

INQUIRY INTO OVERCOMING INDIGENOUS DISADVANTAGE

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The Royal Australasian College of Physicians (the College) is strongly committed to improving the health of Indigenous Australians.

The Australasian Faculty of Public Health Medicine (AFPHM) of the College responded to the Australian Government's planned Intervention in the Northern Territory by bringing together over 100 experts in the field of Indigenous health from around Australia to discuss successful initiatives.

The outcomes and recommendations emanating from this workshop, Finding Solutions That Work, are detailed in the attached document. This document intersects with the Terms of Reference for this Inquiry in that it comments on:

- (a) policies and programs being implemented within Australia aimed at closing the gap between the lifetime expectancy between Aboriginal people and non-Aboriginal people (currently estimated at 17 years),
- (b) the impact of the following factors on the current lifetime expectancy gap:
 - (i) environmental health (water, sewerage, waste, other)
 - (ii) health and wellbeing
 - (iii) education
 - (iv) employment
 - (v) housing

One action identified as critical to health improvement is the need for all Governments throughout Australia to immediately invest significant resources in programs to improve education, housing and employment opportunities for Indigenous Australians. As with health initiatives, such programs must be highly consultative and inclusive of local communities in their initiation, development and implementation in order to maximise their success.

AFPHM welcomes the opportunity to discuss this outcomes paper and relevant strategies with you, and to offer contributions to any ongoing committees and other forums addressing these issues.

From: "Mary Osborn" <Mary.Osborn@racp.edu.au>
To: <socialissues@parliament.nsw.gov.au>
Date: 13/12/2007 2:14
Subject: 'Submission to SC on Social Justice Inquiry into Closing the Gap

I have attached a copy of the Royal Australasian College of Physicians Submission to the Legislative Council Standing Committee on Social Issues:
Inquiry into Overcoming Indigenous Disadvantage in New South Wales.

Please can you acknowledge the receipt of this submission.

Cheers

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Submission to the
Legislative Council Standing Committee on Social Issues:
Inquiry into Overcoming Indigenous Disadvantage in New
South Wales



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1. The Royal Australasian College of Physicians

The Royal Australasian College of Physicians (RACP) is the professional organisation responsible for the training, assessment and ongoing professional development of consultant physicians and paediatricians in Australia and New Zealand.

The RACP comprises of more than 10,000 Fellows who work in the areas of adult medicine, paediatrics and child health, public health, rehabilitation medicine, occupation medicine, palliative care, addiction medicine and sexual health medicine. In addition the RACP encompasses a range of affiliated speciality societies representing the spectrum of practice in Internal Medicine and Paediatrics across 31 sub-specialty areas.

The RACP identifies Aboriginal and Torres Strait Islander health within a holistic framework, which reflects the social determinants of health. This includes broader issues identified by Aboriginal and Torres Strait Islander peoples as impacting on their health, such as:

- dispossession from their customary lands,
- unlawful removal of children without their parents' consent and
- the abolition of high level decision making bodies for Aboriginal and Torres Strait islander peoples¹

It also recognises that the inequality in health status endured by Indigenous Australians is linked to systemic discrimination. This occurs through the inaccessibility of mainstream services and reduced health services, including primary health care and inadequate provision of health infrastructure in some Aboriginal and Torres Strait Islander communities.

2. Recommendations

1. The Inquiry utilises RACP policy documents, which focus on the accountability of governments, to achieve improved health, social and economic outcomes for Aboriginal and Torres Strait Islander people
2. The Inquiry endorses both the 2005 and 2006 *Social Justice Reports*, which can provide a framework of approach to Indigenous health.
3. The *Healthy Futures* document is considered within the scope of the Inquiry.
4. The RACP recommends to the Inquiry that they examine the following document within the scope of their review: National Aboriginal Community Controlled Health Organisation (NACCHO) and Oxfam, *Close the Gap Solutions to the Indigenous Health Crisis Facing Australia: A Policy Briefing Paper*, April 2007

¹ Policy Statement on Aboriginal and Torres Strait Islander Health, available online at: <http://www.racp.edu.au/index.cfm?objectid=49FAA63-2A57-5487-DB4AE18D11BD69CB>.

