

# Shadow report

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



Close the Gap Campaign Steering Committee  
February 2011



## Acknowledgments

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**Cover Photo:** Wade Loogatha and Tiara Isaacs. **Photo:** Lara McKinley.

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

## Who we are

Australia's peak Aboriginal and Torres Strait Islander and non-Indigenous health, health professional bodies and human rights organisations operate the Close the Gap Campaign. Working outside of government, the campaign's activities are entirely self-funded.

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*.<sup>1</sup>

The campaign membership first met in March 2006. Our patrons, Catherine Freeman OAM and Ian Thorpe OAM, launched the campaign in April 2007. To date, 140,000 Australians have formally pledged their support. In August 2009, the National Rugby League dedicated an annual round of matches as a Close the Gap round, helping to ensure that our message reaches millions of Australians.

The campaign began to shape policy in 2007. Notably:

- two COAG Closing the Gap Targets were set (achieving Aboriginal and Torres Strait Islander health equality within a generation and halving the under-fives mortality rate gap within a decade); and
- former Prime Minister Kevin Rudd and other Australian Government and Opposition party representatives<sup>2</sup> signed the *Close the Gap Statement of Intent* in March 2008 at the Close the Gap Campaign's National Indigenous Health Equality Summit. In doing so, they committed to the campaign blueprint for action. The Statement of Intent remains the touchstone of the campaign.

The campaign has also provided significant impetus for the seven 'closing the gap' National Partnership Agreements agreed since Nov 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 continues to advocate for the implementation of the approach to achieving Aboriginal and Torres Strait Islander health equality set out in the *Close the Gap Statement of Intent*.

### 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 Indigenous health equality in 2006 led by the Close the Gap Campaign Steering Committee.

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 many different Indigenous policy initiatives from the COAG Closing the Gap Targets to the *National Partnership Agreement to Closing the Gap on Indigenous Health Outcomes* to the renaming of aspects of the Northern Territory Emergency Response (the intervention) as *Closing the Gap in the Northern Territory*.

As a general rule, any initiative with "Closing the Gap" in the title is an Australian Government initiative. It is important to note that it does not necessarily reflect the human rights based approach of the Close the Gap Campaign as set out in this report, nor does the use of the term 'closing the gap' in relation to these initiatives necessarily reflect an endorsement of them by the Close the Gap Campaign Steering Committee.

## Close the Gap Campaign Steering Committee

Dr Tom Calma, Co-chair, National Coordinator – Tackling Indigenous Smoking (campaign founder and former Aboriginal and Torres Strait Islander Social Justice Commissioner)

Mr Mick Gooda, Co-chair, Aboriginal and Torres Strait Islander Social Justice Commissioner, Australian Human Rights Commission

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 Indigenous Drug and Alcohol Committee

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

Bullana - the Poche Centre for Indigenous Health

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

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# Executive Summary

*Since the writing of this report, the Minister for Health and Ageing, Hon. Nicola Roxon, MP, and the Minister for Indigenous Health, Hon. Warren Snowdon, MP, have agreed to progress the development of a national plan to achieve Aboriginal and Torres Strait Islander health equality within a generation (by 2030).*

*Minister Snowdon will have oversight responsibility for the development of the plan. It will be developed in partnership with Minister Snowdon acting as the engagement point for Australian governments, with Aboriginal and Torres Strait Islander peoples and their representatives working through the National Congress of Australia's First Peoples.*

*We will be working with the Australian Government in the coming year to progress the development of a plan and partnership and reporting on progress in our 2012 Shadow Report.*

## **We call on the Australian Government to honour its commitments to an Aboriginal and Torres Strait Islander health equality plan supported by a health partnership.**

Almost four years ago, in December 2007, the Council of Australian Governments (COAG) set itself a target to close the 10 to 17 year life expectancy gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians within a generation.

This raised hopes that Aboriginal and Torres Strait Islander health inequality would come to an end within our lifetime. Significant gains in the life expectancy of population groups in short periods of time at home and overseas demonstrated that such a target was achievable, and not simply an aspiration.

The signing of the *Close the Gap Statement of Intent* in March 2008 signalled that the Australian Government was committed to delivering on the COAG targets and providing the leadership for doing so. It was a concrete demonstration of the Government's political will.

The Statement of Intent supports the COAG life expectancy target by committing the Australian Government to a sound, evidence-based path to its achievement; a path supported by the entire Aboriginal and Torres Strait Islander health sector. This report focuses on two of the commitments in the Statement of Intent:

- 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;
- To ensure the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.

In making these commitments, the Australian Government demonstrated that it recognised a sound policy foundation was needed if the COAG targets were to be met. It acknowledged that a haphazard, unplanned effort will not deliver health equality within a generation; and that Australian governments must work *with* Aboriginal and Torres Strait Islander people and their representatives if the targets are to be achieved (in other words a health partnership between Aboriginal and Torres Strait Islander peoples, their representatives and Australian governments was needed).

That was three years ago. Since then, there have been significant investments in Aboriginal and Torres Strait Islander health as well as other positive developments, such as the appointment of a Minister for Indigenous Health. However there has been no sign of a plan or partnership. In fact, policy is still not being developed with the adequate participation of Aboriginal and Torres Strait Islander peoples and their representatives.

Broken promises litter politics, but there is more at stake here than just the Australian Government's credibility. Without a plan or a partnership, there is a risk that the significant investments made in health since 2008 will be wasted. It should not be forgotten that planning and partnership are efficiency measures too, helping to secure the best 'bang for buck' in a time of limited resources.

But far more importantly, it is the ongoing, unnecessary and preventable fatal impact on Aboriginal and Torres Strait Islander lives and the suffering that will result if the national effort to secure health equality does not proceed on a firm policy footing.

# Introduction

## Assessing progress against the Australian Governments' commitments to achieving Aboriginal and Torres Strait Islander health equality.

In April 2008, former Prime Minister Kevin Rudd committed to providing an annual report to Parliament on progress towards closing the gap including the COAG Closing the Gap Targets. The first report was delivered in February 2009 and the second in March 2010. Prime Minister Julia Gillard's November 2010 announcement that the reports would continue under her leadership was welcomed by the Close the Gap Campaign.

Each year the campaign provides a 'shadow' report representing our assessment of the Australian Government's progress against its commitments to achieving Aboriginal and Torres Strait Islander health equality, including against the *Close the Gap Statement of Intent* commitments. This report provides a complementary viewpoint.

The campaign's ethos is not about waiting for government to act. Nor do we understand the monitoring and reporting of progress in closing the gap as the sole responsibility of governments. The Close the Gap Campaign believes that the empowerment of Aboriginal and Torres Strait Islander peoples and their representatives is critical to efforts to close the gap. Keeping Australian governments accountable to their commitments is a vital part of achieving this.

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

In relation to the former, it finds that despite a promising start it is still too early to assess progress.

In relation to the Statement of Intent commitments, this report focuses on two that are foundational — they need to be in place for the other commitments to proceed in a coordinated and efficient manner:

- The first is the commitment to develop a plan for Aboriginal and Torres Strait Islander health equality within a generation. This report finds that while dedicated planning is yet to occur, a significant foundation for planning does exist in relation to both the *National Indigenous Reform Agreement* and the National Health and Hospital Network. It also notes movement within the Australian Government towards the development of such a plan. In fact, Australian governments across the country have committed to a range of positive policies that should contribute to closing the life expectancy gap within a generation; the *COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* being the most important. These provide a good foundation. The challenge is how to implement these commitments in a comprehensive, integrated and coordinated manner and across all the necessary government portfolios, and in a way that addresses the many social and cultural determinants of Indigenous health inequality. It is a mistake to think that health departments can do this alone: a total government response is needed. And only a comprehensive, long term plan of action can ensure that all the necessary government agencies contribute - as they must - to the effort to achieve health equality.
- The second commitment is to a partnership for Aboriginal and Torres Strait Islander health equality comprising Aboriginal and Torres Strait Islander peoples, their representatives and Australian governments. The report finds that while a partnership is yet to be progressed, the commencement of the National Congress of Australia's First Peoples in 2011 provides a foundation for the negotiation of a partnership framework agreement.

**Part two** describes how those States and Territories that are parties to the Statement of Intent are implementing it in their jurisdictions. The Close the Gap Campaign has noted the progress in many States and Territories particularly in relation to partnerships; and believes these are instructive for a health partnership at the federal level.

*Closing the life expectancy gap between Indigenous and non-Indigenous Australians is a core priority of the Government I lead... each year we must know as a Government, as a people, and as a country if we had made progress closing this gap... every leader knows that accountability brings with it the risk of criticism of failure, as the Prime Minister of Australia I accept that risk."*

Former Prime Minister Rudd for the Australian Government, first annual report to Parliament on efforts to close the gap, February 2009.

# Australian governments' commitments to a generational Aboriginal and Torres Strait Islander health equality plan supported by a health partnership

The commitments of Australian governments to Aboriginal and Torres Strait Islander health equality, and working in partnership towards that end, are set out in summary form in the table on page 7.

# 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

  
Congress of Aboriginal and Torres Strait Islander Nurses

  
Indigenous Dentists Association of Australia

  
National Aboriginal Community Controlled Health Organisation

  
Australian Indigenous Doctors Association

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



Commitment made by		Commitment
<b>COAG meeting December 2007<sup>3</sup></b>	All Australian governments	<p>COAG Closing the Gap Targets:</p> <ul style="list-style-type: none"> <li>To close the Aboriginal and Torres Strait Islander life expectancy gap within a generation; and</li> <li>To halve the gap in mortality rates for the Aboriginal and Torres Strait Islander children under-five children within a decade.</li> </ul>
<b>National Apology to Australia's Indigenous Peoples Feb 2008</b>	Former Prime Minister Rudd for the Australian Government	<ul style="list-style-type: none"> <li>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.<sup>4</sup></li> </ul>
<b>Close the Gap Statement of Intent March 2008</b>	<p>Former Prime Minister Rudd, for the Australian Government;</p> <p>Nicola Roxon, Minister for Health and Ageing;</p> <p>Jenny Macklin, Minister for Families, Housing, Community Services and Indigenous Affairs;</p> <p>Former Opposition Leader, Dr Brendan Nelson, for the Opposition; and</p> <p>Governments and Opposition Parties of Western Australia, Queensland, Victoria, the Australian Capital Territory, South Australia and New South Wales.<sup>4</sup></p>	<p>We commit:</p> <ul style="list-style-type: none"> <li>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; and</li> <li>To ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.</li> </ul>
<b>Endorsement of the United Nations General Assembly Declaration on the Rights of Indigenous Peoples April 2009</b>	Australian Government	<p>[Recognition of the following rights:]</p> <ul style="list-style-type: none"> <li><b>Article 24(2)</b> – '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.'</li> <li><b>Article 23</b> – '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.'</li> <li><b>Article 18</b> – '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.'</li> <li><b>Article 19</b> – '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.'</li> </ul>

# Part 1:

Progress towards the achievement of Aboriginal and Torres Strait Islander health equality within a generation.

