

INDIGENOUS HEALTH IN INDIGENOUS HANDS: IMPROVING HEALTH OUTCOMES IN RURAL AND REMOTE INDIGENOUS COMMUNITIES

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Received 2021.11.11-Accepted 2021.12.20

ABSTRACT

In 2021, the Australian Senate Community Affairs References Committee launched an inquiry into the provision of general practitioner and related primary health services to Indigenous Australians in outer-metro, rural, and regional communities. This short paper overviews the author's submission in response to this inquiry. His response focuses on the paramount importance of improving primary health service delivery to Aboriginal and Torres Strait Islander (Indigenous) Australians, with solutions centred in formal partnership and shared decision-making between different levels of Australian government and Indigenous experts and community representatives.

Key words: Indigenous health, primary healthcare, rural and remote Australia, self-determination.

INTRODUCTION

Indigenous Australians require services delivered in a culturally safe and holistic way, free of racism (Heaton, 2019), with Indigenous Australians best suited to deliver these services. In other words, Indigenous health needs to be in Indigenous hands. Aboriginal Community Controlled Health Organisations (ACCHOs) are uniquely positioned to provide high-quality health and preventive care to communities. Their clinics range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services relying on Aboriginal Health Workers, Practitioners and nurses to provide the bulk of primary health care services. ACCHOs contribute to improving Indigenous health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

Consultations with Indigenous clients at ACCHOs can often take longer, as many Indigenous patients experience co-morbidities and hence need to see multiple health professionals during each visit (Larkins, Geia & Panaretto, 2006; Thomas, Heller & Hunt, 1998). As Johansen and Hill (2011) point out, the complexity, skill and time required to deliver primary healthcare services to Indigenous Australians is not always recognised or supported through the current Medicare Benefits Schedule (MBS) structure or rebate values. Recent changes to funding processes have led to reliance on competitive tendering processes and a move to optimise MBS billing in the sector (Commonwealth of Australia Department of Health [DoH], 2018). However, this has led to growth in the sector, and potentially

compromises patient care (NACCHO, 2020). While existing flexibility enables the sector to access federal, state and territory government funding, a pattern of inconsistent funding over time and reliance on multiple funding streams creates an unnecessary burden on organisational capacity. Inconsistent funding decisions affect the sustainability of programs and services that are known to be effective (Campbell, Hunt, Scrimgeour, Davey & Jones, 2018). More so, access to ACCHOs is often restricted as a result of unavailability in many parts of Australia, with under-resourcing resulting in limited capacity and skills training (Calma, 2007). Greater funding is required to assist ACCHOs consistently deliver comprehensive services in the way that they and their communities know can support the best outcomes.

There is a particular need for greater social and emotional wellbeing (SEWB) services for Indigenous Australians in outer-metro, rural and regional communities. An understanding of the Indigenous health discourse of SEWB is necessary for effective and culturally-safe work. SEWB comprises seven interconnected domains of wellbeing, which are country, culture, spirituality, community, family and kinship, mind and emotions, and body, that shape Indigenous relationality, identity, and holistic individual, family, and community health. Due to the ongoing impact of colonisation and contemporary racism on Indigenous Australians (Heaton, 2020), it is essential Indigenous Australians are employed as SEWB workers to work with Indigenous Australians requiring SEWB services. Greater public awareness and school education on good household and personal health behaviour is also essential, and ACCHOs require additional funding to deliver such services, including by employing more Indigenous Health Workers to engage in this work.

There is an imperative need for greater funding to train and employ more Indigenous Health Workers. It has been found that Indigenous Health Workers positively influence patient communication and contribute to quality of care in the acute care setting (Mackean, With all, Dwyer & Wilson (2020). Locally-focused primary health workforce training and support opportunities for preparing and adequately up-skilling existing and potential future Indigenous health workers would improve employment as well as health outcomes for Indigenous Australians. In particular, extending greater training and education opportunities to Indigenous Australians in regional areas would assist in the attainment of relevant qualifications for securing adequate employment, including on country. More innovative services in the education and training sector may assist more Indigenous job seekers, including school leavers, overcome barriers and increase their readiness to pursue further education, training and qualifications. An increased investment in training Indigenous Australians, including building the resources of registered training organisations (RTOs) to better deliver training, is essential.

