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AMA Submission to the Implementation Plan Advisory Group Consultation 2017 on the development of the next iteration of the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*

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The Australian Medical Association (AMA) is pleased to provide a submission to the Implementation Plan Advisory Group Consultation 2017. This submission addresses some of the key social and cultural determinants of health, including law and justice, housing, and racism; and it also touches on the importance of Indigenous community-led solutions and the Indigenous health workforce, in improving health outcomes for Aboriginal and Torres Strait Islander peoples.

The AMA is the peak medical organisation in Australia representing doctors across all specialties of medicine. The AMA is strongly committed to improving health and life outcomes for Aboriginal and Torres Strait Islander peoples, and considers the social and cultural determinants of health to be central to the health and wellbeing of Indigenous Australians. Particularly, when more than one-third of the health gap between Indigenous and non-Indigenous people can be attributed to the social and cultural determinants of health.

Law and Justice

The connection between health and justice is well known. And it is well known that Aboriginal and Torres Strait Islander peoples are significantly over-represented in the Australian justice system.

In 2015, the AMA released its annual Report Card on Indigenous Health which focussed on the link between health and incarceration. It showed that in 2015, Aboriginal and Torres Strait Islander peoples comprised 28 per cent of all sentenced prisoners, and were 13 times more likely to be imprisoned than their non-Indigenous peers.[1] Even more concerning is that it showed that Indigenous youths comprise over half of all young people in detention, and the over-representation gap has

[1] Australian Medical Association, 'Submission on the ALRC Inquiry into the Incarceration Rate of Indigenous Australians' (2016), 1.

increased over recent years.[2] The situation is not getting any better, and the case for change in the criminal justice system is all too apparent.

There are strong links between poor health and contact with the justice system, with the 'imprisonment gap' being symptomatic of the health gap that still exists. The AMA believes it is possible to isolate particular health issues, particularly mental health and cognitive disorders, as the most significant drivers of the imprisonment of Aboriginal and Torres Strait Islander peoples.

It is well known that Aboriginal and Torres Strait Islander peoples diagnosed with mental health disorders have substantially more contact with the justice system than non-Indigenous Australians. In a 2012 study, over 25 per cent of individuals with mental health disorders who had been in prison identified as being Indigenous.[3] Incarceration only exacerbates the problem, with 93 per cent of Indigenous female prisoners and 81 per cent of male prisoners reporting some form of mental illness.[4]

Aboriginal and Torres Strait Islander peoples with cognitive disabilities, such as hearing impairments, have a disproportionate level of contact with the justice system, and are often forced into the system early in life in the absence of alternative pathways.[5] Indigenous Australians suffer from some of the highest levels of ear disease in the world, and in 1991 the Royal Commission into Aboriginal Deaths in Custody noted the connection between childhood ear disease and hearing loss with an increased contact with the criminal justice system.[6] An investigation within Darwin Correctional Centre found that 90 per cent of Aboriginal inmates had a significant hearing loss, with similar figures in male Aboriginal inmates in Alice Springs.[7]

Improvements in Indigenous health are needed to prevent more Indigenous Australians ending up in prison. For many Aboriginal and Torres Strait Islander people in the community, being able to access culturally safe and competent health care is key to the effectiveness of health services that meet the complex social, cultural and health needs faced by the Indigenous community.[8] ACCHOs that have been developed, delivered by and accountable to, the Aboriginal and Torres Strait Islander communities they serve are preferred, and with appropriate resources, ACCHOs can implement primary health care based on the culturally shaped, holistic concepts of health understood by these communities.[9]

Not surprisingly, ACCHOs have performed better in identifying risk factors, performing health checks, and managing health conditions among Indigenous clients when compared to general population health services.