5. There are number of population health initiatives by Aboriginal Community Controlled Health Organisations throughout Australia and within NSW that warrant further exploration during the Inquiry.
6. It is highly recommended that the Inquiry consider the examples of good practice and the recommendations contained within the report of the Australasian Faculty of Public Health Medicine.

3. Summary

The RACP is willing to be of further assistance to the Inquiry through furnishing additional information or speaking with the Standing Committee on any of its policies or initiatives outlined within this submission.

The RACP looks forward to the Standing Committee on Social Issues Inquiry report into Overcoming Indigenous Disadvantage in New South Wales, in which we hope to see responses that address gaps in services gaps identified by consumers, carers, the various sectors, and the community at large collected during consultations across the community.

4. The Inquiry

The RACP welcomes the Standing Committee on Social Issues Inquiry into 'Closing the Gap' – Overcoming Indigenous Disadvantage. The RACP also welcomes the Committee's intention to conduct an audit and meaningful assessment of policies and programs that aim to address the life expectancy gap between Indigenous and non-Indigenous Australians.

This submission does not seek to address each term of reference for the Inquiry. Instead it outlines some of the key policy initiatives and activities of the RACP in respect to Aboriginal and Torres Islander health, for the Committee to consider.

5. Policy Initiatives

Aboriginal and Torres Strait Islander people continue to die prematurely from chronic yet highly preventable diseases. Factors within the health sector that contribute to the excess chronic disease burden include a lack of access to primary health care, which diminishes the potential for early intervention and early detection; a gap between evidence and practise in the management of chronic disease and reduced access to a range of medical therapies, which have proven health benefits.

Socio-economic indicators leave no doubt that Indigenous Australians suffer disadvantage and reduced opportunities. Strong evidence supports a relationship between socio-economic disadvantage and poor health. This is evident in the 17 year gap in life expectancy between Indigenous and non-Indigenous Australians.

Housing, income and education are important social determinants of health along with sanitation, safe drinking water and healthy diets. Indigenous Australians who live in regional, rural and remote areas are further disadvantaged. Compared to non-Indigenous Australians they have less access to a full range of medical and health services including

basic primary health care services. They are also more often hospitalised for injury and poisoning, heart disease, stroke, diabetes, kidney disease, respiratory disease and middle ear infections.

Health expenditure for Indigenous Australians and Aboriginal and Torres Strait Islander health services do not reflect the health needs of Indigenous Australians. Health services require a significant increase in resources to address the lack of access and poor health outcomes (NACCHO and Oxfam's *'Equality in Health' Close the Gap Plan* estimates a \$460 million per annum for the first five years).

The RACP has developed a number of policy documents, which focus on the accountability of governments to achieve improved health, social and economic outcomes for Aboriginal and Torres Strait Islander people.^{2 3 4 5 6} This includes a specific statement on Aboriginal and Torres Strait Islander health.

Following are some of the strategies that the RACP has engaged in to focus on and improve the health of Aboriginal and Torres Strait Islander people.

6. A Human Rights Based Approach to Health

The Human Rights and Equal Opportunity Commission, Aboriginal and Torres Strait Islander Social Justice Commissioner's, *Social Justice Report* (2005) positioned the poor health of Indigenous Australians as a human rights issue. The Report emphasised the role of the social determinants of health and stressed the importance of land and culture to health and wellbeing. It identified that racism is detrimental to health.

In the 2006 *Social Justice Report* and *Native Title Reports* the Social Justice Commissioner further called for a human rights based approach to address Aboriginal and Torres Strait Islander health inequalities. He stated that there is need for '*re-engagement with Indigenous Australians on the basis of mutual respect and equality, with clear processes and certainty of structures for Indigenous representation and advocacy*'.

The RACP endorses both the 2005 and 2006 *Social Justice Reports*, which have provided a framework for the College's approach to Indigenous health. Following are some of the advantages of using a human rights approach.

