

## **Victorian State Election 2014**

Aboriginal health - Strong culture,  
thriving communities

## About VACCHO

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was established in 1996. VACCHO is the peak Aboriginal health body representing 100% of Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria. The role of VACCHO is to build the capacity of its membership and to advocate for issues on their behalf. Capacity is built amongst members through strengthening support networks, increasing workforce development opportunities and through leadership on particular health areas. Advocacy is carried out with a range of private, community and government agencies, at state and national levels, on all issues related to Aboriginal health.

Nationally, VACCHO represents the Community Controlled Health sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO). State and Federal Governments formally recognise VACCHO as the peak representative organisation on Aboriginal health in Victoria. VACCHO's vision is that Aboriginal people will have a high quality of health and wellbeing, enabling individuals and communities to reach their full potential in life. This will be achieved through the philosophy of community control.

## Strong Culture, Thriving Communities

VACCHO is at heart and by constitution an Aboriginal community organisation. Our Aboriginality is intrinsic to our identity, essential to our communities and part of our world. Aboriginal culture is ancient and contemporary, dynamic, strong, vulnerable and valuable. Our Members' cultural identities are an important source of strength and this informs our ways of working and our integrity.

An understanding of Aboriginal culture is important to partners who wish to engage with us effectively and as equals. We view cultural identity as part of our strength as representatives of the Aboriginal community. Embracing our culture and our identity serves to strengthen inclusion, understanding and health.

Aboriginal Community Controlled Health Organisations (ACCHOs) have a proud history as sustainable, grassroots organisations that assist in building community capacity for self-determination. ACCHOs are committed to assisting every Aboriginal person to realise their full potential as a human being and as a member of their community.

VACCHO believes that each Aboriginal community needs its own community based, locally owned, culturally appropriate and adequately resourced primary health care facility.

In the lead up to the 2014 Victorian State Election, it is vital that all parties show real commitment to Aboriginal health. VACCHO urges all political parties to maintain and strengthen their efforts towards closing the gap in Aboriginal health outcomes in Victoria, via:

- **Cultural Qualities:** A real commitment to strengthening Aboriginal Cultural Qualities, via a focus on developing skills across the spectrum of cultural competency across the health system
- **Sustainability:** A vision for sector sustainability - Aboriginal Health is everybody's business: Strong and productive working relationships across government, Aboriginal communities, mainstream health providers and their relevant stakeholders.
- **Engagement:** Vibrant, healthy, self-determining Aboriginal communities: A commitment to engagement with and active participation of Aboriginal communities and their representative organisations in all aspects of their health and wellbeing

It is imperative that the momentum gained since 2008 to achieve equality of health outcomes for Aboriginal and Torres Strait Islander peoples is not lost. The Victorian Government will continue to play a vital role in this.

A real commitment to  
strengthening Aboriginal  
Cultural Qualities



## The Victorian Government must focus on developing skills across the spectrum of cultural competency across the health system

### What we want

#### VACCHO strongly recommends that:

1. The Victorian government honour commitments under the Statement of Intent and implement the recommendation of the Victorian Auditor General's Report into Accessibility of Mainstream Services for Aboriginal Victorians through the creation of a comprehensive Cultural Safety for Aboriginal Health Strategy. This Strategy should include:
  - Expansion of clinical placements in community controlled organisations, including:
    1. Providing additional placements for GPs, allied health, nursing and midwifery professionals
    2. Increasing the human resources in ACCHOs to host placements
    3. Expansion of the physical capacity of ACCHOs to host placements
  - Funding the further development and expansion of Cultural Safety Training in Aboriginal health for delivery by the Victorian Community Controlled Health Sector to state-funded service providers
  - Piloting whole-of-service Cultural Safety accreditation mechanisms for state funded services
2. The Victorian Government acknowledge Aboriginal community-controlled health organisations as leaders in culturally appropriate care in all health program initiatives designed for Aboriginal people, by supporting equitable partnerships between ACCHOs and mainstream services
3. The Victorian Government more proactively employ existing frameworks and encourage uptake of organisation-wide approaches to Aboriginal health, underpinned by cultural safety, in all state funded services, including hospitals, integrated and free standing community health services.

