



Government of **Western Australia**
Department of **Health**



Aboriginal health and wellbeing is everybody's business: our collective roles for improvement

Clinical Senate of Western Australia
November 2018

Acknowledgement of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

Using the term – Aboriginal

Aboriginal and Torres Strait Islander may be referred to in the national context and 'Indigenous' may be referred to in the international context. Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

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Joint statement

The Western Australian (WA) Clinical Senate joined senior Aboriginal leadership and the Director General to consider Aboriginal Health and Wellbeing.

The debate focused on the strategic direction and challenges from the *WA Aboriginal Health and Wellbeing Framework 2015-2030*, to build:

- a culturally respectful and non-discriminatory health system
- a strong, skilled and growing Aboriginal health workforce
- equitable and timely access to the best quality and safe care.

The debate considered available data and acknowledged the progress made through the development and implementation of strategies and other policies, including the WA Department of Health's paper *Understanding Institutional Racism, The Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health and the WA Health Aboriginal Workforce Strategy 2014-2024*.

The true purpose of the debate was to explore the role clinicians play in the delivery of health care and identify disparities in clinical procedures that may impact on the health equity of Aboriginal people. Both the tone and format of the day enabled self-examination and critical reflection of what might be required at personal, organisational and system levels.

Given that health equity is very much a clinical issue and progress in addressing this has been slow and in some cases regressed over the decade of "closing the gap" strategies, clinicians might ask themselves:

- Do I carry a cultural bias?
- How deep is my understanding of the impact of colonisation and its intergenerational impact coupled with the time it takes to heal?
- Do I as a clinician understand through listening to our Aboriginal people what is needed to build a healthier future for all Aboriginal people and to create a future where bias and cultural ignorance is no longer a barrier to equity?
- Can I as a clinician advocate for Aboriginal patients and their families?

The Clinical Senate debate recognised Aboriginal cultures in WA as among the oldest continuous living cultures in the world.

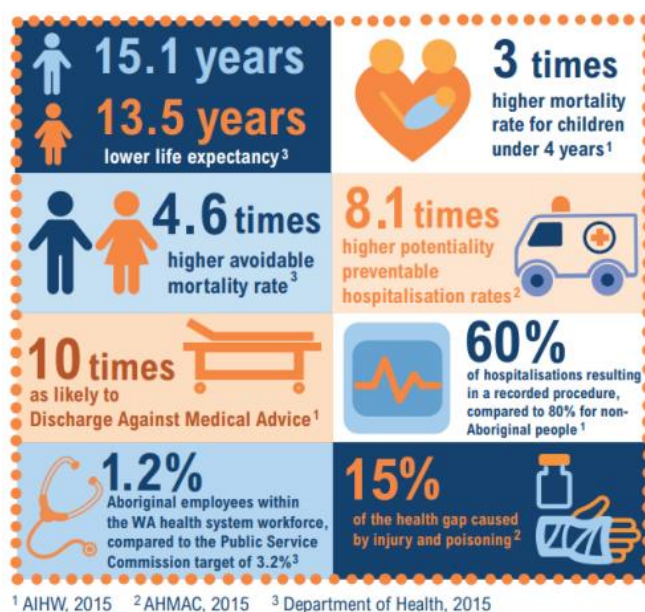
Traditionally, for Aboriginal people, 'health is that state of being in which a person's body, mind and spirit are in balance, functioning with a high level of wellness and in tune with the natural and social environments, as well as the spiritual environment' (Piele 1997). It was recognised that clinicians need to truly understand this and how imbalance will affect patient outcomes.

To create the best healthcare system and future for Aboriginal people, it was considered that clinicians must strengthen partnerships with those they are caring for. We must develop our own cultural knowledge to design services that are culturally respectful and culturally safe. It has been demonstrated that in culturally safe environments, Aboriginal people are empowered to manage their health care needs.

As clinicians we must realise that cultural safety is a philosophy of practice. It is about how a health professional does something, not simply what they do.

As demonstrated below the health outcomes for Aboriginal people are unacceptable in this first world country. As clinicians we have a role in changing these statistics. We can

and must partner with Aboriginal people to reset the future for the Aboriginal community.



At service level, clinicians can make a substantial difference by:

- acknowledging and advocating for an increasing and well supported Aboriginal workforce
- further developing the skills and capacity across our existing workforce to advocate on behalf of Aboriginal patients, health service users and their families
- ensuring the design and delivery of services that are respectful of the needs of Aboriginal people
- identifying and minimising unconscious bias and racism in the workplace.