## 1. 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.*

Without delivering on the commitment to health equality planning, we believe the Australian Government's efforts to close the gap has hit, perhaps, a critical juncture. Current efforts make some progress. However without proper coordination, wastage and inefficiency could result and whatever improvements are made, may not be able to be sustained.

The rolling out of the National Health and Hospitals Network (NHHN) alongside efforts to achieve Aboriginal and Torres Strait Islander health equality has magnified these risks. Only through careful planning, taking into account the NHHN reforms, can these risks be transformed into opportunities.

*The campaign calls on the Australian Government to honour its commitment to developing a plan for Aboriginal and Torres Strait Islander health equality in partnership with Aboriginal and Torres Strait Islander peoples and their representatives as a priority.*

Yet, while there have been some promising signs from the Australian Government, it has given no formal indication as to when or how planning will proceed.

### Developing a plan for health equality

Developing a plan for health equality requires a detailed assessment of what is currently working, where the gaps in services are, and what needs to be done to address these gaps.

Key messages from the 'Close the Gap - Making it Happen Workshop' held in June 2010<sup>5</sup> were that:

- Planning should acknowledge and build on existing health plans, such as the National Strategic Framework for Aboriginal and Torres Strait Islander Health;
- Planning should thus be an efficient process; and
- Planning should not result in any unnecessary delay in action, nor be unnecessarily costly.

However the plan is developed, it is important that it be 'owned' by Aboriginal and Torres Strait Islander peoples, their representatives (particularly in the health sector) and Australian governments in a spirit of partnership. A plan should also enjoy bipartisan support. This is particularly important given that it would span the significant time period until 2030.

In our previous shadow report we established 13 criteria with which to assess such a plan.<sup>6</sup> These can be framed as questions, and have been set out as such in Box 1. The questions highlight the type of critical thinking and planning that is needed if health equality is to be achieved by 2030.



Using these criteria, we established in our previous report<sup>7</sup> that neither the *National Indigenous Reform Agreement*, the *Integrated Strategy on Closing the Gap in Indigenous Disadvantage* nor indeed the *National Strategic Framework on Aboriginal and Torres Strait Islander Health* qualified as an adequate plan for the purposes of delivering on the Statement of Intent commitment.

Planning gaps that have been identified include (but are not limited to) the need for:

- Stronger accountability mechanisms, including the use of a range of sub-targets (supporting the generational COAG Closing the Gap Targets). These could be aligned to the indicators in the *Aboriginal and Torres Strait Islander Health Performance Framework*<sup>8</sup>;
- A resources strategy;
- A workforce training strategy that is sufficient to meet the 2018 health services target in the Statement of Intent.<sup>9</sup> This could build on the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework*<sup>10</sup>;
- Greater priority given to mental health and social and emotional well-being issues (building on the *Aboriginal and Torres Strait Islander peoples' Social and Emotional Well Being Framework 2004-2009*)<sup>11</sup>; and
- A plan to build the capacity of the Aboriginal Community Controlled Health sector.

The following analysis considers how the NIRA and the Integrated Strategy could effectively support a plan, examines the unfolding NHHN, and explores how planning could occur in relation to these developments.

### **Box 1 – Factors to consider in the development of a plan**

Does the plan show ambition as befitting the achievement of a 2030 life expectancy target? Is it focused on health, or is its attention diffused?

- Does it have a generational time reach; does it reach 2030?
- Are sub-targets used to support the achievement of the COAG closing the gap targets?
- Does the plan 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?
- It is comprehensive; does it address the wide range of determinants of health inequality? Does it address the social and cultural determinants of health?
- Is the health of marginalised groups accounted for? (that is stolen generations, youth, prisoners, people with disabilities etc.)
- Was the plan developed on the basis of a partnership between Aboriginal and Torres Strait Islander peoples, their representatives and Australian governments? Will its implementation proceed on this basis?
- Does the plan include monitoring, accountability and review mechanisms?
- Does the plan include a resources strategy?
- Does the plan indicate how mainstream health services and mainstream programs are to contribute to Aboriginal and Torres Strait Islander health?
- Does the plan include a capacity building strategy for the Aboriginal Community Controlled Health Sector?
- Does the plan account for the health workforce needed if health equality is to be achieved by 2030?
- Does the plan address long-standing data issues in relation to Aboriginal and Torres Strait Islander health?

### **Box 2: Harnessing the NIRA building blocks in a plan for health equality:**

The NIRA stands to make a contribution to Aboriginal and Torres Strait Islander health equality by requiring policy makers to work through seven 'building blocks' or lenses (early childhood, health, healthy homes, economic participation, schooling, safe communities and governance and leadership). This is important for two reasons:

- Three building blocks are linked to health outcomes, with indicators provided for performance assessment. In turn, these are aligned with the COAG *Overcoming Indigenous Disadvantage Framework*\*. In this way the NIRA will operate as an important accountability mechanism for the achievement of Aboriginal and Torres Strait Islander health outcomes.
- The building blocks require policy-makers to look at Aboriginal and Torres Strait Islander and other programs through these seven lenses. As such, the NIRA provides a good start for planning around the social determinants of Aboriginal and Torres Strait Islander health.

## **Planning and the National Indigenous Reform Agreement<sup>12</sup>**

The NIRA is the centrepiece of the Australian Government's Indigenous Affairs agenda and was finalised in mid-2009. It is a national framework to assist policy-makers in addressing Aboriginal and Torres Strait Islander disadvantage. However, as noted in our previous report, while health features as a target area in the NIRA, it is not a plan for health equality.

A particular criticism is that the NIRA was developed by, between and for, public servants, with minimal participation by Aboriginal and Torres Strait Islander peoples and their representatives. Nor has there been any significant attempt to explain the NIRA to its constituents. In our experience there is little understanding let alone ownership of the document within Aboriginal and Torres Strait Islander peoples and communities.

However, the NIRA has a role to play in health planning. In fact, given its placement at the centre of the Indigenous Affairs policy arena any plan would need to take it into account and work with it in a complementary fashion in order to be tenable. The NIRA cannot be ignored because it contains the six COAG Closing the Gap Targets, including the two health targets. It also contains indicative national trajectories for achieving the targets. This is considered in the Box 2.

## **The need for COAG Closing the Gap Target trajectories**

Each State and Territory is required to implement the NIRA in Overarching Bilateral Indigenous Plans (OBIPs). At time of writing this report (January 2011) only the Northern Territory and Victorian OBIPs had been completed and published on the website of the Ministerial Council for Federal Financial Relations.<sup>13</sup>

Through the OBIPs, the NIRA's indicative trajectories for reaching the COAG Closing the Gap Targets are translated into actual trajectories to apply within the States and Territories. The existence of OBIPs, and the actual trajectories, provide a vital framework for state and territory-level health planning.

The Northern Territory's OBIP contains no trajectories, only baselines.<sup>14</sup>

Victoria's trajectories are not directly related to the COAG Closing the Gap Targets, but are consistent with their achievement.<sup>15</sup> They are drawn from the *Victorian Indigenous Affairs Framework 2010-2013* (VIAF).<sup>16</sup> The VIAF, including its targets, is discussed further in part two of this report.

Queensland however, while not having a publicly available OBIP, has set trajectories for the COAG Closing the Gap Targets for life expectancy and under-five mortality in its Making Tracks Aboriginal and Torres Strait Islander health equality framework. This is discussed in Box 5.

We agree with the COAG Reform Council when it states that the agreement of trajectories is 'a matter of high priority to enable the council to appropriately report on progress towards closing the gap in future performance reports'.<sup>17</sup>

Australian governments should set trajectories in relation to the achievement of equality in life

\*SCRGSP (Steering Committee for the Review of Government Service Provision) 2009, *Overcoming Indigenous Disadvantage: Key Indicators* 2009, Productivity Commission, Canberra.

expectancy by 2030. They should set similar trajectories for halving the under-five mortality rate by 2018 within the OBIPs, as a vital part of efforts to achieve health equality for Aboriginal and Torres Strait Islander peoples.

## Planning and the Integrated Strategy on Closing the Gap in Indigenous Disadvantage<sup>18</sup>

The Integrated Strategy, while not a plan for health equality in itself (as noted in our previous report)<sup>19</sup>, has a role to play in relation to health planning.

Derived from the NIRA framework, we understand the Integrated Strategy as, in effect, the sum of Australian governments' efforts to address Aboriginal and Torres Strait Islander disadvantage that are aligned to NIRA framework at any given point in time.

National Partnership Agreements<sup>20</sup> (NPAs) attached to the NIRA provide its 'engine'. The Australian Government currently counts seven Aboriginal and Torres Strait Islander-specific NPAs<sup>21</sup> and over 20 mainstream NPAs as collectively contributing to the Integrated Strategy.

How the Integrated Strategy could contribute to Aboriginal and Torres Strait Islander health equality is discussed in Box 3.

## Planning and the National Health and Hospitals Network

Australian governments set the COAG Closing the Gap Targets and signed the *Close the Gap Statement of Intent* against an ambitious National Reform Agenda, in which addressing Indigenous disadvantage was one of seven national priorities. The NIRA is one of the outcomes of this reform process.

Another priority was health system reform. As a result, the health system is now geared — more than ever before — to keeping people out of hospitals and has shifted decisively to a preventative/primary health care footing. New features include: a yet-to-be-developed National Preventative Health Agency; changes to the way hospitals and primary health care providers are funded; the development of a *National Primary Health Care Strategy*; e-health (electronic health) records; and GP Super Clinics.

The centrepiece of the reforms, however, is the NHHN: a system for the regional organisation of GPs, primary health care providers and hospitals including:

- Local Hospital Networks will manage and deliver hospital services; and

### Box 3: Harnessing the Integrated Strategy in a plan for health equality

- Planning that has already occurred in relation to the initiatives within the *Indigenous Early Childhood Development National Partnership Agreement* and the *National Partnership Agreements on Closing the Gap in Indigenous Health Outcomes* should be substantially incorporated into a plan for health equality. For example, in relation to the *National Partnership Agreements on Closing the Gap in Indigenous Health Outcomes*, the programs being developed to reduce smoking should be incorporated into a wider plan. A key message from the Close the Gap – Making it Happen Workshop was that planning work already completed did not need to be repeated, assuming it met the criteria proposed by the campaign or was complementary to a planning effort that met those criteria.
- The Integrated Strategy is described as a living document.<sup>22</sup> NPAs can be added to, or taken away from, the strategy to shape its overall impact. This flexibility means the Integrated Strategy can be adapted to support a plan for health equality within a generation when it is developed.
- Appending sub-strategies to the NIRA also modifies the Integrated Strategy. *A National Urban and Regional Service Delivery Strategy for Indigenous Australians*<sup>23</sup>, for example, ensures that National Partnership Agreements associated with the Integrated Strategy benefit people living in urban and regional centres and not just those living in remote areas. This example demonstrates how a health plan can operate within the context of the NIRA and the Integrated Strategy – in this case directing and focusing resources and effort towards achieving health equality.



