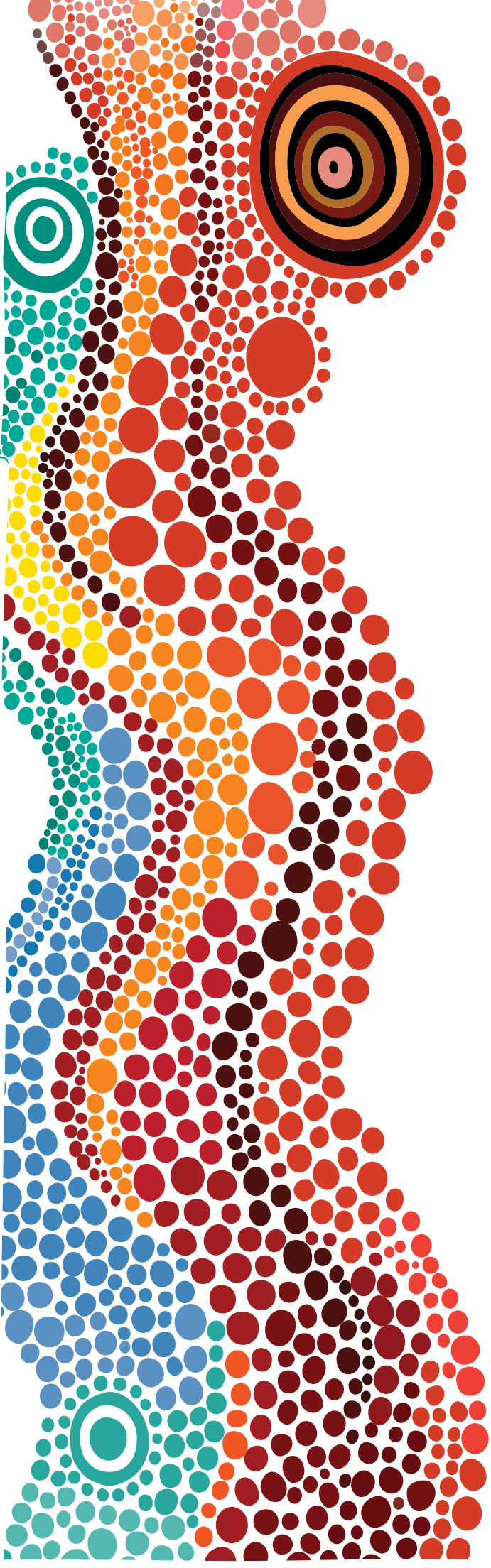

NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

The Nature and Extent of Poverty in Australia

Submission to the Australian Senate

February 2023

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 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 also closing the employment gap. Collectively, we employ about 7,000 staff – 54 % 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. Constitutional recognition of Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of this nation;
2. comprehensive implementation of the four Priority Reforms of the *National Agreement on Closing the Gap;*
3. increasing health expenditure for Aboriginal and Torres Strait Islander people to a level commensurate with the burden of disease;
4. increasing funding for the expansion of Aboriginal community controlled health services;
5. major investment in housing from Commonwealth and jurisdictional governments as a critical primordial prevention measure to address intergenerational poverty and endemic health issues in Aboriginal and Torres Strait Islander communities;
6. investment in preventive health programs with a focus on environmental health, led by the ACCHO sector;
7. Government adopt a 'heath in all policies' approach in recognition that health outcomes are influenced by a wide range of social, commercial, political, environmental and cultural determinants, and
8. restructuring government support payments to ensure recipients are able to live above the poverty line.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Australian Senate Inquiry into the Nature and Extent of Poverty in Australia.

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Introduction

A history of dispossession, marginalisation, racism and the impact of Government policies since colonisation has resulted in profound inequity for Aboriginal and Torres Strait Islander people. Disproportionally high rates of poverty among Aboriginal and Torres Strait Islander people take place against a background of structural impediments to full participation in the Australian economy and are evidenced across multiple drivers and measures of inequality. Poverty is reinforced and entrenched by ongoing experiences of structural and interpersonal racism, discrimination, dispossession of culture, land and language, and intergenerational trauma.

NACCHO recommends that in considering the drivers of poverty for Aboriginal and Torres Strait Islander people, the discussion and recommendations of the following inquiries be taken into account:

- Royal Commission into Aboriginal Deaths in Custody[1]
- Bringing them Home - Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families[2]
- Social Justice Report 2005[3]
- Unfinished business: Indigenous stolen wages[4]
- Our Land Our Languages - Inquiry into language learning in Indigenous communities[5]
- Pathways to Justice – Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples[6]
- A hand up not a hand out: Renewing the fight against poverty[7]
- Don't take it as read: Inquiry into adult literacy and its importance[8]

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[1] Royal Commission into Aboriginal Deaths in Custody, 1991, http://www.austlii.edu.au/au/other/IndigLRes/rciadic/

[2] Bringing them Home report, April 1997, https://humanrights.gov.au/our-work/bringing-them-home-report-1997