The debate was planned in partnership with the Aboriginal Health Directors and many Aboriginal clinicians who gave their time generously to engage in both formal and informal conversations. Their engagement in this debate is a reflection that the time is right to address systemic bias and to enhance efforts to improve Aboriginal health care.

Health leaders need to now champion alternative models and modes of care, challenge policy and ensure the Aboriginal Health and Wellbeing Framework is fully implemented across all health services. Together, we can make a different history for the future health of our Aboriginal people.

Ms Tanya Basile
Chair
Clinical Senate of WA

Ms Wendy Casey
Director
Aboriginal Health Policy Directorate
Public and Aboriginal Health Division
Department of Health WA

Background

The Clinical Senate of Western Australia last debated the topic of Aboriginal health in March 2008 and the focus of that debate was on closing the *Gap in Life Expectancy for Indigenous Western Australians*. Over the ensuing decade, the health of our Aboriginal communities has been researched and reported broadly, yet there remains inadequate progress in some areas to improve the overall health outcomes. There are significant inequities both in healthcare delivery and healthcare outcomes.

The focus of the current debate was to share achievements in Aboriginal health, to challenge behaviours and consider the barriers that need to be addressed in order to improve clinical practice and care delivery. Senators were provided with information related to the successes to date through the vast array of 'closing the gap' strategies however they were also presented with evidence that the health outcomes of Aboriginal people continue to worsen. The major themes raised in the debate included workforce, access to care and the importance of cultural safety, cultural awareness and clinical training to meet the needs of providing appropriate health care for Aboriginal people.

For this debate all participants were given a message stick and asked to take away a key message from the day and commit to how they could do something differently in their area of practice or community.



Over tens of thousands of years, message sticks were commonly used by our ancestors as one means of communicating between different Aboriginal tribes/nations. Messages were painted and inscribed on a stick, which was then transported by hand. The person who carried the message stick was traditionally granted safe and protected entry to other nation's territory, a sort of visa or passport.

Those who found the messenger on their land had an obligation to safely deliver the messenger to the elders of their people. The messenger would then convey the message to the elders. These elders then had an obligation to ensure the messenger was granted safe passage across their land - either returning to his own people or moving on to another Aboriginal nation to spread the message further.

Today the Wesley College Moorditj Mob makes message sticks out of glass with the sticks made to represent a smoking ceremony. The boys often perform these ceremonies with local Elders and wanted to represent the cleansing properties of the ceremony within the message sticks. These message sticks ward off the bad spirits while welcoming in the good spirits.

Recommendations

The recommendations presented below were informed by the presentations from key note speakers, a plenary debate and workshop themes. In accordance with Senate processes, the recommendations from the debate will be shared with both the System Manager and the Health Service Boards for consideration and implementation

The recommendations are:

1. Enhance the existing mandatory cultural awareness program to explore and address systemic bias and challenge racism.

The delivery method must be multi-modal, including face to face and online approaches, and focus on providing clinicians and staff with dedicated time and space to safely debrief and yarn on their experiences and cultural reflections in providing health care to Aboriginal people.

2. In caring for Aboriginal patients, use multidisciplinary teams that include members of the Aboriginal workforce to better coordinate the patient journey. Encourage increased use of technology (such as telehealth) to increase patient communication and understanding and to minimise the need for patients to move 'off country'.
3. In recognising the importance of cultural security, expand access to the Patient Assisted Travel Scheme (PATS) to cover the cost of an escort when a patient needs to attend a health service off country.
4. Define entry career pathways within the health system by:
 - establishing Aboriginal cadetship pathways in all Health Services to give Aboriginal students work experience in health while completing their studies
 - establishing Aboriginal Graduate Officer 50(d) positions linked to an offer of employment at the completion of the program.
5. That Health Service Providers develop an Aboriginal workforce action plan to model and plan for the needs, priorities and disciplines of their service. *For example: The Child and Adolescent Health Service Aboriginal Workforce Strategy 2018-2026*
6. That targets be set to increase the number of Aboriginal people in our health workforce and ensure that recruitment processes are culturally appropriate by:
 - a percentage of all health service roles quarantined for 50D positions
 - all vacancies across the system advertised as Section 51 under the Equal Opportunity Act 1984 (WA)
 - reviewing recruitment processes for Aboriginal applicants to ensure consistency across the system and incorporate more flexible recruitment processes (i.e. review JDFs for lower positions).