### Policy context: Why we want it

Cultural Safety is integral to successfully closing the gap in health outcomes and life expectancy for Aboriginal Victorians. Comprehensive cultural safety requires a long-term whole-of-system approach to embed cultural awareness and the process of cultural competency in the health system – this includes education in the community, cultural education of the health workforce (starting from tertiary education), ongoing training in the workplace and organisational cultural change.

Cultural Safety is a legislated Duty of Care for state funded health service providers in Victoria. The Victorian Government is also committed to ensuring that services provided to Aboriginal clients are safe, positive, welcoming, culturally appropriate and non-discriminatory, in both the physical provision of services and the terms and conditions upon which services are provided.

Cultural awareness and cultural safety training which is well designed and based on best practice, which addresses false beliefs and focuses on changing behaviours, has been shown to effectively reduce prejudice and false perceptions of Aboriginal and Torres Strait Islander people.<sup>1</sup> The *Review of Australian Government Health Workforce Programs* recommended that cultural education should be part of the ongoing

training of all health practitioners in their formalised continuing professional development.<sup>2</sup>

Under Closing the Gap Victoria committed to ensure access by Aboriginal and Torres Strait Islander people to comprehensive and co-ordinated health care, provided by a “culturally competent health workforce within a broader health system that is accountable for Indigenous health needs, in genuine partnership with the people and communities they target; and to build service reach and influence to re-engage the most vulnerable Indigenous people into mainstream and targeted health services”. The focus on cultural competency in state funded services was also reflected in Victoria's *Closing the Health Gap* implementation plan.

However, the Victorian Auditor General's Report, *Accessibility of Mainstream Services for Aboriginal Victorians*, showed that:

- Existing guidelines such as the *Victorian Aboriginal Affairs Framework's* service access criteria are not being systematically implemented.
- Aboriginal Inclusion Action Plans have not been finalised across all government agencies
- Data collection and recording processes need improvement
- The Victorian Department of Premier and Cabinet

needs to provide “more active leadership and direction” to ensure compliance with existing frameworks.<sup>3</sup>

**VACCHO is committed to promoting sustainable, culturally safe models of health service delivery for Aboriginal and Torres Strait Islander Victorians and advocating for a systems level approach to cultural safety**

Through signing the *Statement of Intent*, Victoria committed to achieving improved access to and outcomes from mainstream services for Aboriginal and Torres Strait Islander peoples. Partnership between mainstream and community-controlled organisations is at the core of commitments to closing the life expectancy and health outcomes gaps between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.

There is evidence available on successful approaches to partnership and there are also existing frameworks in place in Victoria to support stronger partnerships with Aboriginal communities and organisations. The Final Evaluation Report on the *Closing the Gap in Aboriginal Health Outcomes Initiative* found that effective and successful approaches to Aboriginal health under this initiative were characterised by:

- Clear and visible leadership by CEOs and senior staff in community controlled and mainstream organisations
- Consultation with and ownership by Aboriginal communities
- Investment of time and personal commitment to developing organisational relationships and partnerships between mainstream and community-controlled organisations.<sup>4</sup>

Partnership approaches to the delivery of care to Aboriginal Victorians must ensure equity between partners. Where Aboriginal Community Controlled Health Organisations are partnered with mainstream organisations to deliver state-funded services, ACCHOs should play a central role as the experts in culturally appropriate care. Contract and partnership arrangements should ensure that roles and responsibilities of each partner are clear and where

competitive tendering processes are employed, preference should be given to applicants with a strong history of equitable partnerships with the community controlled sector.

Victoria is very fortunate to have in place robust frameworks, tools and guidelines for partnership, including the Victorian Aboriginal Inclusion Framework, the VCOSS Partnership Guide<sup>5</sup> and the VicHealth *Partnerships Analysis Tool*.<sup>6</sup>

The *Victorian Government Aboriginal Inclusion Framework* provides guidelines to partnership with Aboriginal organisations across the organisational areas of Leadership and Governance, Policy Development, Programs & Services, Workplace Diversity and Communications.<sup>7</sup> However, the recent Audi General's report into mainstream service provision for Aboriginal Victorians found that Aboriginal Inclusion Action Plans have not been finalised across all government agencies.

Many state funded services including hospitals and community health are also already actively engaged in developing Reconciliation Action Plans and developing partnerships with ACCHOs. The next Victorian Government must maintain the momentum on this work at the state level, in partnership with the community-controlled health sector.