Racial discrimination remains prevalent (Heaton, 2020), including in schools, universities and registered training organisations. This must be addressed in order for greater education, training and employment outcomes in the healthcare sector to be achieved. An inability to afford course costs is a large barrier to many Indigenous Australians finding employment, including in the health sector. Free or subsidised training and higher education opportunities would be of great assistance to Indigenous Australians enter and complete their studies, and avoid crippling HECS-HELP debts. Innovative approaches to training and education may provide Indigenous Australians with opportunities to train on country and assist them pursue and complete further education and training, and secure long-term, secure and meaningful employment.

Another area of public healthcare need is maternity services. A 2010 survey of rural families for the found only 12 per cent of the respondents felt they had good access to maternity services (National Rural Health Alliance [NRHA], 2012). Although health authorities may save money in the short-term by closing small rural maternity units, the cost is high to mothers and babies in terms of increased risk, to families in terms of direct and indirect costs, and to communities in terms of lost economic activity. A lack of funding for maternity services has negative impact on the region through loss of health services and employment, as well as a subsequent loss of population (NRHA, 2012). Coupled with greater maternity health services in outer-metro, rural and regional Australia needs to be a greater investment in patient transport, to assist patients to and between hospital and clinics. Indigenous Australians often live on country in rural and remote Australia, which puts them at a significant health and socio-economic disadvantage as compared to other Australians.

Cultural awareness training for employers is essential due to the diverse cultures and life circumstances of Aboriginal and Torres Strait Islander people who are currently working for them or who may in the future work with them. This training It should be made compulsory for government and non-government

agency staff involved in job creation and recruitment, and those determining eligibility for and providing support to access income support payments. The training should be delivered by ACCHOs and Aboriginal-led consulting companies and/or registered training organisations and with a focus on increasing understanding and appropriate responses to these barriers to employment facing Aboriginal and Torres Strait Islander people. This should be reflected in government and non-government agencies' Reconciliation Action Plans.

CONCLUSION AND RECOMMENDATIONS

Reform is required. The best way to improve the current situation for Indigenous Australians living in outer-metro, rural and regional Australia is to invest in the four priority areas outlined in the National Agreement on Closing the Gap signed in July 2020. The priority reforms include strengthening formal partnership and shared decision-making between federal, state, territory and local government and Indigenous experts and community representatives, investing in the Aboriginal community-controlled sector (including ACCHOs), transforming government agencies, an increasing the sharing of data and information with Indigenous Australians (Coalition of Peaks, 2020). Through formal partnership and shared decision-making between different levels of governments and Indigenous community representatives, as listed above, there must be:

- a larger, diversified range of jobs specifically for Indigenous Australians in the Indigenous and mainstream healthcare sector, including in environmental health and other ecological services;
- greater, locally-focused workforce training and support opportunities for Indigenous Australians in the health sector, including Indigenous identified traineeships and apprenticeships, and free or subsidised training and higher education opportunities.
- a significant increase baseline funding for Aboriginal Community Controlled Health Organisations (ACCHOs) to allow for a greater range of services to be delivered to Indigenous Australians, including:
 - social and emotional wellbeing services.
 - public awareness raising on good household and personal health behaviour.
 - teaching good household and personal health behaviours in schools.
- a greater investment in health infrastructure, including renal and maternity (mums and bubs) services and patient transport systems in regional areas.
- the prioritisation of cultural awareness training that is made compulsory for government and non-government primary healthcare staff delivering services to Indigenous Australians to undertake, to increase understanding and

appropriate responses to culture as well as disadvantage experienced by Indigenous Australians.

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