² Royal Australian College of Physicians, *Policy Statement on Aboriginal Torres Strait Islander Health*, September 2003 available on line at: <http://www.racp.edu.au/index.cfm?objectid=49F4AA63-2A57-5487-DB4AE18D11BD69CB>

² Royal Australian College of Physicians, *For Richer, for Poorer, in Sickness and in Health: The Socio-Economic Determinants of Health*, Health & Social Policy Position Paper, (3rd ed.), Sydney, 1999, available online at: <http://www.racp.edu.au/hpu/policy/richer/intro.htm>

³ Royal Australasian College of Physicians, *Inequity and Health – A Call to Action – Addressing Health and Socioeconomic Inequality in Australia – Policy Statement 2005*, RACP, Sydney, 2005, p3. available online at: <http://www.racp.edu.au/hpu/policy/inequity/index.htm>

⁴ Royal Australasian College of Physicians, *Illicit drug policy: Using Evidence to get Better Outcomes* RACP, Sydney, 2004 available online at: http://www.racp.edu.au/hpu/policy/illicit_drugs.pdf

⁵ Royal Australasian College of Physicians, *Tobacco policy: Using Evidence to achieve better outcomes* RACP, Sydney, 2005 available online at: <http://www.racp.edu.au/hpu/policy/tobacco/index.htm>

⁶ Royal Australasian College of Physicians, *Alcohol policy: Using Evidence to achieve better outcomes* RACP, Sydney, 2005 available online at: <http://www.racp.edu.au/hpu/policy/alcohol/index.htm>

6.1 Legal opportunities

There is the possibility to build on existing legal opportunities where the Australian government has endorsed or ratified an International legislation that binds them or requires them by obligation to act on a specific health issue.

For example, the United Nations Universal Declaration of Human Rights (1948) is the principal mechanism for the protection of human rights. International treaties operate like contracts. Governments, having agreed to and endorsed a treaty, must protect the relevant human rights. Governments participate in drafting the treaties and have a choice whether or not to sign and ratify them.

Australia has been a major player in the development of human rights treaties. Some of the major human rights treaties undertaken by Australia are:

- International Covenant on Civil and Political Rights (with two optional protocols: the first allowing individual complaints and the second on the abolition of the death penalty);
- International Covenant on Economic, Social and Cultural Rights⁷ (N.B.".)
- Convention on the Rights of the Child;
- International Convention on the Elimination of All Forms of Racial Discrimination;
- Convention on the Elimination of All Forms of Discrimination Against Women (but not the optional protocol allowing individual complaints);
- Convention and Protocol Relating to the Status of Refugees; and,
- UNESCO Convention against Discrimination in Education.

However, within Australia, treaties have to be enacted into law, in order for them to have legislative force. While some aspects of some treaties have been included within legislation, treaties such as the ICCPR are only included within Schedules to the Human Rights and Equal Opportunity Commission Act 1986 (Cth). Schedules are not enforceable.

6.2 Advocacy potential

Each of the human rights treaties endorsed by the Australian government can be fleshed out to identify appropriate health, social and economic issues that are relevant to Aboriginal and Torres Strait Islander health.

6.3 Project management

⁷ The lack of investment in health services is a violation of Article 12 by Australian government - The right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The UN Committee who monitors the implementation of this binding covenant states that a state which is unwilling to use the maximum of its available resources for the realisation of the right to health is in violation of its obligation under Article 12.

There is the potential to identify areas where, over time, there has been discrimination and disadvantage. This becomes an important part of the evaluation and monitoring process. It is therefore critical to have reliable and valid data that is disaggregated for Aboriginality with a set of clear and timely indicators.

When implementing any project there must be a process of “*progressive realisation*” where the benchmarks that are easily obtainable are promoted first and easily achievable outcomes obtained.

The monitoring phase must be effective and transparent and the program must be accountable in terms of only replicating what works well and revising what does not work well.

6.4 Engagement and Participation

Historically there has been a failure of governments to engage appropriately with Indigenous Australians in the development of strategies and programs in the past. Future approaches must ensure effective frameworks are in place so that Aboriginal and Torres Strait Islander peoples can participate effectively in making decisions about policies that affect their lives based on the principle of “*free, prior and informed consent*”.