#### **Box 4: Harnessing the National Health and Hospital Network in a plan for health equality**

The National Aboriginal Community Controlled Health Organisation — the peak body for the Aboriginal Community Controlled Health Services — has recommended the establishment of:

*specific Primary Health Care Organisations in urban, regional and remote regions throughout Australia to provide dedicated Aboriginal and Torres Strait Islander health functions pertaining to the integration and coordination of primary health care services for the Aboriginal and Torres Strait Islander population. These 'Aboriginal and Torres Strait Islander PHCOs' would function for all Aboriginal and Torres Strait Islander stakeholders in regional planning/development, coordination and consistent and standardised approaches to: quality improvement/safety; primary health care integration; regulation compliance; performance management and identification of areas of "market failure" and action to address service access gaps.*<sup>25</sup>

It is vital that Aboriginal and Torres Strait Islander organisations are involved in all stages of the NHHN roll out. One way of ensuring this is for Aboriginal and Torres Strait Islander health peak bodies to be represented on the Department of Health and Ageing Transition Committee that is overseeing the roll out of the NHHN.

- Medicare Locals (originally called Primary Health Care Organisations – PHCOs) to work with the full spectrum of GP, allied health and community health providers (including the Aboriginal Community Controlled Health Services or ACCHS) in their regions to improve services and coordinate care.

It is disturbing that very little consultation with Aboriginal and Torres Strait Islander peoples and their representatives occurred in the creation of key discussion papers for the development of the NHHN, such as the *Boundary Modelling Project for Medicare Locals* (May 2010).<sup>24</sup> To date, one dedicated consultation with Aboriginal and Torres Strait Islander health organisations has occurred – in Darwin on 1 December 2010. This was hosted by the Minister for Indigenous Health. Otherwise there has been a six-week general written consultation process which closed on 15 November 2010.

What is clear, however, is that a plan for Aboriginal and Torres Strait Islander health equality will need to work within this context. We believe that this can be facilitated by both 'sides' — from those planning for Aboriginal and Torres Strait Islander health equality and also, importantly, those planning for the NHHN. The NHHN must contribute to the achievement of Aboriginal and Torres Strait Islander health equality, as considered in the Box 4.

#### **Box 5: Queensland Health's Aboriginal and Torres Strait Islander health trajectories\***

Queensland Health has developed trajectories for 12 key Aboriginal and Torres Strait Islander health indicators that will guide and inform progress in closing the health gap. They describe the process for developing their trajectories as involving four key steps (and that will have application in other jurisdictions):

1. Extraction and analysis of historical trends for the Indigenous and non-Indigenous populations.
2. Regression analysis from which a non-Indigenous trajectory to 2017-2018 (the target for halving child mortality rates) and 2032-2033 (the target for closing the life expectancy gap) could be estimated.
3. Establishment of an Indigenous baseline using the latest available data.
4. Development of a trajectory for the Indigenous population from the current Indigenous baseline to the non-Indigenous trajectory target at 2017-2018 and 2032-2033. From this, selected summary statistics can be derived, such as the current Indigenous and non-Indigenous rates and rate ratios, and the estimated rate or point reduction required per year to stay on track with the trajectory.<sup>26</sup>

Trajectories for meeting the *Close the Gap Statement of Intent* commitment (i.e. the 2030 target) and the COAG Closing the Gap Target in relation to life expectancy have been set out by the Queensland Government in their 2010 publication *Making Tracks – Policy and Accountability Framework*.

\*Queensland Government, *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: Policy and Accountability Framework*.

## 2. Progress towards a partnership for Aboriginal and Torres Strait Islander health equality

As we have noted, ‘ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs’<sup>27</sup> in the context of health planning should be underpinned by a partnership between Aboriginal and Torres Strait Islander peoples, their representatives and Australian governments.

Such a partnership would be governed by a partnership framework agreement — the Stolen Generations Working Partnership that was agreed in 2010 provides an example of such an agreement. This example sets a welcome precedent for a health partnership that would include defined roles for the National Congress of Australia’s First Peoples (National Congress) and the National Indigenous Health Equality Council (NIHEC).<sup>28</sup>

Longstanding, strong and successful multilateral partnerships between Australian governments and the Aboriginal and Torres Strait Islander health sector at the state and territory-level also provide models for such an agreement. These are discussed in part two of this report.

As set out in a position paper on partnership developed by the Close the Gap Steering Committee<sup>29</sup>, the partnership framework agreement would at minimum:

- Clearly identify the partners and set out terms of reference and respective roles;
- Address power imbalances between the parties to ensure Aboriginal and Torres Strait Islander organisations are able to participate as equals, with due deference given to our knowledge and experience in dealing with the health of our people;
- Include monitoring and evaluation mechanisms; and
- Build on existing partnerships at the state and territory levels – that is, ensure that a partnership is built from the ‘ground up’ as well as from the ‘top down’.

We are yet to see significant progress in relation to the development of a partnership, although we note the Australian Government’s consistent position that the National Congress is the primary vehicle for such an arrangement. With the founding of the Congress in 2010, we are currently exploring ways that the National Congress can work as a vehicle for a health partnership. However, with the National Congress unlikely to be operational until at least mid-2011, interim arrangements are needed.

### A platform for partnership – a historic agreement forged among national Aboriginal and Torres Strait Islander health peak bodies and stakeholders

On December 21, 2010, the following organisations wrote to the Health Minister and the Minister for Indigenous Health<sup>30</sup>:

- Aboriginal and Torres Strait Islander Social Justice Commissioner of the Australian Human Rights Commission;
- Australian Indigenous Doctors’ Association;
- Australian Indigenous Psychologists’ Association;
- Congress of Aboriginal and Torres Strait Islander Nurses;
- Indigenous Allied Health Australia Inc.;

*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...*

Former Prime Minister Kevin Rudd for the Australian Government, *Apology to Australia’s Indigenous Peoples*, 13 February 2008

- Indigenous Dentists' Association of Australia;
- 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;
- National Congress of Australia's First Peoples;
- National Coordinator, Tackling Indigenous Smoking; and
- National Indigenous Drug and Alcohol Committee.

In this letter they made the following commitments to work in partnership:

As a collective,

- We share a commitment to raising the physical and mental health and well-being of our peoples to that of equality with non-Indigenous Australians by 2030. To that end, we are convinced of the need for a partnership between Aboriginal and Torres Strait Islander peoples and their representatives and Australian governments.
- We re-affirm the approach to achieving Aboriginal and Torres Strait Islander health equality set out in the *Close the Gap Statement of Intent*.
- We share a common identity as Indigenous peoples with unique cultures and we share human rights as Indigenous peoples that must be observed as a part of the achievement of health equality for our peoples.
- We are committed to dialogue and working together towards the development of an engagement mechanism in a timely fashion.
- We are committed to working with Australian governments in partnership to achieve health equality for our peoples by 2030. Regardless of the structural arrangement underpinning the partnership, we would expect it to involve a co-chairing arrangement shared by an Aboriginal and Torres Strait Islander notary and an Australian Government representative.

*As individual organisations and stakeholders*, participation in such an engagement mechanism will require different things of us. We are committed to working with our memberships or governing boards to move forward in a timely fashion when required.

We believe this commitment from the collected national peak bodies and key stakeholders marks a turning point in our efforts to secure a health equality partnership.

We have also developed a position paper on planning and partnership that we provided to the Ministers. This is included as Appendix A to this report.

At time of writing we are waiting for a formal response from the Ministers.



### 3. Other measures of progress

#### Progress against the COAG Closing the Gap Targets

It is not possible at present to assess whether substantial progress as a result of “closing the gap” efforts has occurred. This is partly because too little time has elapsed since the COAG Closing the Gap Targets were set, and efforts to achieve them commenced, to identify significant trends that could be attributed to ‘closing the gap’. It is also because data issues continue to bedevil the setting of baselines for the targets, let alone the assessment of progress against those baselines.<sup>31</sup> This issue was highlighted in the COAG Reform Council’s *National Indigenous Reform Agreement: baseline performance report for 2008-09* (April 2010).

The table below contains a summary of publicly available information pertaining to progress against the targets.

<b>To halve the gap in mortality rates for Indigenous children under five within a decade.</b>	<ul style="list-style-type: none"><li>• The Australian Bureau of Statistics (ABS) estimates the Aboriginal and Torres Strait Islander infant mortality (the death rate of infants under one year) at around twice the rate of non-Indigenous Australians over 2007-09.<sup>32</sup></li><li>• The National Indigenous Health Equality Council’s <i>Child Mortality Target: Analysis and Recommendations</i> notes that progress is being made in Indigenous child mortality rates and is encouraged by positive trends in key areas, such as antenatal care. However, it remains concerned about several key drivers where little or no improvement has been made, such as the increase in low birth weight babies born to Aboriginal and Torres Strait Islander mothers.<sup>33</sup></li></ul>
<b>To close the gap in life expectancy within a generation.</b>	<ul style="list-style-type: none"><li>• According to the United Nations 2010 <i>Human Development Index</i>, Australian life expectancy is the fifth highest in the world (81.9 years) and Australia is ranked the second most developed nation on the index.<sup>34</sup></li><li>• Aboriginal and Torres Strait Islander life expectancy is estimated using a methodology adopted by the ABS in 2009 that is contested by the campaign.<sup>35</sup> Prior to 2009, the life expectancy gap was estimated in the order of 17-years.<sup>36</sup> By applying the 2009 methodology to 2005-07 data, the life expectancy of Aboriginal and Torres Strait Islander males at birth is estimated to be 67.2 years, 12 years less than for non-Indigenous males (78.7 years); and females is estimated to be 72.9 years, 10 years less than that of non-Indigenous females (82.6 years).</li><li>• Median age of death data is sometimes used as a proxy life expectancy indicator. Cross-jurisdictional comparisons published by the ABS in November 2010 (based on data from 2004-09) indicate a gap across this indicator that could be as wide as 19 to 22 years. For Aboriginal and Torres Strait Islander males, the mean age of death varied from 48 years in South Australia to 57 years in New South Wales, compared with 67 years in the Northern Territory to 79 years in South Australia for non-Indigenous males. For Aboriginal and Torres Strait Islander females, the mean age of death varied from 53 years in South Australia to 66 years in New South Wales, compared with 72 years in Northern Territory to 85 years in South Australia.<sup>37</sup></li></ul>

It is important to note that the life expectancy target involves closing the gap between the life expectancy of Aboriginal and Torres Strait Islander and non-Indigenous Australians. Therefore it is the relative gains that are key, not simply (the welcome) absolute gains made by the Aboriginal and Torres Strait Islander population.

