



NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

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Dear Secretary

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) thank you for the opportunity to provide a submission into the Senate Select Committee on Health.

While the Australian Government is committed to improving the health and wellbeing of Indigenous Australians through many initiatives, the closing the gap in health outcomes seem to be widening and there needs to be a much more intense effort to address the social inequality and determinants of health that are critically pivotal to long term health improvements for Indigenous Australians.

Recent funding cuts to ensure efficiency dividends across the Indigenous Affairs port-folio has vastly impacted on achieving health targets under the Closing the Gap Initiative. Indigenous Australians have a life expectancy of around 10 years less than non-Indigenous Australians.

As the professional association for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners, NATSIHWA believes that areas that need to maximise investment are prevention programs, workforce planning, and a health system reform that is culturally safe for Indigenous Australians. Reviewing and streamlining health systems and investment in infrastructure can support the achievement of health targets across a well-defined continuum of care and reduce the over-expenditure at the tertiary levels.

Should the Senate Select Committee require further information about this submission, please do not hesitate to contact me.

Yours sincerely



Zell Dodd
Chief Executive Officer
15 January 2015

Submission to the Senate Select Committee on Health

The National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA) has an important national role in supporting and representing Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. The Aboriginal and Torres Strait Islander Health Worker Workforce has been identified as the specific workforce at the primary health care level.

The challenge of improving the health circumstances and conditions of Australia's Indigenous peoples is not the responsibility of any one single agency to address, rather it is a challenge that must be addressed across the general health care system. NATSIHWA believes a general and systemic approach to Indigenous health is fundamental to achieving the closing the gap policy and programming initiatives. A coordinated cross-sector approach is required if the goal of developing culturally safe and responsive health care environments and services is to be achieved.

The National Aboriginal and Torres Strait Islander Health Plan (The Health Plan) is an evidence-based policy framework as part of the overarching Council of Australian Governments' (COAG) approach to Closing the Gap in Indigenous disadvantage. The Health Plans builds on the United Nations Declaration on the Rights of Indigenous Peoples and adopts a strengths-based approach to ensure policies and programs improve health, social and emotional wellbeing and resilience and promote positive health behaviours. The Health Plan is central to the Australian Government's targeted approach to ensure Aboriginal and Torres Strait Islander people can enjoy the same standard of health as other Australians.ⁱ

RESPONSE TO THE COMMITTEE'S TERMS OF REFERENCE

a. The impact of reduced Commonwealth funding for hospital and other health services provided by state and territory governments, in particular, the impact on elective surgery and emergency department waiting times, hospital bed numbers, other hospital related care and cost shifting:

Indigenous Australians access hospital care more frequently than non-Indigenous Australians. Data from the AIHW National Hospital Morbidity Database show that between July 2010 and June 2012, there were 81,516 hospitalisations for potentially preventable conditions for Indigenous Australians, which equates to 11.7% of all Indigenous hospitalisations. This percentage is 1.6 times that of non-Indigenous Australians. Compared to mainstream Australia, other significant rates areⁱⁱ:

- Twice as likely to be hospitalised for mental and behaviour disorders;
- Three times as likely to be hospitalised for respiratory conditions.

A comprehensive primary health care model is more culturally appropriate and is an essential and desired model to achieve better health outcomes for Aboriginal and Torres Strait Islander people. It has the overall potential to reduce hospitalisations thus reducing expenditure across the hospital system. Therefore investment in early detection and prevention programs at the primary health care levels are necessary for ongoing management of chronic disease conditions and other preventable diseases.

Research indicates that Aboriginal and Torres Strait Islander Australians are often reluctant to access health services because of discrimination, misunderstanding, fear, poor communication and lack of trust in service providers. Aboriginal and Torres Strait Islander peoples are also six times more likely (age adjusted) to discharge themselves from hospital against medical advice, which is a significant indicator of the inability of hospital care to provide a suitable environment.ⁱⁱⁱ Evidence has repeatedly shown that Aboriginal patients are more likely to access health services where service providers communicate respectfully, have some understanding of culture, build good relationships with Aboriginal and Torres Strait Islander patients, and where Aboriginal and Torres Strait Islander health workers are part of the health care team.^{iv}

Aboriginal and Torres Strait Islander people experienced high levels of racism within the hospital system and addressing institutional barriers such as racism requires attention and appropriate resources.