7. RACP Aboriginal and Torres Strait Health Committee

The College has established an Aboriginal and Torres Strait Islander Health Committee (the Committee) which actively:

- provides a coordinated College approach to improving the health and social outcomes for Aboriginal and Torres Strait Islander people
- facilitates a social justice approach throughout the College’s training, Education and Continuing Professional Development programs
- develops and maintains links with appropriate organisations, agencies and committees both internal and external to the RACP (e.g. Human Rights and Equal Opportunity Commission)

The Committee comprises a mix of people with expertise in Indigenous health and representation of key groups within the College, with a core membership of five fellows, five non-fellows and a trainee. Over half of the members are Indigenous Australians. The Committee has a strategic plan and has been instrumental in developing a number of innovative project/ program initiatives that will be highlighted below.

The Committee met the Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, shortly after the launch of the *Social Justice Report 2005*. It was agreed that the principles outlined in the report provided a sound direction to inform the Working Group’s strategic plan (a human rights based approach to health). The RACP Committee endorsed the position that inequity in health status endured by Aboriginal and Torres Strait Islander peoples is linked to systemic discrimination. This occurs through the inaccessibility of mainstream services and reduced health services, including primary health care, and inadequate provision of health infrastructure in some Aboriginal and Torres Strait Islander communities.

The Committee has produced a document called *Key Facts on Aboriginal and Torres Strait Islander Health*, which contains important facts about the health of Aboriginal and Torres Strait Islander people and communities. This information provided the background for the committee's strategic plan for 2006 to 2008 and is based on the recommendations of the *Social Justice Report 2005* and is available at www.humanrights.gov.au/social_justice/sj_reports/sjreport06/index.html.

The Committee is actively involved in developing and guiding a number of projects to improve the health of Indigenous Australians. These are outlined within this document and merit further exploration by the Inquiry.

8. Aboriginal and Torres Strait Islander health as core component of medical and physician training

The Australian medical education system is at a critical juncture in relation to what and how the College delivers training and education on and for Aboriginal and Torres Strait Islander health. The *AMC Assessment and Accreditation of Medical Schools: Standards and Procedures* (2006) for the first time centrally locate Australia's Indigenous peoples within its assessment and accreditation framework.

Within its capacity as a post graduate medical College, the RACP is committed to working on Aboriginal and Torres Strait Islander health in education, training and continuing professional development.

Cultural competency is viewed as a critical component in the RACP Curriculum development for the training of future medical practitioners, specialists and health professionals. Doctors 'must be aware of the impact of their own culture and cultural values on the delivery of services, historically and at present, and have knowledge of respect for and sensitivity towards the cultural needs of Indigenous people'.⁸

The Australian Medical Council has endorsed the Indigenous Health Curriculum Framework adopted by the Committee of Deans of Australian Medical Schools. The Framework stresses the need to deliver Indigenous health as a discrete subject or stream but also to ensure that Indigenous health is integrated into the wider curriculum in order to provide a more rounded education.⁹

8.1 Development of a Companion Document to complement the Professional Qualities Curriculum

Many physicians, in their day-to-day clinical practice, research and education, will have some involvement with Aboriginal and Torres Strait Islander health and social issues. Therefore, it is important to provide physicians, who are key deliverers of health care, with opportunities to work effectively with Aboriginal and Torres Strait Islander people.

⁸ *AMC New Assessment and Accreditation of Medical Schools*, July 2006, p2.

⁹ *AMC New Assessment and Accreditation of Medical Schools*, July 2006, p14.

In 2005, the RACP began a process of curriculum review in order to equip trainees to “function” effectively within the current and emerging professional, medical and societal contexts. The RACP has recognised that a fundamental component to improving health and social outcomes is the need for such a curriculum to address the health and well being of Indigenous Australians.

It is clear that, in order to reduce the disparities in health outcomes and to make sustained improvements in Aboriginal and Torres Strait Islander health, a competent medical workforce is essential. This requires competency across the curriculum focus areas, themes and learning objectives in terms of:

- communication;
- quality and safety;
- teaching and learning;
- cultural competency;
- ethics;
- clinical decision-making and management;
- health advocacy and the broader context of health.

The RACP's Aboriginal and Torres Strait Islander Health Committee is committed to ensuring curriculum activities achieve these goals.

