

Ms Alicia Hodges
The Aboriginal and Torres Strait Islander Health Unit
Policy and Government Relations
ACT Health
GPO Box 825
Canberra City ACT 2601

Dear Ms Hodges

Re: Draft ACT Aboriginal and Torres Strait Islander Health Plan

Thank you for your email of 5 April 2016, inviting the Australian Indigenous Doctors' Association (AIDA) to comment on the Draft ACT Aboriginal and Torres Strait Islander Health Plan: *Priorities for the next Five Years 2016-2020* (the plan). AIDA acknowledges and supports the extensive consultation undertaken with Aboriginal and Torres Strait Islander health representatives in the ACT to develop the plan. Consultation is important as it demonstrates strong linkages back to community controlled health and patient-centred models of care.

As you may be aware, AIDA is Australia's key professional association for Aboriginal and Torres Strait Islander doctors and medical students that advocate for improvements in health and life outcomes for Indigenous people. AIDA is working towards improving the health of Aboriginal and Torres Strait Islander people and reaching parity of Indigenous health professionals across the entire health sector. We also seek to create a health system that is culturally safe, high quality, reflective of need and respects and integrates Aboriginal and Torres Strait Islander cultural values.

Strategic Framework

AIDA welcomes the opportunity to provide feedback on the plan and we are supportive of ACT health aligning the objectives of the plan with the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*. We also support the reference to a number of other key health plans, noting the value in high level strategic alignment across government that targets improved health outcomes for Aboriginal and Torres Strait Islander people.

I also reference the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan* (2013-2023) (launched in October 2015) as it outlines the workforce and funding requirements to implement the *National Aboriginal and Torres Strait Islander Health Plan* (2013-2023). AIDA will continue to work across our network to advocate for adequate support to ensure the implementation plan is well resourced and strategically aligned to deliver on its objectives.

Racism

AIDA supports the reference to the adverse impacts of racism on the health and well-being of Aboriginal and Torres Strait Islander people in the plan. We know that Aboriginal and Torres Strait Islander patients are more likely to access health services and necessary follow up when they feel culturally safe and are receiving appropriate care. This notion is further supported with statistical evidence in the Aboriginal and Torres Strait Islander Health Performance Framework (HPF 2014) that reports Aboriginal and Torres Strait Islander people had lower rates of hospitalisations where a procedure was recorded and also had lower rates of elective



surgery compared with non-Indigenous Australians. Further, the HPF 2014 reported discharge from hospital against medical advice was eight times the rate for Indigenous Australians compared with non-Indigenous Australians.

Growing a culturally safe workforce

AIDA recognises that Aboriginal and Torres Strait Islander health professionals play an important role in improving health outcomes, given their unique ability to align clinical and socio-cultural skills to improve access to services and provide culturally appropriate care for Aboriginal and Torres Strait Islander people. This has been demonstrated within the medical profession, where Indigenous doctors have contributed to improved health outcomes for Aboriginal and Torres Strait Islander patients by providing clinically competent medicine in a culturally safe way. Culturally supportive practices reinforce the importance of supporting Aboriginal and Torres Strait Islander people to become health professionals as well as supporting the retention of existing health professionals.

AIDA notes the commitment in the plan to providing a culturally skilled workforce across the ACT health sector. We support the principle of Aboriginal and Torres Strait Islander community-led decision making around health needs and priorities and agree that targeted education, training and development are essential to retain a sustainable health workforce. In mainstream health care, there is often a low level of experience in working with Aboriginal and Torres Strait Islander people, limited cultural competency and clinical focus is often on specific health conditions rather than on holistic well-being. For Aboriginal and Torres Strait Islander the concept of holistic health and whole-of-life view includes mental health, impact of other factors on emotional well-being such as life stressors, removal from family, discrimination and cultural identification. Cultural safety issues, such as racism and discrimination, have a significant impact on the level of participation of Aboriginal and Torres Strait Islander people in health professions; strategies such as those in the plan are an important step in creating a resilient and culturally safe workforce.

In this regard we urge your consideration of the inclusion of goals and/or targets into the plan and suggest that AIDA's goal of an Aboriginal and Torres Strait Islander health workforce that is in parity with the general population is a useful benchmark.

Medicare Benefits Schedule (MBS) Item 715 – Medicare Health Assessment for Aboriginal and Torres Strait Islander People

AIDA acknowledges the consistent reference to MBS Item 715 throughout the plan, and we support promotion of this health check throughout the ACT health care system. You may be interested to know that our organisation has been actively engaged in the ongoing review of the MBS that commenced in 2015. In our submission to the Commonwealth Department of Health on this issue, AIDA advocated for the importance of the health check offered under MBS Item 715. Although this type of consultation may be time consuming, AIDA acknowledges the broader positive impacts for patient engagement and follow up. Of further concern to AIDA is the potential impact changes to the MBS could have on primary health care options for Aboriginal and Torres Strait Islander patients, in particular at the service delivery level for Aboriginal Community Controlled Health Organisations. We are continuing to engage in this review process in 2016 at every available opportunity.

¹ Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, Australian Institute of Health and Welfare.



The importance of quality data

We note the emphasis throughout the plan of collecting quality data on health conditions of Aboriginal and Torres Strait Islander patients, and collecting accurate data of patients who identify as Aboriginal and/or Torres Strait Islander.

AIDA recognises that poor recording of patients who identify as Aboriginal and/or Torres Strait Islander across the primary health care and hospital systems in Australia has adverse impacts on relevant data collection, reporting and monitoring. This in turn has far reaching consequences for the delivery of culturally appropriate health care and for informing evidence based policy that aims to close the gap on health disparities between Indigenous and non-Indigenous Australians.

AIDA notes that this issue is clearly articulated in *The Health Performance Framework 2014* (HPF 2014) which states that under-identification of Aboriginal and Torres Strait Islander people is the main issue in most administrative data collections. The HPF 2014 notes that under-identification is a major problem in hospital and mortality data collections, particularly for some states and territories and is due to various factors, including:

- whether the question about Indigenous status is asked in the first instance;
- issues about consistency in the way the question is asked and recorded; and
- differing responses by the person involved depending on the situation.

Finally, on behalf of AIDA I offer support and recognition to ACT Health on adopting a community-led consultation approach to inform the drafting of the plan. AIDA is of the view that improving health outcomes and enhancing well-being for Aboriginal and Torres Strait Islander Australians should be undertaken with a coordinated national approach, and we are pleased to see the reference to key policy areas in the plan being put forward in the ACT.

If you would like to engage with AIDA further on any of the issues raised above, please contact Mr Mark Murray, A/g CEO at (02) 6273 5013 or by email on Mark.Murray@aida.org.au.

Thank you for the opportunity to provide our input into this process.

Yours sincerely

Dr Kali Hayward AIDA President

10 May 2016