Better integration and coordination through a continuous quality improvement approach could provide significant improvements. For an example, NATSIHWA is involved as a member of an Australian hospital project where one of the key messages is the importance of building relationships with the community and recognising the value of Aboriginal and Torres Strait Islander health professionals has the potential to improve responses to Aboriginal and Torres Strait Islander communities and the people they serve through a set of quality activities.

NATSIHWA has developed a Cultural Safety Framework that provides more information about having a cultural safe and responsive health care system and some of that information is written under (d) of the Terms of Reference.

b. The impact of additional costs on access to affordable healthcare and the sustainability of Medicare:

Cost is a major barrier for Indigenous Australians. It has already been documented that access to an appropriate culturally responsive health care is low for Indigenous Australians. Additional costs through the policy changes to Medicare will affect those Australians who come from poorer and social disadvantaged environments. Indigenous Australians experience lower levels of education and employment and therefore additional costs such as the proposed GP co-payment would result in less access to health care.

For example, the Indigenous Health Check (MBS item 715) was designed especially for Indigenous people. It was established because Aboriginal and Torres Strait Islander people have considerably higher morbidity and mortality levels than non-Indigenous people, with earlier onset and more severe disease progression for many chronic diseases.^v

Aboriginal and Torres Strait Islander Health Workers are an important link in the Aboriginal Medical Service. Part of their role is increase access to health care, provide information on prevention strategies and lead the follow up process that may lead to other specialist care.

c. The impact of reduced Commonwealth funding for health promotion, prevention and early intervention:

The Aboriginal and Torres Strait Islander Health Worker role is specific to the Aboriginal and Torres Strait Islander population and is vital in delivering care to the community in a culturally safe environment. They work across Australia in a variety of environments including the Aboriginal Community Controlled Health Sector, government health sector and other mainstream services such as general practices, acute hospitals and other non-government organisations.^{vi}

Their ability to improve the accessibility of services and breaking down barriers to deliver safe holistic health care in a primary health care setting is well documented. Health Promotion and prevention strategies underpin their skills, knowledge and qualifications. Reaching the same standards of health as non-Indigenous people would be compromised. Investment at the primary health care levels with adequate resourcing and culturally appropriate safe prevention programs could provide potential savings at the tertiary level and thus making a greater contribution to the ongoing efforts of reducing preventable diseases.

d. The interaction between elements of the health system, including between aged care and health care:

Early intervention, equal access, an increased Indigenous workforce and more understanding within the health system are essential if life expectancy figures are to be reduced. The introduction of cultural safety in New Zealand has contributed to improvements and better mainstream understanding of Indigenous health shortfalls in that country and there is nothing to suggest that similar outcomes would not be achieved with the application of cultural safety into healthcare services and practices in Australia.

To effectively develop and implement cultural safety in healthcare systems and workplace environments requires the application of equity principles and a strong and sustained commitment to improving healthcare services to Aboriginal and Torres Strait Islander peoples. Also required is the integration of Aboriginal and Torres Strait Islander worldviews into mainstream healthcare systems policies and programs.

For transformation and change in healthcare services and programs to occur will require policies and institutions to move beyond the rhetoric of equal opportunity.

A key component of cultural safety is the need for an integrated systemic self-reflection process that evaluates the extent to which cultural safety is being implemented. Research demonstrates that cultural safety can significantly advance the nature and the scope of healthcare services to Aboriginal and Torres Strait Islander peoples and positively impact their overall wellbeing. For this to occur requires systemic reflection and review.

A systemic reflection and review process extends beyond the deficit theories that have traditionally framed Aboriginal and Torres Strait Islander health and other public policies and programming.

NATSIHWA has developed a Cultural Safety Framework “Caring for our Mob” in which the views above are endorsed by Indigenous and non-Indigenous health experts. The core aim of the “Caring for our Mob” Cultural Safety Framework is to assist with improving the health and wellbeing status and circumstances of Aboriginal and Torres Strait Islander peoples by adopting a cultural safety approach to health care. A culturally safe and responsive health care system is viewed as pivotal to achieving this aim. A critical objective in this aim is to empower Aboriginal and Torres Strait Islander peoples so that they are more involved and share in the responsibility for designing and delivering culturally safe and responsive health care services and programs. Fundamental to this element of empowerment are Aboriginal and Torres Strait Islander Health Workers and their role and responsibilities in healthcare service delivery.

