

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

Six Point Plan for improving the health of Aboriginal Territorians

Priorities for the Northern Territory Election 2024

28 May 2024

About Us

AMSANT is the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory. We represent 12 full member organisations and 13 associate members across all areas of the Territory.

We aim to grow a strong Aboriginal community controlled primary health care sector by supporting our Members to deliver culturally safe, high quality comprehensive primary health care that supports action on the social determinants of health; and representing our Members' views and aspirations through advocacy, policy, planning and research.

Our members have substantial experience in delivering high quality comprehensive primary health care to the diverse Aboriginal communities of the Northern Territory. Our community elected Boards are able to provide a deep insight into the challenges and needs of those communities.

Why is change needed?

The life expectancy gap between Aboriginal and non-Indigenous people in the Northern Territory is still unacceptably high (over 15 years). However, there has been substantial improvement in life expectancy for our people over the last two decades: a 9 year improvement in life expectancy for men (from 56.6 years in 1999 to 65.6 years in 2018) and almost 5 years for women (from 64.8 to 69.7 over the same period)¹. The improved resourcing of primary health care, especially as delivered by ACCHSs has made an important contribution to this improvement. However, key social determinants of health such as education, housing, poverty, and inequality have *not* improved and are holding back further improvements in health. Accordingly, further progress must be based on:

- supporting and extending a comprehensive model of primary health care under Aboriginal community control, and
- addressing the deep inequities in housing, education, poverty, inequality and the other social determinants of health.

What is needed?

The 2024 Northern Territory Election provides an opportunity for a future government to act decisively to support better health outcomes for Aboriginal Territorians. AMSANT is asking all political parties and candidates to publicly commit to the following six point plan for action:

- 1. Power sharing for better outcomes**
- 2. A workforce for Aboriginal comprehensive primary health care**
- 3. Supporting Aboriginal community controlled health services**
- 4. Housing for health**
- 5. Youth justice**
- 6. Effective alcohol regulation to keep the Northern Territory safe**

Power sharing for better outcomes

The Issue

Power sharing by government with Aboriginal organisations and communities is essential for progress on the complex network of disadvantage borne by Aboriginal people in the Northern Territory today. The Productivity Commission's *Review of the National Agreement on Closing the Gap*² concluded that:

... this requires more than consultation and partnerships with Aboriginal and Torres Strait Islander people. It requires governments to relinquish some control over decisions and to trust that in doing so, they are enabling better outcomes

The rights of Aboriginal people to participate in decision-making in all matters which would affect their health, through their own organisations is recognised in international agreements to which Australia is a signatory, including especially the *United Nations Declaration on the Rights of Indigenous Peoples*³.

The *National Agreement on Closing the Gap*⁴, signed by all Australian Governments including that of the Northern Territory, includes a commitment 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 One: formal partnerships and shared decision-making].

At the Northern Territory level, the Aboriginal Peak Organisations Northern Territory (APONT) has developed a set of *Partnership Principles for working with Aboriginal organisations and communities in the Northern Territory*⁵ to guide the development of a partnership-centred approach for non-Aboriginal organisations engaging in the delivery of services or development of initiatives in Aboriginal communities.

Commitment required

- 1. Commit to power-sharing with Aboriginal organisations and communities**, though a continuing commitment to implementing the *National Agreement on Closing the Gap* priority reforms, and the recommendations of the Productivity Commission's *Review of the National Agreement on Closing the Gap* (2024).
- 2. Accelerate the transfer of primary health services from NT Government to Aboriginal community control**, as committed to in the *Pathways to Community Control*⁶ policy agreed by the Northern Territory and Australian Governments and AMSANT.
- 3. Endorse the Aboriginal Peak Organisations Northern Territory (APONT) Partnership Principles for working with Aboriginal organisations and communities in the Northern Territory.**
- 4. Commit to the Northern Territory Aboriginal Health Forum (NTAHF)** as the principal jurisdictional Aboriginal health planning partnership for government and the community-controlled sector. The NTAHF provides strategic guidance and make decisions about key policy issues to improve Aboriginal health.

