

SUBMISSION TO THE DRAFT NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PLAN

April 2021

Recommendations

Universities Australia recommends that:

- additional CSPs be extended to Indigenous students in urban locations;
- reference to the UA Indigenous Strategy is included in the Plan;
- time-limited funding is made available to support university-community controlled health service partnerships; and
- policy development supports the maintenance and/or expansion of university health courses that have become unviable in the current environment.

Introduction

Universities Australia (UA) welcomes the opportunity to provide feedback on the draft National Aboriginal and Torres Strait Islander Health Plan (the Plan), 2021.

The Plan takes a ten-year view and establishes an overarching framework for Aboriginal and Torres Strait Islander health. It builds on the extensive 2017 “*My Life, My Lead*” consultations and states the Plan’s vision that: *Aboriginal and Torres Strait Islander people enjoy long healthy lives, centred in culture with access to services that are prevention-focussed, culturally safe, equitable and free of racism*. Foundations of a healthy life, cultural and social determinants of health and a life course approach are seen as critical underpinnings. The Plan outlines the following four key priority areas to achieve this goal:

- enablers for change, including health workforce;
- focusing on prevention;
- improving the health system; and
- a culturally informed evidence base.

The Plan intends to link with policy work already underway, such as Department of Health’s Aboriginal and Torres Strait Islander Health Workforce Strategy and Implementation Plan (February 2021) and the draft Preventative Health Strategy (December 2020). Various points made in this submission are expanded upon in UA’s responses to these other strategies and we refer you to our previous submissions for further details.

As the peak body for Australia’s 39 comprehensive universities, UA’s feedback on the Plan relates to the role of higher education as a social determinant of health and the specific contribution universities make to health professional workforce formation and development.

General comments

The general outline of the Plan, its vision, priorities and comprehensive nature are broadly supported. In keeping with existing evidence, the Plan’s focus on the following areas is particularly encouraged:

- acknowledgement of the many factors or social determinants that impact health and the need for cross-portfolio responses to address these;

- the importance of cultural safety, co-design and a culturally-informed evidence base in health and other service design;
- the importance of workforce development and the need for this plan to connect with health and health workforce policies; and
- the strong focus on prevention and early intervention.

Specific comments

Higher education as a health social determinant

The social determinants of health are wide-ranging and many aspects need to be considered. However, it is encouraging to see the important role of education recognised within the Plan.

Many international studies have shown not only that education per se is linked to health benefits but that these benefits grow with increasing levels of educational attainment. That is, the higher the level of education achieved, the greater the benefits to health. The relationship is complex but includes evidence indicating that education increases attention to preventive care such as: promoting and sustaining healthier choices; greater health literacy; and/or seeking earlier interventions ^{1,2,3}.

Australian universities are committed to supporting enhanced access to higher education for Indigenous people. All have endorsed the UA Indigenous Strategy and are making progress on its implementation. The strategy is currently being refreshed (see below).

Recent policy changes, implemented through the Job Ready Graduate (JRG) package, also go some way to assisting greater access to higher education for Indigenous students. For example, through a Tertiary Access Payment, the package supports all school-leavers (Indigenous and non-Indigenous) from outer regional or remote areas who relocate more than 90 mins to undertake full-time, higher-level tertiary education. The package also supports Indigenous students from rural and regional Australia by guaranteeing that all such students admitted to university will have a bachelor-level Commonwealth supported place (CSP). This is welcome. However, to more fully support the goals of the Plan and continue to address higher education as a social determinant of health, **we recommend that additional CSPs be extended to Indigenous students in urban locations.**

Cultural safety and health workforce

UA supports the Plan's goals to:

- deliver culturally relevant and safe health and aged care services to Aboriginal and Torres Strait Islander people; and
- to grow the Indigenous workforce across all health services.

The importance of cultural safety in health/other services and its impact on the health and wellbeing of Indigenous people is well established. As the Plan identifies, actions to ensure this take multiple forms, including:

- the co-design with Indigenous people, of health and other services to embed cultural safety;
- ensuring that health services and practitioners understand and adopt culturally safe approaches; and
- increasing the number of Indigenous practitioners in the health workforce.

Details of how universities currently - and could further - support these aims are outlined below.

¹ The Influence of Education on Health: An Empirical Assessment of OECD Countries for the Period 1995–2015: <https://Archpublichealth.Biomedcentral.Com/Articles/10.1186/S13690-020-00402-5>

² Staying Sharp: The Long-Term Health Benefits of Higher Education: <https://Www.Latrobe.Edu.Au/Nest/Staying-Sharp-Long-Term-Health-Benefits-Higher-Education/>

³ L. Feinstein, R. Sabates, T.M. Anderson, et al 2006. What are the effects of education on health? Measuring the effects of education on health and civic engagement: Copenhagen Symposium Proceedings OECD 2006.