Through NATSIHWA’s engagement with many health key stakeholders, NATSIHWA continues to advocate through their collaborative partnerships, the view of having an approach that supports cultural safety standards.

e. Improvements in the provision of health services, including Indigenous health and rural health:

There is growing acknowledgement that the responsibility for improving the health, education and economic status of Aboriginal and Torres Strait Islander Australians is shared. Governments, communities, families and individuals all have an important role to play. All levels of government committed to a number of health, education and employment targets.^{vii}

In 2008 Australian Governments committed to work with Aboriginal and Torres Strait Islander people on an incredibly important task – to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by 2031. The National Aboriginal and Torres Strait Islander Health Plan was developed in partnership with Aboriginal and Torres Strait Islander people and its representatives. The Health Plan provides a long-term, evidence-based policy framework as part of the overarching Council of Australian Governments’ (COAG) approach to Closing the Gap in Indigenous Disadvantage.^{viii}

NATSIHWA has been part of the partnership and supports wholeheartedly the aims of the National Plan.

f. The better integration and coordination of Medicare services, including access to general practice, specialist medical practitioners, pharmaceuticals, optometry, diagnostic, dental and allied health services:

In improving access to specialist medical care for Aboriginal and Torres Strait Islander peoples, a group of experts came together in August 2014. The consensus of this discussion is that “a national framework is needed to underpin a national networked, coordinated consistent system that enables equitable access to specialist medical care with complete geographical coverage across Australia.

A national needs-based access to specialist medical care will help “close the gap” between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.^{ix}

Models of Care need to be flexible models that not only take into account best practice and be evidenced-based, but also to consider a multidisciplinary approach to care and the need to be able to address the high burden of disease and higher levels of co-morbidities in Aboriginal and Torres Strait Islander communities. Well trained multidisciplinary teams are necessary for the delivery of specialist services and must involve the participation of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners with respectful, inter-professional relationships.

NATSIHWA works collaboratively with specific health industry organisations and advocate that multidisciplinary teams must include Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.

NATSIHWA works closely with other national Indigenous professional associations such as the Australian Indigenous Doctors Association (AIDA), CATSINaM and IAHA on Indigenous Workforce matters. Many ATSIHWs have become nurses, doctors and allied health professionals as they aim to have a much more in-depth involvement along specialist medical care with their patients in their communities.

g. Health workforce planning:

A number of COAG initiatives were developed to improve Aboriginal and Torres Strait Islander health and wellbeing. Under the Indigenous Chronic Disease Package (IDCP), a new health workforce specifically targeting Aboriginal and Torres Strait Islander health. Positions such as Outreach Workers, Healthy Lifestyle Workers and Tobacco Workers designed to target chronic disease.

Frameworks such as National Health Workforce Innovation and Reform Strategic Framework for Action and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework aims to achieve equitable health outcomes for Aboriginal and Torres Strait Islander people through a competent and skilled health workforce.

Both of these frameworks emphasise the importance of breaking down the barriers to Aboriginal and Torres Strait Islander education and building the Aboriginal and Torres Strait Islander health workforce.^x

As the national professional health organisation for Aboriginal and Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners, NATSIHWA is committed to support and growing the health worker workforce in the overall aim of reducing the burden of disease in our communities. NATSIHWA has successfully carried out a number of community and national activities to enhance health education and literacy, pathways into health professions, leadership and mentoring to build and sustain a strong and competent health worker workforce. For example, NATSIHWA's Cultural Safety Framework explored and highlighted the many challenges faced by Aboriginal and Torres Strait Islander health workforce and the broader health workforce, in delivering culturally responsive healthcare to Aboriginal and Torres Strait Islander peoples.

The history of the Aboriginal and Torres Strait Islander Health Worker workforce began over five decades ago. The workforce grew throughout the 1970s, 1980s and 1990s and it continues to evolve with Aboriginal and Torres Strait Islander Health Workers performing different roles depending on what services were needed in their local contexts.