[3] Human Rights & Equal Opportunity Commission, Social Justice Report 2005 https://humanrights.gov.au/sites/default/files/content/social_justice/sj_report/sjreport05/pdf/SocialJustice2005.pdf

[4] Parliament of Australia, Inquiry into Indigenous Stolen Wages, 2006 https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Completed_inquiries/2004-07/stolen_wages/report/index

[5] Parliament of Australia, Inquiry into language learning in Indigenous communities, 2012, https://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=/atsia/languages2/report.htm

[6] Parliament of Australia, Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples, 2018, https://www.alrc.gov.au/publication/pathways-to-justice-inquiry-into-the-incarceration-rate-of-aboriginal-and-torres-strait-islander-peoples-alrc-report-133/

[7] Parliament of Australia, Inquiry into Poverty and Financial Hardship, 2003, https://www.aph.gov.au/parliamentary_business/committees/senate/community_affairs/completed_inquiries/2002-04/poverty/report/index

[8] Parliament of Australia, Inquiry into adult literacy and its importance, 2022 https://www.aph.gov.au/Parliamentary_Business/Committees/House/Employment_Education_and_Training/Adultliteracy/Report

This submission focuses on the ongoing impacts of colonisation, and the need for and importance of Aboriginal and Torres Strait Islander leadership and community control in the development, design and implementation of meaningful approaches to address poverty for Aboriginal and Torres Strait Islander communities.

Extent of poverty for Aboriginal and Torres Strait Islander communities

Poverty among Aboriginal and Torres Strait Islander people today is a *direct and deliberate* consequence of colonisation and subsequent policies of dispossession, protectionism and assimilation. It is founded in inequity and control. Assumptions of deficit, of inferiority.[9] It is the consequence of Government policies based in anthropological approaches imbued with paternalistic notions of superiority. Policies that have, in one form or another, remained for 235 years. The report delivered by the 2003 Inquiry into Poverty and Financial Hardship, observes:

> *Indigenous Australians remain the most disadvantaged and marginalised group in Australia. On all the standard indicators of poverty and disadvantage, Indigenous people emerge as the most socially and economically deprived.*[10]

Little has changed in the 20 years since these words were written. Aboriginal and Torres Strait Islander people remain over-represented across a range of indicators, including the most basic, income:

- income bracket - 37% in the lowest income bracket, compared to 20% with non-Indigenous Australians
- unemployment – 19% in 2018-19, almost 4 times that of non-Indigenous Australians (at 5%)
- reliance on income support - as at 25 December 2020, 53% of Indigenous Australians aged 16 and over were receiving some form of income support payment – almost twice the proportion of other Australians.[11]

Critical to the latter, at just 42% of the minimum wage, JobSeeker payments are not sufficient for people to meet their basic needs and leave already disadvantaged recipients living below the poverty line.[12]

Aboriginal and Torres Strait Islander people in employment - 49% in 2018-19 (compared to 76% of non-Indigenous Australians [13]) are predominantly employed in low or unskilled jobs with limited opportunity for progression. They continue to be over-represented in labouring, community and personal service occupations, and under-represented as professionals and managers relative to the working age non-Indigenous population.[14]

Aboriginal and Torres Strait Islander people complete year 12 at significantly lower rates than non-Indigenous Australians (34% compared to 61% of other Australians) and have disproportionally low English literacy and numeracy.

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[9] M Dodson, The Wentworth Lecture. The end in the beginning: Re(de)finding Aboriginality. Aust Aborig Stud. 1994;1:2–13.
[10] Parliament of Australia, Inquiry into Poverty and Financial Hardship, 2003, https://www.aph.gov.au/parliamentary_business/committees/senate/community_affairs/completed_inquiries/2002-04/poverty/report/index
[11] AIHW, Indigenous income and finance, https://www.aihw.gov.au/reports/australias-welfare/indigenous-income-and-finance
[12] Australian Council of Social Service (2022) *JobSeeker rise of $1.80 a day won't even cover the cost of a loaf of bread*, ACOSS
[13] https://www.indigenoushpf.gov.au/measures/2-07-employment
[14] AIHW, Indigenous Employment, https://www.aihw.gov.au/reports/australias-welfare/indigenous-employment

A 2017 study by Charles Darwin University (CDU) found that low English literacy and numeracy could be implicated in many of the areas of relative disadvantage.[15] Low literacy makes it difficult for a person to find and access education, training and employment opportunities. It makes it harder to navigate the health system to understand what your medication is for or how much to take, to ask questions of your doctors, to provide informed consent if you need an operation. To access and navigate support services like Centrelink, NDIS or aged care. It increases the risk of substance abuse. And all of this has profound impacts on the mental health and the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Low English literacy entrenches cycles of poverty and disadvantage. Yet there is increasing recognition that being strong in language and culture are protective factors for Aboriginal and Torres Strait Islander children's health and wellbeing, and can support mainstream educational attainment.[16,17]