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7. Data for Discharge Against Medical Advice (DAMA), Take Own Leave (TOL), patient experience and clinical outcomes for Aboriginal people must be made available to clinical teams, units and services. Health Service Providers (HSPs) should establish processes to undertake quality improvement responses linked to this data that recognises cultural safety as a way to build the capacity and understanding of the workforce.
8. The System Manager initiates two specific reforms related to rural and remote clinic emergency services, namely:
 - (A) investment to enable all rural and remote clinics be provided with the Emergency Telehealth Service (ETS) model
(i.e. for the ETS model to go beyond just provision into regional hospitals so as to service all remote clinics in WA (Government funded or not i.e. the AMS remote clinics to be included) and
 - (B) a centralised Emergency Service coordination centre for stabilisation, retrieval and evacuation of a patient from any remote clinic, pre-clinic and into hospital care i.e. Coordination of Royal Flying Doctor Service and St John Ambulance
9. The System Manager and Health Service Providers seek opportunities to work more effectively with other government agencies, non-government organisations and Aboriginal Community Controlled Organisations to better address and monitor social determinants.

Vision

The aims of the debate were to:

Reflect on clinical practice to better deliver culturally responsive care that meets the needs of Aboriginal people

Consider the need to grow, support and retain the Aboriginal healthcare workforce and to ensure a culturally safe learning environment

Approach

The sponsors for the debate were Dr David Russell-Weisz, Director General and Ms Wendy Casey, Director, Aboriginal Policy Directorate, WA Department of Health.

To ensure an optimal planning process, the Clinical Senate Executive worked closely with the Aboriginal Health Directors from both the department and health services. Senators received a list of pre-reading to inform them on the topic of the debate.

The debate included several keynote addresses which set the context for debate and informed discussion. In the plenary session expert witnesses shared their knowledge, experience and stories providing insight into what is happening locally, nationally and internationally as well as considering the impact at the community level.

The format of this debate was further enhanced by using the lunchtime session to showcase current innovative programs across health, non-government and community services. Nine posters were presented to highlight programs that have improved the health outcomes for Aboriginal people and have strengthened partnerships between Aboriginal and non-Aboriginal clinicians and healthcare professionals in order to champion change. A further seven posters were also exhibited on the day. The full list of presenters, experts and invited guests are provided as Appendix 1 and Appendix 2.

The Senators were then split into several working groups to determine practical strategies for change in two main focus areas – workforce and clinical practice. The groups developed recommendations for both the Director General as System Manager and Health Service Boards.

Presentations from the day can be found on the Clinical Senate website:

<http://ww2.health.wa.gov.au/Improving-WA-Health/Clinical-Senate-of-Western-Australia>

Key statistics

The following statistics were provided by Ms Wendy Casey, Co-sponsor of the debate.

According to the Australian Institute of Health and Welfare (AIHW 2017)¹ the health status of Aboriginal people in WA remains poorer compared with non-Aboriginal and Torres Strait Islander people in the state and also when compared with other jurisdictions.

- The difference in life expectancy between Aboriginal people and non- Aboriginal people in WA is: 15.1 for males and 13.5 for females.
- Mortality rates for Aboriginal and Torres Strait Islander people in WA are 2.3 times the rate of non-Indigenous people.
- Child mortality rates for Aboriginal and Torres Strait Islander people are 3.5 times the rate of non-Indigenous children.
- Low birth weight is more than twice (13.2%) as common among babies born to Aboriginal and Torres Strait Islander mothers compared with non- Indigenous (6.1%) in WA.
- Potentially avoidable mortality rates for Aboriginal and Torres Strait Islander people are 4.9 times higher than non- Indigenous people in WA.
- Aboriginal and Torres Strait Islander people are hospitalised 1.4 times the rate of non-Indigenous people in WA.
- 60 per cent of Aboriginal and Torres Strait Islander people hospitalised in WA resulted in a recorded procedure compared to 86 per cent for non- Indigenous people.
- Aboriginal and Torres Strait Islander people are less likely to have treatment for cancer and tend to wait longer and have lower survival rates with 16 per cent less likely to receive coronary care procedures.
- In WA 64 per cent of the burden of disease in Aboriginal people was due to chronic diseases.
- WA has the highest rates of disease burden due to injuries, cardiovascular disease, kidney/urinary diseases, endocrine disorders including diabetes, infectious diseases and gastrointestinal disorders compared with Northern Territory (NT), New South Wales (NSW) and Queensland (QLD).
- The employment of Aboriginal people in the WA Health System in 2018 was identified to be 1.5 per cent or 696 people out of 44,000 staff.