The AMA recommends the expansion of ACCHOs and other services as part of an integrated approach to improving the health of Aboriginal and Torres Strait Islander people in the community,

[2] Law Council of Australia, 'Addressing Indigenous Imprisonment National Symposium – Discussion Paper' (2015), 9; Australian Medical Association, '2015 AMA Report Card on Indigenous Health' (2015), 7.
[3] Australian Medical Association, above n 2, 9.
[4] Australian Medical Association, 'Sky-High Indigenous Imprisonment Rates a Health Disaster' (2015).
[5] Law Council of Australia, above n 2, 13.
[6] The Senate Community Affairs References Committee, 'Hear Us: Inquiry into Hearing Health in Australia' (2010), 121; Creative Spirits, 'Ear Health and Hearing Loss' (2016), <https://www.creativespirits.info/aboriginalculture/health/ear-health-and-hearing-loss#axzz4f8SkIz4G>.
[7] Creative Spirits, above n 6.
[8] Australian Medical Association, above n 2, 13.
[9] Ibid, 14.

and as a preventative measure to reduce imprisonment rates.[10] Furthermore, immediate and easily accessible support provided by culturally appropriate health care services, such as those provided by ACCHOs, may provide post-release support that address high rates of recidivism.

The AMA also supports the call for justice reinvestment principles to fund the diversion of Aboriginal and Torres Strait Islander young offenders with substance use disorders and cognitive disabilities into suitable diversion programs as an alternative to incarceration. These particular health issues are among the most significant drivers of the imprisonment of Aboriginal and Torres Strait Islander peoples, and must be targeted as part of an integrated effort to help reduce Indigenous imprisonment rates.[11]

Housing

A poor living environment and lack of adequate and functional housing is a significant problem that is critical to all aspects of Indigenous health. In 2008, 28 per cent of Indigenous people over the age of 15 lived in housing with major structural problems, with these rates increasing in remote areas.[12] The poor material condition and breakdown of essential systems such as water supply and sewage disposal can increase the rate of diseases associated with poor water quality, such as diarrhoea, gastroenteritis and typhoid fever, as well as parasitic infections.[13]

Overcrowded housing, in particular, remains a significant problem. Aboriginal and Torres Strait Islander peoples are five times more likely to live in overcrowded conditions compared to non-Indigenous people, with approximately 27 per cent living in overcrowded houses.[14] This leads to an increased spread of disease and has been linked to higher rates of skin infections, respiratory conditions, as well as influencing mental health and wellbeing.[15] Overcrowding can lead to 'stress, fighting, and in some cases, suicide', and living in such conditions over a long period of time leads to 'enormous mental health problems'.[16]

Overcrowded housing also leads to the development of Rheumatic Heart Disease (RHD) - an entirely preventable condition that affects the valves of the heart. RHD almost exclusively affects Indigenous Australians, and at rates that are among the highest in the world. RHD kills Indigenous people at 20 times the rate of other Australians – and up to 55 times in the Northern Territory. The fact that RHD is almost exclusively localised to Indigenous communities speaks volumes about the fundamental underlying causes of RHD, particularly in remote areas – housing, poverty, education and inadequate primary health care. Without suitable housing, RHD will continue to exist in Australia.

Despite government investment in this housing, particularly through the National Partnership Agreement on Remote Indigenous Housing, it remains a fact that housing is still a significant problem in Indigenous communities.

[10] Ibid, 21.
[11] Ibid.
[12] Vicki-Ann Ware, 'Housing Strategies that Improve Indigenous Health Outcomes: Resource Sheet No. 25 Produced for the Closing the Gap Clearinghouse' (2013), 2.
[13] Australian Indigenous Health*InfoNet*, 'Review of the Impact of Housing and Health-Related Infrastructure on Indigenous Health' (2008), 2.
[14] Creative Spirits, 'Overcrowded Houses' (2016), <https://www.creativespirits.info/aboriginalculture/land/overcrowded-houses#axzz4el69eczB>.
[15] Australian Indigenous Health*InfoNet*, above n 13, 2.
[16] Creative Spirits, above n 14.

The AMA recommends that housing for Aboriginal and Torres Strait Islander peoples remains a central focus of the Implementation Plan, and that all governments maintain or increase their investment to provide suitable and functional housing under current and new initiatives. It is also important that governments work with local Aboriginal and Torres Strait Islander communities to ensure that housing meets their needs.