Guided by the Aboriginal and Torres Strait Islander Health Committee the RACP and the Australian Indigenous Doctors' Association (AIDA) jointly funded the development of a Companion Document to complement the RACP Professional Qualities Curriculum. The document will be used by trainees and Fellows/supervisors to guide and enhance teaching and learning regarding Aboriginal and Torres Strait Islander health. Assessment is described in terms of self assessment, formative and summative tasks.

The paper draws on multiple sources but is particularly cognisant of the Curriculum of Deans of *Australian Medical Schools Indigenous Health Curriculum Framework*, and the RACP *Key Facts about Aboriginal and Torres Strait Islander Health*, as well as:

- the acknowledgement of Aboriginal and Torres Strait Islander peoples as *first peoples* and the recognition of Aboriginal and Torres Strait Islander peoples' rights as Indigenous people;
- the importance of *human rights* for Aboriginal and Torres Strait Islander peoples' advancement;
- the recognition and privileging of *Aboriginal and Torres Strait Islander worldviews* in relation to health and wellbeing;
- the necessity for *partnerships* with Aboriginal and Torres Strait Islander communities in teaching, learning and research regarding health and wellbeing;
- the need for *vertical and horizontal integration* of Aboriginal and Torres Strait Islander curricula within the RACP training programs

8.2 *Development of high-quality educational materials for health professionals regarding cross-cultural health care for Indigenous Australians*

The Committee is in the process of delivering a series of CD ROMs/DVD modules on cross cultural health care, with a focus on Indigenous Australians' experiences of negotiating health systems to access necessary care for chronic disease.

A detailed facilitator's guide to provide information about the specific health issues and situations covered in the DVDs will provide more general information regarding issues in cross-cultural health care provision for Indigenous Australians.

Through exploring different perspectives on health and well-being, illness and accessing and utilising health services, these materials will provide a critical insight into how cross-cultural conflicts arise and how they affect health outcomes. People with a chronic disease will be actively involved in the process of delivering these materials, in order to explore their actual interactions with the health system.

Acknowledging the fundamental issues of cultural sensitivity it is aimed to capture live clinical interactions in order to provide a powerful educational tool to improve health professionals' awareness and competence in service provision for Indigenous Australians. It is planned to explore the experiences of Indigenous Australians with kidney disease, diabetes and heart disease; diseases which have a devastating impact on Indigenous communities.

The research team is headed by Dr Alan Cass (George Institute). Dr Cass has provided chronic disease care to Indigenous Australians in urban, rural and remote settings. He was part of the cooperative Research Centre for Aboriginal Health participatory-action *Sharing the True Stories* research study which explored the consequences of miscommunication in the setting of chronic kidney disease. The research proposal was developed from discussions amongst the research collaborators and is informed by in-depth discussion with the developers of the high quality *Worlds Apart* series on cross-cultural health care from the USA. These tools have been adopted on more than a third of medical schools across the country to address cross-cultural health care competency.

8.3 *Enabling increased pathways for physicians to work and gain experience in Aboriginal Medical Services Specialist training in Aboriginal Medical Services*

Most Aboriginal Medical Services (AMS) lack sufficient visiting specialists and therefore refer patients to hospital systems that do not meet their needs and increase waiting times. As with mainstream medical services, AMS have waiting lists of two months or more for secondary (specialist) care. AMS are also an underutilised training resource for specialist trainees seeking to improve the health status of indigenous people and experience a community approach to the delivery of health care.

Physician and paediatrician trainees and their supervisors often approach the College seeking advice and assistance in securing opportunities for advanced training attachments in Aboriginal Medical Services (AMS). Since 2006, the College has supported the

facilitation of specialist training placements in a range of settings, including Aboriginal Medical Services, Aboriginal and Torres Strait Islander Community Health Service, the Victorian Aboriginal Health Service via the Commonwealth's Outer Metropolitan Specialist Trainees Program (OMSTP). Currently there are three operational placements and a further five approved and under negotiation/pending trainee recruitment.

Similarly the College is facilitating Specialist Training placements via the Expanded Settings for Specialist Training Program (ESSTP). Several of these placements will also have a community outreach component.