A highly consultative approach was taken in 2011 to understand the existing Aboriginal and Torres Strait Islander Health Worker workforce, the challenges it faces, and to reach consensus in identifying opportunities for future action. The poor health outcomes of Aboriginal and Torres Strait Islander are well recognised. A contributing factor is the lack of access to culturally safe primary health care services.

The contribution that ATSIHWs make in improving access by delivering culturally safe comprehensive primary health care is not well understood by or recognised across a range of key stakeholders, including policy makers, employers and other health professionals.

A wide degree of variation exists in ATSIHW roles, definitions, scopes of practice, education standards and career pathways, which has contributed to limited career development opportunities for ATSIHWs. This is influenced by varying levels of respect and recognition shown to ATSIHWs by other health professionals and employers, limited workforce information, and a lack of coordinated planning for the workforce. There is also a limited pipeline of new trainees and large numbers of long-term vacant positions.^{xi}

NATSIHWA works collaborative at a national level with states and territories and the Aboriginal Community Controlled Health Sector on a number of initiatives such as the current project of developing a National Scope of Practice for ATSIHWs and ATSIHPs.

Through the national body of the Aboriginal and Torres Strait Islander Health Workforce Working Group, members have the opportunity to share their workforce planning strategies and offer opportunities for partnerships around the Indigenous workforce that includes health workers and other professions such as nurses, doctors and allied health professionals.

The Indigenous workforce of health professionals are essential to the delivery of culturally safe care, in primary health care settings with a focus on health promotion, health education, in specialist and other health services, and the engagement of Aboriginal and Torres Strait Islander people in their own health.

NATSIHWA continues to improve access to specialist medical services through enhancing education and knowledge for those health workers and health practitioners who work in this area in their communities. For example, many ATSIHWs are diabetes educators and would like to specialise in this area to make a greater contribution to reducing the high prevalence in their communities. To be a fully credentialed diabetes educator (CDE), the requirement set by the Australian Diabetes Education Association (ADEA) that only registered nurses and other high accredited health practitioners can become credentialed and not registered Aboriginal and Torres Strait Islander Health Practitioners. NATSIHWA is working with other Indigenous national professional associations and has commenced discussions with ADEA on exploring pathways for ATSIHWs and ATSIHPs to become credentialed. Currently we have been verbally informed that there are very low numbers of Indigenous CDEs.

A culturally competent health workforce is vital to ensure culturally safe services meet the needs of Aboriginal and Torres Strait Islander peoples to improve their health outcomes. Charged with the responsibility of educating the future health workforce, Higher Education Providers (HEPs) play a pivotal role in ensuring graduates have the capacity to work effectively and respectfully in Aboriginal and Torres Strait Islander health contexts.^{xii}

The work of developing an Aboriginal and Torres Strait Islander Health Curriculum commenced in late 2014 in which it aims to build on and support the considerable work happening across health professions in higher education by offering an inter-professional approach for HEPs to successfully implement Aboriginal and Torres Strait Islander across curriculum. Developing a shared vision and map for implementing Aboriginal and Torres Strait Islander curriculum to support the health sector to holistically enhance the cultural capabilities of health services.^{xiii}

The Health Curriculum identifies leadership as an important component and requires support and leadership at all levels across the HEP, to facilitate a whole of institutional commitment to developing “cultural competency”.

The literature review on leadership for the sustainability of the health system notes that ‘the pace, level and nature of the needed change and innovation demand significantly increased leadership at all levels of the system’. It highlights the current focus on reforming the health system by increasing numbers in the workforce, redesigning roles and services and boosting quality and safety efforts.^{xiv}

The effectiveness of leadership provided by Aboriginal and Torres Strait Islander people and organisations, local and national is increasingly being recognised and 'Strengthening leadership among Aboriginal and Torres Strait Islander people is a critical component of Closing the Gap'.^{xv}

KEY MESSAGES

NATSIHWA strongly believes that the Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are a vital component of the Indigenous Health Workforce and must be equally recognised as part of a culturally safe health system that is responsive to the needs of the Aboriginal and Torres Strait Islander peoples.

Further investment is required to develop stronger pathways for Aboriginal and Torres Strait Islander people to become health professions across a range of health professions. The Indigenous health workforce must be strengthened to enable mentoring and support for Aboriginal and Torres Strait Islander people entering the workforce from schools into health professions.