Racism

Racism is a demonstrated determinant of health, impacting the physical, social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples directly. Racism can lead to mental health conditions such as psychological distress, anxiety and depression, as well as placing stress on the body which directly affects the cardiovascular system and high blood pressure, as well as contributing to premature births.[17] In 2003, 40 per cent of Indigenous people reported being physically or emotionally upset as a result of treatment as a result of their race.[18]

Systemic racism also contributes to the lack of access and treatment for Indigenous people in the health system, acting as a barrier to gaining appropriate and necessary health care. Indigenous patients have reported feeling 'uncomfortable' and 'prejudged' when accessing medical services.[19] Racism also means Indigenous people are not always receiving the level of care they need once within the health system, with evidence that there are systematic differences in the treatment of Indigenous and non-Indigenous patients.[20] In Australia, Indigenous patients were about one-third less likely to receive appropriate medical care once admitted to hospitals in comparison to non-Indigenous patients with the exact same medical needs.[21]

The association between racism and poor health outcomes of Aboriginal and Torres Strait Islander peoples will continue until systemic racism is eliminated from the health system. While some progress has been made, there is much more that needs to be done.

The AMA wants to see racism remain a key focus of the Implementation Plan, and supports the call by the Close the Gap Steering Committee for a national inquiry into institutionalised racism in hospitals and other health care settings. The AMA also wants to see a strong commitment from governments to address the issue of racism within the health system.

Indigenous Health Workforce

The availability of a strong health workforce in rural and remote Indigenous communities continues to act as a barrier that prevents Aboriginal and Torres Strait Islanders accessing adequate health

[17] Yin Paradies, Ricci Harris and Ian Anderson, 'The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda' (2008), 3; Central Australian Aboriginal Congress, 'Racism is a significant barrier to Aboriginal health improvement' (2015), <http://www.caac.org.au/news-events/media-releases/2015/8/racism-is-a-significant-barrier-to-aboriginal-health-improvement>.

[18] Paradies, Harris and Anderson, above n 17, 6.

[19] NACCHO, 'NACCHO Aboriginal Health and Racism: What are the impacts of racism on Aboriginal Health?' (2014), <https://nacchocommunique.com/2014/02/28/naccho-aboriginal-health-and-racism-what-are-the-impacts-of-racism-on-aboriginal-health/>.

[20] Central Australian Aboriginal Congress, above n 17.

[21] Paradies, Harris and Anderson, above n 17, 9.

services. In 2011, over 45 per cent of people living in very remote areas and 16 per cent of those living in remote areas identified as Indigenous.[22]

People in rural and remote areas already suffer from worse health than those in metropolitan areas, and Indigenous communities have the smallest health workforce in Australia.[23] A lack of an effective workforce effects the capacity for essential programs to be delivered, negatively affecting the health of the Indigenous communities and exacerbating the increasing regional health gaps across the country.

Unsurprisingly, both the concentration of medical practitioners and the number of clinical medical specialists decreases significantly in remote areas compared to major cities and urban centres.[24] The availability and cost of housing, distance to work and other external factors affect the ability for Indigenous remote communities to attract and retain staff.[25]

While some work has been done to address this issue, the AMA recommends that the governments increase its efforts to boost the health care workforce in Indigenous communities, and improve rural medical training and career development opportunities.

Aboriginal and Torres Strait Islander Community-led Solutions

The next iteration of the Implementation Plan must demonstrate that governments will commit to better engagement and work directly with Aboriginal and Torres Strait Islander peoples, to develop health solutions that are suitable for their community needs. The AMA calls for any future approaches to draw on the existing knowledge and expertise of Aboriginal and Torres Strait Islander peoples.

As recently recognised in the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report, a 'one-size fits all' approach to health concerns should be replaced with community-led approaches that empower Indigenous communities to design and deliver programs that work in their own communities and that meet their specific needs.[26]

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[22] Australian Institute of Health and Welfare, 'The Indigenous Population', <http://www.aihw.gov.au/indigenous-observatory/reports/health-and-welfare-2015/indigenous-population/>.
[23] National Rural Health Alliance, 'Improving the Rural and Remote Health Workforce – A Submission to the Department of Health and Ageing related to the audit of the rural and remote health workforce' (2008), 3.
[24] Ware, above n 12, 4.
[25] National Strategic Framework for Rural and Remote Health, 18.
[26] ATSISPEP, 'Solutions that Work: What the Evidence and Our People Tell Us – Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report, 58.