Aboriginal and Torres Strait Islander children are still taken from their families at alarming rates. At 30 June 2021, 1 in 17 Indigenous children (around 19,500) were in out-of-home care, around 11 times the rate for non-Indigenous children. Aboriginal and Torres Strait Islander children on care and protection orders at 30 June increased from about 19,700 in 2017 to about 24,200 in 2021.[18]

In 2021, Aboriginal and Torres Strait Islander adults were imprisoned at a rate 14 times that of other Australians.[19] This rate has shown little improvement since 1991 when the Royal Commission into Aboriginal Deaths in Custody noted,

> *1.3.3 The conclusions are clear. Aboriginal people die in custody at a rate relative to their proportion of the whole population which is totally unacceptable and which would not be tolerated if it occurred in the non-Aboriginal community.*[20]

In 2018–19, Indigenous Australians were 3.7 times as likely to be living in overcrowded conditions as non-Indigenous Australians.[21]

A water industry report released in late 2022 revealed that for more than 500 remote communities, tap water is often not safe to drink.[22] The latest in a long line of reports about poor water quality.

Compounding these circumstances are the considerable health disparities between Aboriginal and Torres Strait Islander people and other Australians, which should by now be well known to the Senate. They are amply documented, and we will return to these below.[23]

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[15] A statistical overview: Aboriginal adult LLN in the Northern Territory, Shalley F. and Stewart A., Whole of Community Engagement Initiative Office of the PVC of Indigenous Leadership, Charles Darwin University 2017. https://www.cdu.edu.au/files/2019-09/WCE%20statistical%20report.pdf

[16] NACCHO submission, House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, Our land, our languages: language learning in Indigenous communities, September 2012.

[17] Standing Committee on Employment, Education and Training Inquiry into Education in Remote and Complex Environments, November 2020. https://www.aph.gov.au/Parliamentary_Business/Committees/House/Employment_Education_and_Training/RemoteEducation/Report

[18] AIHW, Child protection Australia 2020–21, https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2020-21/contents/about

[19] Indigenous Health Performance Framework, https://www.indigenoushpf.gov.au/measures/2-11-contact-criminal-justice-system

[20] Royal Commission Into Aboriginal Deaths In Custody, 1991, http://www8.austlii.edu.au/cgi-bin/viewdoc/au/other/cth/AURoyalC/1991/1.html

[21] AIHW, 2.01 Housing https://www.indigenoushpf.gov.au/measures/2-01-housing#implications

[22] The Conversation, https://theconversation.com/countless-reports-show-water-is-undrinkable-in-many-indigenous-communities-why-has-nothing-changed-194447

[23] Commonwealth Closing the Gap Annual Report 2022, https://www.niaa.gov.au/news-centre/indigenous-affairs/commonwealth-closing-gap-annual-report-2022

Legacy of colonisation

These are the real, daily impacts of colonisation for Aboriginal and Torres Strait Islander people.

> *Colonisation is recognised as having a fundamental impact on disadvantage and health among Indigenous peoples worldwide, through social systems that maintain disparities.*[24]

Australia as a nation was founded on the concept of *terra nullius* – that the land belonged to no-one. A denial of the very existence of Aboriginal and Torres Strait Islander people as inhabitants, let alone as Custodians, of this land. The indignity of *terra nullius* continued until just 30 years ago with the High Court's decision in Mabo v Queensland.[25] Its vestiges remain to this very day. Aboriginal and Torres Strait Islander peoples remain unrecognised as its Traditional Custodians in the Constitution of this nation.

Over those first decades of colonisation, Aboriginal and Torres Strait Islander people were forced from their Country, massacred, subjugated. The first fracturing of culture.

Later, subjected to laws, to 'protections', the true aim of which was annihilation of Aboriginal people. A slow genocide.[26] Survival often came at the expense of family, Country, language, culture and autonomy, all demanded in exchange for 'protection'.[27] A further fracturing.

This 'protection' extended to the denial of education, of wages and other entitlements[28].

> *…the ability of schools to exclude Aboriginal children led to the creation of a separate and inferior system of education for Aboriginal children across NSW. This system sanctioned a debased curriculum that focused on teaching manual skills under the assumption that Aboriginal people would be better suited to work as domestic labour for 'white' masters or employers.* [29]

The Royal Commission into Aboriginal Deaths in Custody noted in 1991, Aboriginal people became entitled to receive equal wages in several States only twenty-five years earlier, just as contractions in the rural economy extinguished many of the jobs which had previously been their only access to wage employment.[30]

'Protections' extended to the removal of children. Children stolen from the love of their families and communities, from their Country. Relocated, dispossessed.[31] Connection to culture fractured yet again. This fracturing continues today.

Poverty is the result of all of this.

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[24] Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Canberra: Australian Institute of Health and Welfare; 2020.