A workforce for Aboriginal primary health care

The Issue

The Northern Territory Aboriginal primary health care sector is experiencing a workforce crisis that is threatening to reverse some of the life expectancy gains made during the last 20 years. The crisis is being experienced across all professions, but the decline in numbers of doctors, nurses and Aboriginal Health Practitioners are particularly concerning. The employment of an Aboriginal health workforce is particularly important as they are able to ensure better access to services by Aboriginal clients; improve the cultural safety of services; and their employment contributes to addressing the social determinants of employment, empowerment and income⁷.

AMSANT had advocated strongly in recent months about the dangerous effects of these workforce shortages in stalling and even reversing hard won health gains. This led to the holding of the Northern Territory Primary Health Care Workforce Summit in Alice Springs on 23 August 2023. Following the Summit, an Expert Advisory Group has been established through which AMSANT, the Northern Territory Government and the Australian Government are developing practical solutions to the workforce shortages in Northern Territory Aboriginal primary health care. While this important process continues, urgent action is still required.

Commitment required

- 1. Commit to a collaborative approach to workforce recruitment and retention between government and Aboriginal community controlled services** that recognises the essential part that ACCHSs play in the Territory health system and minimises unconstructive competition between the sectors for health professionals.
- 2. Support the development of an Aboriginal comprehensive primary health care workforce** through supporting a skills-based Aboriginal Health Worker training program at Certificate II level to provide a pathway for Aboriginal community members into the health professions and expanding the Aboriginal Health Practitioner training program with community-based training wherever possible.
- 3. Expand the two-year graduate nurse programs into large ACCHSs.** Building on the successful outcomes of the Graduate Nurse program at Central Australian Aboriginal Congress in Alice Springs, this program should be expanded to all ACCHSs who wish to participate.
- 4. Support the development of courses in the Northern Territory in medicine, nursing and midwifery and allied health professions** (e.g., pharmacy, podiatry, diabetes nurse education, occupational therapy, psychology and others), recognising that students training in the Northern Territory are more likely to stay and practice here on graduation.
- 5. Undertake an audit of all clinics and staff housing and develop an asset upgrade and replacement plan based on its findings.** One of the most significant barriers to the recruitment and retention of health professionals in remote communities is the quantity and quality of staff housing, including for local Aboriginal staff.
- 6. Support a feasibility study for an NT wide Aboriginal community-controlled locum agency.**

Supporting Aboriginal community controlled health services

The Issue

An effective primary health care system lead to reduced health system costs (especially through lower rates of hospitalisation); reduced health inequities; increased patient satisfaction with care; and better health outcomes⁸, including especially in maternal and child health as measured by low birth weight and infant mortality⁹.

Aboriginal community controlled health services are recognised as the key platform for improving Aboriginal and Torres Strait Islander health. ACCHSs currently provide two-thirds of the total Aboriginal primary health client contacts in the NT¹⁰. Major studies have confirmed the greater cost effectiveness off ACCHSs in PHC delivery compared to those run by government¹¹.

ACCHSs provide a comprehensive model of care that goes beyond the treatment of individual clients for discrete medical conditions to include population health programs including health promotion and prevention; public health advocacy and intersectoral collaboration; a focus on cultural security; participation in local, regional and system-wide health planning processes; structures for community empowerment, engagement and control; significant employment of Aboriginal people.

The *National Agreement on Closing the Gap*¹², signed by all Australian Governments including that of the Northern Territory, includes a commitment to ensuring:

... a strong and sustainable Aboriginal and Torres Strait Islander community-controlled sector delivering high quality services to meet the needs of Aboriginal and Torres Strait Islander people across the country [Priority Reform Two – Building the Community Controlled Sector].

