

A close-up photograph of a smiling man and a young child. The man, on the left, has dark skin and short hair, wearing a black t-shirt with a white geometric pattern. The child, on the right, is a young girl with curly brown hair, wearing a pink t-shirt with a rainbow and the words 'SUMMER TIME' printed on it. She is sitting in a white stroller. The background is a blurred green outdoor setting.

Shadow Report 2012

On Australian governments' progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians

CLOSE THE GAP

Close the Gap
Campaign Steering
Committee

Who we are

Acknowledgments

This shadow report is a collaborative effort of the Close the Gap Campaign Steering Committee. Funding for, and project management of the report was provided by Oxfam Australia.

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Copies of this report and more information are available to download at: www.humanrights.gov.au/social_justice/health/index.html and www.oxfam.org.au/closethegap

Cover photograph:

Darren Mercy and daughter Avril Mercy play in the garden outside Galambila Aboriginal Health.
Photograph: Jason Malouin/OxfamAUS.

Aboriginal and Torres Strait Islander people should be aware that this document may contain images or names of people who have since passed away.

Australia's peak Aboriginal and Torres Strait Islander and non-Indigenous health bodies, health professional bodies and human rights organisations operate the Close the Gap Campaign. The Campaign's goal is to raise the health and life expectancy of Aboriginal and Torres Strait Islander peoples to that of the non-Indigenous population within a generation: to close the gap by 2030. It aims to do this through the implementation of a human rights based approach set out in the Aboriginal and Torres Strait Islander Social Justice Commissioner's *Social Justice Report 2005*.¹

The Campaign's Steering Committee first met in March 2006. Our patrons, Catherine Freeman OAM and Ian Thorpe OAM, launched the campaign in April 2007. To date, 176,000 Australians have formally pledged their support. In August 2010 and 2011, the National Rugby League dedicated an annual round of matches as a Close the Gap round, reaching around 3 million Australians per round. 840 community events involving 130,000 Australians were held on National Close the Gap Day in 2011.

The Campaign began to shape policy in 2007–08. Notably:

- COAG set two Closing the Gap Targets for achieving Aboriginal and Torres Strait Islander health equality within a generation and for halving the under-fives mortality rate gap within a decade; and
- former Prime Minister Kevin Rudd and other Australian Government and Opposition party representatives² signed the *Close the Gap Statement of Intent* in March 2008 at the Campaign's National Indigenous Health Equality Summit. The current Prime Minister and Opposition Leader, along with the Greens, have indicated their parties' continuing support on subsequent occasions. The Statement of Intent remains the touchstone of the Campaign and is reproduced on page 5.

The Campaign has also provided significant impetus for the seven 'closing the gap' National Partnership Agreements agreed since November 2008. These have brought with them approximately \$5bn in additional resources, including the \$1.6bn attached to the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*.

The Campaign Steering Committee is led by its Aboriginal and Torres Strait Islander member-organisations. This leadership group was the precursor for the National Health Leadership Forum (NHLF) within the National Congress of Australia's First Peoples that formed in 2011 and is discussed on page 16. The NHLF now leads the Close the Gap Campaign for Indigenous Health Equality with Jody Broun, Co-chair of National Congress of Australia's First Peoples, and Mick Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner, co-chairing the Campaign Steering Committee.

Clarification of the terms 'Close the Gap' and 'Closing the Gap'

"Close the Gap" was adopted as the name of the human rights-based campaign for Aboriginal and Torres Strait Islander health equality led by the Close the Gap Campaign Steering Committee in 2006. The term 'closing the gap' entered the policy lexicon as a result of the Close the Gap Campaign's activities and has since been used to tag COAG and Australian Government Aboriginal and Torres Strait Islander policy initiatives aimed at reducing disadvantage – from the COAG Closing the Gap Targets to the *National Partnership Agreement to Closing the Gap on Indigenous Health Outcomes*.

As a general rule, any initiative with "closing the gap" in the title is an Australian Government or COAG initiative. It is important to note that it does not necessarily reflect the human rights-based approach of the Close the Gap Campaign, nor does the use of the term reflect an endorsement of them by the Close the Gap Campaign Steering Committee.

Close the Gap Campaign Steering Committee

Co-chairs

- Ms Jody Broun, Co-chair of the National Congress of Australia's First Peoples*
- Mr Mick Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner, Australian Human Rights Commission

Members

- Australian Indigenous Doctors' Association*
- Australian Indigenous Psychologists' Association*
- Congress of Aboriginal and Torres Strait Islander Nurses*
- Indigenous Allied Health Australia Inc.*
- Indigenous Dentists' Association of Australia*
- National Aboriginal Community Controlled Health Organisation*
- National Aboriginal and Torres Strait Islander Health Workers' Association*
- National Association of Aboriginal and Torres Strait Islander Physiotherapists*
- National Coordinator — Tackling Indigenous Smoking (Dr Tom Calma – Campaign founder and former Aboriginal and Torres Strait Islander Social Justice Commissioner)
- National Indigenous Drug and Alcohol Committee
- The Lowitja Institute*
- Torres Strait Island Regional Authority*
- Australian General Practice Network
- Aboriginal Health and Medical Research Council
- Australian Human Rights Commission (Secretariat)
- Australian Medical Association
- Australians for Native Title and Reconciliation
- Australian Peak Nursing and Midwifery Forum
- The Fred Hollows Foundation
- Heart Foundation Australia
- Menzies School of Health Research
- Oxfam Australia
- Palliative Care Australia
- Royal Australasian College of Physicians
- Royal Australian College of General Practitioners
- Professor Ian Ring, Wollongong University (expert adviser)

* Denotes additional membership of the National Health Leadership Forum of the National Congress of Australia's First Peoples.

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Executive Summary

What is the gap?

The Australian Bureau of Statistics estimates Aboriginal and Torres Strait Islander life expectancy for 2005–07 to be 67.2 years for males: an 11.5 year gap compared with non-Indigenous males, and 72.9 years for females, which was 9.7 years lower than for non-Indigenous females.³

The closing the gap health and health related-programs have continued to be rolled out in the past year and have the potential to make significant headway in relation to smoking cessation, infant health and chronic disease. But over three years after the programs were announced, we are not yet in a position to accurately assess if Aboriginal and Torres Strait Islander life expectancy is increasing in absolute terms, let alone whether the all-important relative gains are being made to close the 10 to 11 year gap with the non-Indigenous population.⁴

The most recent Aboriginal and Torres Strait Islander life expectancy estimate is for 2005–07. The methodology for calculating Aboriginal and Torres Strait Islander life expectancy relies on the Census for verification and, as a result, we have up to two years to wait before a current estimate verified by 2011 Census data is available. It is absolutely vital that we have this information sooner if we are to learn in a timely fashion from the first three years of the closing the gap program, and – over time – from all the phases of the closing the gap effort (until 2030). To ensure this happens Australian governments must be able to provide Aboriginal and Torres Strait Islander life expectancy estimates at time intervals shorter than five or more years.

Otherwise there are mixed signals in the data. If current trends continue, Aboriginal and Torres Strait Islander under-five mortality rates may fall within the range of the COAG Closing the Gap Target by 2018. However, much more progress needs to be made on reducing the number and proportion of low birth weight babies than is currently the case. And while over the past two decades mortality data (a proxy indicator for life expectancy) indicates the life expectancy gap may have narrowed, it is of concern that progress has slowed from 2001 onwards.

Two significant events mark the past year and have the potential to positively shape the next two decades of work to close the gap:

- On 15 August 2011, Aboriginal and Torres Strait Islander health peak bodies working through the National Congress of Australia's First Peoples (Congress) established the National Health Leadership Forum. This is to advise the Congress in health matters, and also to be the Congress' partnership vehicle when working with Australian governments to improve Aboriginal and Torres Strait Islander health.
- On 3 November 2011, the Australian Government announced its intention to develop an Aboriginal and Torres Strait Islander Health Equality Plan in partnership with Aboriginal and Torres Strait Islander peoples and their representatives through the Congress.

These historic developments are vital steps for the achievement of Aboriginal and Torres Strait Islander health equality by 2030. The Campaign Steering Committee welcomes these developments and congratulates the Congress and the Australian Government.

The Campaign Steering Committee will monitor progress in relation to the closing the gap programs and other developments at the national level in 2012, paying particular attention to the partnership underpinning the health equality planning process. The government approach to this partnership must enable Aboriginal and Torres Strait Islander peoples and their representatives to drive the planning effort and otherwise partake in all significant decision-making in relation to the plan. It must be a genuine partnership.

The closing the gap approach must not simply perpetuate the status quo from before the closing the gap programs. New thinking is required, including a new emphasis on capacity building to ensure national coverage of the delivery of effective services for mothers and babies and for chronic disease, that are targeted to the achievement of the COAG Closing the Gap Targets, and would be most effectively delivered, in the main, through the Aboriginal Community Controlled Health Services.

If the partnership is right, we believe that the right plan will follow.

We call for:

- An urgent address to the capacity of Australian governments to assess progress against the COAG Close the Gap Target for life expectancy. This includes to the reliability of the recording of Aboriginal or Torres Strait Islander status on death certificates, in addition to an address to difficulties in regular reporting against the supporting indicators.
- Australian governments to maintain and develop, as a part of the National Aboriginal and Torres Strait Islander Health Plan, targeted, long term initiatives so as to not lose momentum in relation to the achievement of the Close the Gap Target for under-five mortality, and to continue to monitor the rates of low birth weight babies being born to Aboriginal and Torres Strait Islander women. This involves increasing the reliability of data for Aboriginal and Torres Strait Islander births and infant mortality, and planning for national coverage of effective services for mothers and babies in a systematic fashion, with the bulk of these services being delivered by Aboriginal Community Controlled Health Services.
- The government approach to partnership to enable Aboriginal and Torres Strait Islander peoples and their representatives to drive the Aboriginal and Torres Strait Islander Health Equality Plan – development process, and otherwise partake in all significant decision-making in relation to it.
- The closing the gap health programs under the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* to continue to be adequately funded past 2013 when the agreement expires.
- A capacity building plan (including increases in the operational and infrastructure funding provided) for the Aboriginal Community Controlled Health Services as part of the Aboriginal and Torres Strait Islander Health Plan. This would involve an assessment of what services are required to achieve the COAG Closing the Gap Targets, what services are currently available, and a strategy for providing the missing services in as short a time as possible.
- The inclusion of indicative trajectories or proxy measures (when appropriate) in the *National Indigenous Reform Agreement* or the *Overarching Bilateral Indigenous Plans* to ensure all jurisdictions are accountable to the Commonwealth and to Aboriginal and Torres Strait Islander peoples for the achievement of the Closing the Gap Targets.
- A consistent and comparable quality and standard of data for Aboriginal and Torres Strait Islander health across the States and Territories.

Introduction

In March 2008, the Australian Government and Opposition committed to the Close the Gap Campaign's blueprint for closing the health equality gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians – the *Close the Gap Statement of Intent*⁵.

In April 2008, the Australian Government committed to providing an annual report to Parliament on progress towards closing the gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians.⁶ Each year the Campaign Steering Committee provides a complementary 'shadow' report representing its assessment of the Australian Government's progress against its commitments to achieving Aboriginal and Torres Strait Islander health equality.

In relation to the *Close the Gap Statement of Intent* commitments, this report continues last year's report's focus on planning and partnership: the two foundation commitments that need to be in place in order for the remaining commitments to be fulfilled in a coordinated and efficient manner. In relation to these we report significant progress made in 2011, notably by the:

- establishment of the National Health Leadership Forum of the National Congress of Australia's First Peoples (Congress). This has been accepted by the Australian Government as the partnership vehicle for Congress when working with Australian governments to improve Aboriginal and Torres Strait Islander health; and the
- announcement by the Australian Government of its intention to develop a long term Aboriginal and Torres Strait Islander Health Equality Plan in partnership with Aboriginal and Torres Strait Islander peoples and their representatives through the Congress.

These historic developments are vital steps to the achievement of Aboriginal and Torres Strait Islander health equality by 2030. At time of writing, however, the Campaign Steering Committee remains concerned that the partnership underpinning the planning process must be a genuine one and that Aboriginal and Torres Strait Islander peoples and their representatives (working through the Congress) drive the planning effort and otherwise partake in all significant decision-making.

Part one of this report assesses progress against the COAG Closing the Gap Targets for health equality and the implementation of the commitments in the *Close the Gap Statement of Intent*.

Part two describes how those States and Territories that are also parties to the *Close the Gap Statement of Intent* are implementing it in their jurisdictions. It notes significant progress in implementing the closing the gap programs, including the development of a health equality plan and strategic framework for achieving Aboriginal and Torres Strait health equality in two jurisdictions.



