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

Long Covid and Repeated COVID Infections

Submission to the House of Representatives Standing Committee on Health, Aged Care and Sport

November 2022]

ABOUT NACCHO

NACCHO is the national peak body representing 144 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 144 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 cost-effective. In 2016, a cost-benefit analysis of the services provided by Danila Dilba to Aboriginal and Torres Strait Islander people in the Greater Darwin region was undertaken by Deloitte Access Economics. The findings demonstrated that each dollar invested in the health service provides $4.18 of benefits to society. 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.

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Recommendations

NACCHO recommends:

1. any policies and programs addressing long COVID-19 be implemented in accord with the National Agreement and its four Priority Reform Areas;
2. development of an investment strategy to support workforce challenges exacerbated by COVID-19 and long COVID-19;
3. funding of research into the potential for COVID-19 to precipitate chronic conditions or exacerbate pre-existing medical conditions;
    - any such research conducted among Aboriginal and Torres Strait Islander people should be led by Aboriginal and Torres Strait Islander researchers and prioritise sharing of information with the community;
    - all research and data collection should be consistent with the principles of Indigenous Data Sovereignty and aligned with Priority Reform 4 of the National Agreement on Closing the Gap;
4. implementation of structural changes, such as those agreed to under the National Agreement, to mediate the long-term incidence of long COVID-19;
5. nationally consistent policy responses to long COVID are integrated into community-controlled, patient-centred primary health care; and
6. publication by the ABS of 'excess mortality' data for Aboriginal and Torres Strait Islander people.

Introduction

NACCHO welcomes the opportunity to provide a submission to the House of Representatives Standing Committee on Health, Aged Care and Sport inquiry into long COVID-19. NACCHO would like to acknowledge the valuable input received from the Queensland Aboriginal and Islander Health Council (QAIHC) in this submission.

The COVID-19 pandemic has continued to highlight the responsive and resilient nature of the Aboriginal and Torres Strait Islander community-controlled health sector. ACCHOs have played a significant role in raising awareness of COVID-19, promoting and delivering vaccines, and supporting those contracting COVID-19. They are the only services in Australia that have led both public health and primary health responses.

Despite the challenges associated with COVID-19 outbreaks across the country, up until November 2022 there were fewer than 300 COVID-19 deaths among Aboriginal and Torres Strait Islander people. This was largely due to the proactive and collaborative efforts of the Aboriginal community-controlled primary health care sector.

The success of ACCHO responses to the epidemic and the quality of services provided to Aboriginal and Torres Strait Islander people highlight and underscore the importance of the *National Agreement on Closing the Gap* (National Agreement).

NACCHO recommends integration of nationally consistent policy responses to long COVID into community-controlled, patient-centred primary health care.

National Agreement on Closing the Gap

In July 2020 the Australian Government, all state and territory governments, and the Coalition of Peaks signed the National Agreement. 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. All governments have committed to the implementation of the National Agreement's four Priority Reform Areas, which seek to bring about structural change to affect ways in which governments work with Aboriginal and Torres Strait Islander organisations, communities and individuals. The four Priority Reforms are:

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 that any policies and programs addressing long COVID-19 be implemented in accord with the National Agreement and its four Priority Reform Areas.

Long COVID symptoms not identified as a high priority

To date, the incidence of long COVID-19 among Aboriginal and Torres Strait Islander peoples has not been raised as a priority issue within the National Aboriginal and Torres Strait Islander Health Protection Committee (formerly the Aboriginal and Torres Strait Islander COVID-19 Advisory Group). Most ACCHOs have reported sporadic cases of long COVID. However, it is recognised that the same general barriers to accessing medical care for Aboriginal and Torres Strait Islander peoples are likely to be barriers to presentations for long COVID.

The priority for ACCHOs is addressing the existing high burden of chronic disease with the additional staffing challenges faced since 2020. Workforce data reported to the AIHW shows a decrease of FTE clinical staff per 1,000 population of around 20 – 30% in ACCHOs and a 50% increase in the number of unfilled positions since the start of the pandemic.[1]

NACCHO recommends development of an investment strategy to support workforce challenges exacerbated by COVID-19 and long COVID-19.

Worsening of chronic diseases post COVID-19

The main concern ACCHOs have regarding post-COVID-19 patient recovery is an increase in new medical conditions or exacerbation of pre-existing medical conditions following acute COVID-19 infection.