[25] Supreme Court Library Queensland, Mabo v Queensland (No. 2) [1992] HCA 23, https://legalheritage.sclqld.org.au/mabo-v-queensland

[26] Australian Museum, Genocide in Australia, https://australian.museum/learn/first-nations/genocide-in-australia/

[27] AIATSIS https://aiatsis.gov.au/collection/featured-collections/remove-and-protect

[28] Parliament of Australia, Inquiry into Indigenous Stolen Wages, 2006 https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Completed_inquiries/2004-07/stolen_wages/report/index

[29] Burridge, N., Chodkiewicz, A. (2012). An Historical Overview of Aboriginal Education Policies in the Australian Context. In: Burridge, N., Whalan, F., Vaughan, K. (eds) Indigenous Education. Transgressions, vol 86. SensePublishers, Rotterdam. https://doi.org/10.1007/978-94-6091-888-9_2

[30] Royal Commission Into Aboriginal Deaths In Custody, 1991, http://www8.austlii.edu.au/cgi-bin/viewdoc/au/other/cth/AURoyalC/1991/1.html

[31] Bringing them Home report, April 1997, https://humanrights.gov.au/our-work/bringing-them-home-report-1997

Poverty is not cultural. Poverty is not the result of laziness or ineptitude, individual action or inaction. Poverty is not a lifestyle choice. It is the *direct and deliberate* result of systemic racism experienced by Aboriginal and Torres Strait Islander people over generations. The inevitable result of two centuries of dispossession, marginalisation and paternalism is endemic, intergenerational poverty for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people have not been passive in their acceptance of these policies. Communities, leaders, and individuals have undertaken both quiet and decisive acts of self-determination - chipping away at the structures that held them down. From Pemulwuy, to the Wave Hill Walk Off. From Eddie Koiki Mabo, to Nicky Winmar, to the generosity to this nation that is the Uluru Statement from the Heart, Aboriginal people have not been silent, have not been silenced.

In the face of generations of dispossession and trauma, in spite of it, Aboriginal and Torres Strait Islander peoples have retained their identity as the original inhabitants of this land. Aboriginal and Torres Strait Islander people continue to connect and reconnect to culture and to Country.

Over time, governments have also stepped up. From the return of traditional lands in 1975, to the apology to the Stolen Generations in 2008, and current steps towards a Voice to Parliament.

We have come a long way since the protectionism of early Australia. The National Agreement on Closing the Gap is evidence of a new era of engagement by and with Aboriginal and Torres Strait Islander peoples. The National Agreement commits Australia to a new direction and is a pledge from all governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander communities and organisations.

Structural reform

It was 1962 before Aboriginal and Torres Strait Islander people were granted the right to vote. And 1967 before they were counted as part of the population - just 55 years ago. Still today, Aboriginal and Torres Strait Islander peoples as a collective remain without a voice in the affairs of this country. On matters that impact them daily. As noted above, Aboriginal and Torres Strait Islander people remain unrecognised as the Traditional Custodians of their Country in the Constitution of this nation.

Advocating for and securing the National Agreement on Closing the Gap was an historically significant act of Aboriginal and Torres Strait Islander self-determination. Supporting self-determination and building the capacity of the community-control sector is central to the commitment Australian governments have made as part of this 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 offer a roadmap to meaningfully impact structural drivers of poverty and poor outcomes for Aboriginal and Torres Strait Islander people:

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.

The need for fundamental systemic reform remains evident across the health and care sectors.

Some changes are relatively simple at face, but are in fact engendered by the need for deeper structural reforms. For example, cancer is the leading cause of death among Aboriginal and Torres Strait Islander people[32], early screening is critical. However, some Aboriginal and Torres Strait Islander people do not receive bowel cancer testing kits in the mail. This is due in part because limited access to reliable, affordable internet or a phone and low English literacy pose barriers to people registering for Medicare or updating their contact details. Subsequently, Medicare enrolment rates are low and details outdated for many people. Supplying ACCHOs with bowel screening test kits and resources promotes alternative options for Aboriginal and Torres Strait Islander people to receive and access bowel screening test kits and aligns with Priority Reforms 2 and 3. Broader structural changes are nevertheless required.

Currently, 7.2% of National Disability Insurance Scheme (NDIS) participants with a plan identify as Aboriginal and Torres Strait Islander. However, this is considerably fewer than the estimated number of Aboriginal and Torres Strait Islander people with a disability which stands around 23.9%. Failure to consider the specific needs of Aboriginal and Torres Strait Islander people in the development of the NDIS has created significant barriers to access and utilisation of disability supports. The current system is complex and difficult to navigate. An issue further compounded for Aboriginal and Torres Strait Islander people in remote and very remote settings where access to IT and low English literacy are significant barriers. It is evident from the poor uptake of the Scheme by Aboriginal and Torres Strait Islander people that the lack of cultural safety within the NDIS is a significant barrier. This can result in Aboriginal and Torres Strait Islander people disengaging entirely from much needed services and support.