Patients Tehneya and Mark Deweerd check in for an appointment with Delma Donnelly at Galambila Aboriginal Health Service Reception.
Photograph: Jason Malouin/OxfamAUS.

CLOSE THE GAP

Indigenous Health Equality Summit

CANBERRA, MARCH 20, 2008

PREAMBLE

Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership for the future is closing the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities. This new partnership on closing the gap will set concrete targets for the future: within a decade to halve the widening gap in literacy, numeracy and employment outcomes and opportunities for Indigenous children, within a decade to halve the appalling gap in infant mortality rates between Indigenous and non-Indigenous children and, within a generation, to close the equally appalling 17-year life gap between Indigenous and non-Indigenous when it comes to overall life expectancy.

Prime Minister Kevin Rudd, Apology to Australia's Indigenous Peoples, 13 February 2008

This is a statement of intent – between the Government of Australia and the Aboriginal and Torres Strait Islander Peoples of Australia, supported by non-Indigenous Australians and Aboriginal and Torres Strait Islander and non-Indigenous health organizations – to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by year 2030.

We share a determination to close the fundamental divide between the health outcomes and life expectancy of the Aboriginal and Torres Strait Islander peoples of Australia and non-Indigenous Australians.

We are committed to ensuring that Aboriginal and Torres Strait Islander peoples have equal life chances to all other Australians.

We are committed to working towards ensuring Aboriginal and Torres Strait Islander peoples have access to health services that are equal in standard to those enjoyed by other Australians and enjoy living conditions that support their social, emotional and cultural well-being.

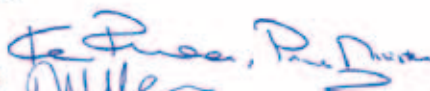
We recognise that specific measures are needed to improve Aboriginal and Torres Strait Islander peoples' access to health services. Crucial to ensuring equal access to health services is ensuring that Aboriginal and Torres Strait Islander peoples are actively involved in the design, delivery and control of these services.

ACCORDINGLY WE COMMIT:

- To developing a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.
- To ensuring primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gaps in health standards by 2018.
- To ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.
- To working collectively to systematically address the social determinants that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples.
- To building on the evidence base and supporting what works in Aboriginal and Torres Strait Islander health, and relevant international experience.
- To supporting and developing Aboriginal and Torres Strait Islander community controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.
- To achieving improved access to, and outcomes from, mainstream services for Aboriginal and Torres Strait Islander peoples.
- To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable and good quality.
- To measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.

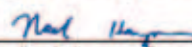
WE ARE:

SIGNATURES


Representative of the Australian Government


National Aboriginal Community Controlled Health Organisation

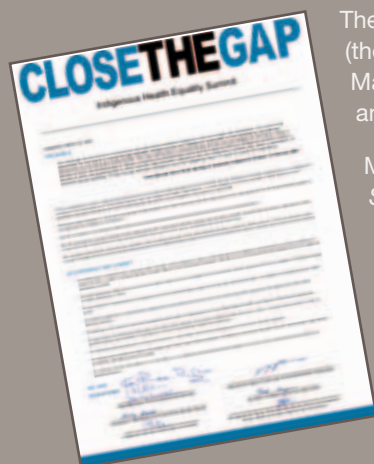

Congress of Aboriginal and Torres Strait Islander Nurses


Australian Indigenous Doctors Association


Indigenous Dentists Association of Australia


Aboriginal and Torres Strait Islander Social Justice Commissioner,
Human Rights and Equal Opportunity Commission

Australian governments' commitments to achieving Aboriginal and Torres Strait Islander health equality



The *Close the Gap Statement of Intent* was signed on 20 March 2008 by Hon Kevin Rudd MP (then Prime Minister); Hon. Nicola Roxon MP (then Minister for Health and Ageing); Hon. Jenny Macklin MP, the Minister for Families, Housing, Community Services and Indigenous Affairs; and Dr Brendan Nelson MP (then Opposition Leader).

Most State and Territory Governments and Oppositions have also signed the *Close the Gap Statement of Intent* including Queensland, New South Wales, Western Australia, Australian Capital Territory, and Victoria.

In addition to the commitments in the *Close the Gap Statement of Intent*, the Australian Government and COAG have committed to the COAG Closing the Gap Targets, and a partnership approach to 'closing the gap' in Aboriginal and Torres Strait Islander disadvantage as a part of the *National Apology to Australia's Indigenous Peoples*. Further, the Australian Government has endorsed the UN General Assembly's *Declaration on the Rights of Indigenous Peoples*. This includes recognition of rights relevant to achieving health equality.

	Commitment by	Commitment
COAG meeting December 2007	All Australian governments	COAG Closing the Gap Targets: • To close the Aboriginal and Torres Strait Islander life expectancy gap within a generation; and • To halve the gap in mortality rates for the Aboriginal and Torres Strait Islander children under-five children within a decade.
National Apology to Australia's Indigenous Peoples February 2008	Former Prime Minister Rudd for the Australian Government	A commitment to a new partnership between the Australian Government and Aboriginal and Torres Strait Islander peoples: the core of this partnership for the future is the closing of the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities.
Endorsement of the United Nations General Assembly Declaration on the Rights of Indigenous Peoples April 2009	Australian Government	[Recognition of the following rights:] • Article 24(2) – 'Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.' • Article 23 – 'Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.' • Article 18 – 'Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.' • Article 19 – 'States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.'

The UN Declaration on the Rights of Indigenous Peoples⁷

The *UN Declaration on the Rights of Indigenous Peoples* was adopted by the United Nations General Assembly on 13 September 2007, with Australia signalling its formal support for the *Declaration* in April 2009.

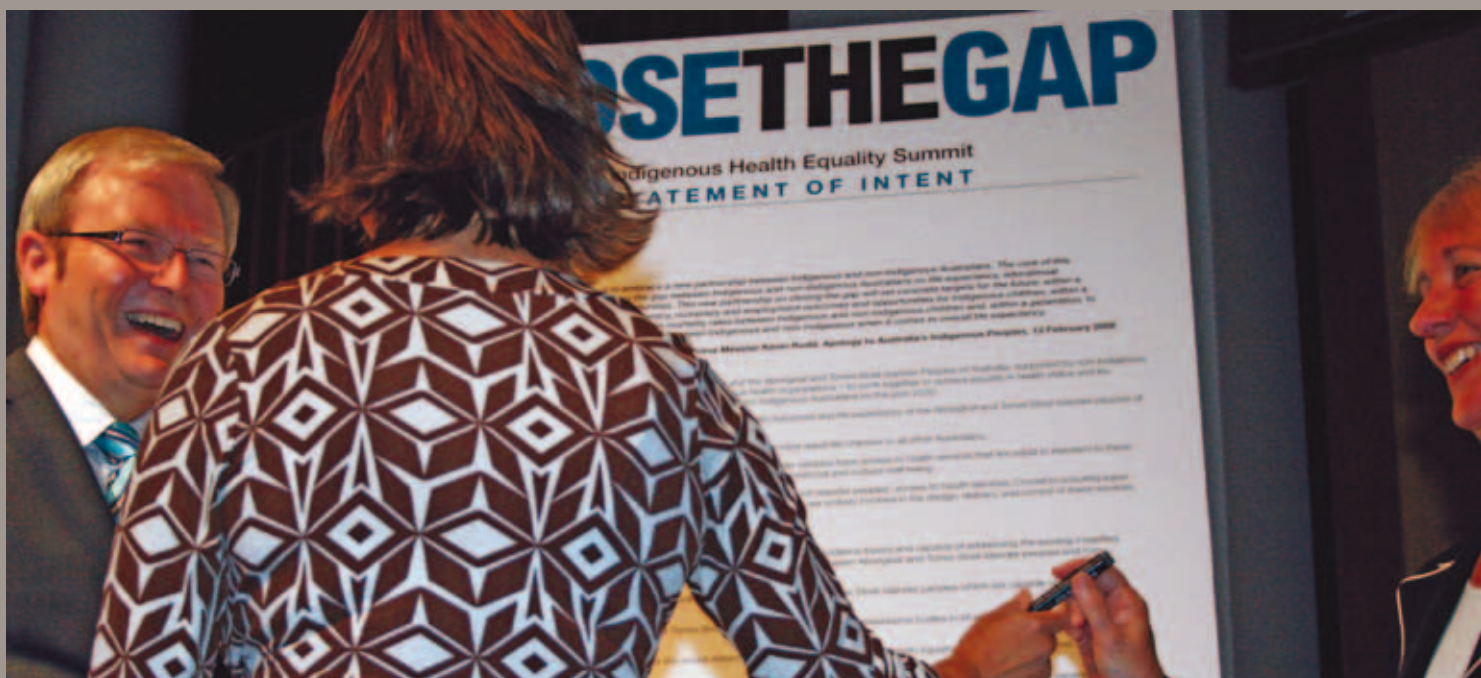
The *Declaration* has 46 substantive articles and 24 preambular paragraphs. It does not create any new rights or legal standards under international law. Instead, it enunciates and explains the particular entitlement of indigenous peoples to existing universal human rights standards under instruments such as the *UN Charter*, the *Universal Declaration of Human Rights*, and international human rights treaties.

The *Declaration* addresses both individual and collective rights. It recognises the obligation of States to protect indigenous cultural rights and identity, the rights to education, health, employment, traditional languages, and the right to self-determination. It condemns discrimination against indigenous peoples, and promotes their full and effective participation in all matters that concern them. It also ensures their right to remain distinct groups, and to pursue their own priorities in economic, social and cultural development based upon the principle of free, prior and informed consent.

The *Declaration* also provides guidelines for how indigenous rights should be protected in national legal systems. Article 38 provides that:

States, in consultation and cooperation with indigenous peoples, shall take the appropriate measures, including legislative measures, to achieve the ends of this *Declaration*.

Following its adoption by the General Assembly, the *Declaration* is now an active international legal instrument. According to the *UN Charter*, this means that all states are now bound to consider the *Declaration* in their dealings with indigenous peoples. It provides the most authoritative guidance to States as to how their existing human rights obligations apply to indigenous peoples.



The Hon. Kevin Rudd MP (then Prime Minister), Hon. Nicola Roxon MP (then Minister for Health and Ageing), and Hon. Jenny Macklin MP, the Minister for Families, Housing, Community Services and Indigenous Affairs sign the *Close the Gap Statement of Intent*.

Part 1: Progress towards the achievement of Aboriginal and Torres Strait Islander health equality within a generation



Patient Gerry Flanders has a routine check-up with Galambila Aboriginal Health Service staff doctor, Jane Deegan.
Photograph: Jason Malouin/OxfamAUS.

1. Progress against the COAG Closing the Gap Targets

Summary of progress against the COAG Closing the Gap Targets

It is still not possible to accurately assess whether progress towards the life expectancy target is on track. Overall, the data available indicates that while the gap may have narrowed in the long term, progress has slowed since 2001.

If current trends continue, child mortality rates may fall within the range of the target by 2018 although much more progress would need to be made on reducing the number and proportion of low birth weight babies than is currently the case.

In December 2007, COAG agreed Closing the Gap Targets for Aboriginal and Torres Strait Islander health in the *National Indigenous Reform Agreement (NIRA)*⁸, the national framework for addressing Aboriginal and Torres Strait Islander disadvantage. They are:

- To close the gap in life expectancy within a generation. ("Within a generation" equates to "by 2030", the date committed to by the Australian Government and Opposition in the *Close the Gap Statement of Intent*).⁹
- To halve the gap in mortality rates for Indigenous children under five within a decade (by 2018).