A Comprehensive Cultural Safety Strategy will achieve both short and long term improvements in cultural awareness and cultural safety for Aboriginal Health across Victoria, by:

- Increasing the capacity of the Aboriginal Community Controlled Health Sector to be cultural champions
- Underpinning the state's commitments to Aboriginal Health via the *Statement of Intent*, *Koolin Balit* and the *Victorian Aboriginal Affair Framework*
- Facilitating achievement of the state's identified outputs, targets and activities under *Koolin Balit*, including existing frameworks and tools such as the CQI tool for ICAP officers and KMHLOs
  - Providing a framework upon which to implement the recommendations made in the VAGO report
  - Increasing knowledge, awareness and competencies for front line staff in state funded services
  - In the medium term, generating greater capacity for self-sustainability in the ACCHO sector, increased employment opportunities for Aboriginal people across Victoria

- Providing interdisciplinary learning environments for frontline health staff and tertiary students, which will:
  - Improve the quality of care provided to Aboriginal clients in mainstream and community controlled services, and
  - underpin inter-professional relationships, inter-professional respect and partnerships between mainstream and community-controlled service providers

**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.**

Apology to Australia's Indigenous Peoples, 13 February 2008'

# A vision for sector sustainability





## **Aboriginal Health is everybody's business: Strong and productive working relationships across government, Aboriginal communities and other organisations and their relevant stakeholders.**

### **What we want**

#### **VACCHO urges the Victorian Government to:**

1. Make a substantial commitment to infrastructure and capacity funding for all Victorian Aboriginal Community Controlled Health services provided via a funding pool of \$50 million over four years, funded by the Victorian government as part of a renewed commitment to closing the gap in health outcomes and life expectancy for Aboriginal Victorians.
2. Enter into a new bilateral agreement with the Commonwealth that:
  - Focuses on the specific health needs of the Victorian Aboriginal community, including:
    - Mental health
    - Addressing the impact of racism
    - Chronic and complex conditions
  - Involves Aboriginal people, their communities and representative organisations in planning, implementation and evaluation
  - Maintains and builds on the momentum of previous partnership agreements
  - Has robust and transparent reporting frameworks
3. Take leadership at the Council of Australian Government (COAG) and the Australian Health Ministers Conference (AHMC) to ensure that Aboriginal and Torres Strait Islander health outcomes are an agenda item.
4. Ensure that ongoing collaborative efforts in Aboriginal and Torres Strait Islander Health are discussed, recorded and made publicly available at all COAG and AHMC meetings

### **Policy context: Why we want it**

There is strong evidence of the link between access to appropriate primary health care and improved health outcomes for Aboriginal and Torres Strait Islander people.<sup>8</sup> In Victoria, 24 Aboriginal Community Controlled Health Organisations (ACCHOs) provide health and welfare services to the Aboriginal community. The capacity of each ACCHO to meet the many and complex needs of its clients, regardless of population size, is vital.<sup>9</sup>

Under the Statement of Intent, Victoria committed to:

- 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
- 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

However, few ACCHOs in Victoria have directly benefitted from infrastructure investments under *Closing the Gap* and those which have been successful in gaining funds have often done so in competition with mainstream services, through Commonwealth initiatives such as the Rural and Remote Health Infrastructure program.<sup>10</sup> In Victoria, provision of infrastructure funding through the Department of Planning and Community Development (DPCD) Community Infrastructure program ceased in June 2011.<sup>11</sup>

***Funding for the Aboriginal Community Controlled Health sector is not based on health needs, population growth, and demand for services, inflation or jurisdictional equity***

A recent study into funding for the Aboriginal Community Controlled Health Sector commissioned by the National Aboriginal Community Controlled Health Organisation (NACCHO) found that “funding for the Aboriginal Community Controlled Health sector is not based on health needs, population growth, and demand for services, inflation or jurisdictional equity. These indicators suggest poor health system performance against government performance framework measures of equity, effectiveness and efficiency.”<sup>12</sup>

The workforce in the Aboriginal health sector expanded significantly under *Closing the Gap*<sup>13</sup> and while the increase to workforce numbers was welcomed, it also created unintentional strain on existing service capacity and infrastructure. Likewise, the Victorian Aboriginal population is growing rapidly, at a rate second only to the population in Queensland; this places additional demands on services. Limitations due to lack of services’ business systems capacity and infrastructure have resulted in an inability in ACCHOs to take on new programs, provide additional services or partner with other organisations for health service delivery. Adverse flow on effects of the lack of infrastructure and service capacity in Victorian ACCHOs include:

