Stretton Health Equity

THE UNIVERSITY of ADELAIDE

# POLICY BRIEF

## The need for public policy to address the social determinants of Aboriginal and Torres Strait Islander health

The Centre for Research Excellence in the Social Determinants of Health Equity ran from 2015-2020, and generated findings on how we can achieve public policy that addresses the social determinants of health equity.

The most egregious health inequities in Australia are between Aboriginal and Torres Strait Islander peoples and non-Indigenous people, which are the product of social determinants of Indigenous health such as ongoing colonisation, dispossession, racism, and attendant inequities in access to resources for health such as employment, housing, and education. Protective social and cultural determinants of Indigenous health include a sense of connection to culture (as expressed in language, ceremonies, kinship, artwork, food or other forms) and connection to Country. This policy brief summarises what we learned from the program of research about how Australian public policy can be improved to support greater equity in the social determinants of Indigenous health.

We investigated a range of case studies on selected policies at different stages of the policy cycle: problem identification and agenda setting, policy development, implementation, and evaluation. Three of these were directly relevant to Aboriginal and Torres Strait Islander health:

1. Agenda setting in the Northern Territory Emergency Response (NTER), also known as “the NT intervention”
2. Implementation of Closing the Gap (CTG) policy 2008 to 2018, including a specific focus on early childhood policy, and
3. Implementation of Australian Primary Health Care (PHC) policy 2008 to 2018.

### 1.1. Key Recommendations for Action for Policy Makers

- Key Aboriginal stakeholders recommended a structure to facilitate Aboriginal and Torres Strait Islander input into policy making, such as the proposed **Voice to Parliament**. The structure would require proper resourcing to allow meaningful consultation and participation.
- More **localised structures of policy governance** and **consolidated funding** have much untapped potential to strengthen services and improve outcomes, by tailoring responses to localised needs and conditions. Agencies planning to implement such arrangements should partner with and support already existing ACCHOs and other regional or local governance bodies established by communities in different areas. ACCHOs should be preferred providers of culturally safe PHC services. They have demonstrated capacity to deliver a

range of other services as well, such as diversionary justice programs, family counselling and support, and aged care.

- **Avoid tokenistic consultation –** Reciprocity is essential if partnerships are to be successful. This requires a sharing of power, responsibility and ownership of policy actions.

- The CTG strategy should continue to **promote human rights** related to education and health. Ignoring Indigenous rights undermines progress towards equity. With a new era of the CTG strategy, there is an opportunity to call out the dispossession and discrimination of Aboriginal and Torres Strait Islander people and recognise Indigenous sovereignty.

- Policy should recognise and act on **Indigenous rights and social determinants of Indigenous health**. Policies such as the National Aboriginal and Torres Strait Islander Health Plan that prioritise culture should be fully funded and implemented. Funding for the implementation of the CTG strategy should target Aboriginal-led initiatives and services, and not solely be shifted into mainstream programs with universal access.

### 1.2. What we learned

- Policies targeting Aboriginal and Torres Strait Islander peoples, such as the NTER, are commonly framed by a **deficit discourse** that positions Aboriginal and Torres Strait Islander people as the problem, rather than strengths and community control as part of the solution, and ongoing colonisation and racism as the problems. Health policies, such as those examined in the CTG and PHC studies, can also be experienced as deficit-focused when they prioritise remedial medical care to treat illness and marginalise Indigenous concepts of health and strength-based strategies to promote social and emotional wellbeing. One example is early childhood policy where we found a strengths-based model would see the right to an Aboriginal childhood as a central aim of policy. These policy stances inhibit the development of strategies that could improve health equity for Aboriginal and Torres Strait Islander peoples through greater self-determination, and access to positive cultural determinants of health.

- Our NTER and CTG studies found that Aboriginal and Torres Strait Islander voices and understandings of health were often silenced or marginalised in ‘top down’ processes of policy agenda setting and implementation. Key Aboriginal stakeholders identified that a structural participation mechanism, such as the proposed **Voice to parliament**, is required to shift these long-standing norms. The need for a treaty as a structural reform was also stressed. Without such structures, the dominant institutional power of colonial governments over Aboriginal and Torres Strait Islander peoples is likely to continue to be reproduced in ways that undermine health equity.

- We found little evidence for the consideration of the needs and perspectives of Aboriginal and Torres Strait Islander peoples in other national policies we studied such as the introduction of paid parental leave, the Trans-Pacific Partnership Agreement negotiations, or the rollout of the national broadband network. A well implemented **Voice to parliament** may assist with ensuring Aboriginal and Torres Strait Islander peoples are able to contribute to policy development in these critical areas that are likely influence on health.