(a) Target – To close the gap in life expectancy within a generation

Over the past 20 years, life expectancy for the general population has improved by 5.6 years for males and approximately 3.9 years for females.¹³ According to the United Nations 2011 *Human Development Report*, Australian (general population) life expectancy is the fifth highest in the world.¹⁴

Locating the life expectancy of Aboriginal and Torres Strait Islander peoples on the Human Development Index is problematic and should be undertaken with caution as, among other reasons, methods for calculating life expectancy vary from nation to nation. Nonetheless it is illuminating that the life expectancy of Aboriginal and Torres Strait Islander peoples (at face value) lines up with Trinidad and Tobago, Belarus, Suriname, Azerbaijan and Vanuatu found at the lower end of the scale of "medium development" nations (i.e. just emerging from "low development" status). In terms of a ranking, this would place Aboriginal and Torres Strait Islander peoples at approximately 90–100th highest life expectancy of 180 nations.¹⁵

The COAG Reform Council estimate that by 2031 Aboriginal and Torres Strait Islander life expectancy needs to increase by 20.6 years for males (from 67.2 to 87.8 years) and 15.9 years for females (from 72.9 years to 88.8 years) for equality with the rapidly increasing life expectancy of the general population to be achieved. This equates to an annual improvement of around 0.8 years for males and 0.6 years for females over the target period.¹⁶

Information as to any increases in Aboriginal and Torres Strait Islander life expectancy over 2008–11 (when 'closing the gap' programs were operational) will not be available until at least June 2012,¹⁷ probably in 2013–14.¹⁸ Since 2009, Aboriginal and Torres Strait Islander life expectancy has been estimated for three-year blocks with a methodology that relies on the five-yearly Census to verify the accuracy of the identification of Aboriginal and Torres Strait Islander people on death certificates.¹⁹

In 2005–07 (prior to the 'closing the gap' programs) the life expectancy of Aboriginal and Torres Strait Islander males at birth was estimated to be 67.2 years, approximately 12 years less than for non-Indigenous males (78.7 years); Aboriginal and Torres Strait Islander females was estimated to be 72.9 years, 10 years less than that of non-Indigenous females (82.6 years).²⁰

Where does the data come from?

This part examines the publicly available information pertaining to progress against the targets. At time of writing, the most current data sources are the:

- COAG Reform Council's *National Indigenous Reform Agreement: Performance Report for 2009–10* (June 2011).¹⁰
- Productivity Commission's *Overcoming Indigenous Disadvantage Report – Key Indicators 2011* (August 2011)¹¹.
- Australian Health Minister's Advisory Council's (AHMAC) *2010 Report against the Aboriginal and Torres Strait Islander Health Performance Framework* (September 2011)¹².

All three reports against the COAG Closing the Gap Targets using similar data.

This remains the most current data.²¹ Aboriginal and Torres Strait Islander life expectancy is estimated using a methodology adopted by the ABS in 2009 that is contested by the campaign. Prior to 2009, the life expectancy gap was estimated in the order of 17-years.

Eighteen years remain until 2030, the year by which health equality is to be achieved. In that time a Census will be held in 2016, 2021, and 2026 (with a further Census held in 2031, with data from this being used to assess whether the target was met).

The reliance on the Census allows for only three points at which life expectancy can be assessed and programs adjusted if necessary. This is contrary to right to health of Aboriginal and Torres Strait Islander peoples which requires regular and accurate monitoring of outcomes in order to ensure that targeted approaches to achieving health equality are working, and that governments are accountable.²² Such monitoring is also of sound practical importance – ensuring that resources are optimally used, with failing or otherwise inefficient programs identified reasonably quickly.

Robust and regular data collection and reporting delays are compounded by the inability of the COAG Reform Council to report against seven supporting, or proxy, indicators for life expectancy:

- Mortality rate by leading causes
- Hospitalisation rates by principal diagnosis
- Rates of current daily smokers
- Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels
- Levels of obesity
- Level of physical activity
- Access to health care compared to need.²³

For all but the first two, there is no new data to record. Data on risk factors, such as smoking and obesity will not be available until the results from the 2012–13 *National Aboriginal and Torres Strait Islander Health Survey* are available in 2013–14.²⁴

Between 2007 and 2009 there has been no statistically significant change in Aboriginal and Torres Strait Islander mortality rates.²⁵ However, over the longer term, the data suggests that Aboriginal and Torres Strait Islander life expectancy has been increasing. According to AHMAC:

Between 1991 and 2008, there has been a downward trend in all-cause mortality... for Aboriginal and Torres Strait Islander peoples living in WA, SA and NT, although in the most recent years there have been no significant changes. There has been a 22% decline in Indigenous deaths due to avoidable causes and a significant closing of the gap during the period 1997 to 2008. There have been greater declines in mortality rates in these jurisdictions for Indigenous women compared with Indigenous men. When data from NSW and Qld are included, *it appears Indigenous mortality rates did not change significantly across the years 2001 to 2008...* Overall, the evidence suggests that while the gap has narrowed by 24% in the longer-term there has been a slowing of improvement in recent years [our emphasis].²⁶

Aboriginal and Torres Strait Islander hospitalisation rates for all major health conditions have increased by 21% from 2001–02 to 2007–08 with an increase of 42% in the rate difference (gap) between Aboriginal and Torres Strait Islander people and the non-Indigenous population.²⁷ Further increases were recorded between 2007–08 and 2008–09 (from 537.6 per 1 000 to 553.5 per 1000 in NT, SA, WA, NSW, Vic and Qld). It is not clear to what extent this increase reflects an increase in illness and poor health or improved access to and demand for hospital treatment or both. Improvements in the recording of Aboriginal and Torres Strait Islander status in hospital records may also be a cause.²⁸

Comment from the Campaign Steering Committee

It is absolutely vital that Australian governments are able to assess the Closing the Gap life expectancy target at time intervals shorter than five years. Four years since the beginning of the 'closing the gap' programs, we are not in a position to assess their success in relation to increasing Aboriginal and Torres Strait Islander life expectancy, let alone whether relative gains have been made and the gap closing. We have up to another two years to wait.

The Campaign Steering Committee acknowledges the Australian Government's efforts to improve data quality through the NIRA²⁹; the ABS for its efforts to work with state and territory Registrars of Births, Deaths and Marriages to improve the quality of recording of Aboriginal and Torres Strait Islander Australians in their death registrations systems;³⁰ and the COAG Reform Council³¹ for its address to this issue. Time, however, is critical.

The Close the Gap Campaign calls for an urgent address to the capacity of the Australian governments to assess progress against the COAG Close the Gap Target for life expectancy. This includes to the reliability of the recording of Aboriginal and Torres Strait Islander status on death certificates, in addition to an address to difficulties in regular reporting against the supporting indicators.

(b) Target – To halve the gap in mortality rates for Indigenous children under five within a decade

The COAG Reform Council have estimated that to achieve this target, the mortality rate for Aboriginal and Torres Strait Islander children under five years would need to fall from the 2008 baseline level of 220.7 deaths per 100 000 to around 146.9 deaths per 100 000 in 2018: an overall reduction of 33 per cent over the target period.³²

AHMAC report that based on historical data, if current trends continue, it is likely that Indigenous child mortality rates will fall within the range of the target by 2018.³³

The Aboriginal and Torres Strait Islander child (0 to 4 years) mortality rate significantly declined between 2007 and 2009. In those jurisdictions with reliable data (NSW, Queensland, Western Australia, South Australia and the Northern Territory), the Aboriginal and Torres Strait Islander child mortality rate fell significantly from around 233 per 100 000 to 214 per 100 000 over that period.



Photograph: Wayne Quilliam/OxfamAUS.

There was also a significant decrease in the gap between Aboriginal and Torres Strait Islander and non-Indigenous child mortality rates. This is consistent with the 2009 progress point on the national trajectory (213.3 deaths per 100 000).³⁴

Mortality rates for Aboriginal and Torres Strait Islander infants (less than 1 year old) significantly decreased from around 9 deaths per 1 000 live births in 2007 to around 7 deaths per 1 000 in 2009 but remain almost double the non-Indigenous infant mortality rate of 4.0 per 1,000.³⁵ The gap between Aboriginal and Torres Strait Islander and non-Indigenous infant mortality rates also significantly decreased over this period—from around 5 deaths per 1 000 live births to around 3 deaths per 1 000.³⁶

Comment from the Campaign Steering Committee

Babies of Aboriginal and Torres Strait Islander mothers are twice as likely to be of low birth weight as babies born to non-Indigenous mothers, and over the period 1991–2008 the gap between low birth weight babies born to Aboriginal and Torres Strait Islander and non-Indigenous mothers increased by 13%.³⁷ This has possible ramifications for both the COAG child mortality and life expectancy target. Low birth weight babies are at greater risk of death before the age of five as well as poorer health across their life-span.³⁸

As this increase occurred prior to the closing the gap programs that target the determinants of low birth weight (including smoking during pregnancy and non-access of ante-natal care)³⁹ it might be expected that the gap will narrow when more current data becomes available. This is supported by a significant increase from 2007–08 in the proportion of Aboriginal and Torres Strait Islander women attending at least one antenatal visit in the first trimester in NSW, NT and SA.⁴⁰

An ongoing concern is the completeness of identification of new-born babies as Aboriginal and Torres Strait islanders in data sets. This, in turn, may be distorting the actual picture in relation to low birth weight and infant mortality rates. It is vital that this be addressed – the effort to reduce Aboriginal and Torres Strait Islander infant mortality, low birth weight (and more broadly, poorer health over the life-span) cannot proceed effectively without the solid foundation for action provided by accurate data.

This involves planning for national coverage of effective services for mothers and babies and for chronic disease: assessing what is required against what exists and working to provide the missing services in a systematic fashion. This includes a universal home visitation program for babies up to age two. The Campaign Steering Committee believes the vast bulk of these services should be delivered by Aboriginal Community Controlled Health Services.

The Close the Gap Campaign calls for Australian governments to maintain and develop, as a part of the National Aboriginal and Torres Strait Islander Health Plan, targeted, long term initiatives so as to not lose momentum in relation to the achievement of the Close the Gap Target for under-five mortality, and to continue to monitor the rates of low birth weight babies being born to Aboriginal and Torres Strait Islander women. This involves increasing the reliability of data for Aboriginal and Torres Strait Islander births and infant mortality, and planning for national coverage of effective services for mothers and babies in a systematic fashion, with the bulk of these services being delivered by Aboriginal Community Controlled Health Services.

We further call for a capacity building plan (including increases in the operational and infrastructure funding provided) for the Aboriginal Community Controlled Health Services as part of the Aboriginal and Torres Strait Islander Health Plan. This would involve an assessment of what services are required to achieve the COAG Closing the Gap Targets, what services are currently available, and a strategy for providing the missing services in as short a time as possible.

2. Progress in relation to the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*

Signed in December 2008, the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* commits \$1.57 billion over four years from 1 July 2009 to tackle the burden of chronic disease. It targets risk factors, improving chronic disease management and follow-up, and expanding the capacity of the Aboriginal and Torres Strait Islander health workforce. Chronic disease is the single biggest killer of Aboriginal and Torres Strait Islander people and accounts for 80% of the mortality gap.⁴¹

In November 2010, the Australian Government issued its first annual report against the Indigenous Chronic Disease Package which is an important component of the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*.⁴² A further report was not available at time of writing. However, the Australian Government also maintains a 'Closing the Gap – Tackling Indigenous Chronic Disease' website⁴³ on which two updates – June and October 2011 – have been published.

Of particular importance to the successful implementation of the chronic disease package is that its programs are sustained over time, and are accessible and targeted to Aboriginal and Torres Strait Islander peoples, including being culturally appropriate. In this regard, the Campaign Steering Committee is heartened by the continuing roll out of the closing the gap workforces including:

- Tackling Smoking and Healthy Lifestyle teams – with 40 teams planned to be in place in 2012 and the final 17 in 2013. The teams are intended to implement community-based prevention and smoking-cessation activities and programs, and (more broadly) initiatives tackling the causes of chronic disease.
- Increased numbers (107 at June 2011) and training of Aboriginal and Torres Strait Islander Outreach Workers in relation to chronic disease and the chronic disease package. ATSIOW are employed in some Divisions of General Practice and Aboriginal Community Controlled Health Services to help Aboriginal people and Torres Strait Islanders access health care and follow-up services.
- Increased numbers (95 at June 2011) and training of Indigenous Health Project Officers at the national, state and community level. IHPOs work with local GPs and Aboriginal Community Controlled Health Services to ensure better coordination between the two to meet the needs of Aboriginal and Torres Strait Islander communities.⁴⁴



Photograph: Jerry Galea/OxfamAUS.

The importance of targeted approaches – the case of closing the gap anti-smoking programs

Over past decades the anti-smoking messages aimed at the general population have failed to make an impact on Aboriginal and Torres Strait Islander peoples. Yet if we are to close the gap it is vitally important that tobacco smoking rates among Aboriginal and Torres Strait Islander peoples are reduced drastically. Anti-smoking programs for Aboriginal and Torres Strait Islander peoples are therefore, and must be, different from those delivered to mainstream Australia and the Campaign Steering Committee supports the closing the gap anti-smoking initiatives.

There is reason for confidence, including much anecdotal evidence, that the programs are being effective in communities. As noted in the text, 40 Tackling Smoking and Healthy Lifestyle teams will be in place in 2012 with the final 17 in 2013. Additional positive impacts can be expected from the Quitline services being funded to provide targeted services to Aboriginal and Torres Strait Islander peoples and the local community campaigns to promote better health and stopping smoking. These include 'Healthy Community Days' that commenced with a media launch at the National Centre of Indigenous Excellence in Sydney in April 2011.