In this regard, while it is clearly welcome that the ABS reports significant increases in life expectancy for the general population,<sup>38</sup> it cannot be said with certainty, that any absolute improvements in Aboriginal and Torres Strait Islander health outcomes will result in 'closing the gap' with the non-Indigenous population. The difference between relative and absolute gains is an important one. If health equality is to be achieved, the need for relative gains underlines the need for planning, partnership and adequate resourcing to meet the COAG targets.

### **The first annual report against the Indigenous Chronic Disease Package (2009-10)<sup>39</sup>**

In November 2010, the Australian Government issued its first annual report against the Indigenous Chronic Disease Package. This Package, which began on 1 July 2009, is an important component of the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*.

The report cites activities that lay the groundwork for the full implementation of new components of the Package in coming years. It describes consultations with stakeholders, peak bodies and experts to ensure the Package was developed in a coordinated way. It also details the funding and recruiting of the first wave of a new workforce, particularly in preventative health areas such as tackling smoking.<sup>40</sup>

While acknowledging the work that lies ahead, the campaign welcomes these first steps and commends the Australian Government on these developments.

### **Expenditure on Aboriginal and Torres Strait Islander health**

While spending on Aboriginal and Torres Strait Islander health has increased substantially since 2008, the latest report publicly available with spending data is the Australian Institute of Health and Welfare's report *Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07: an analysis by remoteness and disease* (October 2010).<sup>41</sup> We understand this report provides baseline data only for efforts since 2007.

The report indicates great variance between expenditure in remote and urban parts of Australia and highlights the need to ensure programs and resources reach urban settings where the majority of Aboriginal and Torres Strait Islander people live. It notes:

- Medicare Benefits Schedule expenditure per person in 2006-07 was lower for Aboriginal and Torres Strait Islander people at 58 cents to every dollar spent on non-Indigenous Australians. But in remote areas it was in the order of 77 cents to every dollar.<sup>42</sup>
- For GP services, the per-person amounts spent were virtually equal between Aboriginal and Torres Strait Islander people and non-Indigenous Australians in Outer Regional, and Remote/Very Remote areas.<sup>43</sup>
- In relation to Medicare-funded services for surgical operations and other procedures, Aboriginal and Torres Strait Islander spending was less than one-third of non-Indigenous spending in most areas.<sup>44</sup>

- Expenditure on pharmaceuticals available through the Pharmaceutical Benefits Scheme increased with remoteness for Aboriginal and Torres Strait Islander people (\$159 per person in major cities, \$223 in Remote/Very remote areas).<sup>45</sup>

It is anticipated that the influence of the *National Urban and Regional Service Delivery Strategy to Close the Gap in Indigenous Disadvantage (2009)*<sup>46</sup> on the *National Indigenous Reform Agreement* should ensure that expenditure doesn't focus exclusively on remote Aboriginal and Torres Strait Islander communities at the unnecessary expense of the majority of Aboriginal and Torres Strait Islander people that live in urban and regional settings.

The report also found that over 40% of hospital admissions for Aboriginal and Torres Strait Islander people in 2006-07 were for the disease grouping that includes those needing kidney dialysis treatment. This category was responsible for the highest health expenditure among Aboriginal and Torres Strait Islander people, accounting for 10% of total admitted patient expenditure.<sup>47</sup> Studies have highlighted — in addition to the reductions in mortality and morbidity — that significant cost savings can be gleaned from effective early intervention in relation to kidney disease in Aboriginal communities and redirected to address Aboriginal and Torres Strait Islander peoples health needs in other priority areas.<sup>48</sup>



Photo: Lara McKinley/OxfamAUS.



## Part 2:

## The Close the Gap Statement of Intent – State and Territory Governments turning commitments into action

The *Closing the Gap Statement of Intent* is akin to a national compact. In addition to the Australian Government and federal Opposition being signatories, the Governments and Opposition Parties of Queensland, Victoria, Western Australia, the Australian Capital Territory, New South Wales and South Australia are now also signatories. The Northern Territory Government has committed to signing in 2011.

This part of our report looks at how the Statement of Intent has been implemented in jurisdictions other than the Commonwealth.

The Close the Gap Campaign has noted progress in the States and Territories — particularly in relation to partnerships — and believes these are instructive for a health partnership at the federal level.

Acknowledging that some States and Territories are only recent signatories to the Statement of Intent, this part of the report is divided into two sections. The first looks at Queensland, Victoria and Western Australia, that signed the Statement of Intent in 2008-2009. These jurisdictions have more developed responses. The second section looks at those jurisdictions that signed in 2010.

This is our first report that focuses on the implementation of the Statement of Intent commitments by the States and Territories. The campaign will continue to monitor and report on progress in these jurisdictions. As such, what follows is baseline information that will be used for future reporting.



Queensland Premier Anna Bligh signs the Statement of Intent in the Queensland Parliament. Photo: Lara McKinley/OxfamAUS.

### 1: Early adopters – Queensland, Victoria and Western Australia

#### Queensland

##### *'Making Tracks – toward closing the gap in health outcomes for Indigenous Queenslanders by 2033'*

The Queensland Government and Opposition signed the Statement of Intent in April 2008. After two years of development, the policy and accountability framework and implementation plan for 2009-10 – 2011-12 was launched in June 2010.<sup>49</sup>

'Making Tracks' demonstrates how the commitments and targets in the Statement of Intent can be translated into a policy and accountability framework to achieve Aboriginal and Torres Strait Islander health equality; one that also integrates the COAG Closing the Gap Targets, the COAG *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*, and the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*.

There are many reasons to commend Making Tracks: as noted, it contains the first published trajectories against the COAG Closing the Gap Targets for health, and supporting trajectories including:

- Perinatal mortality;
- Women who smoked at any time during pregnancy;
- Births to teenage mothers (less than 20 years of age);
- Antenatal visits (5 or more);
- Low birth weight (less than 2500 grams);
- Low gestational age (less than 37 weeks);

- Selected potentially preventable hospitalizations (acute, chronic and vaccine preventable conditions); and
- Discharge against medical advice.

It ensures public service accountability for Aboriginal and Torres Strait Islander health outcomes in Queensland. As part of its implementation, Queensland Health has developed eight Indigenous health performance indicators which have been embedded into the performance agreements of Queensland Health's District Chief Executive Officers. Each District is required to develop an annual Close the Gap Plan and to provide quarterly qualitative reports against the plan and annual quantitative reports against each indicator against the trajectories. In addition, identified close the gap deliverables have been included in the performance agreements of each Deputy Director-General of Queensland Health, ensuring that the close the gap health effort in Queensland is an organisation wide priority. In 2010-11 priority is being given to improving cultural capability across Queensland Health.

A criticism is that Making Tracks was not developed in partnership. Because it involved the implementation of COAG agreements (traditionally understood as only involving governments), Queensland Health's Aboriginal and Torres Strait Islander Health Strategy Unit were constrained in working in partnership to develop it. However, Making Tracks builds on the long-standing and successful Queensland Aboriginal and Torres Strait Islander Health Partnership (QATSIHP), (see below). It is our understanding that Queensland Health was otherwise scrupulous in ensuring the document reflected the established priorities and preferred approaches of the QATSIHP.

The campaign calls on all COAG processes that involve Aboriginal and Torres Strait Islander peoples to be developed in partnership with them and their representatives. As discussed earlier, the campaign has been critical of the development of the *National Indigenous Reform Agreement* for the lack of partnership in the process.

Marianna Serghi, Executive Adviser to the Aboriginal and Torres Strait Islander Health Branch of Queensland Health, describes the framework and the process of its development in Box 6.

Supporting 'Making Tracks', the *Aboriginal and Torres Strait Islander cultural capability framework 2010-2033* is designed to ensure that Queensland Health is:

*an organisation that understands and respects cultural differences and needs, and applies this understanding and respect in its governance, policy, planning, infrastructure, funding, standards, information systems, human resource*

## Box 6: Making Tracks

Consistent with its commitments under the Statement of Intent, the Queensland Government produced *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033*. This document provides a long-term, evidence based policy and accountability framework to guide the Queensland Government's efforts in achieving sustainable health gains to 2033 and beyond. It is accompanied by *Making Tracks* implementation plans which will be renewed every three years. *Making Tracks* was developed following an examination of the available evidence about the health status of Indigenous Queenslanders and what is known about the health interventions that are most likely to close the health gap. It was informed by the priority areas identified by: the *Queensland Aboriginal and Torres Strait Islander Health Partnership* (QATSIHP); the *Close the Gap Statement of Intent*; the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013*; and the *National Indigenous Reform Agreement*.

The first *Making Tracks* implementation plan focuses primarily on implementation of the COAG *National Partnership Agreement on Closing the Gap in Indigenous Outcomes* and the *National Partnership Agreement on Closing the Gap in Indigenous Early Childhood Development*. Key initiatives (consistent with the Statement of Intent) include: a Cultural Capability Framework and Indigenous hospital liaison capacity to improve the effectiveness of mainstream health service provision; transition of primary health care services to community control in Cape York and Yarrabah; multidisciplinary care teams focussing on chronic disease; and the development of a Centre of Excellence in Indigenous Primary Health Care at Inala Health Service. Implementation will be conducted in close consultation with the QATSHIP, local service providers and communities. Progress will be measured and reported annually through the Queensland close the gap Reports against key performance indicators and targets included in the *Making Tracks* document.

## Box 7: The Coalition of the Intentional

Victorian Aboriginal and Community Controlled Health Organisation (VACCHO) have built a coalition of civil society organisations that also signed the *Close the Gap Statement of Intent* in Victoria.<sup>54</sup> This Coalition of the Intentional undertook to: implement the commitments in the Statement of Intent in their own organisations; work with VACCHO on their implementation; and to collectively hold the governments to account for their implementation.

New members have signed the Statement of Intent and joined the coalition since the original signing in August 2008. Members use the Statement of Intent to inform their individual advocacy to government and as a platform for collective action and advocacy.

A Secretariat for the Coalition is supported by VACCHO and Oxfam, with in-kind contributions from VACCHO's members also contributing to the Coalition's work. It has recently conducted a review of shared advocacy priorities and activities that have occurred since the signing of the Statement of Intent.

The Coalition is prepared for ongoing strategic and coordinated advocacy and activity. Members work together to achieve what could not be done alone. They work under the guidance of the Aboriginal community, without which efforts could easily be misdirected.

VACCHO has further developed aspects of the partnerships with many members of the coalition. This has resulted in joint activities in areas such as employment, cultural competency training and advocacy. When VACCHO develops Memoranda of Understanding with other organisations, it uses the commitments in the Statement of Intent as a foundation for the MOUs.

VACCHO also uses the commitments in the Statement of Intent as underlying principles for the partnership with Commonwealth and State governments for the implementation of the Framework Agreement on Aboriginal Health. It is hoped that these foundations will ensure a sustained partnership with government through changes in administration and reforms to the health system.