Access to medicines is of considerable concern: through a Member survey in 2020, ACCHOs have told us that several evidence based-medicines (both over-the-counter and less expensive prescription medicines) – some of which are used by Aboriginal and Torres Strait Islander people at a rate higher than other Australians – are not PBS listed. This represents a structural inequity that needs to be addressed.

This impacts a range of women's health and antenatal products, including iodine. Without access to such medicines, Aboriginal and Torres Strait Islander people are at higher risk of poorer health outcomes. In

[32] Australian Institute of Health and Welfare. Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018. Australian Burden of Disease Study series no. 26. Cat. no. BOD 32. Canberra: Australian Government; 2022. https://www.aihw.gov.au/reports/burden-of-disease/illness-death-indigenous-2018/summary.

part, this is due to a system which incentivises the commercial (profit-based) behaviour of drug companies. A system which prioritised health outcomes would incentivise companies to list drugs that are more widely used by small populations, including Aboriginal and Torres Strait Islander people, but which are unlikely to deliver profits.

Programs designed to drive employment, like the Community Development Program (CDP) have become a driver of disengagement. Promoted as an employment program focussed on community development, CDP seeks to provide a pathway to employment, predominantly in remote settings. However, in rural and remote areas, employment opportunities can be very limited, a factor which CDP does not account for. It is a fundamentally inappropriate solution for what remote communities face – a lack of jobs. As a result, Aboriginal and Torres Strait Islander participants rapidly become disenchanted, exit the system, and become unregistered unemployed. Participant experiences with CDP have worked to deter job seeking, and further entrench cycles of unemployment. CDP has become a driver of poverty.

Evidence of the need for structural change is not limited to these few examples. NACCHO is encouraged to observe the renewed focus of Government on improving health outcomes for our communities, and the recent agreement of First Ministers to renew their commitment to Closing the Gap by re-signing the National Agreement.[33] This commitment must translate into action.

Poverty and health

The Australian Institute of Health and Welfare (AIHW) note that, links between different forms of socioeconomic disadvantage such as poverty, unemployment, poor education, social dysfunction, stress, social exclusion, racism and poor health are well established and documented.[34] Indeed, entrenched cycles of poverty, exacerbated by poor education and employment outcomes and increased interaction with the justice system contribute significantly to poorer health outcomes for Aboriginal and Torres Strait Islander people. The consequent disparity in health outcomes between Aboriginal and Torres Strait Islander people and other Australians remains significant.

We know that despite some gains, life expectancy for Aboriginal and Torres Strait Islander people is still significantly lower than for the non-Indigenous population. Similarly, the burden of disease (that is, the impact of living with illness and injury and of dying prematurely) for Aboriginal and Torres Strait Islander people remains 2.3 times higher than for other Australians.[35]

Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD) almost exclusively impact on Aboriginal and Torres Strait Islander people in Australia. ARF and RHD are diseases of poverty – impacted by household overcrowding and limited access to healthcare. According to the latest AIHW report, 92% of diagnoses between 2016 and 2020 were for Aboriginal and Torres Strait Islander people. The recorded rate of new RHD diagnosis for women is nearly twice the rate recorded for men, and 55% of new RHD diagnoses were in people under the age of 25.[36]

Similarly, tuberculosis (TB) is a result of poverty, overcrowding and immunosuppression. Aboriginal and Torres Strait Islander people experience the highest rate of TB of people born in Australia. There is currently a serious outbreak of TB in central Australia because although the disease is treatable, the structural and environmental factors contributing to outbreaks have not been addressed. That is; overcrowding, poorly maintained sanitary hardware and secure access to affordable, nutritious food.

[33] Meeting of National Cabinet, Media Release, 3 Feb 2023. https://www.pm.gov.au/media/meeting-national-cabinet-2
[34] AIHW, 2.09 Index of disadvantage https://www.indigenoushpf.gov.au/measures/2-09-index-disadvantage
[35] AIHW, Australian Burden of Disease Study, https://www.aihw.gov.au/reports/burden-of-disease/illness-death-indigenous-2018/summary
[36] AIHW, Acute rheumatic fever and rheumatic heart disease in Australia, 2016–2020, https://www.aihw.gov.au/reports/indigenous-australians/rheumatic-heart-disease-in-australia-2016-2020/summary

In 2018, just over one-half of the fatal burden of disease in young adults (aged 15–24) and almost one-fifth of the fatal burden in people aged 25–44 was due to suicide & self-inflicted injuries.[37]

In the 2018-19 period, 49% of Aboriginal and Torres Strait Islander people aged 15 and over lived with a disability or restrictive long-term health condition.[38]

As noted above, cancer is the leading cause of death among Aboriginal and Torres Strait Islander people. In the most recent Australia-wide burden of disease study in 2018, cancer accounted for 9.9% of the total burden of disease for Aboriginal and Torres Strait Islander people.[39] Aboriginal and Torres Strait Islander people experience a burden of disease 1.7 times the rate of non-Aboriginal and Torres Strait Islander people. Between 2010 and 2019, Aboriginal and Torres Strait Islander people experienced an increase in the death rate due to cancer/other neoplasms of 12%. In contrast, the rate for non-Aboriginal and Torres Strait Islander people declined by 10%, further widening the gap.[40]