It has been estimated that approximately 75% of men in the general population smoked in 1945. Fewer than 18% of men and women in the general population smoke today. Of course, the Campaign Steering Committee wants to see the same kind of reduction in smoking rates among Aboriginal and Torres Strait Islander peoples that have been seen among non-Indigenous Australians but within much shorter time frames, but this will take time nonetheless. *It is vital that the closing the gap anti-smoking programs are given the chance to succeed, and are not otherwise prematurely stopped, or randomly modified, given the promise they hold.*

The programs must also be evaluated in terms of how many potential smokers do not take up the habit as a result of the health-promotion activities associated with the programs. In 2004–05, the ABS estimated two-thirds (66%) of all Aboriginal and Torres Strait Islander children aged 0–14 years lived with a regular smoker. It is absolutely vital that the anti-smoking message reach these children and young adults to counter the 'normative' message they may otherwise be receiving.

Expenditure on Aboriginal and Torres Strait Islander health

The Australian Institute of Health and Welfare's 2011 report *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09* (Nov 2011) estimated overall health expenditure for Aboriginal and Torres Strait Islander people to have increased from \$3,092 million in 2006–07 to \$3,700 million over 2008–09, amounting to 3.5% of Australia's total health expenditure in that year.⁴⁵

For total (government, private and other) per capita spending on health, \$1.39 was spent per Aboriginal and Torres Strait Islander person for every \$1.00 spent per non-Indigenous person. This ratio (1 to 1.39) was an increase from 1 to 1.31 in 2006–07. Some of this increase may be due to improvements to the accuracy and quality of the estimates.⁴⁶

Additional per capita expenditure on Aboriginal and Torres Strait Islander health is the result of the significantly higher burden of poorer health Aboriginal and Torres Strait Islander people experience and the higher costs associated with the delivery of health services to remote and very remote communities – where a significantly higher proportion of Aboriginal and Torres Strait Islander people live compared to the non-Indigenous population.

At the 2006 Census (the latest available data), the median equivalised gross household income of Aboriginal and Torres Strait Islander people was approximately 62% of the level earned by non-Indigenous people and 39% of Aboriginal and Torres Strait Islander people were living in 'low resource' households, almost 5 times the non-Indigenous rate.⁴⁷ Such disparities in income limit households capacity to pay for health care and provides some context for why Aboriginal and Torres Strait Islander people are high users of government-funded public hospital and community health services and low users of medical, pharmaceutical, dental and other health services that are, in general, privately provided (such as specialists).⁴⁸

Comment from the Campaign Steering Committee

The Campaign Steering Committee welcomes the additional expenditure associated with the closing the gap programs and anticipate that this will increase over the target period for achieving health equality (2030). This is necessary if the gap is to be closed – reflecting the significantly greater health needs of Aboriginal and Torres Strait Islander people that must be met if equality is to be achieved.

The Campaign Steering Committee calls the closing the gap health programs under the National Partnership Agreement on *Closing the Gap in Indigenous Health Outcomes* to continue to be adequately funded past 2013 when the agreement expires.

3. Developments in relation to planning and partnership

Progress towards a plan for Aboriginal and Torres Strait Islander health equality within a generation

In the *Close the Gap Statement of Intent*, the Australian Government commits:

To developing a comprehensive, long-term plan of action, that is targeted to need, evidence based and capable of addressing the existing inequalities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.

On 3 November 2011, the Ministers for Health and Ageing and Indigenous Health announced a process for the development of an Aboriginal and Torres Strait Islander Health Equality Plan with the goal of achieving health equality by 2030. This is to be progressed through a partnership vehicle named the Stakeholder Advisor Group that is discussed further in the section below.

The Campaign Steering Committee welcomes this announcement and looks forward to the development of a plan by early 2013, the target date for its completion. These historic developments are vital steps to the achievement of Aboriginal and Torres Strait Islander health equality by 2030. At time of writing, however, the Campaign Steering Committee remains concerned that the partnership underpinning the planning process must be a genuine one and that Aboriginal and Torres Strait Islander peoples and their representatives (working through the Congress) drive the planning effort and otherwise partake in all significant decision-making.

The Campaign calls for the government approach to partnership to enable Aboriginal and Torres Strait Islander peoples and their representatives to drive the Aboriginal and Torres Strait Islander Health Equality Plan development process, and otherwise partake in all significant decision-making in relation to it.

The Committee will also be considering the *Close the Gap National Indigenous Health Equality Targets*⁴⁹ and working to ensure that a range of sub-targets (i.e. supporting the COAG Closing the Gap Targets) are incorporated into the plan.

In the 2011 Shadow Report, we included a summary of factors to be considered in relation to the development of a plan. We repeat this call below. The Campaign Steering Committee will monitor the development of the plan as it proceeds and report our assessment in next year's shadow report against these criteria.

Factors to consider in the development of a plan

The Campaign Steering Committee call for the Aboriginal and Torres Strait Islander Health Equality Plan to:

- show ambition as befitting the achievement of a 2030 life expectancy target;
- have a generational time reach – to reach 2030;
- use sub-targets to support the achievement of the COAG closing the gap targets;
- reflect the human rights of Aboriginal and Torres Strait Islander peoples particularly in relation to health, but also to participate as partners in decision-making that affects them;
- be comprehensive and address the wide range of social and cultural determinants of health inequality;
- account for the health of marginalised groups and those with special need (that is, members of the Stolen Generations, youth, prisoners, people with disabilities etc.);
- be developed and implemented on the basis of a partnership between Aboriginal and Torres Strait Islander peoples, their representatives and Australian governments;
- include monitoring, accountability and review mechanisms;
- include a resources strategy;
- indicate how mainstream health services and mainstream programs are to contribute to Aboriginal and Torres Strait Islander health;
- include a capacity building strategy for the Aboriginal Community Controlled Health Sector;
- account for the health workforce needed if health equality is to be achieved by 2030; and
- address long-standing data issues in relation to Aboriginal and Torres Strait Islander health.

Progress towards partnership: The National Health Leadership Forum of the National Congress of Australia's First Peoples

Ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in the context of health planning should be underpinned by a partnership between them and Australian governments. While there are successful health partnerships at the state and territory level, at the national level this has not been the case.

On 15 August 2011, the *National Health Leadership Forum* (NHLF) established itself as the national representative body for Aboriginal and Torres Strait Islander health peak bodies based in the National Congress of Australia's First Peoples (Congress). It is intended to be the Congresses partnership vehicle in health matters. This role was recognised by the Indigenous Health Minister on 16 August and approved by the Congress Board on 21 August 2011.

To understand how the NHLF works, it is necessary to understand the National Congress of Australia's First Peoples – the new national representative body for Aboriginal peoples and Torres Strait Islanders. The Congress is independent of government, self-governed by a member-elected Board. Its first elected Co-Chairs are Jody Broun and Les Malezer.

The Australian Government has recognised the Congress as the central mechanism for its engagement and partnership with Aboriginal and Torres Strait Islander peoples. All Aboriginal and Torres Strait Islander people and organisations⁵⁰ are entitled to join the Congress membership.

The first National Congress meeting of 120 delegates was held in June 2011. The 120 delegates nominate every 2 years to attend the annual forum from three chambers that form the main structures within the Congress:

- **Chamber 1** – eligible members are national and peak bodies
- **Chamber 2** – eligible members are all other organisations
- **Chamber 3** – eligible members are individuals

Gender parity and adequate representation of the membership are included as part of the process to pick the 40 members of each chamber. The Board is supported by an Ethics Council – a special body of experts who provide independent advice on standards and guidelines.

Located within Chamber 1 of the Congress, the National Health Leadership Forum (NHLF) established itself as the national representative body for Aboriginal and Torres Strait Islander peak bodies whose core business is the health of Aboriginal and Torres Strait Islander peoples on 15 August 2011.

The NHLF is co-chaired by Jody Broun and Justin Mohamed, Chair of NACCHO. It has its own Secretariat. It will draw on the expertise of other bodies and individuals within the National Congress (and outside when necessary) by creating working groups. More broadly, it will draw on the National Congress structure to facilitate engagement and consultation with Aboriginal and Torres Strait Islander people, families and communities in relation to health matters.

A further function of the NHLF is to lead the Close the Gap Campaign for Indigenous Health Equality with Jody Broun co-chairing the Campaign Steering Committee with Mick Gooda, the Aboriginal and Torres Strait Islander Social Justice Commissioner. This arrangement reflects the fact that the Close the Gap Campaign's Indigenous Leadership Group was the precursor to the NHLF.



Campaign patrons Catherine Freeman and Ian Thorpe. Photograph: Michael Myers/OxfamAUS.

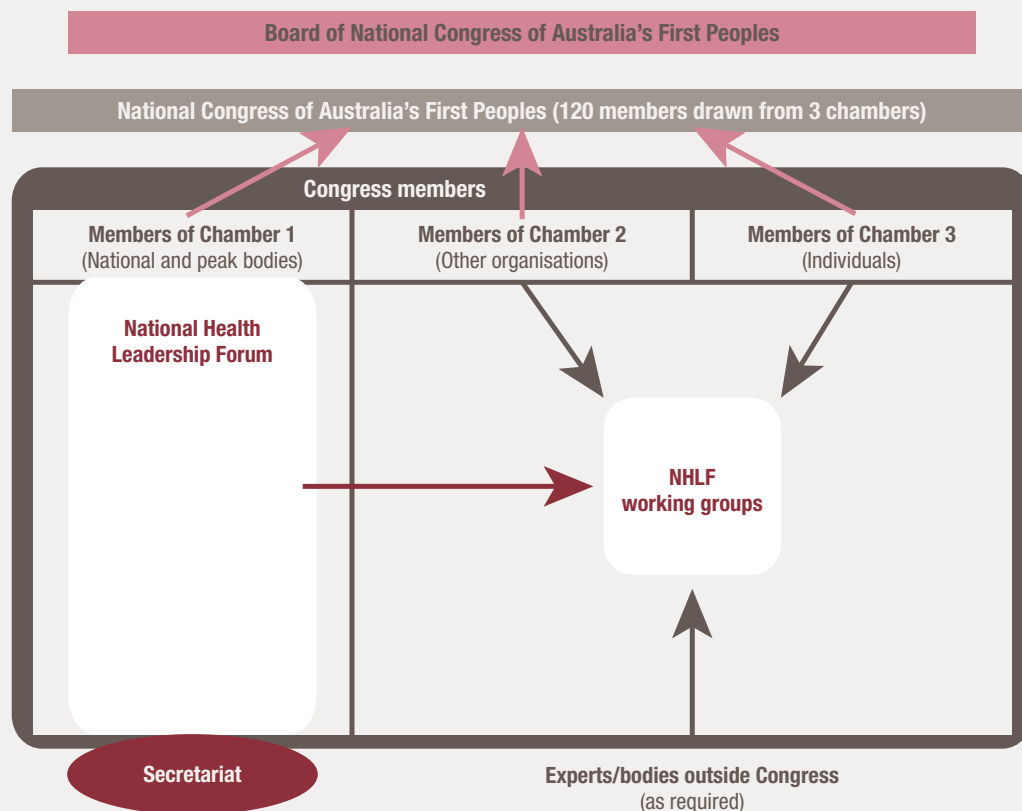
NHLF membership criteria

Members of the NHLF must satisfy two membership criteria:

1. Recognition as a national peak body whose core business is Aboriginal and Torres Strait Islander health; and
2. Membership of Chamber 1 of the National Congress of Australia's First Peoples.

The Torres Strait Regional Authority is deemed a member in order to represent the First Peoples of the Torres Strait.

The following diagram illustrates the main features of the NHLF and how it operates in the Congress structure.



The current members of the NHLF are (in alphabetical order):

- Australian Indigenous Doctors' Association;
- Australian Indigenous Psychologists' Association;
- Congress of Aboriginal and Torres Strait Islander Nurses;
- Indigenous Allied Health Australia Inc.;
- Indigenous Dentists' Association of Australia;
- The Lowitja Institute;
- National Aboriginal and Torres Strait Islander Healing Foundation;
- National Aboriginal and Torres Strait Islander Health Workers' Association;
- National Aboriginal Community Controlled Health Organisation (NACCHO);
- National Association of Aboriginal and Torres Strait Islander Physiotherapists; and
- Torres Strait Regional Authority.

The NHLF's Terms of Reference are set out in the text box below.

NHLF Terms of reference

The National Health Leadership Forum is the national representative body for Aboriginal and Torres Strait Islander peak bodies whose core business is the health of Aboriginal and Torres Strait Islander peoples, operating within the National Congress of Australia's First Peoples.

