

The 3rd National Aboriginal Health Summit Communique

Preamble

Over 100 delegates gathered in Darwin on 30 and 31 July 2015 from around Australia to attend the 3rd National Aboriginal Health Summit co-hosted by the Aboriginal Medical Service Alliance Northern Territory and Northern Territory Government

The Summit:

- provided the opportunity to hear about and talk about the work being undertaken across Australia towards closing the health gap between Aboriginal and Torres Strait Islander and other Australians by 2031.
- acknowledged the leadership of Aboriginal and Torres Strait Islander people around this work and agreed that further success in closing the gap in Indigenous Health will require ongoing leadership by Aboriginal and Torres Strait Islander people.
- noted that achieving alignment between local, regional, jurisdictional and national strategies will substantially reduce the excess mortality and morbidity related to chronic diseases currently experienced by Aboriginal and Torres Strait Islander people.
- noted that sustainable health gains will only be achieved when Aboriginal and Torres Strait Islander people, governments, Aboriginal Community Controlled Health Organisations (ACCHOs) and other service providers work in a partnership where relationships are open, transparent, respectful and trusting.
- agreed significantly higher numbers of skilled and experienced Aboriginal and Torres Strait Islander people should be employed to ensure that health policies, programs and services are culturally capable and address needs.
- acknowledged that health service improvements have contributed significantly to the gains made to date in closing the health gap, however, further closing of the health gap cannot be fully achieved without addressing all determinants of health including early childhood, employment, education and housing.

The Summit recommended that:

1. Racism, both individual and systemic, within the health system and across wider society must be addressed, noting the evidence that racism makes people sick, limits access and effectiveness of services and is within society's capacity to change.
2. An integrated approach to Aboriginal and Torres Strait Islander health outcomes supporting and strengthening families and communities be embedded through addressing early childhood, education, employment, housing, economic development and environmental outcomes.
3. Government investment should be reoriented into the early childhood years (the first four years up to three years of age) because development in these years largely determines health outcomes later in life, and noting the improved outcomes demonstrated by the Australian Home Nurse Partnership Program and the Abecedarian Child Care Centres.
4. The Council of Australian Government (COAG) adopt the following national targets in addition to the existing Closing the Gap targets:
 - 4.1 The proportion of Aboriginal and Torres Strait Islander children developmentally vulnerable on two or more domains in the Australian Early Development Census scores be reduced by 50% by 2020 and there be no gap between Aboriginal and Torres Strait Islander children and non-Indigenous children by 2031
 - 4.2 The incarceration rate for young Aboriginal and Torres Strait Islander people between the ages of 15 and 30 be reduced by 50% by 2025.
 - 4.3 The gap in the rates of suicide and suicide attempts within the Aboriginal and Torres Strait Islander community be reduced by 20% by 2020, and 50% by 2025 and 100% by 2031.
5. The cultural determinants of health promote a strengths based perspective acknowledging that stronger connections to culture and country build stronger individual and collective identities, self-esteem, resilience and improves health outcomes. Recognising this, the Commonwealth and State/Territory health plan implementation plans must specifically address the cultural determinants of health.
6. In line with the COAG commitment to close the gap by 2031, all governments commit to implementing Commonwealth and State/Territory Aboriginal & Torres Strait Islander health plans, which are fully funded over ten years and contain nationally agreed performance measures that are reported against annually to their respective Parliaments.
7. Governments work with the Aboriginal & Torres Strait Islander Community Controlled Health Organisations to develop jurisdictional health workforce plans and a workforce development model that is funded, sustainable and measurable and that are aligned with the existing national Aboriginal health workforce plan to build on current achievements.
8. The Australian Government adopt the Aboriginal and Torres Strait Islander recommendations of the National Mental Health Commission's Review Report, including establishing emotional and social wellbeing teams in Aboriginal and Torres Strait Islander Community Controlled Health Services.