The College is in the process of finalising arrangements for a structured advanced training program within Aboriginal Medical Services. Trainees will be based in AMS and the program will comprise:

- Funded training posts in Aboriginal Medical Services;
- Indigenous health curriculum components;
- Appropriate and flexible supervision arrangements; and
- Access to Medical Benefits Schedule to support the necessary infrastructure of the medical service and supervision of trainees.

8.4 Indigenous Scholarships

As a result of generous donations the College has established an RACP Australian Indigenous Medical Student Scholarship fund. The College's Research and Education Foundation is establishing a scholarship to support Indigenous Medical Students in Australian Universities. A protocol for the proposed scholarship is currently being finalised.

9. Stakeholder Relationships and Partnerships with Indigenous health and social justice organisations

It is imperative when considering solutions to improving Indigenous health to establish and nurture effective partnerships between mainstream and Indigenous organisations. This will enable the planning, developing and delivering of effective health care policy and programs for Aboriginal and Torres Strait Islander people.

The RACP has established and values its working partnerships with the Australian Indigenous Doctors Association (AIDA) and the National Aboriginal Community Controlled Health Organisation (NACCHO). The aims of these partnerships are to:

- facilitate communication and joint planning;
- facilitate the development of new areas of cooperation;
- collaboratively develop strategic approaches to conducting business e.g. with the Commonwealth Department of Office of Aboriginal and Torres Strait Islander Health (OATSIH); and
- assist and resource the RACP Aboriginal and Torres Strait Islander Health Committee to implement and sustain its aims and objectives.

9.1 Australian Indigenous Doctors' Association

AIDA is a professional organisation for Aboriginal and Torres Strait Islander medical students and graduates from across the country. Aboriginal and Torres Strait Islander doctors have a unique and central role in improving the health and well being of Aboriginal and Torres Strait Islander people. AIDA encourages and supports more to study medicine and become doctors. AIDA also encourages Aboriginal and Torres Strait Islander people to pursue careers across the health workforce, as well as non Indigenous people to work in Aboriginal and Torres Strait Islander health, in a way that is culturally safe and respectful.

AIDA's Healthy Futures: Defining best practice in the recruitment and retention of Indigenous medical students was published in October 2005 and includes three major headline targets by 2010:

- 1) Australian medical schools will have established specific pathways into medicine for Indigenous Australians
- 2) The Committee of Deans of Australian Medical Schools (CDAMS) Indigenous Health Curriculum Framework will be fully implemented by Australian medical schools.
- 3) There will be 350 extra Indigenous Students enrolled in medicine.

The RACP has endorsed the *Healthy Futures* document and recommends that this document is considered within the scope of the Inquiry.

An example of a joint project between the College and AIDA is the medical student mentoring program which aims to actively work towards achieving a medical workforce trained in Indigenous health and to increase the number of Indigenous doctors is the SOLID (Strengthening our Leadership through Indigenous Doctors) mentoring scheme. The aim of this project is to increase the number of Aboriginal and Torres Strait Islander medical graduates and strengthen their career opportunities by linking them with senior physicians who can guide them through the system.

9.2 National Aboriginal Community Controlled Health Organisation

NACCHO is the national peak Aboriginal health body representing over 130 Aboriginal Community Controlled Health Services throughout Australia. (Primary health care services initiated and operated by local Aboriginal communities to deliver holistic, comprehensive and culturally appropriate health care to the community which controls it (through a locally elected Board of Management). The integrated primary health care model adopted by Aboriginal Medical Services (AMS) is in keeping with the philosophy of Aboriginal community control and holistic view of health.

The RACP has committed to working with NACCHO to implement the '*Equality in Health - Close the Gap*' Plan as well as increase the specialist and paediatric placements in AMS); A copy of the Plan is available at <http://www.oxfam.org.au/media/files/CTG.pdf>.

The RACP recommends to the Inquiry that they examine the following document within the scope of their review: National Aboriginal Community Controlled Health Organisation

(NACCHO) and Oxfam, *Close the Gap Solutions to the Indigenous Health Crisis Facing Australia: A Policy Briefing Paper*, April 2007

There are number of population health initiatives by Aboriginal Community Controlled Health Organisations throughout Australia and within NSW that warrant further exploration during the Inquiry.