The National Health Leadership Forum will:

- Advise the National Congress of Australia's First Peoples in matters relating to health and the social and cultural determinants of health.
- Lead the Close the Gap Campaign for Indigenous Health Equality and the Close the Gap Campaign Steering Committee.
- Partner with the Australian governments in the developing and implementing of national health policy impacting on Aboriginal and Torres Strait Islander peoples. This includes, but is not limited to, the development and implementation of a comprehensive national plan to achieve health equality within a generation.
- Partner with other bodies in relation to matters impacting on the health of Aboriginal and Torres Strait Islander peoples.
- Enable Aboriginal and Torres Strait Islander stakeholders to work collectively in matters relating to the health of Aboriginal and Torres Strait Islander peoples.

In its work, the National Health Leadership Forum will be guided by the *Close the Gap Statement of Intent* and the *NHLF Position Paper* (22 December 2010) that was reproduced in the previous Close the Gap Shadow Report.

The vehicle driving the planning process is the Stakeholder Advisory Group (SAG), as discussed above. At time of writing, it has been agreed that this will be co-chaired by Jody Broun the Congress and NHLF Co-chair, and David Learmonth, Deputy Secretary of the Department of Health and Ageing. It has been agreed that the majority of members will be Aboriginal people and Torres Strait Islanders. While the exact membership is to be decided, it has been agreed to keep the SAG small in size (with assistance perhaps being provided by working groups).

The NHLF will work closely with the National Aboriginal and Torres Strait Islander Health Equality Council for the duration of the planning process.

Part 2: Developments at the state and territory level



Juliet Talbot, Kerry Welsh and Sandra Vigers at Bankstown Arts Centre enjoying line dancing for physical fitness.
Photograph: Anna Zhu/OxfamAUS.

Part 2 of this report looks at State and Territory progress towards closing the gap with a particular focus on those jurisdictions that are signatories to the *Close the Gap Statement of Intent*.

1. State and territory indicative trajectories for achieving the COAG Closing the Gap Targets for life expectancy and under-five mortality

The COAG Closing the Gap Targets are set out in *National Indigenous Reform Agreement* (NIRA) and each State and Territory-signatory to the NIRA agrees to work towards achieving them as a part of the agreement. The NIRA is implemented in each State and Territory through *Overarching Bilateral Indigenous Plans* (OBIPs). These are intended to contain Indicative trajectories to provide a framework for achieving the Closing the Gap Targets in each jurisdiction, as explained in the NIRA:

Progress against the six COAG targets will be determined against indicative trajectories (between the baseline and the target) for each target and by jurisdiction; this will comprise six national trajectories (one for each target) and trajectories for each jurisdiction where data are available. The trajectories are a guide to progress from baseline performance to achievement of the target. They are an indicative path only and are not intended to forecast future progress at any point.⁵¹

In last year's Shadow Report we noted the lack of progress in relation to both the OBIPs and the indicative trajectories. At that time, only the Northern Territory and Victorian OBIPs were available but both were without trajectories.⁵² Only Queensland, while not having a publicly available OBIP, had set trajectories in its *Making Tracks Aboriginal and Torres Strait Islander health equality framework*.⁵³ We supported the COAG Reform Council's call that the agreement of trajectories was 'a matter of high priority to enable [reporting] on progress towards closing the gap in future performance reports'.⁵⁴

Since then OBIPs have been published for New South Wales, South Australia, Queensland and Tasmania, but not for Western Australia and the ACT. However, no published OBIP contains indicative trajectories, nor are they to be found in the revised NIRA (February 2011 version).

In 2011 the COAG Reform Council published indicative trajectories for New South Wales, Queensland and the Northern Territory, and a proxy national indicative trajectory. These are set out in the text box below.

Indicative trajectories for achieving the COAG Close the Gap Target for life expectancy equality

The COAG Reform Council has published a proxy national indicative trajectory for New South Wales, Queensland, Western Australia and the Northern Territory combined (being the only jurisdictions deemed to have reliable enough data to base trajectories on). As already noted in part 1 of this report:

The COAG Reform Council estimate that by 2031 Aboriginal and Torres Strait Islander life expectancy needs to increase by 20.6 years for males (from 67.2 to 87.8 years) and 15.9 years for females (from 72.9 years to 88.8 years) for equality with the rapidly increasing life expectancy of the general population to be achieved. This equates to an annual improvement of around 0.8 years for males and 0.6 years for females over the target period.⁵⁵

Acknowledgements

The Campaign Steering Committee thank the following for their assistance in compiling this part of the report:

- Department of Health, Queensland, and the Queensland Aboriginal and Islander Health Council;
- Department of Health, Victoria, and the Victorian Aboriginal Community Controlled Health Organisation;
- Department of Health, South Australia, and the Aboriginal Health Council of South Australia;
- Department of Health, Western Australia, and the Aboriginal Health Council of Western Australia;
- Department of Health, New South Wales, and the Aboriginal Health and Medical Research Council (NSW); and
- ACT Health Directorate and Winnunga Nimmityjah Health Service (ACT).

For New South Wales:

In order to meet the COAG target to close the gap in life expectancy at birth in a generation, Indigenous male life expectancy at birth would need to increase in New South Wales from 69.9 years in 2006 to 88.0 years in 2031 – around 0.7 years per year; and Indigenous female life expectancy at birth would need to increase from 75.0 years in 2006 to 88.9 years in 2031 – around 0.6 years per year.⁵⁶

For Queensland:

In order to meet the COAG target to close the gap in life expectancy at birth in a generation, Indigenous life expectancy at birth in Queensland would need to increase from 68.3 years in 2006 to 87.8 years in 2031 for males – around 0.8 years per year; and from 73.6 years in 2006 to 88.6 years in 2031 for females – around 0.6 years per year.⁵⁷

For the Northern Territory:

In order to meet the COAG target to close the gap in life expectancy at birth in a generation, Indigenous life expectancy at birth in the Northern Territory would need to increase from 61.5 years in 2006 to 82.7 years in 2031 for males – around 0.8 years per year; and from 69.2 years in 2006 to 92.9 years in 2031 for females – around 0.9 years per year.⁵⁸

Western Australia is negotiating a jurisdictional trajectory at time of writing. In correspondence, WA Health indicates that it:

[H]as agreed in principle on the trajectories and targets but does not agree with the methodology and the measurement used to determine the progress. The small Aboriginal population and problems with its enumeration make the trajectories data volatile. Furthermore, any progress made is unlikely to be linear. Work is in progress at the State and National level to resolve the issues.⁵⁹

For South Australia, Victoria, ACT and Tasmania⁶⁰ relatively small Aboriginal and Torres Strait Islander populations and poor data reliability prevents the development of indicative trajectories for the Closing the Gap Target for life expectancy. In these jurisdictions it is therefore important that proxy measures and trajectories are developed as a part of planning to close the gap. To that end, ACT Health report:

[A] Working Group to the Aboriginal and Torres Strait Islander Affairs Committee to the ACT Strategic Board is developing a scorecard and recommendations to the Committee on strategies for ensuring that targets set by the Council of Australian Governments (COAG) on National Indigenous Reform are met by the ACT. In addition, the Health Directorate is undertaking a number of data improvement activities to improve reporting on proxy indicators.⁶¹

SA Health report that:

The South Australia Strategic Plan⁶² (SASP) outlines a range of key strategies and actions aimed at reaching the Aboriginal Healthy Life Expectancy target within South Australia by focusing on co-ordinated whole of government initiatives to improving... life expectancy, improving prevention, early detection and management of chronic diseases, improving Aboriginal birthing outcomes and child health, reducing the impact of alcohol, tobacco and other substances; and a concerted effort in improving mental health outcomes for South Australian Aboriginal people.

The *SA Health Aboriginal Health Care Plan (2010–2016)*⁶³ launched in 2010 integrates COAG targets and relevant SASP Targets as well as the program areas of the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* and *Indigenous Early Childhood Development National Partnership Agreement*.⁶⁴

In the 2011 Shadow Report, proxy measures for achieving the Close the Gap Target for life expectancy in Victoria (from the *Victorian Indigenous Affairs Framework 2010–2013*) were presented.⁶⁵ As discussed below, these are currently being revised.

Comment from the Campaign Steering Committee

It is vital that accountability mechanisms for closing the gap in life expectancy, including indicative trajectories for achieving the COAG Closing the Gap Targets, are included in Commonwealth and State/Territory agreements. In turn this depends on an improvement to poor data quality that is preventing the creation of indicative trajectories and the ability to compare progress (or lack of progress) between jurisdictions.

We call for:

- The inclusion of indicative trajectories or proxy measures (when appropriate) in the *National Indigenous Reform Agreement* or the *Overarching Bilateral Indigenous Plans* to ensure all jurisdictions are accountable to both the Commonwealth and Aboriginal and Torres Strait Islander peoples for the achievement of the Closing the Gap Targets.
- A consistent and comparable quality and standard of data for Aboriginal and Torres Strait Islander health across the States and Territories.



Patient Garry Gray has a routine check up during a home visit by Elizabeth Laurie, Early Detection and Screening Officer at Galambila Aboriginal Health Service. Photograph: Jason Malouin/OxfamAUS.

2. Progress in jurisdictions that signed the *Close the Gap Statement of Intent*

(a) Queensland

The Queensland Government and Opposition signed the *Close the Gap Statement of Intent* in April 2008.

In June 2010 *Making Tracks*⁶⁶, the policy and accountability framework and implementation plan for 2009–10 to 2011–12 was launched. The second *Making Tracks* plan, for 2012–13 to 2014–15, will be published early in 2012–13.⁶⁷

In 2011 Queensland Health and the Queensland Aboriginal and Islander Health Council (QAIHC – the peak body for the community controlled health sector in Queensland) signed a collaborative agreement, underpinned by an activity plan, which details the ways in which the two organisations will work together strengthening the Queensland Aboriginal and Torres Strait Islander Health Partnership.^{68 69}

Transitioning to community control

An important outcome of the partnership approach to closing the gap in Queensland was the release by the Queensland Government of a *Draft Strategic Policy Framework for Transition to Aboriginal and Torres Strait Islander Community Control of Health in Queensland* in August 2011.⁷⁰ This was developed with a number of stakeholders including QAIHC.

The Campaign Steering Committee supports Aboriginal and Torres Strait Islander participation in, and control of, primary health care services that deliver to Aboriginal and Torres Strait Islander communities as a vital part of the national effort to close the gap. The framework outlines the policy directions that will enable greater Aboriginal and Torres Strait Islander community control over the planning, management and delivery of these services. This important framework, when completed, could have application across a range of jurisdictions.

Making Tracks also addresses the social determinants of poorer Aboriginal and Torres Strait Islander health. Queensland Health report work is progressed between government agencies through a Senior Executive Reference Group and through the Queensland Aboriginal and Torres Strait Islander Health Partnership with QAIHC.

A development of interest in regional Queensland is the signing of the *Palm Island Statement of Intent* (an adaption of the *Close the Gap Statement of Intent* as reproduced on page 5 but, otherwise, with all the commitments remaining the same) and the development of the *Palm Island Health Action Plan*⁷¹ (PIHAP – October 2011) in a partnership between Palm Islanders and their representatives and Queensland Health. According to the latter:

A Palm Island Health Services Coordination Group (PIHSCG), to be established by the Palm Island Aboriginal Shire Council (PIASC), will be responsible for implementing the PIHAP, as well as monitoring and reviewing its progress. This group will replace the current Palm Island Health Partnership Group (PIHPG), which was involved in the development of the PIHAP.

The PIHSCG will include representation from the PIASC, health service provider organisations and Queensland Government and Australian Government representatives. To facilitate ongoing local engagement and participation, the PIHSCG will be informed by a Palm Island Health Consumers Working Group comprised of Palm Island community members who utilise health services.

Queensland Health and PIASC are responsible for implementing the majority of agreed actions aimed at addressing the demonstrated health gap and/or the community's wider health concerns.⁷²

Comment from the Campaign Steering Committee

This local-level signing of the *Close the Gap Statement of Intent* and development of a partnership mechanism with Aboriginal and Torres Strait Islander health representatives to monitor and implement agreed actions showcases how national, state and local level efforts to close the gap can be aligned to ensure progress at every level of government.

(b) Victoria

The Victorian Government (and then Opposition) signed the Statement of Intent in March 2008.