Furthermore, there have been reports of increased breathlessness and fatigue after COVID-19 recovery among Aboriginal and Torres Strait Islander people who already experienced those symptoms prior to contracting COVID-19.

Aboriginal and Torres Strait Islander people already have a markedly higher burden of chronic disease than non-Indigenous Australians. The high rate of COVID-19 infections and the lower coverage of immunisation, means there is the potential for significant impact in the community if it is confirmed that COVID-19 leads to a worsening of pre-existing medical conditions.

NACCHO recommends provision of appropriate funding for research into the potential for COVID-19 to precipitate chronic conditions or exacerbate pre-existing medical conditions;

NACCHO recommends any such research among Aboriginal and Torres Strait Islander people be led by Aboriginal and Torres Strait Islander researchers and prioritise sharing of information with the community; and

[1] Australian Institute of Health and Welfare (2022) *Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections* viewed 16.11.2022 https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/contents/osr-introduction

NACCHO recommends all research and data collection be consistent with the principles of Indigenous Data Sovereignty and aligned with Priority Reform 4 of the National Agreement on Closing the Gap;

Over-representation of chronic conditions

The over-representation of chronic conditions among disadvantaged people such as Aboriginal and Torres Strait Islander people, increases the risk of both acute COVID-19 severity and long COVID.[2, 3]

Aboriginal and Torres Strait Islander people have rates of co-morbidity that are disproportional to those of non-Indigenous Australians. This is due to Aboriginal and Torres Strait Islander people's greater exposure to a wide range of social determinants of health. Social determinants of health include poor housing or low education and employment outcomes. Aboriginal and Torres Strait Islander people experience racism and a lack of cultural safety, which undermines access to medical treatment.

NACCHO notes literature providing evidence for people with long COVID reporting significant stigma, difficulties in accessing services and returning to full time work, trouble maintaining important relationships and life roles, and barriers to engaging in activities of daily living.[4] Australian data confirm this.[5]

People with debilitating long and/or recurrent COVID are unable to work to earn an income, resulting in poorer economic participation. This issue has greater impacts on Aboriginal and Torres Strait Islander peoples, as they already experience poorer outcomes relating to socioeconomic determinants of health. This is also likely to also result in poorer mental health outcomes.

Social determinants of poor health, such as housing availability and affordability, lack of adequate social protection, and marginalisation from health systems, can entrench disadvantage in the face of long COVID.

NACCHO recommends implementation of structural changes, such as those agreed to under the National Agreement, to address the long-term incidence of long COVID-19.

Australian governments should work in collaboration with Aboriginal and Torres Strait Islander people, communities and organisations to understand the lived experience of COVID-19 and long COVID-19, and devise community-controlled solutions.

NACCHO recommends nationally consistent policy responses to long COVID be integrated into community-controlled, patient-centred primary health care.

COVID-19 data limits for Aboriginal and Torres Strait Islander people

Availability of and access to data on long COVID that is disaggregated by socio-economic status, geography, ethnicity and Indigenous status will assist in building a foundational evidence base in which action research responses can be developed.

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[2] De Leeuw, E, et al (2022) Long COVID: sustained and multiplied disadvantage, MJA 216 (5) 21 March

[3] Yashadhana A, Pollard-Wharton N, Zwi AB, Biles B. Indigenous Australians at increased risk of COVID-19 due to existing health and socioeconomic inequities. Lancet Reg Health West Pac 2020; 1: 100007.

[4] Ladds E, Rushforth A, Wieringa S, et al. Persistent symptoms after COVID-19: qualitative study of 114 "Long COVID" patients and draft quality principles for services. BMC Health Serv Res 2020; 20: 1144.

[5] Hitch D, Haines K, Said C, et al. Function, disability and recovery after COVID-19: patient outcomes six and twelve months after diagnosis. 14th National Allied Health Conference [online]; Australia, 9–12 August 2021. http://www.nahc.com.au/6203 (viewed Oct 2021).

In general, data relating to Aboriginal and Torres Strait Islander people and COVID-19 are poor. There is poor visibility of impacts of COVID on overall mortality as the ABS currently does not publish 'excess mortality' for Aboriginal and Torres Strait Islander peoples.

NACCHO recommends publication by the ABS of 'excess mortality' data for Aboriginal and Torres Strait Islander people.