9.3 Other alliances

The RACP has established and maintains linkages with a number of organisations, agencies and committees both internal and external to the RACP to help close the gap on Indigenous health. For example the RACP is represented on the Human Rights and Equal Opportunity Commission's 'Close the Gap' Alliance and commends the steps taken by the Alliance and organisations such as ANTaR and Oxfam to help 'close the gap'. The campaign produced an open letter in December 2006 outlining the key principles to help achieve health equality for Indigenous Australians and the launch of the campaign by Olympic greats Catherine Freeman and Ian Thorpe in April 2007. The campaign calls on government to put in place firm targets, funding and timeframes to address health inequalities, including increased access to primary health care.

The College is also a member of the Australian National Council on Drugs (ANCD) and a member from the committee sits on the National Indigenous Drug and Alcohol Committee (NIDAC) NIDAC monitors the implementation of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2009. NIDAC reports to the Australian National Council on Drugs / Intergovernmental Committee on Drugs (IGCD) Joint Executive Committee.

10. Australasian Faculty of Public Health Medicine workshop: Finding Solutions that work: How Can Public Health Physicians Contribute to Effective Strategies to Improve the Health of Aboriginal and Torres Strait Islander peoples

The Australasian Faculty of Public Health Medicine (AFPHM), a division of the RACP, held a forum Finding Solutions That Work in August 2007 prompted by the Commonwealth Government's recent Northern Territory intervention, which examined how public health physicians can improve the health of Aboriginal and Torres Strait Islander people.

The workshop brought together more than 100 health professionals and Indigenous leaders from around Australia. Considering Indigenous health more broadly, AFPHM asked the question: what do we know from experience can be done to improve the health of Indigenous Australians?

The strongest message from the workshop was the need to look beyond traditional clinical solutions to resolve the poor health outcomes of Indigenous Australians. One clear goal was to close the life expectancy gap. Health measures must be accompanied by investment in education, housing and increased rates of employment in order to achieve sustained health improvement.

Other important messages from workshop participants was the need for involvement of Aboriginal people in the decision making process. A top down approach of imposed measures will not nurture the capacity of communities to reach and maintain acceptable levels of wellbeing. The progress of communities should be mentored and monitored by public health physicians who will only intervene when in consultation and collaboration with the communities themselves.

An outcomes document from this forum was published and provides a summary of the workshop. It explores a number of successful strategies and initiatives throughout Australia. The report concludes with a set of recommendations which have been endorsed by the RACP and is available from the Australasian Faculty of Public Health Medicine. It is highly recommended that the Inquiry consider the examples of good practice and the recommendations contained within the report.

11. Further examples of good practice and success stories

Many RACP Policy publications have a significant commitment to Aboriginal and Torres Strait Islander health.

Since 2004 the College has published three substantial policies on addiction including Illicit Drugs Policy: Using Evidence to get Better Outcomes, Tobacco Policy: Using evidence to get better outcomes and Alcohol Policy: Using evidence to get better outcomes was also included. These documents are available on the RACP web at:
<http://www.racp.edu.au/index.cfm?objectid=49F4AA63-2A57-5487-DB4AE18D11BD69CB>.

There has been a myriad of reports and policies over the last few years that document the success in promoting and improving the health of Indigenous Australians. Some more recent resources that outline effective solutions to Closing the Gap that the RACP would commend are:

Anderson I, Baum F & Bentley M (eds), *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health: Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004*, Cooperative Research Centre for Aboriginal Health Darwin

ANTaR *Success Stories in Indigenous Health: A showcase of successful Aboriginal and Torres Strait Islander health projects*, June 2007 Available online from:
www.antar.org.au/success.

Waples-Crowe P and Pyett P *The Making of a Great Relationship: A review of a healthy partnership between mainstream and Indigenous organisations*. Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Victorian Aboriginal Community Controlled Health Organisation and Cooperative Research Centre for Aboriginal Health Darwin, *Communities working for Health and Wellbeing: Success stories from the Aboriginal Community controlled health sector in Victoria* (2007)