In the past year, Victoria has begun a revision of the Victorian Indigenous Affairs Framework (VIAF – discussed in the 2011 Shadow Report⁷³) and the proxy measures for measuring changes in life expectancy within. The Victorian Department of Health reports that it will develop a new state-wide Aboriginal Health Framework as a part of the process:

The VIAF is currently being refreshed to include additional health targets and indicators for 2013. Targets have also been amended or removed as appropriate due to varying definitions and data limitations in indicators such as overweight and physical activity. Additional targets that may be included in the VIAF are “rates of self-reported health status”, and “levels of psychological distress among Indigenous adults”. The new targets will be reported upon in future Victorian Indigenous Affairs Reports, and will be monitored through the implementation of *Koolin Balit: Victorian Government Strategic Directions for Aboriginal Health 2012–2022*, which is currently being developed.... The refreshed VIAF and *Koolin Balit* are due to be released in the first half of 2012.⁷⁴

The refreshed VIAF and the *Koolin Balit* are to be progressed through the partnership arrangements set out in the VIAF.⁷⁵

Comment from the Victorian Aboriginal Community Controlled Health Organisation

While there is much in Victoria that remains to be done to fully implement the commitments contained in the *Close the Gap Statement of Intent*, the federal and Victorian parties to it have been active in aligning their organisations, and holding government to account, to the commitments.

Last year's Shadow Report discussed the Victorian 'Coalition of the Intentional'.⁷⁶ The work of the Coalition has continued this year with the commitment of resources to employ a dedicated worker/Secretariat to progress these activities.

The Department of Health has an ongoing partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to progress initiatives with Aboriginal Community Controlled Health Organisations (ACCHOs) across the state. However health planning and implementation is primarily occurring at the local level through Regional Closing the Health Gap Committees that:

[H]ave brought together Aboriginal Community Controlled Health Organisations, mainstream health sector, and local government and Local Indigenous Networks⁷⁷ to formally commit to improving health outcomes at a local level. In most cases these committees are co-chaired between the CEO of an ACCHO and the Regional Health and Aged Care Director.

The Regional Closing the Gap committees undertook extensive community consultation in the development of their regional plans. This approach ensured that each region had a locally tailored approach to closing the gap within the parameters of the five Closing the Health Gap priority areas [as set out in the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*].

The Department of Health has continued to implement the Regional Closing the Health Gap plans, which include over 100 locally managed projects. Thirty two million dollars over four years, from the 2009–2010 financial year has been allocated to...develop these projects.

Urbis Pty Ltd has been engaged to conduct an evaluation of the regional approach to closing the gap health programs in Victoria. A baseline report was released in May 2011.⁷⁸ Key findings from the first progress report (October 2011) are extracted in the textbox below. They illustrate successful approaches to closing the gap advocated for by the Campaign Steering Committee for many years.⁷⁹

The Urbis evaluation of Victorian closing the gap health programs
(Extracts from the Executive Summary)

... The Department of Health has reported in its *Highlights Report 2009–2011* that the main highlights of the CtHG initiatives in Victoria to date are:

- prioritising Aboriginal health at a state and regional level;
- establishing and strengthening partnerships around Aboriginal health, some for the first time;
- establishing clearly defined priorities for both state and regional initiatives, and planning for their implementation; and
- establishing a clear evaluation process for tracking our development in building an evidence base for future investment...

The findings of the evaluation thus far lend support to this statement, suggesting that the key achievements to date are the visibility of Aboriginal health on the agenda of universal health services; the building of partnerships across community-controlled and state-funded health services; and tangible and practical attempts to reduce barriers to service access for Aboriginal people. The main achievements of the regional implementation to date are:

- the development of partnerships
- visible changes which have taken place in mainstream services.

Some of these changes are not specifically related to service delivery but indicate a greater awareness of the need to create a welcoming environment for Aboriginal and Torres Strait Islander peoples, such as flying the Aboriginal and Torres Strait Islander flags, putting up Aboriginal artwork, and so forth. It has been reported that there is growing understanding among health service staff of the need to create a culturally safe environment, a greater focus on the roles of [Aboriginal, or Koori, Liaison Officers based in hospitals], and greater attention to the need for communication and collaboration between universal and community-controlled services.

Aboriginal employment within universal services is also on the agenda state-wide, with some regions, notably Gippsland, actively establishing a regional project to improve Aboriginal employment throughout the region's health services. Other services and regions have indicated that they have already been seeking to increase Aboriginal employment, or that [closing the gap health programs] has provided a catalyst to do so. Some services already meet or exceed the 1% employment target set by the Department of Health.

The Victorian approach is widely considered by stakeholders to have been the appropriate response to the disparity in health outcomes for Aboriginal people. Locally responsive initiatives, within an authorising environment which empowers local decision-making and community inclusion, are believed to be the prerequisites for lasting change...

... Key lessons learned to date include the following:

- the requirement to take time to consult with, and genuinely include, Aboriginal community members in the development of culturally appropriate and responsive health services. This appears to be the key lesson: true consultation and genuine understanding take time
- the need to be clear about what 'consultation' actually means. Western and Aboriginal understandings of this word, and indeed of many aspects of health and wellbeing, differ, which can lead to differing perceptions between universal and community-controlled health services, and their communities
- the benefits and opportunities which arise from partnerships and formal agreements. Where these are already in place, improvements to health service access and delivery are already evident. Much of this rests on leadership at the very senior level, with CEO-to-CEO engagement necessary to develop institutional relationships rather than informal service-level engagement...⁸⁰

The findings of the evaluation will be reported regularly throughout the three-year period, with a final report provided in January 2014.

Comment from the Campaign Steering Committee in relation to the regional planning and partnership approaches reported in Victoria, Western Australia and South Australia

The partnership approaches at a regional level within Victoria highlight again the importance of this level of planning and work in the overall national effort to close the gap. The monitoring and evaluating of these approaches on an ongoing basis is a welcome development which should inform making appropriate adjustments to programs and approaches working in partnership with Aboriginal and Torres Strait Islander people and their representatives.

The Campaign Steering Committee notes the similar regional emphasis in South Australia's, Western Australia's and Queensland's (Palm Island) approach to closing the gap. We believe this approach to be important and one that may have application in many other States and Territories. Regular monitoring at this level is an important part of ensuring accountability to Aboriginal and Torres Strait Islander people living in the region.

(c) Western Australia

The Western Australia Government and Opposition signed the *Close the Gap Statement of Intent* in April 2009. Aboriginal health is now a key priority area for the Western Australian Department of Health (WA Health).⁸¹

As noted in the 2011 Shadow Report, the *WA Health Operational Plan 2009–2010* (May 2009) states that WA Health will be implementing the *Close the Gap Statement of Intent* as part of their ongoing implementation of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* and a number of health-related strategies.⁸²

WA Health reports that it continues to work in partnership and to provide funding to ACCHOs and NGOs across metropolitan, regional and remote areas. At the state-level:

Work [is] in progress on the review of the *WA Cultural Respect Implementation Framework*, the *WA Health Aboriginal Employment Strategy* and the *WA Aboriginal Health Impact Statement and Guidelines*. It is anticipated that the process will be completed in 2012. In the meantime these documents are still in use within WA Health and a number of initiatives that focus on WA Health Aboriginal Employment Strategy are being implemented, these include:

- Assessment and up-skilling of WA Health employed Aboriginal Health Workers to the national competency standards;
- Affirmative action to increasing the numbers of Aboriginal and Torres Strait Islander peoples working across all health professions;
- Support the work of the National Registration and Accreditation Scheme for the registration of Aboriginal and Torres Strait Islander Health Workers
- Entered into agreement with Aboriginal Registered Training Organisations to train cohorts of Aboriginal students; and
- Increasing funding for the Aboriginal Health Division's Scholarship program.⁸³

Regional and Metropolitan Health Planning Forums provide the main structures to facilitate the provision of culturally secure health services as well as to address the social determinants of health.⁸⁴

In relation to the closing the gap programs associated with the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*:

Over 100 new services and programs have been established under this initiative. These new services have increased access to culturally secure health services and service providers in urban, regional and remote settings across WA; increased numbers of first point of contact, referrals and coordinated care, improved screening and follow up, particularly for chronic illness throughout the state; and increased health literacy through culturally appropriate education and health promotion. A greater number and range of services and programs are now available to the WA Aboriginal community.⁸⁵

In the past year, progress has occurred in relation to addressing the social and emotional well-being of Aboriginal people in WA:

A number of Social and Emotional Wellbeing services have been implemented across WA... For example, in the Goldfields, counselling and support services are now being provided for Aboriginal people from Wiluna, Kalgoorlie and Coolgardie in response to an identified need for support for communities with alcohol and drug related issues.⁸⁶

And in relation to drug and alcohol issues:

The Drug and Alcohol Office conducted two intakes of the Aboriginal Alcohol and other Drug Worker Training Program. Twenty-one students enrolled in Intake 1 and are employed in a number of agencies, ranging from community controlled, non-government and government services in the Kimberley, Goldfields, Gascoyne/Murchison, Wheatbelt and metropolitan regions. Eleven students enrolled in Intake 2 of the training, which was specifically for workers from the Aboriginal Alcohol and Drug Service. Thirteen participants graduated in February 2011 and received their CHC30108 Certificate III in Community Services, Aboriginal Alcohol and Other Drug Worker Training Program qualification.

The Drug and Alcohol Office through partnership with Area Health Services commenced the Strong Spirit Strong Future state-wide Aboriginal Foetal Alcohol Spectrum Disorder (FASD) Prevention Program through funding of \$2.2 million over four years from the *COAG Closing the Gap Indigenous Early Childhood Development National Partnership*. Project activities include: consultation with key stakeholders; development of culturally secure resources; provision of workforce development strategies; and planning towards a regional television and radio campaign strategy to support individuals, families, professionals and communities to prevent alcohol use in pregnancy.⁸⁷

(d) Australian Capital Territory

The Australian Capital Territory Government signed the Statement of Intent in April 2010.

The ACT Aboriginal and Torres Strait Islander Health Forum is the primary strategic planning body for Aboriginal and Torres Strait Islander health in the ACT comprised of representatives from ACT Health, Winnunga Nimmityjah Aboriginal Health Services, ACT Division of General Practice, ACT Aboriginal and Torres Strait Islander Elected Body and the ACT Office of the Australian Government Department of Health and Ageing.

A New Way – The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006–2011 (A New Way) is the ACT's implementation plan for the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* and incorporates the implementation of a number of mainstream territory health strategies.

ACT Health report that in light of the Australian Government's announcement to develop an Aboriginal and Torres Strait Islander Health Equality Plan, the ACT Aboriginal and Torres Strait Islander Health Forum agreed to refresh *A New Way*, including those parts that address the social determinants of health inequality in the ACT. At time of writing:

[I]t is reviewing progress against actions in *A New Way* and identifying and prioritising activities for 2011–2013. The Statement of Intent is being considered as part of this process. In addition, in recent correspondence to the Australian Government, the ACT Government requested that the Statement of Intent be considered in the development of the new national health plan.⁸⁸

Also in the past year a review of the 2006 *ACT Aboriginal and Torres Strait Islander Health Impact Statement* took place. The review resulted in changes to the template and the associated *Guide to Engaging and Consulting with the Aboriginal and Torres Strait Islander communities in the ACT*.^{89 90}



Healthcare worker Steven Hayes with Benjamin and Jacob Narkle at SWAMS clinic at St John Of God Hospital, Bunbury, Western Australia. Photograph: Bonnie Savage/OxfamAUS.

Developments of note in the ACT in the past year are also discussed in the text box below.

Developments in Aboriginal and Torres Strait Islander health in the ACT

Anti-smoking programs

- The *ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy 2010–2014* is being implemented with the assistance of a working group comprising: the ACT Aboriginal and Torres Strait Islander Elected Body; Winnunga Nimmityjah Aboriginal Health Service; Gudan Gulwan Aboriginal Youth Corporation; the ACT Education and Training Directorate and the ACT Health Directorate. This is considering outcomes of social research undertaken with Aboriginal and Torres Strait Islander organisations and groups. The ACT Health Directorate has funded an Aboriginal and Torres Strait Islander student to undertake a PhD through the Centre for Research and Action on Public Health, University of Canberra to evaluate the Strategy, commencing in 2012.
- Winnunga Nimmityjah Aboriginal Health Service has been funded for three years (2010–2013) to develop and implement a multi-component smoking cessation and reduction program based on family, social and workplace networks.
- Gudan Gulwan Aboriginal Youth Corporation is funded to provide 'Street Beat' a program for at risk Aboriginal and Torres Strait Islander young people. The promotion of smoking cessation is provided through the program and a staff member has become a qualified QUIT Educator through QUIT Victoria.