Commitments required

- 1. Ensure that *Closing the Gap* Priority Reform Two – Building the Community Controlled Sector is put into practice at all levels of the NT health system**, including by formally identifying ACCHSs as preferred providers for all primary health care services to Aboriginal people and supporting indexed, needs based funding.
- 2. Support for remote ACCHS clinics with no immediate access to a hospital to be reclassified as ‘multi-purpose centres’ that provide 24-hour emergency and other hospital-level care**, to allow them to access hospital activity based funding from the Australian Government.
- 3. Recognition and support for provision of urgent care by Aboriginal community controlled health services** outside the model of medical care provided by mainstream primary health care
- 4. Support for fit-for-purpose infrastructure to enable ACCHSs to effectively deliver services**, including clinical and non-clinical facilities and appropriate staff housing.
- 5. Support the ACCHS sector in its advocacy to the Australian Government for a dedicated national funding stream** to support and improve the sector, including a national program to support the transition of primary health care services to community control.

Housing for health

The Issue

Housing for Aboriginal people is a critically important determinant of health. Overcrowding, homelessness and poorly maintained housing have significant impacts on health, including on infectious disease, early childhood development, and mental health / social and emotional wellbeing. Poor housing also undermines the capacity of children to engage in school and learning¹³.

From 2008 to 2018, the National Partnership on Remote Housing (NPRH) reduced overcrowding in Aboriginal communities, with the proportion of Aboriginal households that need 1 or more extra bedrooms falling from 35% in 2011 to 29% in 2021¹⁴. It is hoped that the \$4 billion commitment to improve remote housing announced by the Australian and Northern Territory Governments on 12 March 2024 will have a similar effect¹⁵.

However the need is still extreme with more than half (57%) of the NT's Aboriginal people living in overcrowded housing compared with 9% of non-Aboriginal people¹⁶. The Closing the Gap target is for the proportion of Aboriginal people living in overcrowded housing to be reduced to 12% by 2031¹⁷. Meanwhile in Territory towns the availability of public housing stock is declining¹⁸.

The accelerating impacts of climate change create further challenges to ensuring that housing across the Territory is able to support healthy living.

Commitments required

- 1. Continue to work with Aboriginal Housing Northern Territory (AHNT) to deliver remote community housing in line with the 12 March 2024 announcement.** This should include transparent publicly reported data to ensure accountability for the construction and repair / maintenance of houses.
- 2. Provide physically safe and culturally appropriate temporary accommodation in major centres** for visitors from remote areas.
- 3. Increase investment in public housing in the major centres.** Any future government must commit to reversing the decline in public housing stock in Territory towns through a long-term program of building new public housing.
- 4. Ensure adequate investment of funds for repairs and maintenance.** All remote community and public housing must be supported with a funded program of systematic maintenance.
- 5. Ensure design and funding address the impacts of climate change.** All remote and public housing should be constructed and/or upgraded to ensure their functionality as climate change accelerates. This should include installation of solar power for new and existing houses to reduce power insecurity and emissions.

Youth justice

The Issue

Despite the recommendations of the *Royal Commission into the Protection and Detention of Children in the Northern Territory* (2017), Aboriginal young people in the Northern Territory continue to be involved in the criminal justice system and incarcerated at an alarming rate. The rate of young Aboriginal people in detention is now 44.1 per 10,000 population, higher than at any time in the last decade and 38 times the rate for non-Indigenous young Australians¹⁹. Addressing this situation with *an approach based on evidence* should be a priority for any future Northern Territory Government.

Further reviews are counter-productive while the recommendations of the Royal Commission and other high-level inquiries are yet to be implemented.

A very high proportion of Aboriginal children involved in the child protection system, and young people involved in the criminal justice system, have developmental and cognitive issues, frequently undiagnosed. Many bear the burdens of intergenerational trauma. The social determinants of health – such as poverty, inequality, poor housing, lack of access to education and literacy – are powerful drivers of youth crime and incarceration.