UA's Indigenous strategy

A key goal of Universities Australia's Indigenous Strategy is to promote culturally safe university campuses and to grow Indigenous participation in higher education. The Strategy was developed in partnership with the National Aboriginal and Torres Strait Islander Higher Education Consortium (NATSIHEC). It is a commitment by UA and its 39 member universities to advance Aboriginal and Torres Strait Islander participation and success in higher education. Under the Strategy, UA's member universities have collectively agreed to a range of actions with the aim of:

- improving student enrolments and performance;
- improving staff outcomes for academic and professional staff;
- increasing the engagement of non-Indigenous people with Indigenous knowledge, culture, and educational approaches; and
- improving the university environment for Aboriginal and Torres Strait Islander people.

UA has also agreed to actions under the Strategy to support member commitments, including:

- relevant advocacy, including seeking additional policy and funding support;
- enabling the sharing of good practice; and
- producing an annual report on progress.

The Strategy is currently being revised for 2021-2024 in partnership with NATSIHEC. It will maintain the same overarching aims, with some redesign to build on successes and target those areas requiring further attention and emerging issues. A key consideration is better supporting Indigenous student course completions. The UA Indigenous Strategy 2021-2024 will be finalised later in 2021. **UA recommends that reference to the UA Indigenous Strategy is included in the Plan.**

Fostering culturally safe practices in health professional students and new graduates

Universities educate and train the majority of all new entry health professionals in Australia. In addition to teaching clinical competence, universities play a key role in building cultural awareness and safety practices in students and new-graduate practitioners. All entry-level health professional courses include cultural safety training and an understanding of life course approaches. University health courses also reference the Commonwealth Department of Health's Aboriginal and Torres Strait Islander Health Curriculum Framework. The Framework details helpful strategies for building cultural safety understanding and skills in health students.

Another important way to embed skills and understanding of cultural safety is through students' clinical experience and placements. The majority of these occur in health services and are a shared responsibility between education and health providers. Strengthening connections with all health services, and especially with Aboriginal Community Controlled services, is strongly encouraged to support development of a culturally safe future health workforce. While relationships between education and local services already exist, there is considerable room to expand partnerships further. However, developing new partnerships can take dedicated time and resources from both parties to develop – even more so in services which are already oversubscribed – as community-controlled services often are. **UA recommends time-limited funding to support university-community controlled health service partnerships. Such partnerships deepen understanding of cultural practices in future health practitioners and showcase potential health professional careers to Indigenous people.**

Increasing the number of Aboriginal and Torres Strait Islanders in the health workforce

A key component of UA's Indigenous strategy is advancing Aboriginal and Torres Strait Islander participation and success in higher education. It is intended that the revised Strategy will include an expanded focus on completion rates as well as targets for Aboriginal and Torres Strait Islander students undertaking Higher Degrees by Research (HDRs). To support this, there will also be a focus on numbers of Indigenous staff relative to Indigenous students. While

this is not specific to health courses, the broader intention is to encourage increasingly culturally safe higher education environments and further promote Indigenous people's engagement with higher education in a range of areas, including health.

It is worth noting that under the JRG package⁴ the overall amount of per student funding universities now receive for many health courses has decreased. JRG, combined with the impact of COVID-19 has resulted in a much-reduced university staff and funding environment. Consequently, many universities are now assessing the viability of their courses. This includes a number of health courses. Reduced health courses pose a risk to health workforce formation overall, including growth of more Indigenous health students and health workforce. This is counter to the Plan's goal to grow the number of Indigenous health professionals. It is also misaligned with indications that health workforce is one of the highest areas of predicted jobs growth. **We recommend policy development to support the maintenance and/or expansion of university health courses that have become unviable in the current environment.**

The importance of cross-portfolio approaches

The Plan highlights the importance of intersectoral and cross-portfolio approaches in achieving its goals. The realisation of many of the points raised in this submission similarly relies on such approaches. UA has long recommended that mechanisms to foster closer connections between education and health (at all levels – national, state and local) the community and other stakeholders need to be put in place to support development of a health workforce that is sufficient in volume and skills mix, culturally aware and that can keep pace with inevitable changes in care delivery. Such a mechanism has particular relevance to this Plan. We endorse the cross-portfolio approach recommended in the Plan to assist in addressing issues of health workforce and social determinants and welcome ongoing opportunities for cross-portfolio engagement.

⁴ This also includes a reduction in the amount each student pays for the course.