Development and implementation of an Aboriginal and Torres Strait Islander Cultural Awareness and Skills Development Program

- The Program consists of three inter-related components that are currently being implemented in the Health Directorate. The Program includes: staff orientation; an eLearning module; and a face to face skills development workshop.
- Staff orientation commenced in February 2011 with a total of 603 employees completing the training since its introduction. An eLearning module was launched in July 2011 and a total of 1,046 employees have completed the program, which is a pre-requisite for the face to face skills development workshop.
- The Yurauna Centre, Canberra Institute of Technology (CIT) is currently developing the face to face skills development workshop for delivery to ACT Health Directorate staff. A pilot session was conducted on 14 December 2011.

Establishment of an Ngunnawal Bush Healing Farm – an ACT Aboriginal and Torres Strait Islander Residential Rehabilitation Service

A Principal Consultant was engaged in October 2011 and commenced design consultations with the Aboriginal and Torres Strait Islander Advisory Board⁹¹ in November 2011.⁹²

Healthy Lifestyle Program

Winnunga Nimmityjah Aboriginal Health Service has been funded to conduct a prevention and educational Healthy Lifestyle Program. The Program has been developed in consultation with the Community which has indicated the requirement for:

- A Healthy Eating Program for Mums and Bubs – preparing healthy meals for the children.
- Community cooking demonstrations on a low budget.

- Exercise Programs for Winnunga staff and Community members (Zumba, walking groups, swimming, one-on-one exercise programs).
- Boxing for Community members and young people.

In conjunction with the Winnunga Social Health Team the Healthy Lifestyle Program has joined with the Tobacco Cessation Program to deliver a program in Canberra schools which addresses drug and alcohol, tobacco and healthy lifestyles.

Diabetes Clinic

Winnunga Nimmityjah Aboriginal Health Service has been funded to conduct a monthly Diabetes Clinic. Each second Tuesday of the month members of the Diabetes Group are able to visit a doctor, an educator and a podiatrist. A healthy lunch is then prepared by the educator and enjoyed by the group.

(e) New South Wales

The New South Wales' Government (and then Opposition) signed the Statement of Intent in June 2010.

In fulfillment of the commitment to health planning and partnership in the Statement of Intent, the State is currently developing a ten-year health plan for Aboriginal health in partnership with the Aboriginal Health and Medical Research Council (AH&MRC), the peak body for Aboriginal Community Controlled Health Services in NSW. A partnership basis will remain a fundamental approach to the process of plan-development until the Plan's anticipated completion in late 2012.⁹³

Over 2011, a regional consultation process was designed and delivered in partnership with the AH&MRC with workshops attended by representatives from the Aboriginal community controlled health sector. Over half the participants in the workshops were Aboriginal. As part of the wider consultation process, the Hon. Kevin Humphries MP (Minister for Mental Health, Minister for Healthy Lifestyles, and Minister for Western New South Wales) and the AH&MRC co-hosted a Health and Wellbeing Forum – where senior staff from the NSW Health system and the Board of Directors of the AH&MRC joined together to consider issues raised in the regional workshops.

A discussion paper (towards a draft plan) will be published on National Close the Gap Day, 22 March 2012, and a further round of consultation with Aboriginal communities and stakeholders will occur after that in partnership with the AH&MRC.⁹⁴

Chronic disease remains the focus of efforts to improve Aboriginal and Torres Strait Islander health in NSW. Programs include:

- The *Chronic Care for Aboriginal People Program* – this aims to improve the access of Aboriginal people to medical specialists and allied care and aims to reduce hospitalisation for Aboriginal people with chronic disease.
- *Living Well*, the NSW Aboriginal Health Chronic Care Initiative includes; the Chronic Care Service Enhancement Program which supports chronic care services in Aboriginal Community Controlled Health Services; the Many Rivers Diabetes Prevention Program; the Aboriginal Cancer Partnership Program between the Aboriginal Health and Medical Research Council and the Cancer Institute.⁹⁵

A related focus is maternal and infant health care. Programs related to the *National Partnership Agreement on Indigenous Early Childhood Development* include:

- The *Aboriginal Maternal and Infant Health Strategy*, a community-based maternity service providing culturally appropriate care for Aboriginal women and babies. AMIHS was developed to improve health outcomes for Aboriginal women and their babies, during pregnancy and birth and to decrease maternal and perinatal morbidity and mortality.
- *Building Strong Foundations* program, now running in eight sites across NSW, with a further three sites being funded in 2012. This is a partnership model of primary health care involving Aboriginal Health Education Officers working in partnership with child and family health nurses. The program is a strengths based approach to early childhood health for children 0–5 years and their families to promote health and wellbeing, support parenting, enhance community development, identify any health, development and wellbeing concerns, and intervene early to ensure children have the best possible start in life and arrive at school ready to learn.⁹⁶

In relation to the social determinants of Aboriginal and Torres Strait Islander health inequality, the NSW Government has created a Ministerial Taskforce on Aboriginal Affairs to develop a holistic Aboriginal affairs strategy. Membership of the Taskforce includes senior NSW Government Ministers and Aboriginal leaders and like the health-planning effort will operate on a partnership basis. The Taskforce has just begun a consultation process in relation to three of the major social determinants of health – education, employment and service delivery and accountability, which includes online submissions and workshops across NSW.⁹⁷

NSW Health report a number of opportunities to make relative health gains in NSW that contribute to the closing of the health gap in relation to the social determinants of health and:

- NSW Health is working with the Aboriginal Housing Office to implement Housing for Health more broadly. Housing for Health is a copyright methodology improving living conditions in Aboriginal communities and has been shown to significantly reduce hospitalization for infectious diseases. See the text box below for further information about Housing for Health.
- NSW Health is working with the AH&MRC to grant funds to a range of organisations to implement and evaluate a range of injury prevention programs designed specifically for implementation in Aboriginal communities.
- The introduction of Medicare Locals brings opportunities for Local Health Districts (LHDs), Aboriginal Community Controlled Health Services and Medicare Locals to work together to develop strategies to address the social determinants of health and to improve access to services for Aboriginal people in NSW. LHDs, in developing their service plans, will engage with ACCHSs and other health providers to ensure that the LHD service plan meets the needs of local people.
- The NSW Ministry of Health is also reviewing the Aboriginal Health Impact Statement and Guidelines in partnership with the AH&MRC. The purpose of this is to ensure the needs and interests of Aboriginal people are embedded into the development, implementation and evaluation of all NSW Health initiatives. Implementation of the Statement is a mandatory requirement for all NSW Health organisations.⁹⁸

Comment from the Campaign Steering Committee

Recent developments in NSW highlight the importance of partnership approaches in planning for improved health outcomes for Aboriginal and Torres Strait Islander peoples including in relation to health or the social determinants of health. The Committee will continue to monitor the NSW Aboriginal Health Plan through its various development stages in 2012.

(f) South Australia

The South Australia Aboriginal Health Partnership comprises executive health representatives from the State and Commonwealth and the SA Aboriginal Community Controlled Health Sector. The concept of the Partnership was expanded to include the SA General Practice Network and the Rural Doctors Association of South Australia. This new group was established as the SA COAG Implementation Advisory Committee, convened by the Australia Department of Health and Ageing, with the purpose of coordinating the South Australian implementation of *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*.

In 2011, SAAHP has, undertook extensive consultation with Aboriginal and Torres Strait Islander stakeholders to develop the above five year plan work (implementation) plan aligned to the following priority areas:

- Improving Aboriginal people's access to Health and Wellbeing services
- Identifying priority areas for action
- Responding to emerging health issues in the Aboriginal community
- Capacity Building
- Workforce Development – Maximise opportunities for a sustainable Aboriginal health workforce in South Australia, including training, long-term employment, recruitment and retention.⁹⁹

An Aboriginal Health Care Plan Implementation Committee (AHCPIIC) was also established in February 2011 to oversee the implementation of the *SA Aboriginal Health Care Plan 2010 – 2016 (Plan)*¹⁰⁰, ensuring more effective collaboration, coordination and accountability and reporting regularly to SA Health Executive on progress and outcomes achieved. Reflecting partnership approaches, the AHCPIIC includes the Aboriginal Health Council of SA as well as mainstream bodies such as General Practice SA as member.



Samuel Hill, 5 years, has a health check-up with SWAMS healthcare worker Steven Haymen at Djidi Djidi school in Bunbury, Western Australia. Photograph: Bonnie Savage/OxfamAUS.

SA Health report:

The [SA Aboriginal Health Care Plan] is premised on partnerships and acknowledges the need to strengthen integrated approaches to planning and service delivery in Aboriginal health. The plan identifies that partnerships will be critical to the successful implementation and delivery of program and services to the Aboriginal community. The governance structures established has incorporated key internal and external stakeholders within its membership, such as Local Network Aboriginal health leads and the Aboriginal Health Council of SA.¹⁰¹

Five SA Local Health Networks (LHNs) manage the delivery of public hospital services and other community based and primary health care services across the State. At this level, LHNs have developed *Aboriginal Health Improvements Plans* with a focus on increasing the number of Aboriginal and Torres Strait Islander clients accessing health services, such as adult and child health checks.

The South Australian Government has also adopted a “Health in All Policies Approach” (HiAP) in the SASP to play a key guiding role in the State’s address to the social determinants of Aboriginal and Torres Strait Islander health inequality. The HiAP concept is progressively being implemented by all member countries of the European Union. In short, it applies the “health lens” to activity in the non-health sector in relation to areas that nonetheless impact on health. An example of the HiAP in action is provided by the *Aboriginal Road Safety Health Lens Project*, as discussed by SA Health:

[T]he Project... is a collaboration between key agencies to identify ways of increasing Aboriginal healthy life expectancy by improving road safety. Unlicensed driving is identified as a particular problem for Aboriginal communities especially in remote communities. The project aims to develop strategies and recommendations that will increase the number of Aboriginal people in urban, regional and remote SA who obtain and retain a current driver’s licence, leading to improved mobility, road safety and ultimately health and wellbeing.¹⁰²

Comment from the Campaign Steering Committee

As with Aboriginal Health Impact Statements in use (or being developed by) New South Wales, Western Australia and the ACT, the HiAP concept is an avenue for progressing improvements to the social determinants of Aboriginal and Torres Strait Islander health inequality in the non-health sectors. We believe this concept to be of potential use in other jurisdictions. Breaking down the silos in government is a vital if social and cultural determinants are to be addressed (including through shaping education and employment policy) in the national effort to close the gap.

Conclusion

By delivering on their Statement of Intent commitments to health equality planning and supporting partnerships with Aboriginal and Torres Strait Islander peoples and their representatives, we believe Australian governments' efforts to close the gap have broken new ground in 2011.

Despite our cautious optimism there is, however, no room for complacency. As discussed in this report, it is by no means clear that the first three years of the closing the gap programs have resulted in any closure of the life expectancy gap.

It is vital that Australian government's increase their efforts to address the long-standing data issues that still plague the effective monitoring of programs and that work to dilute accountability.

It is also vital that Australian governments continue to fund closing the gap programs at the level needed when the current national partnership agreements expire in 2013. The approaches in these agreements must be given the chance to succeed, and they need longer than 4-years to do so. There are 18-years to go until 2030 – this is what is meant by a generational commitment.

New and long term commitments, new funding, new thinking, and new ways of doing business with Aboriginal and Torres Strait Islander people are required if the gap is to close by 2030. It is only by working together that the health gap – so long a cause of unnecessary suffering to Australia's Aboriginal and Torres Strait Islander peoples and a stain on our nation's reputation – will close.

We believe we are off to a good start, but we will continue to monitor and hold Australian governments to account for their efforts to close the gap.