Commitments required

- 1. Commit to addressing the social determinants of health for Aboriginal families and children** including poverty, inequality, poor housing, education and literacy as a foundational strategy to reduce young Aboriginal people's involvement in the youth justice system.
- 2. Support a rehabilitation-centred approach to youth justice** by continuing the Department of Territory Families, Housing and Communities operation of youth detention centres.
- 3. Provide universal access to assessment and therapy for children and young people with FASD and other cognitive / mental health issues.** Comprehensive screening, assessment and early intervention services can support families to address these issues before they lead to more serious problems.
- 4. Establish a secure care rehabilitation facility for young people.** Some young offenders need to be detained both for the protection of the community and so they can consistently engage in therapeutic interventions. Reorienting youth detention away from punishment and towards secure rehabilitation and treatment has been shown to be highly effective²⁰.
- 5. Invest in intensive support post-release programs to reduce recidivism.** Those in youth detention require long-term, individualised support to address the issues contributing to their offending behaviour. The young person's family may also need support to assist them with reintegration into the community²¹.

Effective alcohol regulation to keep the Northern Territory safe

The Issue

The Northern Territory has highest per capita alcohol consumption in Australia²². This results in significant health and social harms and is estimated to cost the Territory approximately \$700 million per year through health care costs, road accidents, crime and child protection²³.

There is exceptionally strong evidence about how healthy public policy can reduce alcohol-related harm. During the 2010s, the Territory introduced a range of alcohol reforms including Point of Sale Interventions (PoSIs, later called PALIs) at bottle shops in Alice Springs, Katherine and Tennant Creek (2014); a Banned Drinkers Register (BDR) (2017); a floor price to prevent the sale of dangerous cheap alcohol (2018); and risk-based licencing and greater monitoring of on-licence drinking (2019). These reforms led to a reduction (7%) in sales of alcohol²⁴, and significant falls in harm (e.g. domestic violence assaults fell 11%)²⁵.

The COVID-19 pandemic and then the expiry of the *Stronger Futures in the Northern Territory Act 2012* (Alcohol Protected Areas) provisions led to increasing harms, especially in Alice Springs. However, the reintroduction of 'dry areas' and two take away free days in the town have once again dramatically reduced consumption and crime .

Commitment required

- 1. Reduce availability of alcohol including through an effective floor price** as the most effective population-level strategy to reduce alcohol-related harm. Such approaches are effective in reducing consumption amongst disadvantaged and young populations²⁶, and preventing FASD²⁷.
- 2. Continue local / regional alcohol supply regulations which are showing evidence of success** (e.g. takeaway sales restrictions in Alice Springs) and consider extending similar regulation to other regions / localities.
- 3. Restrict the proportion of permitted sales of alcohol by grocery stores to 15% of total sales, as recommended in the Riley Review.**
- 4. Strengthen the Banned Drinkers Register** coverage through a requirement for licensed pubs and clubs to scan patrons to ensure people on the BDR are not permitted entry
- 5. Support the continuation of full-time Police Auxiliary Liquor Inspectors (PALIs)** at all bottle shops as an effective mechanism in combination with Alcohol Protected Areas to prevent harmful drinking in uncontrolled environments.
- 6. Support the resourcing of Aboriginal community controlled organisations** as preferred providers of alcohol and other drug (AoD) treatment and rehabilitation services.