In the next decade, the population of Aboriginal and Torres Strait Islander people aged 50 and over is projected to double to almost 250,000 people.[41] An estimated 33,000 are Stolen Generations survivors who we know experience a significantly higher burden of trauma and chronic disease, and who are more likely to develop dementia as they age.[42]

Aboriginal and Torres Strait Islander people have high rates of undiagnosed conditions.[43] A 2012 study found that 90% of Aboriginal and Torres Strait Islander adults in prison had hearing loss, and 43% of juveniles in detention had hearing loss in one or both ears.[44] A 2018 study found 89% of 10-17 year-olds in youth detention had at least one form of severe neurodevelopmental impairment, with 36% having Fetal Alcohol Spectrum Disorders (FASD).[45] People with FASD are likely to have impaired motor skills, cognition, language, attention, memory and a variety of co-morbid conditions which may include mental and behavioural disorders, visual impairment, chronic otitis media, hearing loss, expressive and receptive language disorders and conduct disorders. It should therefore come as no surprise to the Senate that people living with undiagnosed hearing loss and/or neurodevelopmental impairments are likely to experience more difficult interactions with the justice system.

In 2018-19, 44,932 hospitalisations of Aboriginal and Torres Strait Islander people were potentially preventable. This is an age-standardised rate of 7,989 preventable hospitalisations per 100,000 Aboriginal and Torres Strait Islander Australians, compared with 2,674 for non-Indigenous Australians.[46]

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[37] AIHW, Australian Burden of Disease Study, https://www.aihw.gov.au/reports/burden-of-disease/illness-death-indigenous-2018/summary

[38] AIHW, Disability https://www.indigenoushpf.gov.au/measures/1-14-disability

[39] Australian Institute of Health and Welfare. Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018. Australian Burden of Disease Study series no. 26. Cat. no. BOD 32. Canberra: Australian Government; 2022. https://www.aihw.gov.au/reports/burden-of-disease/illness-death-indigenous-2018/summary.

[40] Australian Institute of Health and Welfare. 1.08 Cancer. Canberra: Australian Government; 2022. https://www.indigenoushpf.gov.au/measures/1-08-cancer

[41] Centre for Aboriginal Economic Policy Research (2011). *CAEPR Indigenous Population Project. 2011 Census Papers.* Paper 14: Population Projections. Canberra: ANU.

[42] Australian Institute of Health and Welfare (2022). *Population health impacts of dementia among Indigenous Australians*. Retrieved from: https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/dementia-in-vulnerable-groups/population-health-impacts-of-dementia-among-indigenous-australians#prevalence

[43] Australian Institute of Health and Welfare (2020). *Aboriginal and Torres Strait Islander Health Performance Framework*. Retrieved from: Aboriginal and Torres Strait Islander Health Performance Framework (HPF) - AIHW Indigenous HPF

[44] Vanderpoll T & Howard D (2012). *Massive prevalence of hearing loss among Aboriginal inmates in the Northern Territory*. Indigenous Law Bulletin 7.

[45] Bower, et al (2018) *Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia* BMJ Open: UK

[46] AIHW, Disparities in potentially preventable hospitalisations across Australia, Feb 2020. https://www.aihw.gov.au/reports/primary-health-care/disparities-in-potentially-preventable-hospitalisations-exploring-the-data/contents/exploring-the-potentially-preventable-hospitalisations-data

As well as entering hospital more frequently, Aboriginal and Torres Strait Islander people are more likely than other Australians to leave hospital without completing their treatment or against medical advice. This is often due to a lack of culturally safe care. People who take their own leave from hospital are more likely to re-present to emergency departments and have higher mortality rates.[47]

Access to culturally safe services is a critical issue.

Aboriginal and Torres Strait Islander people experience significant barriers to accessing support. These include, but are not limited to: difficulty navigating complex health, care, legal and welfare systems, a lack of local providers which may require a person to move away from family and Country to access appropriate services, a lack of culturally appropriate and/or trauma informed provision of care, experiences of systemic and interpersonal racism, and distrust of institutional care as a result of both personal and historical experiences.

A lack of culturally appropriate care can lead to unequal, sub-optimal or inappropriate health-service provision.[48] It can lead to misdiagnosis and the dismissal of symptoms.[49] This can mean Aboriginal and Torres Strait Islander people are less likely to seek care and it can contribute to higher rates of early discharge from services.[50]

For decades, government policy approaches seeking to improve health and socio-economic outcomes for Aboriginal and Torres Strait Islander people have not had the desired impact. Responses have been largely programmatic - focussing on individual behavioural change rather than the kind of structural transformation that might better engender more meaningful outcomes.[51] And few if any have been based on equal partnerships with Aboriginal and Torres Strait Islander people. Without genuine engagement, without self-determined approaches, such programs are unlikely to achieve their aims.