*management, quality improvement, education, training and every aspect of health service delivery.*<sup>50</sup>

As noted in the framework, 'the *Closing the Gap* commitments force Queensland Health to reflect on the past and say very clearly – we can and must change the way we do business.'<sup>51</sup>

The Queensland Implementation Plan of the COAG *National Partnership Agreement on closing the gap in Indigenous health outcomes* refers to the Statement of Intent as providing context for the plan. In particular, it cites the need to develop a long term plan of action for health equality, to ensure that essential health services and infrastructure are in place by 2018 and to support the Aboriginal community controlled health sector.<sup>52</sup>

### *Queensland Aboriginal and Torres Strait Islander Health Partnership*

The aim of the Queensland Aboriginal and Torres Strait Islander Health Partnership is to improve the health status and wellbeing of Aboriginal and Torres Strait Islander people so that it is at least commensurate with the health and wellbeing of the wider Australian community. There are three organisations in the Partnership:

- Commonwealth Department of Health and Ageing;
- Queensland Health; and
- Queensland Aboriginal and Islander Health Council (QAIHC, which represents Community Controlled Health Services across Queensland).

The *Agreement on Queensland Aboriginal and Torres Strait Islander Health* outlines the nature of the partnership. The Agreement states that the participants have committed to work together on agreed priorities across a range of activities. The work that the Partnership will undertake each year is set out in an annual plan, which clearly assigns responsibility for each initiative and activity. The Partnership is supported by a secretariat based in QAIHC. Partnership meetings are chaired by the Chairperson of the QAIHC.

A 2007 independent audit of the Agreement included a review of the effectiveness of the operation of the Partnership. It found that the achievements of the Partnership "demonstrate a commendable record" and was particularly supportive of the Partnership's focus on establishing Regional Health Forums. These are critical mechanisms for ensuring equitable decision-making in health service provision throughout the State.<sup>53</sup>

In 2009-2010, QAIHC and its member organisations commenced development of a '*Blueprint for Aboriginal and Torres Strait Islander Health Reform in Queensland*'. This builds on work undertaken by QAIHC with the Institute for Urban Indigenous Health, and progress with the transition of comprehensive primary health care services and resources to community control in discrete and remote Aboriginal and Torres Strait Islander communities in

Queensland. The 'Blueprint' proposes the establishment of a new, high-level governance committee, replacing the current Queensland Aboriginal and Torres Strait Islander Health Partnership, to oversee implementation of Aboriginal and Torres Strait Islander specific and mainstream health reforms in Queensland.\*

## Victoria

### *Coalition of the Intentional*

Victoria began its implementation of the Statement of Intent following the Commonwealth Government's signing of it in March 2008. A 'Coalition of the Intentional' led by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), led advocacy efforts for the State Government to sign the Statement of Intent in August 2008. VACCHO's members then took part in subsequent planning efforts. As a coalition, VACCHO has committed to holding both Commonwealth and State governments to account for the implementation of the Statement of Intent and the COAG Closing the Gap initiatives in Victoria. VACCHO describes the Coalition in Box 7.

### *The Victorian Aboriginal Health Plan*

In April 2008, the Victorian Advisory Council on Koori Health<sup>55</sup> instigated the development of the Victorian Aboriginal Health Plan.<sup>56</sup> The plan is designed to meet the Statement of Intent's commitment 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'<sup>57</sup> in Victoria.<sup>58</sup> The Plan was published in September 2009.

### *Victorian Indigenous Affairs Framework 2010-2013*

In April 2009, the Ministerial Taskforce on Aboriginal Affairs endorsed the (VIAF)<sup>59</sup>, which aligned with the COAG National Indigenous Reform Agreement and its two health targets. The VIAF is described as 'a long term, intergenerational strategy committing to measurable targets which all Victorian Departments are determined to achieve'.<sup>60</sup> It contains six action areas including 'improving maternal childhood health and development' and 'improving health and wellbeing'. Five, ten and fifteen-year targets are attached to indicators for both areas as presented in Box 8.<sup>61</sup>

The VIAF also sets out partnership arrangements. A Government Leadership Group (comprising the Premier,

## **The need for capacity building of the community controlled sector**

The Statement of Intent states:

*We commit: 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.*

In the statements below, VACCHO comments on the developments in the text, highlighting some of the strains on the capacity of the community controlled sector as a result of the changes. It notes the need for a capacity building plan for the sector as a part of any overall strategy to address health inequality, as well as in the context of the NHHN roll out:

To date, the Government has not fully invested in community capacity — to build it into community capability and realise community potential. This is particularly important with increased demands for partnership, planning, reporting and program management being made on Aboriginal Community Controlled Health Organisations (ACCHOs).

Another strain is occurring as a result of the need to train Aboriginal staff for newly created positions. Shortages in infrastructure and management capacity in the Community Controlled sector remain as factors that limit the roll out of the programs. In order to build and sustain the increased Aboriginal workforce, ACCHOs will need to become training organisations with comprehensive plans for recruitment, training, induction, orientation and development of staff.

In order to achieve organisational sustainability and to maximise health potential, ACCHOs require an investment in infrastructure for staff, researchers and visiting allied health professionals, registrars, specialists and increased support staff. With this investment ACCHOs could form the basis of a regionalised health program for Victoria's Aboriginal community while building a hub for health services for all Victorians in regional areas where specialist and allied health services would not normally be available due to market failure. *See insert from next page.*

For VACCHO, this highlights the need for capacity building of the sector to be integrated into any overall address to Aboriginal and Torres Strait Islander health inequality.

\*Queenslander Aboriginal and Islander Health Council, Annual Report 2010, QAIHC, Brisbane, 2010, p5 (Chairperson's report).



the Ministerial Taskforce on Aboriginal Affairs and the Secretaries Group on Aboriginal Affairs — founded in 2006) will work with a newly created community leadership structure. This community leadership structure has three components:

- Local Indigenous Networks (LINs) that identify and aggregate community aspirations and priorities. They are open to all community members.
- Each LIN elects a male and female representative to Regional Indigenous Councils. The RICs will advise government at the regional level.
- The Premier's Aboriginal Advisory Council will be elected from the RICs. The Council will advise the Victorian Government at a state level.<sup>62</sup>

Partnerships with Indigenous communities and their members are at the core of successful government efforts to address Indigenous disadvantage. Existing partnerships with Indigenous communities formed by many Victorian Government departments and agencies enable the provision of advice on operational matters at a local and regional level and in setting state-wide policy directions.

Good coordination and management of these partnerships is important for effective and accountable joint action. Accordingly, action taken under the VIAF must:

- take a holistic approach that places the community at the centre, is locally and regionally driven and includes a 'ground up' process for planning and priority setting
- develop partnerships within and across Indigenous services, communities and government, that build long-term capability in those communities
- ensure joint planning across government agencies and sectors that promotes community wellbeing
- create funding frameworks that are accountable but flexible in accommodating local need
- ensure a process of community participation that actively engages and supports communities and their leaders at the state, regional and local level invest in the development of culturally appropriate and evidence-based strategies and programs that can be implemented locally as well as on an Indigenous population-wide basis
- include Indigenous people's experience in program reviews and evaluations
- provide training and development in order to build capability of Indigenous people and organisations<sup>63</sup>

The *Aboriginal Health Plan*, the health components of the *Victorian Indigenous Affairs Framework* and the *COAG National Partnership Agreement on closing the gap in Indigenous health outcomes* were implemented at a state-level through the *Victorian National Partnership Agreement on closing the gap in Indigenous health outcomes Implementation Plan 2009-2013* (Implementation Plan).<sup>64</sup> Regional implementation plans were also created. The Implementation Plan details the Statement of Intent in full to provide context for the document.

### Box 8: The VIAF contains the following trajectories:

ACTION AREA	INDICATOR	2013 TARGET	2018 TARGET	2023 TARGET
4. Improve health and wellbeing.	4.1 Reduce smoking rates of Indigenous people.	The proportion of Indigenous adults who are current smokers will reduce to 26 per cent.	The proportion of Indigenous adults who are current smokers will reduce to 23 per cent.	The proportion of Indigenous adults who are current smokers will reduce to 21 per cent.
	4.2 Improve the levels of physical activity, healthy weight and healthy eating of Indigenous people.	The proportion of Indigenous adults who are overweight or obese will reduce to 52 per cent.	The proportion of Indigenous adults who are overweight or obese will reduce to 50 per cent.	The proportion of Indigenous adults who are overweight or obese will reduce to 48 per cent.
		The proportion of Indigenous adults who do not meet healthy levels of vegetable intake will reduce to 87 per cent.	The proportion of Indigenous adults who do not meet healthy levels of vegetable intake will reduce to 85 per cent.	The proportion of Indigenous adults who do not meet healthy levels of vegetable intake will reduce to 80 per cent.
		The proportion of Indigenous adults who do not meet healthy levels of fruit intake will reduce to 58 per cent.	The proportion of Indigenous adults who do not meet healthy levels of fruit intake will reduce to 56 per cent.	The proportion of Indigenous adults who do not meet healthy levels of fruit intake will reduce to 51 per cent.
		The proportion of Indigenous adults who have healthy levels of physical activity will increase to 55 per cent.	The proportion of Indigenous adults who have healthy levels of physical activity will increase to 60 per cent.	The proportion of Indigenous adults who have healthy levels of physical activity will increase to 65 per cent.
	4.3 Reduce the rates of chronic conditions among Indigenous people.	The separation rate for selected chronic conditions will be reduced to 43 per 1000 people.	The separation rate for selected chronic conditions will be reduced to 41 per 1000 people.	The separation rate for selected chronic conditions will be reduced to 37 per 1000 people.
	4.4 Reduce rate of self harm among Indigenous people.	The rate of presentations for self harm will be reduced to 4.05 per 1000 people.	The rate of presentations for self harm will be reduced to 3.2 per 1000 people.	The rate of presentations for self harm will be reduced to 2.35 per 1000 people.
	4.5 Reduce risky alcohol consumption among Indigenous people.	The rate of presentations due to alcohol consumption will be reduced to 12.6 per 1000 people.	The rate of presentations due to alcohol consumption will be reduced to 9.4 per 1000 people.	The rate of presentations due to alcohol consumption will be reduced to 6.2 per 1000 people.

## Western Australia

### *Western Australia Initiatives'*

The Western Australia Government and Opposition signed the Statement of Intent in April 2009.

The *WA Health Operational Plan 2009-2010* (May 2009) states that WA Health will be implementing the Statement of Intent as part of their ongoing implementation of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*.<sup>65</sup> A number of other policies and initiatives are being progressed to reflect the Statement of Intent. This includes either a review or development of:

- *WA Cultural Competency Policy;*
- *WA Health Aboriginal Employment Strategy/Plan;* and
- *Aboriginal Health Evaluation Framework.*

### *Partnerships*

Health partnerships exist in WA to support this review and development process. These include:

- WA Aboriginal Health Partnership Group – the Commonwealth and State health departments and the Aboriginal Health Council of WA
- Statewide Aboriginal Health Planning Forum – includes the above and a representative from the GP Divisions and representation from each of the Aboriginal health regional planning forums
- Regional and Metropolitan Aboriginal Health Planning Forums.

