framework
- Any changes to the goals and targets should reflect social determinants of health concepts, and where relevant be aligned to the Sustainable Development Goals framework.
- Any changes to the goals and targets should not occur without the agreement of Aboriginal and Torres Strait Islander participants.
- The Victorian Governments should maintain the strongest possible forms of engagement with Indigenous voices in all elements of the Closing the Gap and VAAF frameworks

The PHAA appreciates the opportunity to make this submission, and further commits to helping identify expert contributors to any unfolding process of reviewing the details of the goals and targets structure of the CTG and VAAF frameworks.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.



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