Importance of an ACCHO-led approach

ACCHOs are rooted in Aboriginal and Torres Strait Islander peoples' right to self-determination. They were designed and established by Aboriginal and Torres Strait Islander people as a result of the lack of culturally appropriate healthcare.

Initially, ACCHOs began as fledgling services. Today, ACCHOs are a pivotal member of the primary health care architecture within Australia and have a national footprint across urban, regional, rural and remote settings. The oldest is 51 years. Underpinning this is their well-established comprehensive model of primary health care that is consistent with, yet predates, the definition of primary health care outlined in the 1978 Declaration of Alma Ata.

ACCHOs are highly visible in Aboriginal and Torres Strait Islander communities with research showing they are best placed to respond to the social and cultural determinants of health. Cultural determinants of health are anchored in Aboriginal and Torres Strait Islander ways of knowing, being and doing; these encompass a holistic understanding of health and wellbeing. Culture is central to this understanding and shapes relationships across self, country, kin, community and spirituality. As the health system becomes

[47] AIHW Discharge against medical advice, https://www.indigenoushpf.gov.au/measures/3-09-discharge-against-medical-advice

[48] S Artuso, M Cargo, A Brown, M Daniel. 'Factors influencing health care utilisation among Aboriginal cardiac patients in central Australia: a qualitative study. BMC Health Serv Res. 2013;13.

[49] M Coory, W Walsh. 'Rates of percutaneous coronary interventions and bypass surgery after acute myocardial infarction in Indigenous patients. Med J Aust. 2005;182:507–12.

[50] C Shaw. An evidence-based approach to reducing discharge against medical advice amongst Aboriginal and Torres Strait Islander patients. Deeble Inst Issues Br. 2016;14.

[51] Baum F, Fisher M. Why behavioural health promotion endures despite its failure to reduce health inequities. Sociol Health Illn. 2014 Feb;36(2):213-25. doi: 10.1111/1467-9566.12112. PMID: 24528303.

more complex, the role of community-controlled primary health care as an act of self-determination becomes even more critical.

There is also a clear preference for Aboriginal and Torres Strait Islander peoples to access community-controlled services. Indeed, many will bypass mainstream services to access one where they are confident their cultural safety is guaranteed. Rooted in self-determination, ACCHOs help overcome many of the barriers to access experienced by Aboriginal and Torres Strait Islander people.

Poverty and housing

Aboriginal and Torres Strait Islander people are significantly more likely to live in overcrowded, poorly maintained housing than other Australians. Inadequate housing is a key indicator and driver of poverty and a critical social determinant of health.[52,53] The evidence demonstrating the powerful links between housing and outcomes for health is abundant.[54]

The solution to arresting poverty and improving health outcomes lies in giving people the dignity of adequate housing.

Safe, environmentally fit for purpose and adequate housing must be treated as a key primordial prevention measure for Aboriginal and Torres Strait Islander communities.[55] Improved hygiene facilities, water infrastructure and living conditions support prevention of communicable diseases including scabies, trachoma and otitis media.

Overcrowding and poor sanitary conditions are the primary reason for significantly higher rates of acute rheumatic fever and rheumatic heart disease among Aboriginal and Torres Strait Islander people.[56] The burden of these diseases can last a lifetime and include complications such as atrial fibrillation, endocarditis, heart failure and stroke.

Living in overcrowded housing with poor sanitary conditions increases the likelihood of several chronic health conditions. For example, Australia remains the only developed country in the world where trachoma still exists in endemic proportions, primarily in Aboriginal and Torres Strait Islander populations. Overcrowding also makes Aboriginal and Torres Strait Islander children more susceptible to acute or chronic ear infections such as otitis media. Often the result of a virus, it is particularly difficult to prevent the progression of middle-ear infections without proper washing facilities. Children with ear infections can sustain hearing loss that has a negative impact on their ability to learn at school. Similarly, skin infections such as scabies can quickly spread through crowded households, particularly when washing facilities are limited or non-existent. Scabies may be complicated by bacterial infection, leading to the development of skin sores that, in turn, lead to the development of septicaemia, heart, liver or chronic kidney disease. Eye, ear and skin infections effect a child's long-term behaviour, development, education, and ultimately, their employment and income prospects.

[52] Australian National Audit Office. Indigenous Housing Initiatives: the Fixing Houses for Better Health program. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs ; 2010.
[53] Baker E, Mason K, Bentley R. Exploring the bi-directional relationship between health and housing in Australia. Urban policy and research. 2014;71–84.
[54] Baker E, Mason K, Bentley R. Exploring the bi-directional relationship between health and housing in Australia. Urban policy and research. 2014;71–84.
[55] NACCHO, Core Services and Outcomes Framework https://csof.naccho.org.au/
[56] AIHW, Acute rheumatic fever and rheumatic heart disease, https://www.indigenoushpf.gov.au/measures/1-06-arf-rhd

Overcrowding made it extremely difficult to isolate or quarantine during recent COVID-19 outbreaks. Throughout the pandemic, there have been reports of Aboriginal and Torres Strait Islander people struggling to isolate to avoid spreading COVID to family members.[57,58]

Addressing overcrowding and ensuring Aboriginal and Torres Strait Islander people have access to safe and affordable housing is key to reducing the burden of disease borne by Aboriginal and Torres Strait Islander communities. It is critical to reducing the burden of poverty.