The role of the Aboriginal Health Planning Forums (AHPFs) is to:

- collectively identify regional Aboriginal health priorities based on epidemiological data and community consultation in order to facilitate planning;
- identify opportunities for regional health providers to better coordinate systems for Aboriginal health service delivery in order to ensure more effective services and outcomes for Aboriginal people; and
- advocate and negotiate for better access to health resources and improved health access.

Each AHPF is encouraged to engage with the community and seek input towards identifying community health priorities through a variety of methods, including:

- undertaking surveys
- organising meetings and gatherings
- using existing sources of information
- conducting workshops.

The Forums have developed overarching Aboriginal Health Plans and coordinated submissions on health service proposals in order to meet the Closing the Gap and Indigenous Early Childhood Development objectives and outcomes.

Implementation of the funded service initiatives commenced in June 2010 with the development of service agreements between the Department of Health and non government organisations.

## 2. Jurisdictions that signed the Close the Gap Statement of Intent in 2010

### Australian Capital Territory

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

*A New Way* — The ACT *Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-2011* 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.<sup>66</sup>

A new health strategy for the ACT is being developed. ACT Health has indicated that the Statement of Intent commitments and targets will be considered in the development of this plan. It will be developed in a collaborative way by the ACT Aboriginal and Torres Strait Islander Health Forum, the primary strategic planning body for Aboriginal and Torres Strait Islander health in the ACT. It is 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.

The ACT is implementing the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes 2009-2012* through an Implementation Plan.

### New South Wales

The NSW Government and Opposition signed the Statement of Intent in June 2010.

The State has two existing partnerships with the Aboriginal Community Controlled Health Sector. One is the NSW Aboriginal Health Partnership — an agreement struck between the NSW Department of Health and the Aboriginal Health and Medical Research Council (AHMRC).<sup>67</sup> Originally agreed in 1995, it was updated in 2008 and expires in its current form in 2013.<sup>68</sup> The Partnership seeks to improve health outcomes for Aboriginal people through:

- Developing agreed positions relating to Aboriginal health policy, strategic planning, services and equity in allocation of resources.
- Ensuring that Aboriginal health retains a high priority in the health system overall; that it is integrated as a core element in all NSW Health policies and their implementation; and that effort is sustained.
- Promoting a partnership approach at all levels within the health system.
- Keeping Aboriginal health stakeholders and communities informed about the outcomes of the NSW Aboriginal Health Partnership.<sup>69</sup>

The other main partnership in NSW is the Aboriginal Health Forum. This includes the AHMRC, NSW Health, the Commonwealth Department of Health and Ageing, the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs and GP NSW.

NSW Health is currently developing an overarching document, *Strategic Directions for Aboriginal Health in NSW*. There are also a number of NSW strategic plans that relate to achieving improvements in Aboriginal health outcomes, including the NSW State Plan.

*Two Ways Together* — NSW *Aboriginal Affairs Plan 2003-2012* (TWT) was introduced in 2001. It is the NSW Government's ten-year plan to improve the well-being of Aboriginal people and communities. TWT has seven priority areas including health. The ongoing review of the document



provides an opportunity for the integration of the Statement of Intent targets and other commitments into the Aboriginal Affairs space in NSW.

## South Australia

On the 29 October 2010, the Aboriginal Health Council of South Australia (AHCSA), the South Australian Government and Opposition and key stakeholders representing state and national organisations signed the Statement of Intent. Some of these key stakeholders included: the Australian Medical Association of SA, Anglicare SA, Heart Foundation, Indigenous Allied Health Australia, Reconciliation SA, Aboriginal Legal Rights Movement and the Australian Nursing and Midwifery Federation SA.

This expression of partnership between government and non government organisations — both Aboriginal and non Aboriginal — bodes well for the achievement of the commitments in the Statement of Intent.

### *South Australian Aboriginal Health Partnership*

The South Australian Aboriginal Health Partnership, is comprised of the South Australian Department of Health, the Commonwealth Government Department of Health and Ageing and AHCSA. In July 2010, the fourth Agreement was signed for the Partnership, spanning 2010 to 2013.

In representing all Aboriginal health services and health advisory committees in South Australia (through the participation of AHCSA), the *South Australian Aboriginal Health Partnership Agreement* ensures that Aboriginal and Torres Strait Islander voices are heard by government. It enables the identification of issues and which programs and services are required to effectively address them in communities.

The 2010 Agreement is underpinned by: the *Close the Gap Statement of Intent*; the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*; the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework*; the *National Cultural Respect Framework*; and the *COAG National Principles for Service Delivery to Aboriginal Australians*.

### *South Australia Strategic Plan*

*South Australia's Strategic Plan*<sup>70</sup> (SASP) is the State's overall ten-year development strategy covering many areas including Aboriginal and Torres Strait Islander health. Each area is linked to targets. The SASP, first published in 2004, is a 'dynamic living document'.<sup>71</sup>

An updated plan (in part to 'give increased prominence to Aboriginal people')<sup>72</sup> was released in 2007. This Plan has revised targets. As the SASP 2007 notes:

Only comprehensive and coordinated effort sustained over many years will begin to narrow the gap between conditions experienced by Aboriginal and non-Aboriginal South Australians. It requires policy and action to be informed by measurable results and community views, coordinated across all levels of government and monitored at the highest level. One overarching

target to improve Aboriginal wellbeing has been retained to provide a central focal point, but we now also have at least one target specific to Aboriginal South Australians in each of the objective areas (as well as data from other targets that can be disaggregated on the basis of Aboriginality).

One new target in the SASP 2007 relates to Aboriginal healthy life expectancy. This target is to 'lower the morbidity and mortality rates of Aboriginal South Australians.'<sup>73</sup> The target is also integrated into the SA Health Strategic Plan 2008-2010.<sup>74</sup>

### *South Australian Aboriginal Health Care Plan: a framework for regional Aboriginal health plans*

The *South Australian Aboriginal Health Care Plan 2010-2016* was released simultaneously with the signing of the Statement of Intent.<sup>75</sup> The Plan sets a framework for Regional Aboriginal Health Improvement Plans. It is described as contributing to the SASP life expectancy target as well as to contributing to the COAG targets: to close the life expectancy gap within a generation; and to halve the gap in Indigenous under-five's mortality within a decade.<sup>76</sup> These targets are found in the South Australian Implementation Plan of the *National Partnership Agreement in Closing the Gap in Indigenous Health Outcomes*.<sup>77</sup>

The *SA Aboriginal Health Care Plan* notes the signing of the Statement of Intent by State and Territory government representatives and the target to achieve Aboriginal and Torres Strait Islander life expectancy equality by 2030: this Plan should provide further direction, based on a more detailed analysis of data and service availability combined with health reform directions to inform the more specific and targeted responses required.<sup>78</sup>

The Plan was developed by SA Health in consultation with a range of stakeholders, notably the Aboriginal Health Council of South Australia.<sup>79</sup>

# Conclusion

As noted in the Close the Gap Steering Committee's previous shadow report, the Statement of Intent was not intended to be 'cherry picked'. Without delivering on its commitments to health equality planning and a supporting partnership, we believe Australian governments' efforts to close the gap have hit a critical juncture. Current efforts will result in some progress. However if these efforts are not coordinated, the 'value added' through the wisdom of Aboriginal and Torres Strait Islander peoples and their representatives will be lost. The very people who the national effort is designed to help will be disempowered, wastage and inefficiency may occur and results may not be able to be sustained.

The rolling out of the National Health and Hospitals Network has magnified all these risks. Only through planning and partnership could these risks be transformed into opportunities.

We repeat our call for the Australian Government to prioritise delivery of the following commitments in the Statement of Intent:

- 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
- To ensure the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.

Acknowledging progress made to date, we also call on those States and Territories that have signed the Statement of Intent to fully implement its targets and commitments.

# Appendix

## **Position paper on achieving Aboriginal and Torres Strait Islander health equality within a generation**

**Articles 24(2) and 23 of the *United Nations Declaration on the Rights of Indigenous Peoples* state:**

*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.*

*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.*

In relation to the achievement of Aboriginal and Torres Strait Islander health equality within a generation, this position paper is an expression of these rights by the following national Aboriginal and Torres Strait Islander health peak bodies and key stakeholders:

- Aboriginal and Torres Strait Islander Social Justice Commissioner of the Australian Human Rights Commission;
- 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;
- 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;
- National Congress of Australia's First Peoples;
- National Coordinator, Tackling Indigenous Smoking; and
- National Indigenous Drug and Alcohol Committee.

These positions also reflect those agreed by the following national workshops, hosted by the Close the Gap Campaign for Indigenous Health Equality and attended by representatives from across the Aboriginal and Torres Strait Islander health sector and Australian governments:

- Close the Gap – National Indigenous Health Equality Summit, Canberra, March 2008;
- Close the Gap – Partnership in Action Workshop, Sydney, November 2008; and
- Close the Gap – Making it Happen Workshop, Canberra, June 2010.

### **1. Principles to underpin a national effort to achieve Aboriginal and Torres Strait Islander health equality**

- Achieving Aboriginal and Torres Strait Islander health equality within a generation (health equality) is a national priority.
- The Close the Gap Statement of Intent is a foundational document, guiding efforts to meet this aim of health equality for Aboriginal and Torres Strait Islander peoples.
- The Statement of Intent commitments comprise an interdependent and coherent framework for achieving health equality and are not to be selectively interpreted or implemented.



Therefore, the social and cultural determinants of Aboriginal and Torres Strait Islander health inequality must be addressed as a part of a national effort to achieve health equality, and within a national health equality plan.

- By meeting the commitments in the Statement of Intent, Australian governments will:
  - adopt 'best practice' policy, targets and guidelines for achieving health equality, as supported by research findings and the evidence base;
  - adopt the most efficient way of achieving health equality. Partnership, in particular, should be considered as an efficiency measure: helping to maximise the health outcomes from the resources available; and
  - align their efforts with the human rights of Aboriginal and Torres Strait Islander peoples, including those set out in the United Nations Declaration on the Rights of Indigenous Peoples.
- To drive this national commitment, the Prime Minister should lead the effort for achieving health equality through COAG and partnership with Aboriginal and Torres Strait Islander peoples through their representative organisations. This collective leadership should enable and be accountable for achieving the:
  - vital intergovernmental and intersectoral cooperation needed to achieve health equality;
  - public sector to work in partnership with Aboriginal and Torres Strait Islander peoples and their representatives, particularly when developing and implementing a health equality plan; and
  - national effort for health equality to be enhanced and be integral to the roll out of the National Health and Hospital Network (NHHN) and future reforms.
- Reflecting this, the Prime Minister should continue to report to the Parliament and the nation on efforts to 'close the gap' (including in relation to health outcomes) on the opening day or the first session of federal Parliament each year.