Endnotes

- 1 Aboriginal and Torres Strait Islander Commissioner's *Social Justice Report 2005*, Human Rights and Equal Opportunity Commission, Sydney, 2005. Available online at: www.humanrights.gov.au/social_justice/health/health_summary.html.
- 2 Also signed by the Hon. Nicola Roxon MP (then Minister for Health and Ageing); Hon. Jenny Macklin MP, the Minister for Families, Housing, Community Services and Indigenous Affairs; and Dr Brendan Nelson MP (then Opposition Leader).
- 3 Australian Institute of Health and Welfare 2011. *Life expectancy and mortality of Aboriginal and Torres Strait Islander people*. Cat. no. IHW 51. Canberra: AIHW.
- 4 Aboriginal and Torres Strait Islander life expectancy is estimated using a methodology adopted by the ABS in 2009 that is contested by the campaign. Prior to 2009, the life expectancy gap was estimated in the order of 17-years. See: ABS *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, 2005–2007* (ABS cat. no. 3302.0.55.003) Commonwealth of Australia, Canberra.
- 5 The Statement of Intent sets out the approach government must take in order to close the gap by 2030 and provides the basis against which to hold government to account for meeting commitments The Statement of Intent is reproduced on the opposite page.
- 6 Including on health, housing, employment and education as indicated by progress against the COAG Closing the Gap Targets. The first report was delivered in February 2009 and the second in March 2010. Prime Minister Julia Gillard delivered her first report in February 2011.
- 7 For further information see: Aboriginal and Torres Strait Islander Social Justice Commissioner, *Social Justice Report 2008*, Australian Human Rights Commission, Sydney, 2009. Available online at: www.humanrights.gov.au/social_justice/sj_report/sjreport08/chap2.html.
- 8 The NIRA was agreed by COAG in November 2008. The agreement: commits all jurisdictions to achieving the Closing the Gap targets and sets out an integrated strategy for achieving the targets in urban and regional areas, as well as in remote Australia. The NIRA can be found on the website for the Ministerial Council of Federal Financial Relations at www.federalfinancialrelations.gov.au/content/national_agreements/indigenous_reform/National_Indigenous_Reform_Agreement_from_13_Feb_11.pdf.
- 9 Most State and Territory Governments and Oppositions have also signed the *Close the Gap Statement of Intent* including Queensland, New South Wales, Western Australia, Australian Capital Territory, and Victoria.
- 10 COAG Reform Council 2011, *National Indigenous Reform Agreement: Performance report for 2009–10*, COAG Reform Council, Sydney.
- 11 Steering Committee for the Review of Government Service Provision 2011, *Overcoming Indigenous Disadvantage: Key Indicators 2011*, Productivity Commission, Canberra.
- 12 Australian Health Ministers' Advisory Council, 2011, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2010*, AHMAC, Canberra, 2011.
- 13 *ABS Deaths – Australia 2010*, ABS cat.no. 3302.0, Commonwealth of Australia, Canberra, 2011, p8.
- 14 See UN webpage "International Human Development Indicators" (life expectancy at birth): <http://hdrstats.undp.org/en/indicators/69206.html> (Accessed January 2012).
- 15 See United Nations Development program, International Human Development Indicators (Life expectancy at birth): <http://hdrstats.undp.org/en/indicators/69206.html> (Accessed January 30, 2012).
- 16 COAG Reform Council 2011, *National Indigenous Reform Agreement: Performance report for 2009–10*, COAG Reform Council, Sydney, p18.
- 17 See ABS website: www.abs.gov.au/ausstats/abs@.nsf/lookup/2011.0.55.001Main%20Features92011 (Accessed January 2012).
- 18 COAG Reform Council p16.
- 19 Life tables for the Aboriginal and Torres Strait Islander Australian population for the period 2005 to 2007 were first published in May 2009 in ABS *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, 2005–2007* (cat. no. 3302.0.55.003). The methodology used has been criticised by the Close the Gap Campaign.
- 20 For more information, see ABS *Discussion Paper: Assessment of Methods for Developing Life Tables for Aboriginal and Torres Strait Islander Australians, 2006* (cat.no. 3302.0.55.002) and ABS *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, 2005–2007* (cat. no. 3302.0.55.003). Prior to 2009, the life expectancy gap was estimated in the order of 17-years. See Australian Institute of Health and Welfare and Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*, ABS Catalogue No. 4704.0; AIHW Catalogue No. IHW14, Commonwealth of Australia, p 148.

- 21 See: ABS *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, 2005–2007* (ABS cat. no. 3302.0.55.003) Commonwealth of Australia, Canberra.
- 22 United Nations Committee on Economic, Social and Cultural Rights, *General comment 14 (2000): The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*, UN Doc E/C.12/2000/4, 11 August 2000.
- 23 The NIRA can be found on the website for the Ministerial Council of Federal Financial Relations at www.federalfinancialrelations.gov.au/content/national_agreements/indigenous_reform/National_Indigenous_Reform_Agreement_from_13_Feb_11.pdf.
- 24 COAG Reform Council, p26.
- 25 COAG Reform Council, p19.
- 26 Australian Health Ministers' Advisory Council, 2011, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2010*, AHMAC, Canberra, p4.
- 27 Australian Institute of Health and Welfare – *Aboriginal and Torres Strait Islander Health Performance Framework 2010: detailed analyses*, Cat. no. IHW 53, Executive Summary (internet only). Available at: www.aihw.gov.au/publication-detail/?id=10737420099&tab=2 (Accessed January 2012).
- 28 COAG Reform Council 2011, *National Indigenous Reform Agreement: Performance report for 2009–10*, COAG Reform Council, Sydney, p27.
- 29 See Schedule F NIRA for a summary of initiatives: www.federalfinancialrelations.gov.au/content/national_agreements/indigenous_reform/National_Indigenous_Reform_Agreement_from_13_Feb_11.pdf.
- 30 Page 26 ABS Deaths.
- 31 See COAG Reform Council pp59–64 “Improvements to the performance reporting framework”. See also COAG’s response to the recommendations of the CRC: *Responses to the COAG Reform Council 2008–09 Reports on the National Affordable Housing Agreement, the National Disability Agreement, the National Healthcare Agreement and the National Indigenous Reform Agreement; the 2009 Reports on the National Education Agreement and National Skills and Workforce Development Agreement; and the 2010 Report on Progress*. Available at: www.coag.gov.au/coag_meeting_outcomes/2011-08-19/index.cfm; and *Responses to the COAG Reform Council 2009–10 Reports on the National Affordable Housing Agreement, the National Disability Agreement, the National Healthcare Agreement and the National Indigenous Reform Agreement* www.coag.gov.au/coag_meeting_outcomes/2011-08-19/index.cfm.
- 32 COAG Reform Council 2011, *National Indigenous Reform Agreement: Performance report for 2009–10*, COAG Reform Council, Sydney, p19.
- 33 Australian Health Ministers' Advisory Council, 2011, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2010*, AHMAC, Canberra, p4.
- 34 COAG Reform Council 2011, *National Indigenous Reform Agreement: Performance report for 2009–10*, COAG Reform Council, Sydney, p29.
- 35 Australian Institute of Health and Welfare and Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2011 – An overview*, ABS Catalogue No. 4704.0; AIHW Catalogue No. IHW14, Commonwealth of Australia, pp76–77.
- 36 Australian Institute of Health and Welfare and Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2011 – An overview*, ABS Catalogue No. 4704.0; AIHW Catalogue No. IHW14, Commonwealth of Australia, pp76–77.
- 37 Australian Health Ministers' Advisory Council, 2011, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2010*, AHMAC, Canberra, p14.
- 38 Australian Institute of Health and Welfare and Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2011 – An overview*, ABS Catalogue No. 4704.0; AIHW Catalogue No. IHW14, Commonwealth of Australia, p76.
- 39 Namely, the Indigenous Tobacco Control Initiative, and programs found in the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* and the *Indigenous Early Childhood Development National Partnership Agreement*.
- 40 COAG Reform Council 2011, *National Indigenous Reform Agreement: Performance report for 2009–10*, COAG Reform Council, Sydney, p33.
- 41 Australian Institute of Health and Welfare and Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2011 – An overview*, ABS Catalogue No. 4704.0; AIHW Catalogue No. IHW14, Commonwealth of Australia, p69.

- 42 Australian Government, *Closing the Gap, The Indigenous Chronic Disease Package in 2009–10, Annual Progress Report on the Australian Government’s Contribution to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*. Available online at: [www.health.gov.au/internet/ctg/publishing.nsf/Content/publications/\\$file/ICDP-Yearly-Report-09-10.pdf](http://www.health.gov.au/internet/ctg/publishing.nsf/Content/publications/$file/ICDP-Yearly-Report-09-10.pdf).
- 43 See: www.health.gov.au/internet/ctg.
- 44 Australian Government *Indigenous Chronic Disease Package Update – June 2011*. Available online www.health.gov.au/internet/ctg/publishing.nsf/Content/icdp-update (Accessed January 2012).
- 45 Australian Institute of Health and Welfare 2011. *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09*. Health and welfare expenditure series no. 44. Cat. no. HWE 53. Canberra: AIHW, p 13.
- 46 Australian Institute of Health and Welfare 2011. *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09*. Health and welfare expenditure series no. 44. Cat. no. HWE 53. Canberra: AIHW, pvi.
- 47 Australian Institute of Health and Welfare 2011. *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09*. Health and welfare expenditure series no. 44. Cat. no. HWE 53. Canberra: AIHW p11.
- 48 Australian Institute of Health and Welfare 2011. *Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09*. Health and welfare expenditure series no. 44. Cat. no. HWE 53. Canberra: AIHW, pvi.
- 49 Close the Gap Steering Committee, *Close the Gap National Indigenous Health Equality Targets*, Human Rights and Equal Opportunities Commission, Sydney, 2008. See www.humanrights.gov.au/social_justice/health/targets/index.html.
- 50 These are defined as an organisation incorporated as a company or an association, with at least 51% of the organisation’s members Aboriginal and Torres Strait Islanders; and at least 51% of the organisation’s Board/Committee/Council members Aboriginal and Torres Strait Islanders. The principal purpose and activity of the organisation must relate specifically to Aboriginal and Torres Strait Islanders.
- 51 National Indigenous Reform Agreement, February 2011 version, page 13. Available on the website of the Ministerial Council for Federal Financial Relations at: www.federalfinancialrelations.gov.au/content/national_agreements.aspx.
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- 53 Close the Gap Steering Committee, *Shadow Report on Australian government’s progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians*, Oxfam Australia, Sydney, February 2011, pp18–9. Available online at: <http://resources.oxfam.org.au/pages/view.php?ref=593&k>.
- 54 COAG Reform Council, *National Indigenous Reform Agreement: baseline performance report for 2008–09*, COAG Reform Council, Sydney, ppix–xx. Available at: www.coagreformcouncil.gov.au/reports/indigenous.cfm.
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- 56 COAG Reform Council, *National Indigenous Reform Agreement: Performance Report for 2009–10*, COAG Reform Council, Sydney, p147. Available at: www.coagreformcouncil.gov.au/reports/indigenous.cfm.
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- 59 WA Health, Correspondence with the Close the Gap Steering Committee, 10 January 2012.
- 60 Please note that the Tasmanian Government was not contacted by the Committee for comment as it is not a signatory to the *Close the Gap Statement of Intent*.
- 61 ACT Health, Correspondence with the Close the Gap Steering Committee, 4 January 2012.
- 62 For further information see: http://saplan.org.au/my_plan_categories/aboriginal.

- 63 For further information see: www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/south+australias+health+care+plan/priority+areas/aborigina+health; Close the Gap Steering Committee, *Shadow Report on Australian government's progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians*, Oxfam Australia, Sydney, February 2011, pp26–27. Available online at: <http://resources.oxfam.org.au/pages/view.php?ref=593&k>.
- 64 SA Health, Correspondence with the Close the Gap Steering Committee, 7 February 2012.
- 65 Close the Gap Steering Committee, *Shadow Report on Australian government's progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians*, Oxfam Australia, Sydney, February 2011, p23. Available online at: <http://resources.oxfam.org.au/pages/view.php?ref=593&k>.
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- 67 Queensland Health, Correspondence with the Close the Gap Steering Committee, 18 January 2012.
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- 72 Queensland Health, Correspondence with the Close the Gap Steering Committee, 18 January 2012.
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- 74 VicHealth, Correspondence with the Close the Gap Steering Committee, 23 January 2012.
- 75 VicHealth, Correspondence with the Close the Gap Steering Committee, 23 January 2012.
- 76 See: Close the Gap Steering Committee, *Shadow Report on Australian government's progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians*, Oxfam Australia, Sydney, February 2011, p20 (Box 7). Available online at: <http://resources.oxfam.org.au/pages/view.php?ref=593&k>.
- 77 For further information on Local Indigenous Networks see: Close the Gap Steering Committee, *Shadow Report on Australian government's progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians*, Oxfam Australia, Sydney, February 2011, p22. Available online at: <http://resources.oxfam.org.au/pages/view.php?ref=593&k>.
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- 88 ACT Health, Correspondence with the Close the Gap Steering Committee, 4 January 2012.
- 89 ACT Health, Correspondence with the Close the Gap Steering Committee, 4 January 2012. See 'Engaging Canberrans, A guide to community engagement, Australian Capital Territory, Canberra, 2011, pp23, 81–84.
- 90 See *Engaging Canberrans, A guide to community engagement*, Australian Capital Territory, Canberra, 2011, pp23, 81–84.
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- 92 ACT Health, Correspondence with the Close the Gap Steering Committee, 4 January 2012.
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- 96 NSW Department of Health, correspondence with the Close the Gap Steering Committee, 6 February 2012.
- 97 More information about the Ministerial Taskforce and the consultation process can be found at www.daa.nsw.gov.au/taskforce.
- 98 NSW Department of Health, correspondence with the Close the Gap Steering Committee, 6 February 2012.
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CLOSE THE GAP