- **Aboriginal and Torres Strait Islander-led non-government organisations (NGOs)** have an essential role to play, working in partnership with government agencies and decision

makers across the whole policy cycle. In our NTER study we found that a strong coalition of Aboriginal organisations was critical in raising the voice of Aboriginal people in the Northern Territory, and led to the formation of the Aboriginal Peak Organisations Northern Territory (APONT) advocacy body. In CTG policy, following effective lobbying efforts, a coalition of Aboriginal health sector NGOs has established a partnership with Australian government leaders to set CTG goals, plan strategies and monitor outcomes. A similar coalition works in partnership with the Australian Department of Health to plan and monitor the *National Aboriginal and Torres Strait Islander Health Plan*. In our PHC study, Aboriginal Community-Controlled Health Organisations (ACCHOs) were found to be essential players in delivery of culturally safe and accessible comprehensive PHC services, including early childhood services. Similar governance and service delivery arrangements should be established in other policy sectors such as Education and Social Services.

- The CTG study revealed community frustration with tokenistic policy consultation, and that governments should move beyond the rhetoric of "working with" Aboriginal communities, to build trust between governments, policy actors, implementers and communities.

- In our CTG study we found that **policy incoherence** is a significant problem, whereby policy in one area conflicts directly with strategies and intended outcomes in another. Two areas of policy stood out as conflicting with CTG strategies and outcomes: Police, Justice and Corrections policies resulting in record levels of Aboriginal incarceration, and Child Protection policies resulting in record levels of child removal.

- In the CTG and PHC studies, Aboriginal and Torres Strait Islander services were identified as heavily reliant on **targeted funding** from Federal and State/Territory governments, characterised by fragmentation, short-termism, frequent change, excessive regulatory and reporting demands, a predominant deficit-focus, and occasional duplication. Funding may be directed toward non-Indigenous organisations with little experience, or lacking connections with the communities they are supposed to serve. These structural features of policy implementation have negative impacts on services including administrative overload, insecure workforce, and arbitrary defunding of successful services or programs.

- Analysis of CTG policy documents from 2008-2018 showed that **Indigenous rights** are inconsistently recognised and acted on in policy. None of the policy documents we analysed fully recognised Indigenous rights (which we defined as when policies mentioned Indigenous leadership, self-determination, and social and cultural determinants of Indigenous health). Indigenous rights in Australia cannot be fully recognised or enacted without acknowledging that **sovereignty has never been ceded**.

## 1.3. Key publications


Freeman, T., Townsend, B., Mackean, T., Musolino, C., Friel, S. & Baum, F. (2022). Advancing Indigenous self-determination and health equity: lessons from a failed Australian public policy. *SSM Qualitative Research in Health, 2,* 100117.

Fisher, M., Battams, S., McDermott, D., Baum., F. and MacDougall, M. (2018) How the Social Determinants of Indigenous Health became policy reality for Australia's National Aboriginal and Torres Strait Islander Health Plan, Journal of Social Policy.

Fisher, M., Harris, P., Freeman, T., Mackean, T., George, E., Friel, S., & Baum, F. (2022). Universal health coverage for non-communicable diseases and health equity: Lessons from Australian primary health care. *International Journal of Health Policy and Management, 11*, 690-700.

Fisher, M., Mackean, T., George, E., Friel, S., & Baum, F. (2021). Stakeholder perceptions of policy implementation for Indigenous health and cultural safety: A study of Australia's 'Closing the Gap' policies. *Australian Journal of Public Administration*, *80*, 239-260.

George, E. (2020). *"Bandaid for a bullet wound": the inconsistent recognition of Indigenous rights and social determinants of Indigenous health in 'Closing the Gap' policy implementation in early childhood* [Thesis]. Flinders University, South Australia. https://theses.flinders.edu.au/view/53f4c02a-623e-47ce-bf4d-c88356ee3c01/1

George, E., Mackean, T., Baum, F., & Fisher, M. (2019). Social determinants of Indigenous health and Indigenous rights in policy: a scoping review and analysis of problem representation. *International Indigenous Policy Journal*, *10*(2).

Schram, A., Townsend, B., Mackean, T., Freeman, T., Fisher, M., Harris, P., Whitehead, M., van Eyk, H., Baum, F., & Friel, S. (2022). Promoting action on structural drivers of health inequity: principles for policy evaluation. *Evidence & Policy, Early View.*

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