



**Submission in response to the Aboriginal and Torres Strait
Islander Health Plan Discussion Paper**

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About ANTaR

ANTaR is a national campaigns and advocacy organisation for Justice, Rights and Respect for Australia's First Peoples.

ANTaR campaigns nationally on key issues including justice, reconciliation, health, economic development and native title and land rights.

ANTaR is a founding member of the Close the Gap campaign, which began in 2007.

The Close the Gap campaign is a coalition of Aboriginal and Torres Strait Islander health peak bodies and leaders, mainstream national health organisations and human rights organisations, campaigning together for health equality.

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. ¹

¹ Close the Gap Campaign Steering Committee, *Submission to the Aboriginal and Torres Strait Islander Health Plan, Appendix 1: Membership and a brief history of the Close the Gap Campaign Steering Committee.*

Introduction

Thank you for the opportunity to comment on the proposed Aboriginal and Torres Strait Islander Health Plan.

As a founding member of the Close the Gap campaign for Aboriginal and Torres Strait Islander health equality, ANTaR endorses the Close the Gap Steering Group submission to the Health Plan Discussion paper. In particular, we endorse the call for ongoing funding certainty, with the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes due to expire in 2013.

This submission is intended to complement the Close the Gap Steering Committee submission. It includes some brief comments on the *Health Plan Discussion Paper* before emphasising some additional priorities that should be addressed in the Health Plan. Due to capacity constraints, we engage principally with the areas that are within ANTaR's current strategic agenda. This is by no means an exhaustive list of priorities.

The priority areas this submission addresses include:

- Food security;
- The impact of racism;
- Contact with the criminal justice system and
- The importance of language.

Brief Comments on the Discussion Paper

- ANTaR welcomes the holistic definition of health outlined in the Health Plan Discussion Paper, which acknowledges that “health is not merely the absence of disease.”² This definition of health includes broader issues of “spiritual, cultural, emotional and social well-being as well as physical health.”³ ANTaR believes this broad concept of health must form the basis of the Health Plan.
- ANTaR welcomes the acknowledgement of Aboriginal and Torres Strait Islander peoples’ strength and resilience.⁴ Aboriginal and Torres Strait Islander peoples’ rich cultural practices, knowledge systems and cultural expressions are a source of great strength, resilience and pride.⁵ It is important that the Health Plan builds upon this strength and capacity.
- ANTaR strongly supports the Australian Government’s stated commitment to a partnership with Aboriginal and Torres Strait Islander people, and advocates for this partnership to extend to the development and implementation of the health plan.⁶ This is a crucial aspect to the success of the Health Plan. As part of the

² Australian Government, *Department of Health and Aging, Development of a National Aboriginal and Torres Strait Islander Health Plan Discussion Paper*, p 2.

³ Ibid.

⁴ Ibid, p 1.

⁵ Ibid, p 9.

⁶ Ibid, p 1.

Close the Gap campaign, we will continue to monitor the implementation of this commitment closely.

- ANTaR welcomes the commitment to evidence-based policy and looks forward to the development of a Health Plan that is informed by national and international evidence.⁷
- ANTaR endorses the intention to link the Health Plan with other plans and projects, such as the National Mental Health Strategy, the National Early Child Development Strategy, the Aboriginal and Torres Strait Islander Education Plan, and the Indigenous Economic Development Strategy. However ANTaR seeks further information about the mechanics and resources available to facilitate this cooperation.
- ANTaR recognises the importance of social determinants of health and strongly advocates for a health plan which addresses all major social determinants in a coordinated way. Social determinants such as education, employment, income, housing and environmental and community factors can affect both the health of people and how people interact with health and other services.⁸

Priority Issues

In this section we discuss a number of priority areas in more detail. As noted above, this discussion is not intended to be comprehensive, but instead reflects some of ANTaR's core current strategic priorities.

The following issues are listed in the order that they are addressed in the Discussion Paper.

Food Security

*Having a low income combined with high food costs, especially in remote areas, means that people may choose low-cost options which are generally less healthy than fresh fruit and vegetables and lean meats, which tend to cost more.*⁹

Food security is an important social determinant of health, with food insecurity associated with general poor health and negatively impacting on "other health inequalities that are apparent in disadvantaged groups such as a higher mortality rate, and higher rates of coronary heart disease, type-2 diabetes and some cancers".¹⁰ In

⁷ Ibid, 1.

⁸ Ibid, 8.

⁹ Ibid, 13.