Against this background, health expenditure (excluding hospital expenditure) for Aboriginal and Torres Strait Islander people fell 2 per cent between 2008 and 2016. Over the same period, expenditure on the non-Aboriginal population rose by 10 per cent.

Research commissioned by NACCHO and conducted by Equity Economics found that the gap in expenditure to achieve equitable spending based on need is $5,042 per Aboriginal and Torres Strait Islander person per year. This accounts for the fact that Aboriginal and Torres Strait Islander people experience disease burden at 2.3 times the rate of non-Indigenous Australians. In order for Aboriginal and Torres Strait Islander people to receive the same level of services as the general population, additional recurrent expenditure of $4.4 billion is required including $2.6 billion in additional Commonwealth Government expenditure.[59] Ensuring Aboriginal and Torres Strait Islander people can access culturally safe comprehensive primary healthcare is key to reducing the burden of poverty.

Conclusion

It has been 30 years since the Royal Commission into Aboriginal Deaths in Custody. The 5 volume report talks extensively about the marginalisation, disempowerment and impoverishment of Aboriginal and Torres Strait Islander people.

> *17.1.3 The poverty which the majority of Aboriginal people experience today is unacceptable both to them and to the Australian community generally. Without ameliorating this poverty, there is little hope that the other social disadvantages which Aboriginal people experience can be overcome.*[60]

It has been almost 20 years since the Social Justice Report 2005, which told the same story.

> *It is ironic that the Government has committed to contribute to the international campaign to eradicate poverty in third world countries by 2015, but has no similar plans to do so in relation to the extreme marginalisation experienced by Aboriginal and Torres Strait Islander Australians.*[61]

It is more than 15 years since Australian governments committed to closing the gap in life expectancy for Aboriginal and Torres Strait Islander people. Despite the best intentions, little has changed.

Precious time is wasted on new inquiries that tell us exactly what is already known, and reassure us that the situation has not yet shifted in our favour.

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[57] SBS, Wilcannia families struggling to isolate, 24 Aug 2021 https://www.sbs.com.au/nitv/the-point/article/wilcannia-families-struggling-to-isolate-in-overcrowded-housing/cjhm066sd

[58] ABC, Rising COVID-19 cases and overcrowded housing, 27 March 2022, https://www.abc.net.au/news/2022-03-27/remote-communities-wa-covid-19-cases-rise-overcrowding-isolation/100942312

[59] Measuring the Gap in Health Expenditure, https://www.naccho.org.au/app/uploads/2022/05/NACCHO-and-Equity-Economics-Report-Measuring-the-Gap-in-Health-Expenditure_FINAL.pdf

[60] Royal Commission Into Aboriginal Deaths In Custody, 1991, http://www8.austlii.edu.au/cgi-bin/viewdoc/au/other/cth/AURoyalC/1991/1.html

[61] Human Rights & Equal Opportunity Commission, Social Justice Report 2005, https://humanrights.gov.au/sites/default/files/content/social_justice/sj_report/sjreport05/pdf/SocialJustice2005.pdf

Meanwhile, Aboriginal and Torres Strait Islander leaders and communities continue to demonstrate that Aboriginal and Torres Strait Islander leadership, self-determination, and community control by and for Aboriginal and Torres Strait Islander people *works*. And governments continue to ignore this evidence in favour of politicking, trade-offs and election cycles.

If we hope to see real and sustained improvements for Aboriginal and Torres Strait Islander communities - improvements in their ability to participate fully in the education of their children, to contribute to the well-being of their communities, to experience better health outcomes and improved social and emotional wellbeing, and to escape cycles of poverty - Aboriginal and Torres Strait Islander leadership and control must be at the core of systemic, seismic shifts in the way government seeks to address poverty and health outcomes for our people.

While Aboriginal and Torres Strait Islander culture is increasingly valued and recognised in Australia, this has not yet translated into widespread support for Aboriginal and Torres Strait Islander self-determination, recognition in Australia's Constitution, or meaningful progress on reconciliation. There remains the need for a cultural shift towards greater inclusiveness, a shift away from a single narrative, and towards a reassessment of the place of Aboriginal and Torres Strait Islander peoples within Australian societies. For a valuing of self-determination and dignity for Aboriginal and Torres Strait Islander peoples.

Poverty is not cultural. It is grounded in a history of racism. The way out of poverty is rooted in culture, in community and in Country. It lies in dignity – in recognition and in self-determination.