



VACCHO submission to the Closing the Gap Refresh consultation – April 2018

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is the peak body for Aboriginal health and wellbeing in Victoria, with membership from 30 Aboriginal Community Controlled Organisations (ACCOs), that have over forty years of experience, and provide support to approximately 25, 000 Aboriginal peoples.

The 2007 Council of Australian Government's commitment "to close the life expectancy gap between Aboriginal and Torres Strait Islanders and non-Aboriginal people by 2031"¹ was a significant step in focusing national efforts and acknowledging inequities.

However, since this time there has been poor progress in meeting the Closing the Gap targets, due to divergent leadership and inadequate national resourcing.

It is estimated that it will take 495 years to close the gap in life expectancy at the current rate of change.² This highlights the need for a revised approach.

The Closing the Gap Refresh is an opportunity to redress poor progress by introducing wide-sweeping reform, which must be committed to include additional targets.

Improving Aboriginal health and wellbeing is not a wicked or intractable problem. But rather, one entrenched by the failure of successive governments to heed the expertise of Aboriginal and Torres Strait Islander leaders, and to devolve government structures of power and

decision-making from which the inequalities have emerged.

There is extensive evidence that self-determination is the defining factor to improving health and wellbeing outcomes.³ In light of this, both the process of refresh and any new commitments must be Aboriginal and Torres Strait Islander-led, and must prioritise long-term, flexible, outcomes-based funding to Aboriginal Community Controlled Organisations.

Recommendations

In this submission, VACCHO provides a number of high priority recommendations to the Council of Australian Governments to inform the refresh, to turn around the current trajectory in life expectancy.

These recommendations draw on the expertise of VACCHO Member organisations, are evidence-based, and will result in tangible improvements to Aboriginal peoples' life expectancy.

All the measures put forward in the submission require urgent attention to close the gap and ensure that Aboriginal and Torres Strait Islander peoples live long and prosperous lives.

To accelerate the gains VACCHO submits that:

- The new framework must be based upon the principle of self-determination.³
- All levels of decision-making must be Aboriginal and Torres Strait Islander-led for there to be any chance of success.

- The timeframe and process for Close the Gap refresh must be dictated by the needs of the community, rather than arbitrary government timelines.
- It is critical that new approaches encompass the importance of connection to Culture, language, land and tradition. Culture is widely evidenced as an essential protective factor.⁴ Cultural activities must be understood as an essential part of health and wellbeing programs and adequately resourced.⁵
- Funding must meet the need. The Australian Institute of Health and Welfare has reported that the expenditure does not commensurate with the substantially high and more complex needs of Aboriginal and Torres Strait Islander peoples.⁶ Consecutive funding cuts have negated progress to close the gap.
- ACCOs must be preferred providers and receive long-term (minimum of five years), flexible, outcomes-based funding. Short-term, proscriptive funding cycles, which are currently common practice, are cost-ineffective and result in inferior outcomes.³ Funding must be legislated to extend beyond political election cycles.
- Preferred provider policies must be adopted by all state and territories and the federal government. ACCOs provide comprehensive and culturally responsive services that result in better health and wellbeing outcomes for Aboriginal peoples.³
- The Closing the Gap reform cannot be divorced from the political and historical context. There is a need to devolve government power, as demonstrated in the recent Victorian government reforms.⁷
- The refresh must adhere to the clear principles set down in the Close the Gap Statement of Intent, and commit to ensure the “full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.”⁸
- Community decisions must be upheld - the Uluru Statement from the Heart, which include calls for a Makarrata, a voice to parliament and a truth telling commission, must be implemented.⁹ This is a key enabler for reaching our mutual goals and addressing the social and cultural determinants of health and wellbeing.
- The refresh must recognise the diversity of Aboriginal and Torres Strait Islander communities and their ambitions, and have a focus on local decision making and solutions.
- Education is fundamental, including Aboriginal and Torres Strait Islander language continuation and revival, culturally competent education, and teaching the true history in schools to the wider Australian population.¹⁰
- Food security is a key social determinant that must be addressed.
- Data sovereignty needs to be advanced.¹¹ Research, evidence and data should be community-owned and controlled. This is a key mechanism for community decision-making.
- Institutional and systemic racism must be addressed, as it has a direct impact on physical and mental health, and reduces access to mainstream services.^{12,13}
- The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 must be resourced to meet its desired outcomes.
- There is a need for an independent Aboriginal-led accountability mechanism overseeing government spending and performance within Aboriginal affairs.
- Current accountability measures are too heavily skewed towards government’s oversight of community programs. There

must be accountability measures and consequences for failure by government.

Targets

- Current targets should be maintained. Fundamentally, the headline target of life expectancy and the supporting (early indicator) target regarding child mortality are essential.
- Additional targets must be aspirational and human-rights based, and they must drive equity and avoid comparative data.
- The current deficit-based approach and measures need to be revised with strength-based approaches and measures. For example, measuring:
 - quality of life and aspirations, as well as life expectancy;
 - Aboriginal cultural languages and perspectives taught in schools, rather than school attendance rates;
 - Aboriginal presence in whole-of-economy participation, and home and business ownership, instead of unemployment rate.
- Government accountability for targets must be increased. Legislation must be introduced to formalise into law the targets, reporting, accountability, evaluation and ongoing funding to Aboriginal Community Controlled Originations.
- Access to, as well as ownership and management of traditional lands, is an essential target.
- A target to reduce the prevalence of racism experienced by Aboriginal and Torres Strait Islander peoples, and to reduce the rate of discharge against medical advice in hospitals, should be introduced. Racism is not just harmful to mental health, it is also harmful to physical health. The health impact is equivalent to smoking.

- Targets should address the social and cultural determinants of health that lead to the rising levels of incarceration, out-of-home care and suicide, as well as homelessness, and poor access to disability services.

Conclusion

The Closing the Gap refresh must envisage a future where Aboriginal and Torres Strait Islander peoples' rich culture is respected. The rightful place of the Traditional Owners and custodians must be upheld. A future where families and communities thrive and live long lives and where systems advance their inherent right to self-determination.

The revised Close the Gap framework and targets must be aspirational, based upon the principles of self-determination, community control, Aboriginal leadership and the role of culture as central to health and wellbeing.

Aboriginal Community Controlled Organisations will play an essential role:

- in providing strategic advice;
- in leading locally-focused, holistic health and wellbeing;
- as community and cultural hubs, and;
- in providing leadership at all levels of decision-making.

In this submission, 'Aboriginal' refers to Aboriginal and Torres Strait Islander peoples.

References

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- ⁹ Parliament of Australia (2017). Uluru Statement: a quick guide (webpage). Available at: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1617/Quick_Guides/UluruStatement [Accessed 18th June 2018]
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- ¹¹ Centre for Aboriginal Economic Policy Research (CAEPR) (2016). Indigenous Data Sovereignty – Toward an Agenda. Research Monograph no. 36. Edited by Tahu Kukutai and John Taylor. The Australian National University, Canberra.
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