References

- ¹ Zhao, Y., et al., *Improved life expectancy for Indigenous and non-Indigenous people in the Northern Territory, 1999–2018: overall and by underlying cause of death*. Medical Journal of Australia, 2022. 217(1): p. 30-35
- ² Productivity Commission 2024, *Review of the National Agreement on Closing the Gap*, Study report, volume 1, Canberra. <https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report>
- ³ United Nations. *United Nations Declaration on the Rights of Indigenous Peoples*. 2007: <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>
- ⁴ Australian Government. *National Agreement on Closing the Gap (July 2020)*. <https://www.closingthegap.gov.au/national-agreement-closing-gap-glance>
- ⁵ Aboriginal Peak Organisations Northern Territory (APONT) (2017) *Partnership Principles for working with Aboriginal organisations and communities in the Northern Territory*. <https://apont.org.au/publications/>
- ⁶ Northern Territory Aboriginal Health Forum, *Pathways to community control: an agenda to further promote Aboriginal community control in the provision of Primary Health Care Services*. 2008
- ⁷ Australian Institute of Health and Welfare (2024) *Aboriginal and Torres Strait Islander people in the health workforce*. <https://www.indigenoushpf.gov.au/measures/3-12-atsi-people-health-workforce>
- ⁸ Australian Institute of Health and Welfare 2014 *Australia's health 2014*. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.
- ⁹ Starfield, B. and L. Shi, *Policy relevant determinants of health: an international perspective*. Health Policy, 2002. 60(3): p. 201-218
- ¹⁰ Trends in the Northern Territory Aboriginal Health Key Performance Indicators, 2010 to 2021. <https://digitallibrary.health.nt.gov.au/prodispui/bitstream/10137/12549/1/Northern%20Territory%20Aboriginal%20Health%20Key%20Performance%20Indicators%20Report%202010-2021.pdf>
- ¹¹ Vos T, et al., *Assessing Cost-Effectiveness in Prevention (ACE–Prevention): Final Report*. 2010, ACE–Prevention Team: University of Queensland, Brisbane and Deakin University: Melbourne
- ¹² Australian Government. *National Agreement on Closing the Gap (July 2020)*. <https://www.closingthegap.gov.au/national-agreement-closing-gap-glance>
- ¹³ Silburn S et al (2014). *Unpacking Educational Inequality in the Northern Territory*. Research Conference 2014: Quality and Equity.
- ¹⁴ ABS Census Data, available: <https://www.abs.gov.au/census/find-census-data/search-by-area>
- ¹⁵ <https://www.pm.gov.au/media/landmark-4-billion-investment-remote-housing-northern-territory-help-close-gap>
- ¹⁶ Productivity Commission *Closing the Gap Information Repository* <https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area9>
- ¹⁷ Closing the Gap Target 9: <https://www.closingthegap.gov.au/national-agreement/targets>
- ¹⁸ AIHW 2023 *Housing assistance in Australia*: <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia/contents/social-housing-dwellings#Social-housing>
- ¹⁹ <https://www.aihw.gov.au/reports/youth-justice/youth-justice-in-australia-2021-22/data>
- ²⁰ McGinness A and McDermott T (2010). *Review of Effective Practice in Juvenile Justice: Report for the Minister for Juvenile Justice*. Manuka, ACT, Noetic Solutions Pty Limited
- ²¹ Jones C and Guthrie J (2016). *Efficacy, accessibility and adequacy of prison rehabilitation programs for Indigenous offenders across Australia*. Melbourne, The Australasian Institute of Judicial Administration
- ²² Miller, P., et al., *Learning from alcohol (policy) reforms in the Northern Territory (LEARNT): protocol for a mixed-methods study examining the impacts of the banned drinker register*. BMJ Open, 2022. 12(4): p. e058614
- ²³ Smith, J., Whetton, S. & d'Abbs, P. (2019). *The social and economic costs and harms of alcohol consumption in the NT*. Darwin, Menzies School of Health Research.
- ²⁴ NT Department of Industry Tourism and Trade. *Wholesale alcohol supply data*. 2022; Available from: <https://industry.nt.gov.au/economic-data-and-statistics/business/wholesale-alcohol-supply/wholesale-alcohol-supply-data>
- ²⁵ Northern Territory Police Force. *Northern Territory Crime Statistics*. 2022; Available from: <https://www.pfes.nt.gov.au/police/community-safety/nt-crime-statistics>
- ²⁶ Stockwell T, et al., *Does minimum pricing reduce alcohol consumption? The experience of a Canadian province*. Addiction, 2012. 107(5): p. 912-920. Babor T and Caetano R, *Alcohol: no ordinary commodity*. 2010, Oxford: Oxford University Press
- ²⁷ National Indigenous Drug and Alcohol Committee (2012) *Addressing fetal alcohol spectrum disorder in Australia / National Indigenous Drug and Alcohol Committee*; [editor, Julie Stokes], Canberra : Australian National Council on Drugs