



australian nursing federation

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
By email: community.affairs.sen@aph.gov.au

8 October 2012

Dear Committee Secretary,

Thank you for the opportunity to provide comment to the Senate inquiry into Australia's domestic response to the World Health Organization's Commission on Social Determinants of Health report, 'Closing the Gap within a Generation'.

With a membership of over 220,000, the Australian Nursing Federation (ANF) is the largest professional and industrial organisation in Australia for nurses, midwives and assistants in nursing. Our members provide clinical care in all settings where health and aged care is delivered, across all geographical areas.

The ANF supports the three overarching recommendations of 'Closing the Gap within a Generation'. We believe the Australian Government should take a social determinants of health approach to all Australian communities, with a particular focus for Australia's Aboriginal communities.

Infant mortality for non-Aboriginal infants is 413 deaths per 100,000 live births. For Aboriginal infants it's 730 deaths per 100,000 live births. At the other end of the lifespan, Aboriginal life expectancy is estimated to be 11.5 years lower for Aboriginal people than for non-Aboriginal people¹. In addition, Australia's Aboriginal people continue to suffer unacceptable rates of ill health as compared with non-Aboriginal Australians.

The combination of these three indicators of health status; higher infant mortality, higher levels of ill health and a lower life expectancy, can be attributed largely to the social determinants of health, including access to health and aged care.

For Aboriginal people, determinants of health also include relationship to land, connectedness to community and family, the impact of racism and identity and levels of self-determination and community control.

The industrial and professional organisation for nurses and midwives in Australia

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WHO Overarching Recommendations

1 – Improve Daily Living Conditions

For many Aboriginal people, the quality of health services, nutrition, housing, schools, employment and community amenities are below the standard enjoyed by non-Aboriginal Australians.

The ANF supports the Federal Government's commitments to closing the gap in health outcomes through the COAG Closing the Gap initiatives. It also supports ongoing assessment of what works to improve daily living conditions in Aboriginal communities through the Australian Institute of Health and Welfare (AIHW) Closing the Gap Clearinghouse.

The ANF supports the work of organisations such as the Lowitja Institute, a research institute dedicated to evidence-based Aboriginal health research conducted collaboratively with Aboriginal organisations, academic institutions and government bodies, to inform the development of specific programs that will bring about positive health outcomes for Aboriginal communities.

The ANF also supports a collaborative approach in regards to the design and delivery of health services to Aboriginal communities, which deliver services that meet high standards and are culturally sensitive and appropriate.

2 – Tackle the Inequitable Distribution of Power, Money and Resources

Aboriginal people need to have equal access to health services, education, and employment opportunities that are designed and delivered collaboratively and are appropriate to their needs and desires.

The social determinants of health in regards to inequitable distribution of power have been addressed in research by the Lowitja Institute, which focussed on what constitutes empowerment. The research report says:

Empowerment is a social action process promoting:

- *Participation of people and communities towards goals of increased individual and community control;*
- *Expanded choices and autonomy; and*
- *Improved quality of life and social justice.*

Evidence is building that empowerment interventions should be the first step in initiatives aimed at helping people engage and benefit from health and other capacity building programs, and to take advantage of any reforms made within macro policy environments².

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The research focussed on two projects, a Family Wellbeing Program and Men's Health Groups. It found that:

...through promoting empowerment, wellbeing and social cohesion, participation in men's support groups and Family Well Being education programs may be saving financial outlays through:

- *Reduced expenditure on health and welfare;*
- *Lower rates of imprisonment; and*
- *Higher employment*

The ANF emphasises the need for the Australian Government to continue to fund and also to recognise and implement research findings from organisations such as the Lowitja Institute, where research priorities and projects are designed and undertaken collaboratively with Aboriginal researchers and communities.

3 – Measure and Understand the Problem and Assess the Impact of Action

Aboriginal disadvantage is well documented. While statistics representing disadvantage in Aboriginal communities are important, it is equally important to measure and document successes, and to understand why some programs work and others do not fully achieve their objectives.

These reasons may be related to cultural differences on the part of non-Aboriginal project designers and managers, and there needs to be awareness that cultural biases can interfere with outcomes. There should be mechanisms in place to monitor where and how these emerge and how they affect outcomes, in a genuinely collaborative process.

The ANF supports the continued improvement in capacity of the Aboriginal health care workforce and its ability to deliver health care which is well supported and culturally appropriate. In 2009 there were 1,605 employed nurses and midwives who identified themselves as Aboriginal³. In 2011 this number had increased to 2,212⁴.

Conclusion

The ANF supports the rights of Aboriginal Australians to have access to quality health care that is available to non-Aboriginal Australians; access to education that allows Aboriginal Australians to practice and pass on their unique languages and culture and prepares them for participation in Australian society.

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The ANF's support is reinforced by our Reconciliation Action Plan (RAP), which emphasises understanding and respect for Aboriginal culture; acknowledges Aboriginal people as both past and present custodians of our lands; commits to collaboration with Aboriginal organisations and individuals; encourages and supports Aboriginal people to undertake nursing, midwifery and health disciplines; promotes successful examples of Aboriginal self-determination and healthy communities and supports Aboriginal cultural and social events⁵.

Please find attached the ANF RAP and relevant policies and positions statements.

Should you require any additional information or wish to discuss this matter further please contact Julianne Bryce, Senior Federal Professional Officer, on (03) 9602 8500 or julianne@anf.org.au.

Yours sincerely

Lee Thomas
Federal Secretary
Australian Nursing Federation

¹ Australian Institute of Health and Welfare. Australia's health 2012. Canberra: AIHW, 2012.

² Bainbridge, Roxanne et al. Researching the control factor and empowerment in addressing the social determinants of Aboriginal and Torres Strait Islander health. CRCAH IKSE97. Available at <http://www.lowitja.org.au/researching-control-factor-and-empowerment-addressing-social-determinants-aboriginal-and-torres>

³ Australian Institute of Health and Welfare. Nursing and midwifery labour force 2009. Canberra: AIHW, 2011, p 6.

⁴ Australian Institute of Health and Welfare. Nursing and midwifery workforce 2011. Canberra: AIHW, 2012, p 16.

⁵ Australian Nursing Federation. Reconciliation action plan. Melbourne: ANF, 2009. Available at <http://www.anf.org.au/pages/reconciliation-action-plan>

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