¹⁰ Turrell, G., & Kavanagh, A. M. (2005). Socio-economic pathways to diet: Modeling the association between socio-economic position and food purchasing behaviour. *Public Health Nutrition*, 9(3), 375-383, cited in Australian Institute of Family Studies, *Food Security in Australia: What is it, who experiences it, and how can child and family services support those experiencing it*, CAFCA Practice Sheet, available at: <http://www.aifs.gov.au/cafca/pubs/sheets/ps/ps9.html> 2011 ('AIFS, 2011').

addition, poor nutrition is associated with low birth weight and ill health in infancy and childhood.¹¹

Aboriginal and Torres Strait Islander peoples are more vulnerable to experiencing food insecurity, with remote communities most at risk.¹² An Australian Institute of Family Studies report in 2011 found that an average 'basket of goods' in remote communities costs approximately 26% more than a Darwin supermarket.¹³

ANTaR reiterates our recommendation for the creation of a fresh food tax and transport subsidy to improve the accessibility and affordability of fresh food in remote communities. We have advanced this recommendation in our pre-budget submissions as well as in policy papers on the future of remote communities in the Northern Territory. We suggest that such a scheme could be modeled on a similar Canadian program, Nutrition North America (formerly the Food Mail Program), in which the Canadian Government provides a transport subsidy to food providers in remote, isolated regions. Under the scheme, funding is based on the total weight of fresh food products shipped to eligible communities, who must then pass on the savings to consumers. The program receives \$60 million (CA) per year.

Recommendation 1: Introduce a fresh food tax and transport subsidy to improve access to affordable, healthy food for remote communities.

Costing is approximate, and would depend on the final model adopted.

\$50 million per annum (recurrent)

Racism

Research shows that there is a strong link between discrimination and stress-related diseases, psychological distress, diabetes, smoking and substance abuse.¹⁴ It is therefore important that the Health Plan addresses racism within Australian society.

The Health Plan must work to directly support the National Anti-Racism Strategy, which is being implemented nationally between July 2012 and July 2015. The aim of the National Anti-Racism Strategy is 'to promote a clear understanding in the Australian community of what racism is, and how it can be prevented and reduced.'¹⁵

¹¹ Browne, J., Laurence, S., & Thorpe, S. (2009)., *Acting on food insecurity in urban Aboriginal and Torres Strait Islander communities: Policy and practice interventions to improve local access and supply of nutritious food*, cited in AIFS 2011.

¹² AIFS 2011.

¹³ Ibid, quoting Saethre, E. (2005). Nutrition, economics and food distribution in an Australian Aboriginal community. *Anthropological Forum*, 15(2), 151-169.

¹⁴ Paradise, Y (2007). Exploring the health effects of racism for Indigenous people. Presented at the Rural Health Research Colloquium, Tamworth, cited in Australian Government, Department of Health and Ageing, *Development of a National Aboriginal and Torres Strait Islander Health Plan Discussion Paper*, p 14.

¹⁵ Australian Human Rights Commission, *National Anti-Racism Strategy*, July 2012, p 2 < <http://itstopswithme.humanrights.gov.au/files/National%20Anti-Racism%20Strategy.pdf>. > accessed 13th December 2012.

As outlined in the Strategy, many Aboriginal and Torres Strait Islander people continue to experience the effects of ‘racially discriminatory laws and government policies of the past, which were grounded in the belief that Aboriginal and Torres Strait Islander people and cultures were inherently inferior’.¹⁶

It is imperative to address institutional or systematic racism as well as individual racist acts and behaviour. Institutional or systemic racism is not necessarily overt or intentional but occurs when the dominant views and practices of an institution ignore or exclude the expectations and beliefs of some of its clients.

Cultural competency tools are one way to address institutional racism. In the health context, there are a number of cultural competency tools designed to aid health and community services working with Aboriginal and Torres Strait Islander peoples and communities that have been designed by, or in collaboration with, Aboriginal organisations, including:

- ‘Making Two Worlds Work: building the capacity of the health and community sector to work effectively and respectfully with our Aboriginal community’,¹⁷
- ‘Koori Practice Checklist: A Cultural Audit Tool for the Alcohol and Other Drugs Services Sector’.¹⁸

Recommendation 2: The health plan should identify action to address individual and systemic racism as a priority, with the Plan seamlessly integrated into the National Anti-Racism Strategy.

Recommendation 3: The development and implementation of cultural competency tools in the health sector should be supported and resourced.

Contact with the criminal justice system.

*Indigenous Australians are over-represented in the prison population. These prisoners are more likely to experience mental health and substance use problems, hearing loss and ill health... Imprisonment also impacts on families and children, increases stress and has adverse employment and financial consequences.*¹⁹

The Health Plan should address the relationship between health and imprisonment, including:

- poor health as a social determinant of offending and imprisonment;
- the impact of imprisonment on health;
- health care in prisons, including promotion, prevention, monitoring and timely emergency interventions to prevent deaths in custody.

¹⁶ Ibid, 5.

¹⁷ Mungabareena Aboriginal Corporation and Women’s Health Goulburn North East. 2008.