Leadership and commitment across the whole Health Program is required to enable necessary reforms to occur.

The introduction of a co-payment in any form will discourage access to health care for the majority of Aboriginal and Torres Strait Islander people and will increase preventable diseases that are avoidable.

The promotion, early detection and prevention programs at the primary health care levels must be maintained and in particular the specific population health initiatives for Indigenous Australians. They have the highest ability to deliver long term benefits and reduce the burden on the health care system at the tertiary level.

The changes in the Medicare system that impacts on the work of the Indigenous workforce (ie the ATSIHWs and ATSIHPs) would see a reduction in access to healthcare and medicines.

In improving outcomes, racism and inequality must be eliminated from the Australian health system and health services to address social inequalities and social determinants of health to be effective, appropriate, high quality and accessible for Aboriginal and Torres Strait Islander peoples.

ABOUT NATSIHWA

NATSIHWA is the National Aboriginal and Torres Strait Islander Health Worker Association and is the health professional association for Aboriginal and Torres Strait Islander Health Workers, including Health Practitioners. Its current full membership is 500 which represents about 40% of the national figure of 1256 ATSIHWs and ATSIHPs.

NATSIHWA was established as part of the Closing the Gap Initiative to strengthen the Aboriginal and Torres Strait Islander health workforce. Its role is to promote, support and gain recognition for the vital role that ATSIHWs and ATSIHPs play in providing professional, effective and culturally respectful health services to Aboriginal and Torres Strait Islander individual, families and communities across Australia. A strategic Plan with key objective areas guides the work of NATSIHWA.

The Health Worker role is specific to the Aboriginal and Torres Strait Islander population and is vital in delivering care to the community in a culturally safe environment. Some health workers have now become registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia as Aboriginal and/or Torres Strait Islander Health Practitioners under the national law.^{xvi} Their work is spread across Australia in a variety of areas such rural, remote, regional and urban and are employed in Aboriginal Community Controlled Health Organisations, mainstream services such as general practices, medical local areas, acute hospitals and other non-government organisations.

ⁱ National Aboriginal and Torres Strait Islander Health Plan 2013-2023

ⁱⁱ Australia's health 2014

ⁱⁱⁱ Durey, A., Thompson, S. C., & Wood, M. (2011). Time to bring down the twin towers in poor Aboriginal hospital care: Addressing institutionalised racism and misunderstandings in communication. *Internal Medicine Journal*, 42(1), 17-22 ; Shahid S, Finn L, Bessarab D, Thompson SC 2009, Understanding, beliefs and perspectives of Aboriginal people in Western Australia about cancer and its impact on access to cancer services, *BMC Health Services Research*, 9:132. Epub 2009/08/01; Shahid, S., Finn, L., & Thompson, S. C. (2009). Barriers to participation of Aboriginal people in cancer care: Communication in the hospital setting. *Medical Journal of Australia*, 190, 574-579.

^{iv} Australian Institute of Health and Welfare, 2011, Life expectancy and mortality of Aboriginal and Torres Strait Islander peoples, Cat No. IHW 51, Australian Institute of Health and Welfare, Canberra.

^v AIHW Indigenous Health Check data tool.

^{vi} The Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework 2012

^{vii} Growing our Future: Final Report of the Aboriginal and Torres Strait Islander Health Worker Project

^{viii} National Aboriginal and Torres Strait Islander Health Plan 2013-2023

^{ix} RACP Specialist Access Roundtable Consensus Statement August 2014

^x Growing our Future: Final Report of the Aboriginal and Torres Strait Islander Health Worker Project

^{xi} Growing our Future: Final Report of the Aboriginal and Torres Strait Islander Health Worker Project

^{xii} Universities Australia 2011, National best practice framework for Indigenous cultural competency in Australian universities, Department of Education, Employment and Workplace Relations (DEEWR), Canberra, ACT; Grote, E 2008, Principles and practices of cultural competency: A review of the literature. Prepared for the Indigenous Higher Education Advisory Council, Australian Government, Canberra.

^{xiii} Aboriginal and Torres Strait Islander Health Curriculum Draft October 2014

^{xiv} 27 Ibid. p. 7

^{xv} <<http://www.indigenous.gov.au/governance-leadership/>>.

^{xvi} The Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework 2012