## **2. A partnership between Aboriginal and Torres Strait Islander peoples, their representatives and Australian governments**

- A partnership between Aboriginal and Torres Strait Islander peoples, their representatives and Australian governments (partnership) must underpin the national effort to achieve health equality.
- The mechanism to achieve a sustainable partnership will be through;
  - the thirteen signatories (including the National Congress of Australia's First Peoples) creating a single community partnership interface. The signatory bodies pledge to work together and engage with Australian governments as equal partners at the national level to progress health equality.
  - Australian governments creating a single government partnership interface that should include:
    - the Minister for Health and Ageing and the Minister for Indigenous Health;
    - the Minister for Indigenous Affairs; and
    - State and Territory Governments.
  - The support of all Opposition parties, minor parties and Independents for the partnership arrangements set out in this paper should be secured to ensure continuing political support for the achievement of health equality until 2030.
- The partnership should be formalised through a framework agreement that clearly articulates the rules of engagement between all parties, based on the United Nations Declaration on the Rights of Indigenous Peoples, paying particular attention to:

– **The Second Preambular paragraph**

Affirming that indigenous peoples are equal to all other peoples, while recognizing the right of all peoples to be different, to consider themselves different, and to be respected as such.

– **Article 3**

Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.

– **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.

- Genuine sharing of decision-making power is essential to this partnership. This should be reflected in:
  - co-chairing arrangements between Aboriginal and Torres Strait Islander peoples and their representatives and Australian governments in all partnership fora;
  - the agreement of quorums in partnership fora that ensure an agreed minimum level of Aboriginal and Torres Strait Islander representation at times of decision-making;
  - acknowledgement of Aboriginal and Torres Strait Islander leadership, experience and knowledge at all stages of the national effort to achieve health equality, including in relation to the development and implementation of a health equality plan; and
  - adequate resource allocations and flexibility in funding arrangements to the Aboriginal and Torres Strait Islander partnership organisations to enable them to participate effectively in the partnership.
- For specific issues within the domains of the peak bodies and stakeholders, engagement with those peak bodies and stakeholders would continue to occur.
- The National Indigenous Health Equality Council will continue to advise the Minister for Indigenous Health and the Minister for Health and Ageing.
- State and territory-level Aboriginal and Torres Strait Islander health forums would continue as before, with the affiliates of the National Aboriginal Community Controlled Health Organisation (NACCHO) who are parties connecting to the national level process through NACCHO's participation in the national forum.

### **3. The development of a health equality plan**

- Several dimensions of health-related planning are needed in a national effort to achieve health equality: to address both health inequality itself, and its social and cultural determinants. The negative impact of racism, intergenerational trauma and disempowerment, in particular, must be addressed.
- A health equality plan development process should be efficient and not absorb unnecessary time or resources. The National Aboriginal Health Strategy (1989) and the National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003 – 2013) provide a starting point.

- A health equality plan must be 'owned' by both Aboriginal and Torres Strait Islander peoples and their representatives and Australian governments. This reinforces the need for partnership as the basis for developing and implementing a health equality plan.
- Empowerment will be a vital contributor to health equality. Any policy or program under a health equality plan should be assessed as to how it will increase the ability of Aboriginal and Torres Strait Islander individuals, families and communities to take control of their own lives.
- The commitment to achieve Aboriginal and Torres Strait Islander health equality within a generation, and the approach to this set out in the Close the Gap Statement of Intent, must be embedded in all current and future health reform processes.

#### Content of a health equality plan

- The Close the Gap National Indigenous Health Equality Targets, Overcoming Indigenous Disadvantage Framework indicators and the Aboriginal and Torres Strait Islander Health Performance Framework provide a starting point for the agreement of the targets and sub-targets. The former has been developed by peak bodies and experts in the field of Aboriginal and Torres Strait Islander health.
- The plan should:
  - invest in and build Aboriginal and Torres Strait Islander leadership at all levels of the health system;
  - build the capacity and enhance the leadership of the Aboriginal and Torres Strait Islander Community Controlled Health Sector;
  - address the mental health and social and emotional well-being of Aboriginal and Torres Strait Islander peoples, including problematic alcohol and drug use;
  - address the social and cultural determinants of health; and
  - ensure data collections and other measures are in place to enable the effective monitoring of progress towards health equality, and an evaluation of the quality of the plan, over time.
- The Statement of Intent commitments to achieve Aboriginal and Torres Strait Islander health equality within a generation must be embedded in the NHHN reforms.
- A strong national Aboriginal and Torres Strait Islander leadership should oversee those parts of the national effort for health equality that will be delivered through the NHHN.

# Endnotes

- 1 Aboriginal and Torres Strait Islander Commissioner's Social Justice Report 2005, Human Rights and Equal Opportunity Commission, Sydney, 2005. Available online at: [http://www.humanrights.gov.au/social\\_justice/health/health\\_summary.html](http://www.humanrights.gov.au/social_justice/health/health_summary.html).
- 2 Also signed by the Hon. Nicola Roxon MP, Minister for Health and Ageing; Hon. Jenny Macklin MP, the Minister for Families, Housing, Community Services and Indigenous Affairs; and the then Opposition Leader, Dr Brendan Nelson MP.
- 3 Incorporated into the National Indigenous Reform Agreement.
- 4 The Northern Territory Government has indicated its willingness to sign the Statement of Intent as soon as possible.
- 5 In June 2010, the Close the Gap Campaign hosted the Close the Gap- Making it Happen workshop to provide additional focus on developing and implementing a plan for health equality supported by a partnership. A key messages publication is currently in development and will be made available (along with the workshop report) at: [http://humanrights.gov.au/social\\_justice/health/index.html](http://humanrights.gov.au/social_justice/health/index.html).
- 6 See Close the Gap Campaign Steering Committee, Shadow report on the Australian Government's progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians (Feb 2010), Oxfam Australia, Sydney, 2010, pp. 26 -27. Available online at: <http://www.oxfam.org.au/resources/filestore/originals/OAus-CloseTheGapShadowReport-0210.pdf>
- 7 As above.
- 8 Australian Health Ministers' Advisory Council, Aboriginal and Torres Strait Islander Health Performance Framework 2005, AHMAC, Canberra, 2006. Available online at: [http://www.health.gov.au/internet/main/publishing.nsf/Content/D2690BAFA3867FEDCA25722C001111C9/\\$File/Framework%20Document%20-%20online%20version.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/D2690BAFA3867FEDCA25722C001111C9/$File/Framework%20Document%20-%20online%20version.pdf).
- 9 This target is 'ensuring primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gap in health standards by 2018.'
- 10 Standing Committee on Aboriginal and Torres Strait Islander Health, Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, AHMAC, Canberra, 2002. Available online at: [http://www.health.gov.au/internet/main/publishing.nsf/Content/DA4283E5D5C265BDCA25722E007B377B/\\$File/wrkstrgy1.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/DA4283E5D5C265BDCA25722E007B377B/$File/wrkstrgy1.pdf).
- 11 National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group, Aboriginal and Torres Strait Islander Peoples' Social and Emotional Well being Framework (2004-2009), Commonwealth of Australia, 2004.
- 12 Available on the website of the Federal Council for Financial Relations: [http://www.federalfinancialrelations.gov.au/content/national\\_agreements.aspx](http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx).
- 13 And note that while this indicates baseline for progress against the targets to be measured it does not refer to trajectories at all. Available online at: [http://www.federalfinancialrelations.gov.au/content/national\\_agreements.aspx](http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx)
- 14 Commonwealth of Australia and Northern Territory of Australia, Overarching Bilateral Indigenous Plan between the Commonwealth of Australia and the Northern Territory Of Australia to Close the Gap in Indigenous Disadvantage 2010 – 2015, , p. 28. Available online at: [http://www.federalfinancialrelations.gov.au/content/intergovernmental\\_agreement\\_schedules/NT\\_Overarching\\_Bilateral\\_Indigenous\\_Plan\\_final.pdf](http://www.federalfinancialrelations.gov.au/content/intergovernmental_agreement_schedules/NT_Overarching_Bilateral_Indigenous_Plan_final.pdf)
- 15 Commonwealth of Australia and State of Victoria, Overarching Bilateral Indigenous Plan between the Commonwealth of Australia and the State of Victoria to Close the Gap in Indigenous Disadvantage 2010 – 2015, , p. 28. Available online at: [http://www.federalfinancialrelations.gov.au/content/intergovernmental\\_agreement\\_schedules/NT\\_Overarching\\_Bilateral\\_Indigenous\\_Plan\\_final.pdf](http://www.federalfinancialrelations.gov.au/content/intergovernmental_agreement_schedules/NT_Overarching_Bilateral_Indigenous_Plan_final.pdf)
- 16 Victorian Government, Victorian Indigenous Affairs Framework 2010 – 2013, Melbourne, 2010. Available online at: [http://www.dpcd.vic.gov.au/\\_data/assets/pdf\\_file/0009/49986/VIAF\\_2010\\_2013\\_FINAL.pdf](http://www.dpcd.vic.gov.au/_data/assets/pdf_file/0009/49986/VIAF_2010_2013_FINAL.pdf)
- 17 COAG Reform Council, National Indigenous Reform Agreement: baseline performance report for 2008 -09, April 2010.
- 18 This is found as Schedule A to the NIRA. Available on the website of the Federal Council for Financial Relations: [http://www.federalfinancialrelations.gov.au/content/national\\_agreements.aspx](http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx).
- 19 See Close the Gap Campaign Steering Committee, Shadow report on the Australian Government's progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians (Feb 2010), Oxfam Australia, Sydney, 2010, pp. 26 -27. Available online at: <http://www.oxfam.org.au/resources/filestore/originals/OAus-CloseTheGapShadowReport-0210.pdf>
- 20 The COAG Intergovernmental Agreement on Federal Financial Arrangements was agreed in Nov 2007, signalling a change in the way COAG operated. This is a framework for the development of National Partnership Agreements (NPAs) between Australian governments intended to help drive reform at the national level by setting out agreed national objectives, outcomes and outputs, performance indicators and benchmarks, the responsibilities of each level of government and areas of shared responsibility. NPAs are designed to drive seven key national reform priorities as set out in the COAG National Reform Agenda (Dec 2007). The priorities include an address to Aboriginal and Torres Strait Islander disadvantage. The COAG Reform Council has been established to independently assess whether governments have achieved NPA milestones and performance benchmarks.
- 21 The Indigenous Early Childhood Development National Partnership Agreement and the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes are part of the Integrated Strategy. Both



were announced in November 2008. They are squarely focused on the outcomes of the NIRA early childhood and health building blocks and to the achievement of the COAG generational health equality and under-five mortality targets. These NPAs are important for the resources and focus they bring to Aboriginal and Torres Strait Islander health. They also stimulate health planning. Like the NIRA, an NPA is a framework. Jurisdictional and national implementation plans were developed during 2009. Available on the website of the Federal Council for Financial Relations: [http://www.federalfinancialrelations.gov.au/content/national\\_partnership\\_agreements/default.aspx](http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/default.aspx)

