



Mr. Stephen Palethorpe
Committee Secretary
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Dear Mr. Palethorpe

RE: Supplementary Submission to the Senate Select Committee on Health Inquiry on Health Policy, Administration and Expenditure

The Australian Indigenous Doctors' Association (AIDA) welcomes the invitation of 25 November 2014 to provide a supplementary submission to the Senate Select Committee on Health inquiry on health policy, administration and expenditure. On 10 October 2014, AIDA provided a written submission to the Committee as part of a previous consultation on the inquiry. This submission broadly addressed the Committee's Terms of Reference as outlined below:

- 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;
- b) the impact of additional costs on access to affordable healthcare and the sustainability of Medicare;
- c) the impact of reduced Commonwealth funding for health promotion, prevention and early intervention;
- d) the interaction between elements of the health system, including between aged care and health care;
- e) improvements in the provision of health services, including Indigenous health and rural health;
- 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;
- g) health workforce planning; and
- h) any related matters.

This supplementary submission focuses on the Indigenous-specific component of:

E) *'improvements in the provision of health services, including Indigenous and rural health'* as outlined in the Terms of Reference above.

Improvements in the Provision of Health Services, including Indigenous Health and Rural Health

AIDA is the professional association for Aboriginal and Torres Strait Islander doctors and medical students and advocates for improvements in Indigenous health in Australia. As mentioned in our earlier submission, several issues impact on Aboriginal and Torres Strait Islander people's access to, and use of, health care services such as physical barriers, cost, racism and discrimination.

These issues ultimately have a negative impact on the health of Aboriginal and Torres Strait Islander individuals. Addressing these issues is paramount to facilitate, promote and increase Indigenous people's access to, and utilisation of, health services - in order to improve health and life outcomes for Aboriginal and Torres Strait Islander Australians.

Cultural safety is a major factor in the decisions of Aboriginal and Torres Strait Islander people to access and utilise health care services. Indigenous Australians are more likely to experience racism and discrimination in the health care setting than non-Indigenous people. By making healthcare services culturally appropriate, Aboriginal and Torres Strait Islander people are more likely to seek the support of health care services, leading to better health outcomes. Given this, AIDA asserts that making health services culturally safe for Indigenous Australians must be a priority of governments, health services and health professionals. Central to this is growing the Aboriginal and Torres Strait Islander health workforce and increasing the cultural competency of the entire health workforce to work effectively with Indigenous people.

Indigenous health professionals play an important role in improving health outcomes for Aboriginal and Torres Strait Islander people, given their unique ability to align their 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 appropriate way. As outlined in our previous submission, the Inala Indigenous Health Service¹ is an exemplar of improving health outcomes for Aboriginal and Torres Strait Islander people through enhanced cultural safety. This service should be seen by the wider health sector as a best practice example.

Australia's Indigenous health workforce is growing, however it is important to recognise that Aboriginal and Torres Strait Islander people are significantly under-represented across many health professions, including medicine. Aboriginal and Torres Strait Islander people currently comprise around 2.0% of the entire Australian health workforce² and around 0.2% of the entire medical profession. AIDA would like to re-emphasise that we advocate for population parity across all health professions, particularly medicine. As at 2014, there are currently around 96,500 doctors in Australia and approximately 204 of those are Aboriginal and Torres Strait Islander people. In terms of reaching population parity (3%) in the medical profession, we need another 2,691 additional Indigenous doctors, however this number would need to increase two to three times if it was to reflect the burden of disease and the number of doctors required to service the greater health needs of the Indigenous population.

Many factors impact on the current participation level of Aboriginal and Torres Strait Islander people in health professions, including cultural safety, which must be addressed in order to grow the Indigenous health workforce. We note that when Aboriginal and Torres Strait Islander health professionals and students work and study in culturally unsafe environments they are more likely to witness or experience racism and discrimination. This was one of the reasons why AIDA developed our position paper - *Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients*, in 2013, to further our efforts in addressing this issue. Experiencing racism and discrimination presents issues for the retention of current Aboriginal and Torres Strait Islander health professionals and has ramifications for attracting and recruiting more Indigenous people into the health field. The Australian health workforce must be responsive to cultural differences and the impacts of racism (conscious and unconscious) on Indigenous health professionals and must become culturally safe. This includes having structures, policies and

¹ Hayman N., White N. & Spurling G. 2009, *Improving Indigenous Patients' Access to Mainstream Health Services: The Inala Experience*, Medical Journal of Australia, Vol. 190, No. 10, pp.604-606.

² Australian Institute of Health and Welfare, 2006. *Health and Community Services Labour Force 2006*, <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458396> (accessed 15/01/2015)

programs in place that strengthen cultural safety³, such as delivering cultural awareness and safety training to all staff and establishing and providing support networks for Indigenous staff.

Maximising the participation of Aboriginal and Torres Strait Islander people in the Australian health workforce requires collaboration and partnership between Indigenous and non-Indigenous people. Such partnerships can be seen in AIDA's Collaboration Agreements which span the entire medical education and training continuum. Our Collaboration Agreements outline practical, measurable actions that are underpinned by the guiding principles of Indigenous self-determination, sovereignty, mutual respect, inclusive consultation and decision making, valuing each other's contributions and promoting cultural safety. AIDA works closely with our partners to ensure that the medical education and training system is inclusive of Indigenous health content, is culturally appropriate and recruits, supports, mentors and graduates Aboriginal and Torres Strait Islander people into medicine and medical specialities. AIDA's Collaboration Agreements are recognised as best-practice frameworks for improving health and life outcomes for Australia's Aboriginal and Torres Strait Islander people and should be considered by governments and other stakeholders in the development of policies and programs that aim to improve the health and wellbeing of Indigenous people.

While it is important for Indigenous health professionals to have a significant role in the health of Aboriginal and Torres Strait Islander people, it is important that members of the non-Indigenous mainstream health workforce play their part in delivering equitable services for Indigenous people. In mainstream health care, there is often a low degree of experience in working with Indigenous people, limited cultural competency and clinical focus is often on specific health conditions rather than on comprehensive care.⁴ AIDA recommends that all health professionals provide leadership through adapting their practice to improve patient engagement to improve health care outcomes and embed culture in the provision of primary health care services to Indigenous people.³

I would like to thank you for inviting AIDA to make a supplementary submission. Should you wish to discuss this submission, please contact AIDA Chief Executive Officer, Ms Kate Thomann, via the AIDA Secretariat on (02) 6273 5013 or at aida@aida.org.au.

Yours sincerely



Dr Tammy Kimpton
President

29 January 2015

³ Kimpton T. 2013, *Are Current Primary Health Services for Indigenous Australians Improving or Otherwise? What Are the Challenges?*, Health Voices Journal of the Consumers Health Forum of Australia, Issue 13, Consumers Health Forum of Australia, Canberra.

⁴ Australian Medical Association, 2011, *2010-11 AMA Indigenous Health Report Card - Best Practice in Primary Health Care for Aboriginal Peoples and Torres Strait Islanders*, <https://ama.com.au/aboriginal-reportcard2010-11> (accessed 15/1/2015)