- Significant barriers to hosting of clinical placements for health professionals
- A lack of physical space and capacity to undertake prevention programs and Chronic Disease Management activities,
- A greater risk of ACCHOs being forced to refuse the offer of additional funding/joint work opportunities

In Victoria, there is quantified need for capital improvements for Aboriginal Community Controlled Organisations, calculated from the Aboriginal Affairs Victoria report, *Assessment of the Current and Future Infrastructure Requirements of Key Indigenous Organisations in Victoria*.

This research, completed in early 2013, showed a need for over \$118 million in infrastructure and capital works over a ten year period. An initial commitment by the Victorian Government of \$50 million over four years would make substantial progress towards meeting this need. VACCHO strongly recommends that funding provided for capital and infrastructure needs should also take into account projected Victorian Aboriginal population growth and demand for services, and allow for growth in line with inflation rates.

Through the *Statement of Intent* Victoria committed 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.”

State and Commonwealth governments also made

commitments to work in partnership on “Closing the Gap” through a series of agreements at the Council of Australian Governments (COAG). The overarching *National Indigenous Reform Agreement* (NIRA) sets out the policy principles, objectives, performance indicators and specific steps governments are taking to meet the Closing the Gap targets. The *Victorian Aboriginal Affairs Framework 2013-18* (VAAF), Victoria’s whole-of-government framework, is aligned with the NIRA.

The NIRA was previously underpinned by a number of special-purpose National Partnership Agreements including *Closing the Gap in Indigenous Health Outcomes*<sup>14</sup>, which expired in June 2013.

### **Victorian Aboriginal Health**

*In 2012-13, almost 1 in 3 (32%) of Aboriginal Victorians aged 18 years and over had experienced high or very high levels of psychological distress; making them more likely than Aboriginal people living elsewhere in Australia to have associated mental and physical health conditions.*<sup>15</sup>

*Victorian Aboriginal people are more likely to experience the ongoing impacts of forced removal than Aboriginal people living in other jurisdictions. In 2008, 13% of Aboriginal Victorians had been removed from their natural families and almost half (47%) had a relative removed.*<sup>16</sup>

*In research conducted in 2012, 97% of Aboriginal Victorians surveyed had experienced racism in the last 12 months and 70% had experienced 8 or more racist incidents. Researchers found a strong correlation between individuals’ experiences of more than 11 incidences of racist behaviour, and poor mental health outcomes.*<sup>17</sup>

*In 2012-13, 26% of Aboriginal Victorians had no current long-term health conditions, in comparison, across Australia, almost 1 in 3 (33%) of Aboriginal and Torres Strait Islander people did not have a long-term health condition.*<sup>18</sup>

*Between 2008–09 and 2009–10, Aboriginal Victorians were hospitalised at 8 times the rate of non-Aboriginal Victorians from diabetes and almost twice the rate from respiratory diseases.*<sup>19</sup>

Through this NPA, Victoria committed to action in five priority areas: preventive health, primary health care, hospital and hospital-related care, patient experiences and sustainability.<sup>20</sup> *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022*, is the new framework under which Victorian health services will continue to build on the work undertaken through *Closing the Health Gap*.<sup>21</sup>

*Koolin Balit* commits Victoria to six priority areas across the life cycle; a healthy start to life, healthy childhood, healthy transition to adulthood, caring for older people, addressing risk factors, and managing care better with effective services.<sup>22</sup>

Many of the desired outcomes under the Statement of Intent, the *NIRA*, *VAAF* and *Koolin Balit* cannot be achieved without sustained and consistent efforts by all levels of government. However, the current political environment for state and Commonwealth collaboration on Aboriginal health is uncertain. The COAG Reform Council has been disbanded and National Partnership Agreements on Aboriginal health expired in June 2013.

The Commonwealth Government has also announced the development of a Federalism white paper by the end of 2015, which will redefine Commonwealth, state and territory responsibilities and is likely to place more responsibility for health and social services on the jurisdictions.

