NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

Excess Mortality

Submission to the Senate Community Affairs References Committee

May 2024

About NACCHO

NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 145 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive 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. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients ‘stick’. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

Enquiries about this submission should be directed to:

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Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Senate Standing Committee on Community Affairs *Inquiry into Excess Mortality*.

NACCHO supports the submissions to this consultation made by our Members and Affiliates.

Recommendations

NACCHO recommends:

1. strategies to improve data collection and reduce excess mortality align with and support the National Agreement and its four Priority Reform Areas, and

2. timely progress toward publication of data on Aboriginal and Torres Strait Islander excess mortality using robust data already available from the majority of jurisdictions.

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term:

Priority Reform Area 1 – Formal partnerships and shared decision-making
This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector
This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions
This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth

telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform 4 – Sharing data and information to support decision making
This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

> NACCHO recommends strategies to improve data collection and reduce excess mortality align with and support the National Agreement and its four Priority Reform Areas.

Excess mortality in Aboriginal and Torres Strait Islander populations

Reporting of ABS provisional mortality data used to show excess deaths, does not include Indigenous status. It is therefore not possible to assess whether excess deaths seen at the whole-of-population level affect Aboriginal and Torres Strait Islander communities at a comparable level.

It is acknowledged that the ABS provisional mortality data on excess mortality cannot fully account for the impact on Aboriginal and Torres Strait Islander people due to the data sources and methods used. In part as some degree of under-identification of Aboriginal and Torres Strait Islander people in underlying mortality data remains[1] and it is necessary to use linkage to counter this in routine reporting.[2] Provisional mortality data does not benefit from this approach and does not disaggregate by Indigenous status, potentially on account of the provisional data source used and known issues around under-identification.

While there have been improvements in the underlying data quality in recent years, further data improvement is required to ensure that mortality data adequately captures people from Aboriginal and Torres Strait Islander backgrounds. To align with and meaningfully support Priority Reform 4, there is a need to improve the data made available on excess mortality for Aboriginal and Torres Strait Islander communities across all jurisdictions. Structural reform that enables accurate and timely data collection on excess mortality on Aboriginal and Torres Strait Islander populations must be prioritised.

However, while gaps exist, robust data *is* available on excess mortality for Aboriginal and Torres Strait Islander people in a majority of jurisdictions, and steps must be taken toward public reporting of this data, despite its limitations.

> NACCHO recommends timely progress toward publication of data on Aboriginal and Torres Strait Islander excess mortality using robust data already available from the majority of jurisdictions.

Excess deaths in recent years

Owing both to the gaps in what is first captured in deaths data on Aboriginal and Torres Strait Islander people, and then subsequently reported (or not reported), it is not possible to comment on

[1] Deaths, Australia, 2022 | Australian Bureau of Statistics (abs.gov.au) and Data development - AIHW Indigenous HPF
[2] Updated method for 2020–2022 Aboriginal and Torres Strait Islander life expectancy estimates | Australian Bureau of Statistics (abs.gov.au)

all cause provisional mortality data reported by the states and territories or the difference between 2021-2023 and 2015-2020.

Factors contributing to excess mortality in 2021, 2022 and 2023

Avoidable and preventable deaths already represent a considerable burden on Aboriginal and Torres Strait Islander communities.[3] To date, limited reporting has been available to demonstrate whether (or how) this changed during the COVID-19 pandemic. However, it is critical to highlight the importance of looking beyond the impact of COVID-19 infections to the impacts on preventative health actions (such as the reduction in sexual health screening during the pandemic) and environmental health issues (such as the subsequent increase in overcrowding which does not support good health outcomes).

It is well established that a broad range of structural, social, commercial, political, environmental, and cultural determinants influence health outcomes for Aboriginal and Torres Strait Islander peoples.[4] The consequent disparity in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians remains significant – 34% of the health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians is attributable to social determinant factors.[5] Not addressing social and other determinants has ultimately led to a high burden of disease for Aboriginal and Torres Strait Islander people. Health must be considered holistically beyond non-medical factors to account for determinants of health.

How to address any identified preventable drivers of excess mortality

Current data availability hampers the ability to understand how preventable drivers of excess mortality affect Aboriginal and Torres Strait Islander populations. As long as Indigenous status is not included in reporting, the variation between populations cannot be understood, including what factors may drive this variability.

However, what is known is that Aboriginal and Torres Strait Islander communities want access to comprehensive primary health care where they feel culturally safe and prefer to use ACCOs where they are available. ACCHOs are a key part of prevention system architecture for Aboriginal and Torres Strait Islander people and are uniquely placed to address the social determinants of health.

The sector's strength and skill in preventative health is an excellent example of the value and efficacy of human-centred, holistic models of primary health care. Preventative health actions begin well before a person ever enters through a clinic door for treatment – trust and engagement is built up over time and activities aimed at health promotion and disease prevention are tailored to meet the local community's needs.

A well-resourced Aboriginal community-controlled health sector addresses many potential drivers of excess mortality.

[3] 1.24 Avoidable and preventable deaths - AIHW Indigenous HPF
[4] AIHW, 2.09 Index of disadvantage https://www.indigenoushpf.gov.au/measures/2-09-index-disadvantage
[5] Australian Institute of Health and Welfare. Determinants of health for Indigenous Australians 2022 [Available from: https://www.aihw.gov.au/reports/australias-health/social-determinants-and-indigenous-health