¹ Australian Institute of Health and Welfare 2017. Australia's welfare 2017. Australia's welfare series no. 13. AUS 214. Canberra: AIHW.

Welcome

Ms Ingrid Cumming, a Whadjuk Balardong Nyungar custodian and traditional owner performed the Welcome to Country.

Presenter highlights

Aboriginal health and wellbeing is everybody's business: our collective roles for improvement – setting the scene for debate

Ms Wendy Casey, Director, Aboriginal Health Policy Directorate, Department of Health WA

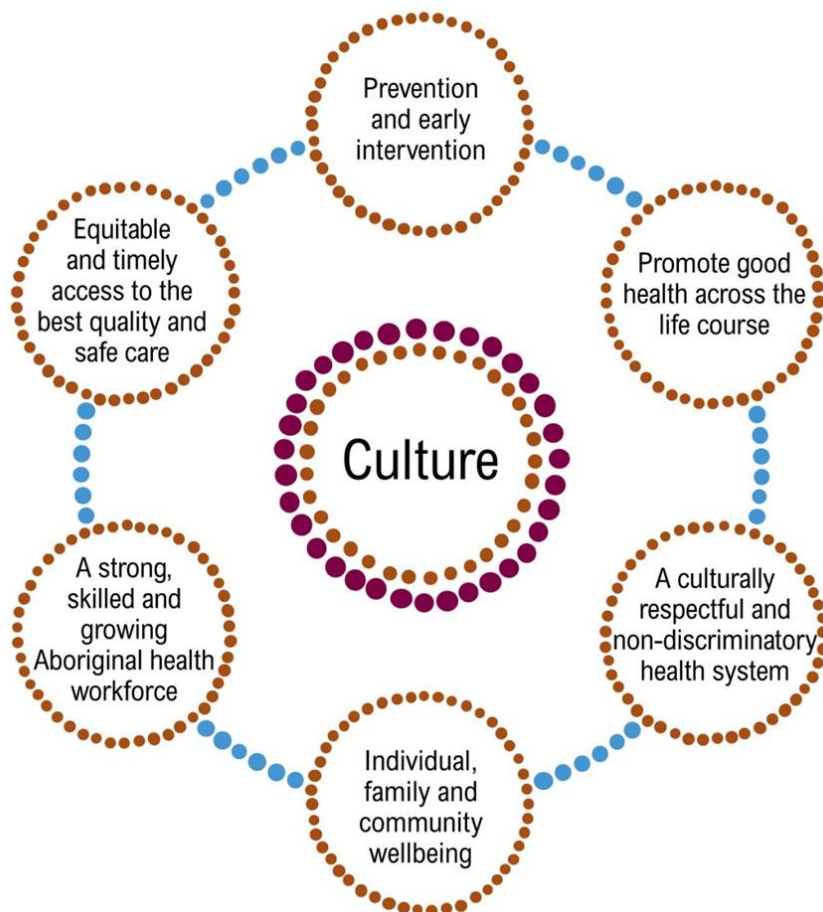
- Aboriginal people traditionally view health as a '..... state of being in which a person's body mind and spirit are in balance'.
- Data was provided which outlined the health status of Aboriginal people; the links to the burden of disease; and the disparity in procedure rates, care and treatment.
- The number of Aboriginal people employed in the WA health workforce has greatly improved over the last two to three years however it still is disproportionate to the population of Aboriginal people and the numbers of Aboriginal people receiving health care services.
- The impact of social determinants and relationship to health system performance was highlighted.
- Disparities in hospital procedures are likely to reflect a range of factors including systemic practices.