¹⁸ Ngwala Willumbung Cooperative. 2007.

¹⁹ Health Plan Discussion Paper, 15.

A 2009 Australian Health and Welfare Studies report showed, of the population of Aboriginal and Torres Strait Islander prisoners:

- 26% reported a mental health condition;
- 43% tested positive to Hepatitis C;
- 65% used alcohol at levels which placed them at risk of alcohol-related harm;
- 80% were smokers; and
- 71% had used drugs in the previous 12 months.²⁰

The 15th April 2011 marked twenty years since the Royal Commission into Aboriginal Deaths in Custody handed their Final Report to the Governor-General. The Report found that there were "disproportionate numbers of Aboriginal people in custody, compared with non-Aboriginal people" and that "too many Aboriginal people are in custody too often." Yet twenty years later the situation has only deteriorated, with Aboriginal and Torres Strait Islanders representing 25% of the prison population in 2009.²¹ Between 1991 and 2008, 269 Aboriginal and Torres Strait Islanders died in custody. That figure now exceeds 270.²²

ANTaR used the twenty year anniversary to launch a National Call to Action for Federal, state and territory governments to reduce the over-representation of Aboriginal and Torres Strait Islander people in the criminal justice system.

This Call to Action was also supported by a wide range of Aboriginal and community legal services and human rights organisations. It called for:

- Federal, State and Territory governments to adopt a National Plan at COAG with targets for reducing Aboriginal and Torres Strait Islander imprisonment rates;
- Improved police accountability and standards in all places of detention through the introduction of independent investigations of police conduct and inspections of all places of detention;
- A commitment to a Justice Reinvestment approach, which involves diverting some of the funds currently spent on prisons into communities with a high concentration of offenders to fund initiatives that will reduce rates of offending. This approach was recommended by the the Social Justice Commissioner's 2011 Report. The House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs also expressed support for the principles of Justice Reinvestment in its report *Doing Time Time for Doing*.

In July 2011, the Standing Committee of Attorney General (now the Standing Committee on Law and Justice) recommended that the Council of Australian Governments consider

²⁰ Australian Institute of Health and Welfare, *The health of Australia's Prisoners 2009*, 2010, accessed at <http://www.aihw.gov.au/publication-detail/?id=6442468371>.

²¹ Australian Bureau of Statistics, *1370.0 - Measures of Australia's Progress, 2010* < <http://www.abs.gov.au/ausstats/abs@.nsf/2f762f95845417aeca25706c00834efa/3c7d8682feed09a9ca25779e001c47bd!OpenDocument> > accessed 13th December 2012.

²² Australian Bureau of Statistics, *1301.0 - Year Book Australia, 2012 Crime and Justice, Deaths in Custody* < <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1301.0~2012~Main%20Feature%20Deaths%20in%20custody~73> > accessed 13th December 2012.

adopting “justice specific Indigenous closing the gap targets.”²³ To date these targets have not been adopted.

Nationally agreed justice targets are integral in driving coordinated government action and require the commitment of the Federal, State and Territory governments. Such targets would acknowledge that the gaps between Aboriginal and Torres Strait Islander and non-Indigenous Australians in other areas cannot be closed without coordinated national progress in relation to justice.²⁴

ANTaR endorses the following recommendations made in the National Congress Justice Policy, to be achieved by 2020:

1. To halve the gap in the rates of incarceration for Aboriginal and Torres Strait Islander people.
2. To halve the rate at which Aboriginal and Torres Strait Islanders people report having experience physical or threatened violence with in the past 12 months.²⁵

Justice specific Aboriginal and Torres Strait Islander Closing the Gap targets should be complemented by the development and implementation of a Justice Reinvestment framework, to shift the focus on investment from prisons to prevention. Justice Reinvestment involves re-prioritising public expenditure, diverting a proportion of the funding currently spent on prisons into programs designed to reduce the rates of criminal behaviour and imprisonment. Depending on specific community needs and priorities, funding could be directed to mental health and drug and alcohol programs and services within a Justice Reinvestment framework. The framework could also support funding to address key social detriments to health, including unemployment, education and housing.

We welcome the establishment of a national parliamentary inquiry into the potential application of Justice Reinvestment in Australia, and urge the Federal Government to consider the evidence presented to the committee to assess the potential health benefits of a Justice Reinvestment approach and the potential to integrate health programs and initiatives within this framework.

Recommendation 4: That COAG adopt twin Aboriginal and Torres Strait Islander Justice Targets on imprisonment and victimization rates within the Closing the Gap strategy.

Recommendation 5: That the Federal Government commit to a Justice Reinvestment framework for the reinvestment of justice spending in crime prevention initiatives in high-risk communities.

²³ Standing Committee of Attorneys General (SCAG) Communique, July 2011.