- 22 This can be found as Schedule B to the NIRA. Available on the website of the Federal Council for Financial Relations: [http://www.federalfinancialrelations.gov.au/content/national\\_agreements.aspx](http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx).
- 23 NIRA, par. 6.
- 24 p. 4. This important paper contained recommendations on the number, size and geographic boundaries of Medicare Locals using objective and nationally consistent planning criteria. And yet as noted in this report, the timeframe for the modelling project meant that direct consultation on PHCO boundaries was limited to the national General Practice Network. This has meant that consultation with the wider primary health care sector, including Aboriginal Community Controlled Health Services and their peak bodies, state and territory government community health services and major non government organisations, could not be undertaken. Available online at: <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/AGPNSubmission>.
- 25 NACCHO submission on the governance and functions of Medicare Locals, 2010.
- 26 As above (policy and accountability framework), p32.
- 27 Commitment #3 in the Close the Gap Statement of Intent, March 2008.
- 28 Australian Government, Stolen Generations Working Partnership, Canberra, 2010. Available online at: [http://www.fahcsia.gov.au/sa/indigenous/pubs/stolengenerations/Documents/stolen\\_gen\\_working\\_part.pdf](http://www.fahcsia.gov.au/sa/indigenous/pubs/stolengenerations/Documents/stolen_gen_working_part.pdf)
- 29 Close the Gap Steering Committee for Indigenous Health Equality, Partnership position paper, Oxfam Australia, Sydney, June 2010. Available online at: <http://www.oxfam.org.au/resources/filestore/originals/OAus-CloseTheGapPositionPaper-0610.pdf>
- 30 Correspondence from the bodies listed in the text to the Minister for Health and Ageing and the Minister for Indigenous Health, 21 December 2010.
- 31 COAG Reform Council 2010, National Indigenous Reform Agreement: Baseline performance report for 2008-09, Sydney, 2010. Available online at: <http://www.coagreformcouncil.gov.au/reports/indigenous.cfm>
- 32 As above.
- 33 National Indigenous Health Equality Council, Child Mortality Target: Analysis and Recommendations, Canberra, 2010. Available online at: <http://www.nihec.gov.au/internet/nihec/publishing.nsf/Content/Child-Mortality-Analysis>
- 34 United Nations Development Program, Human Development Report 2010, 2010. Available online at: [http://hdr.undp.org/en/media/HDR\\_2010\\_EN\\_Complete\\_reprint.pdf](http://hdr.undp.org/en/media/HDR_2010_EN_Complete_reprint.pdf)
- 35 For this reason, our practice is to describe Aboriginal and Torres Strait Islander life expectancy as between 10- 17 years.
- 36 Life tables for the Aboriginal and Torres Strait Islander Australian population for the period 2005 to 2007 were published in May 2009 in 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.
- 37 Australian Bureau of Statistics, Deaths 2009, (cat. no 3302), Commonwealth of Australia, Canberra, 2010, p. 32. Available online at: [http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/CCE847BF63D7BF93CA2577D60010AC3D/\\$File/33020\\_2009.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/CCE847BF63D7BF93CA2577D60010AC3D/$File/33020_2009.pdf)
- 38 As above, p. 14.
- 39 Australian Government , Closing the Gap, The Indigenous Chronic Disease Package in 2009-10, Annual Progress Report on the Australian Government's Contribution to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, . Available online at: [http://www.health.gov.au/internet/ctg/publishing.nsf/Content/publications/\\$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)
- 40 As above, p. 6.
- 41 Australian Institute of Health and Welfare, Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07: an analysis by remoteness and disease, Health and welfare expenditure series no. 40. Cat. no. HWE 49., Canberra, 2010.
- 42 As above, p. 8, Table 2.
- 43 As above.
- 44 As above.
- 45 As above.
- 46 This can be found as Schedule B to the NIRA. Available on the website of the Federal Council for Financial Relations: [http://www.federalfinancialrelations.gov.au/content/national\\_agreements.aspx](http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx).
- 47 As above, p. 11.
- 48 Hoy, W., Baker, P., Kelly, A., (et al), Reducing premature death and renal failure in Australian Aboriginals – a community based cardiovascular and renal protective program, Medical Journal of Australia, vol. 172, 2000, pp. 473-478.

- 49 Queensland Health, Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework, Brisbane, 2010; Queensland Health, Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – implementation plan 2009 – 2010 to 2011 – 12, Brisbane, 2010. Available online at the Queensland Health website: <http://www.health.qld.gov.au/atsihealth/>.
- 50 Queensland Health, Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033, Brisbane, 2010, p. 6.
- 51 As above.
- 52 Available online at: [http://www.federalfinancialrelations.gov.au/content/national\\_partnership\\_agreements/indigenous/closing\\_the\\_gap/Closing\\_the\\_Gap\\_on\\_Indigenous\\_Health\\_Outcomes\\_QLD\\_IP.pdf](http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/indigenous/closing_the_gap/Closing_the_Gap_on_Indigenous_Health_Outcomes_QLD_IP.pdf)
- 53 Queensland Aboriginal and Torres Strait Islander Health Partnership, Directions Statement 2007, Available online at: <http://www.health.qld.gov.au/atsihealth/documents/33065.pdf>
- 54 Members of the coalition include: AMA, Amnesty International, ANTaR, Australian Council of Trade Unions, Australian Red Cross, Australian Nursing Federation, Cancer Council Victoria, Beyond Blue, Dental Health Services Victoria, Diabetes Foundation, Fred Hollows Foundation, General Practice Victoria, National Heart Foundation, Human Rights Law and Resource Centre, Human Rights and Equal Opportunity Commission, Melbourne General Practice Network, Onemda (Melbourne University), Oxfam, Public Health Association, Reconciliation Vic, Royal Australian College of General Practitioners, Rural Workforce Agency Victoria, Save the Children, Stolen Generations Victoria, Uniting Church, Victorian Aboriginal Education Association Inc, VicHealth, Victorian Branch – Royal College of Psychiatrists and the Victorian Hospitals Industry Association.
- 55 The Victorian Advisory Council on Koori Health was established in 1996 and is a partnership between the Victorian Aboriginal Community Controlled Health Organisation, the Victorian Government's Department of Human Services and the Australian Government Department of Health and Ageing.
- 56 Victorian Advisory Council on Koori Health, Victorian Aboriginal Health Plan, Melbourne, 2009. Available online at: [http://www.wimmerapcp.org.au/File/Victorian%20Aboriginal%20Health%20Plan%202009%20\(VACKH\).pdf](http://www.wimmerapcp.org.au/File/Victorian%20Aboriginal%20Health%20Plan%202009%20(VACKH).pdf).
- 57 Quoting directly from the Statement of Intent.
- 58 Victorian Advisory Council on Koori Health, Victorian Aboriginal Health Plan, Melbourne, 2009, Foreword p. 6. Available online at: [http://www.wimmerapcp.org.au/File/Victorian%20Aboriginal%20Health%20Plan%202009%20\(VACKH\).pdf](http://www.wimmerapcp.org.au/File/Victorian%20Aboriginal%20Health%20Plan%202009%20(VACKH).pdf).
- 59 Victoria Government, Victorian Indigenous Affairs Framework 2010 – 2013, Melbourne, 2010. Available online at: [http://www.dpcd.vic.gov.au/\\_data/assets/pdf\\_file/0009/49986/VIAF\\_2010\\_2013\\_FINAL.pdf](http://www.dpcd.vic.gov.au/_data/assets/pdf_file/0009/49986/VIAF_2010_2013_FINAL.pdf)
- 60 As above, Preface p. 1 (Deputy Premier, the Hon Rob Hulls MP).
- 61 As above, pp. 26-28 (Appendix 1).
- 62 As above, pp. 8-10.
- 63 As above, p. 8.
- 64 Department of Health (Vic), National Partnership Agreement on closing the gap in Indigenous health outcomes Implementation Plan Jurisdiction Victoria, Available online at: [http://www.health.vic.gov.au/\\_data/assets/word\\_doc/0004/362776/FINAL\\_-MASTER\\_-Indigenous-Health-NP-Implementation-Plan-doc](http://www.health.vic.gov.au/_data/assets/word_doc/0004/362776/FINAL_-MASTER_-Indigenous-Health-NP-Implementation-Plan-doc)
- 65 WA Health, WA Health Operational Plan 2009-2010, Perth, May 2009, table cell 4.6. Available online at [http://www.health.wa.gov.au/hrit/docs/publications/2009-10\\_WA\\_Health\\_Op\\_Plan.pdf](http://www.health.wa.gov.au/hrit/docs/publications/2009-10_WA_Health_Op_Plan.pdf)
- 66 ACT Health, New Way: The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006 – 2011, Canberra, 2006. Available online at: <http://www.health.act.gov.au/c/health?a=dlpubpoldoc&document=868>.
- 67 The AH&MRC is the peak body and voice of Aboriginal communities on Aboriginal health matters in NSW. It represents over 60 member organisations including Aboriginal Community Controlled Health Services.
- 68 NSW Aboriginal Health Partnership Agreement, Available online at: <http://www.ahmrc.org.au/Downloads/Partnership%20Agreement%202008-2013.pdf>.
- 69 Above, extract, p. 3.
- 70 Government of South Australia, South Australia's Strategic Plan 2007, Adelaide, 2007. Available online at: [http://www.saplan.org.au/system/pdf/South\\_Australia\\_Strategic\\_Plan\\_2007.pdf](http://www.saplan.org.au/system/pdf/South_Australia_Strategic_Plan_2007.pdf)
- 71 As above, Preface, Message from the Premier, p. 3.
- 72 See p. 10.
- 73 As above, p. 19.
- 74 Government of South Australia, SA Health Strategic Plan 2008 -2010, Adelaide, 2008.
- 75 SA Aboriginal Health Care Plan 2010 – 2016, Available online at: <http://www.sahealth.sa.gov.au/wps/wcm/connect/829485804451c671811f8d23cd3dffcb/Aboriginal+HC+Plan+1010.pdf?MOD=AJPERES&CACHEID=829485804451c671811f8d23cd3dffcb>
- 76 As above, p. 3.
- 77 National Partnership Agreement in Closing the Gap in Indigenous Health Outcomes, Available online at: [http://www.federalfinancialrelations.gov.au/content/national\\_partnership\\_agreements/indigenous.aspx](http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/indigenous.aspx)
- 78 As above, p. 40, Appendix 2.
- 79 As above, p. 48, Appendix 7.





Aboriginal Health Worker Michelle Thomas  
during a basic medical check at SWAMS.  
Photo: Lara McKinley/OxfamAUS.