"... there is a growing body of evidence that the health system itself does not provide the same level of care to Indigenous people as to other Australians. This systemic racism is not necessarily the result of individual ill-will by health practitioners, but a reflection of inappropriate assumptions made about the health or behaviour of people belonging to a particular group". Pat Anderson, Chairwoman of the Lowitja Institute, 2013

- The Health System has matured considerably; therefore the timing is right for this discussion and for addressing the disparities.
- Implicit bias and racism may impact on health care disparities: how we assess and triage; treatment options; our health care relationships; patient satisfaction and disengagement with service(s) (e.g. DAMA and TOL events).
- To strengthen the cultural determinants we must respect Aboriginal peoples' individual and collective rights and family and cultural obligations.
- To make the changes there is a need to build partnerships with the Aboriginal community to develop culturally safe and evidence based responses to address health and wellbeing.
- Community-based and family-focused approaches should encompass a broader restoration of health for family and community wellbeing.

Ms Casey provided the following overview of the strategic directions from the Aboriginal Health and Wellbeing Framework 2015-2030.

Strategic directions



Ms Casey concluded:

We must build capacity and build on what works and work collectively to implement the Aboriginal Health and Wellbeing Framework to improve health outcomes of Aboriginal Western Australians and support a sustainable WA health system.

Discovery

Mrs Janine Mohamed, Chief Executive Officer, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)

Mrs Janine Mohammed offered the keynote address. She reflected on her time growing up, her hopes for the future and a vision of what Aboriginal health could look like.

She explained the impact of history and interpersonal and institutional racism on the health and wellbeing of Aboriginal and Torres Strait Islander people. She encouraged participants to examine their own beliefs and explore more deeply the cultural history and beliefs of Aboriginal people.

Janine offered another way to look at and engage with Aboriginal health. She suggested moving away from the colonial lens which is predominantly deficit based, to focus on a strengths based approach which recognises Aboriginal knowledge and ways of doing things.

She also discussed the difference between cultural safety and cultural awareness. Cultural awareness is described as involving an outward gaze, whilst the gaze is inwards with cultural security. Cultural security provides the means with which to challenge institutional barriers inhibiting Aboriginal people's to access healthcare.

A culturally safe system is one in which Aboriginal people feel they belong, that affirms their identity and where they see themselves reflected in the workforce, governance structures and policies. The system should respect and value Aboriginal people and their beliefs.

Promoting a framework of cultural safety in healthcare will also improve the recruitment and retention of Aboriginal health professionals. It has the potential to transform the lives of these Indigenous health professionals and their families through employment, role modelling economic security and health literacy.

As for the future, Janine shared her personal reflection at aged 65 having worked in healthcare for many years. What helped her over the decades was her passion and drive to improve the health of her people supported by her strength of identity; connection to community and country; and mentors. The health literacy that Janine developed throughout her nursing career has been important and employment helped her to create a sense of purpose and meaning.

Janine hopes that that when non-Indigenous people see her in the street or at work, their first reaction will not be of prejudice or fear, but of gratitude and pride. She hopes that her grandchildren are thriving and have better experiences than her generation and that they are growing up in an environment that values them. Her vision is for the next generation to grow up with intergenerational hope, rather than intergenerational trauma.

In the future, cultural safety doesn't begin in the health system; it begins in homes and schools. In school, children can learn about many Indigenous health heroes and be proud of their history. Their non-Indigenous classmates can share in this education. Their non-Indigenous friends can also share in learning local language and they learn together about the importance of respecting and caring for country.

Janine stated that in order to make this future a reality we must work in partnership with Aboriginal people to find solutions. She reminded us that healthcare professionals must remember that cultural safety is a philosophy of practice. It is about how you do things, not what you do. She called on all participants to take this opportunity to write the history.

Mrs Mohammed concluded:

I encourage you to discover our true history. I encourage you to discover yourself through a framework of cultural safety. I encourage you to create this future for our children to discover and to be the best ancestor you can be for our future generations. History is not something that happens in the past. We are all making history now, so let us reflect on making our future a reality.

Research into practice: Ngangk Yira: advancing meaningful research with Aboriginal families and communities

Professor Rhonda Marriott, Centre Director, Ngangk Yira, Research Centre for Aboriginal Health and Social Equity, Murdoch University

Professor Marriott reported on the outcomes of a four- year maternity project 'Birthing on Noongar Boodjar' an exemplar of research into practice that is translational, transformative, collaborative meaningful and led by Aboriginal people.