²⁴ National Congress of Australia’s First People, *National Justice Policy, Draft for Comment by Members, Government and Public*, October 2012, p 13.

²⁵ Ibid.

The importance of language in health promotion

For Aboriginal and Torres Strait Islander people, health is more than just the physical wellbeing of the individual – it also includes the social, emotional and cultural wellbeing of the person, their families and communities.²⁶

On Monday 17 September 2012, the Standing Committee on Aboriginal and Torres Strait Islander Affairs tabled its report on the Inquiry into Language Learning in Indigenous Communities, *Our Land Our Languages*. In the report the committee recommended that the Commonwealth Government include in the Closing the Gap framework acknowledgement of the fundamental role and importance of Aboriginal and Torres Strait Islander languages in preserving heritage and improving outcomes for Aboriginal and Torres Strait Islander people.²⁷

The Standing Committee on Aboriginal and Torres Strait Islander Affairs also recognised the health advantages of learning and retaining one's own language.²⁸ In its report, the Committee referred to research conducted by the Australian Bureau of Statistics, which found that young people who spoke an Indigenous language were less likely to participate in high-risk drinking and drug abuse than young people who did not speak a traditional language.²⁹ Measures to improve social and health outcomes need to be closely connected with the revitalisation of Aboriginal and Torres Strait Islander languages.

Recommendation 6: Acknowledge the fundamental role and importance of Aboriginal and Torres Strait Islander languages in transmitting, protecting and strengthening culture and improving health outcomes for Aboriginal and Torres Strait Islander people.

Recommendation 7: In recognition of the links between languages, culture and health, the Federal Government should resource initiatives to maintain, preserve and revitalise Aboriginal and Torres Strait Islander languages through:

- a) funding for bilingual education programs;*
- b) increased funding for the Maintenance of Indigenous Languages and Records Program³⁰; and*
- c) increased resources for interpreters to ensure access to health services.*

The health impacts of recognition

ANTaR strongly supports Constitutional Recognition of Aboriginal and Torres Strait Islander Peoples and believes that the Health Plan should acknowledge and support proposals for Constitutional Recognition due to the links between recognition and health and wellbeing.

²⁶ Health Plan Discussion Paper, p 19.

²⁷ Parliament of Australia, *Our Land Our Languages, Language Learning in Indigenous Communities* (2012), xvii.

²⁸ *Ibid*, p 25

²⁹ Jumbunna Indigenous House of Learning, Submission 70, p. 3, in Parliament of Australia, *Our Land Our Languages, Language Learning in Indigenous Communities* (2012), p 25

³⁰ More detail about recommendations a) and b) can be found in ANTaR's Pre-Budget Submission 2013-14.

ANTaR highlighted the links between recognition and health outcomes in our *Submission to the Expert Panel on Constitutional Recognition of Aboriginal and Torres Strait Islander Peoples*. In that submission, we cited Professor Judith Dwyer's statement that 'good policy logic' tells us that the shorter life expectancy and worse health outcomes of Aboriginal and Torres Strait Islander peoples is intimately entwined with the absence of any formal recognition of their original custodianship of this land, and the injustices they have suffered.³¹ The Australian Indigenous Psychologists Association have also highlighted the links between recognition, protective factors and better health.³² Similarly Professor Ian Ring, Head of the School of Public Health and Tropical Medicine at James Cook University, and David Firman, a Statistician at the Queensland Health Information Centre, cite evidence that a sense of control over one's life contributes to longevity. In the context of Aboriginal and Torres Strait Islander peoples, they conclude that 'a greater sense of control may only come from a wider acceptance and recognition of [their] valued role...in Australian society'.³³

As the above research suggests, Constitutional Recognition is likely to have positive effects on Aboriginal and Torres Strait Islander health and wellbeing. Therefore any National Aboriginal and Torres Strait Islander Health Plan should acknowledge and support Constitutional Recognition proposals.

Recommendation 8: The Health Plan should acknowledge and express support for Constitutional Recognition of Aboriginal and Torres Strait Islander Peoples in light of potential health and wellbeing benefits.

³¹ Professor Judith Dwyer, 'Why Constitution recognition for Indigenous Australians is a health issue', *Crikey*, 22 November 2010, < <http://www.crikey.com.au/2010/11/22/why-constitutional-recognition-forindigenous-australians-is-a-health-issue/>>

³² See <http://blogs.crikey.com.au/croakey/2012/02/07/constitutional-recognition-and-indigenous-health/>.

³³ Ian Ring and David Firman cited in Professor Judith Dwyer, 'Why Constitution recognition for Indigenous Australians is a health issue', *Crikey*, 22 November 2010, < <http://www.crikey.com.au/2010/11/22/whyconstitutional-recognition-for-indigenous-australians-is-a-health-issue/> >