Despite the historic commitment to *Closing the Gap*, the 2014 Federal Budget contains \$534 million in cuts to Indigenous programs over 5 years, including cuts to evidence based lifestyle prevention programs such as tobacco cessation. VACCHO congratulates successive Victorian governments on their commitments to health equality. However, in order for Aboriginal Health to truly be everyone's business, Victoria must continue to work in partnership with the Commonwealth. It is imperative that improvements to Aboriginal health data sets, increased mainstream service provider responsibilities and momentum gained under *Closing the Gap* are not lost.



Vibrant, healthy, self-determining Aboriginal communities

## A commitment to engagement with and active participation of Aboriginal communities and their representative organisations in all aspects of their health and wellbeing

### What we want

#### VACCHO recommends that:

1. The Victorian Department of Health strengthen engagement with the ACCHO sector in Victoria by adapting and adopting the Aboriginal Roundtable and Community Conversations model employed by the Department of Human Services
2. The Victorian government ensures Aboriginal community input into policy development and implementation for initiatives aimed at improving the health outcomes of Aboriginal Victorians, including:
  - strategy development and priority setting
  - implementation, and
  - identification of appropriate indicators, monitoring and evaluation
3. Support and develop the health literacy of Aboriginal Victorians, via:
  - Engaging with Aboriginal Community Controlled Health Organisations to develop key priorities in addressing health literacy issues for Aboriginal Victorians
  - Providing additional supports for the development of Aboriginal-specific consumer health information

### Policy Context: Why We Want It

Consecutive Victorian Governments have committed to the principles of engagement and consultation with Aboriginal communities and their representative bodies, via:

- signing the *Statement of Intent*
- the *Victorian Aboriginal Inclusion Framework and the Victorian Aboriginal Affairs Framework*
- the creation of *Koolin Balit* and
- the Victorian Advisory Council on Koori Health

The Victorian government must ensure Aboriginal community input into priority setting, identification of appropriate indicators and the evaluation of outcomes for all initiatives aimed at improving the health outcomes of Aboriginal and Torres Strait Islander Victorians. The *Statement of Intent* commits Victoria to ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.

A pre-existing successful model which could be adapted and adopted to build this partnership exists through the Department of Human Services *Human Services Aboriginal Strategic Framework 2013–2015*. Under the Framework, DHS commits to genuine and reciprocal partnerships between the mainstream sector and Aboriginal organisations, and to ensuring that Aboriginal peoples are actively engaged in contributing to the

development of policy and strategy.

DHS achieves this by a state-wide coordinating body composed of all Victorian Aboriginal organisations funded by the Department, and through regular 'Community Conversations' between mainstream organisations and communities, held regionally across Victoria.

***In the Aboriginal definition of health, health and well-being are recognised as determining all aspects of life. Realisation of the Aboriginal definition of health and enabling self-determination require the leadership of Aboriginal and Torres Strait Islander peoples and their representative bodies at all stages in the planning, implementation and evaluation of action to address their holistic health needs, including the social determinants of health.***

VACCHO strongly recommends that the Department of Health emulate this approach, to encourage a consistency and inclusiveness across the state.

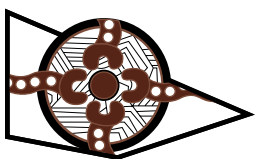
Navigation of the health system for Aboriginal Victorians requires not only a transparent, culturally safe and accessible system, but self-empowerment through health literacy.<sup>23</sup> The *Victorian Metropolitan Health Plan* (2011) noted that only 41% of the Australian population has an appropriate level of health literacy.<sup>24</sup> Yet there is an increasing focus, particularly in Commonwealth funded initiatives,<sup>25</sup> on “Consumer Directed Care”, which assumes a level of health literacy that many people in the population simply do not possess.

Development of Aboriginal communities’ health literacy skills is essential for informed choice, and consistent with a human rights approach to health. In addition, health literacy is a vital skill in individuals’ self-management of complex chronic health conditions and co-morbidities, which are prevalent amongst Aboriginal and Torres Strait Islander communities.

The Department of Health is currently developing health literacy initiatives in line with the *Victorian Health Priorities Framework*, including strategies for priority population groups who experience health inequalities.<sup>26</sup> There is no evidence that consultation with Aboriginal community has occurred to date; Aboriginal Victorians should be a priority population in the Victorian Government’s efforts to improve health literacy.

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13. For example, Indigenous Health Project officers and Indigenous Outreach Workers in Divisions (now Medicare Locals) and ACCHOs
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