The research identified the need for Aboriginal women to have the right to express the diversity of their cultural needs during pregnancy and birthing. The study investigated the experience of approximately 150 Aboriginal women and midwives. They evaluated the principles and models of culturally secure services; advised on policy to promote cultural security in maternity services; informed national accreditations requirements and policies to ensure a culturally competent midwifery workforce and facilitated the translation of outcomes into policy and practice to ensure culturally secure maternity services.

The key findings from yarning with Aboriginal women and from interviewing midwives were as follows:

Aboriginal women responded:

- Some women did not encounter another Aboriginal person throughout their childbirth experience in Perth and major regional areas.
- Most Aboriginal women expressed the view that more Aboriginal midwives and hospital staff would have made their birthing experience less fearful and scary.
- All women reported positive birthing encounters but more than half stated a negative encounter at some point.
- There was also a deep sense of shame, with some expressing the inability to ask questions or engage with midwives during the birth or on the wards.
- Most women preferred to give birth closer to home and to have close relatives involved particularly other women who had an understanding of cultural needs.

Findings from the midwives:

- They identified that they had a lack of knowledge of Aboriginal culture.
- They reflected that the health system does not support access and inclusion and therefore creates barriers to Aboriginal women accessing culturally appropriate maternity care.
- It exposed covert and systemic racism.

Comparative findings:

There was strong agreement across both groups of the need for better access to Aboriginal staff. The midwives acknowledged that when Aboriginal staff were available it worked well for both parties. Both groups also reported experiencing or witnessing racism or culturally inappropriate behaviour.

Professor Marriott concluded:

To seriously address racism and embed cultural safety we must think systemically. If we embed cultural safety then we can ensure it is not reliant on individuals and it will endure. Critically, our leaders need to be cultural champions – championing our cultural

safety and respect. It is time to be honest and establish honest and respectful relationships between healthcare professionals and Aboriginal women. Our system is mature enough to address these challenges now.

Cultural safety and health outcomes – lessons from the remote Top End

Dr Simon Quilty, Acute and General Physician, Katherine Hospital, Northern Territory

Dr Quilty shared his experience in working in a remote community in the Northern Territory and spoke about the importance of combining western medicine with traditional healing.

Understanding the Aboriginal health paradigm is important... It is complex. Western civilization and science is not the be all and end all. We need to respect and engage our patient's perspective of their own healing- Simon Quilty.

Key points were:

- All practitioners should take time to listen to the cultural stories of Aboriginal people. To listen and hear what Aboriginal people have to say is the first step in working in a culturally safe way to address Aboriginal health issues.
- Aboriginal knowledge and cultural systems are important and critical for us to understand and work within.
- It is important to adopt new ways of communication, education and delivering health care to Aboriginal people.
- Be prepared and humble and learn from Aboriginal people. He described how these stories could inform western understanding (dominant culture) of Aboriginal health and wellbeing from the perspective and wisdom of the Elders.
- We must work with the Elders and gain their trust and work towards mutual respect for each other's approaches to healthcare. We must also show respect for the traditional ways. We must come from a place of curiosity.
- With trust and understanding, Aboriginal patients, could be supported to accommodate modern medicine but this needed to be done one patient at a time.

Dr Quilty shared data from Katherine Hospital to demonstrate that through cultural engagement there had been marked improvement in health care delivery with a reduction in Take Own Leave (TOL) and Leave Against Medical Advice (LAMA) rates. The TOL peaked at 27 per cent in 2011 and has reduced to 4 per cent in 2016 whilst the LAMA peaked at 9 per cent in 2010 reduced to 2 per cent in 2016.

Dr Quilty concluded:

"I arrived in Katherine as a western doctor, with western views built on a western paradigm and over the past 18 years this privileged opportunity has given me time to reflect on myself and what it is to be human. It has made me more culturally competent. I urge you to deepen your knowledge of Indigenous people as they have the knowledge through a long and rich history; they just look at it in a different way. For Aboriginal people the link between spiritual and traditional healing is an important component of health and wellbeing. All are welcome into our hospital and all patients come with a story."

The posters presented on the day are shown here with the full list at Appendix 2.



Plenary

The plenary session was made up of two parts.

1: Q&A panel with the following themes:

Advocacy

- Clinicians need to advocate for patients and what is practical for patients and health services. Don't wait for government to come up with the solutions. Guide them!
- Advocacy to address inequities.
- Clinicians must partner more effectively with their respective communities towards solutions.

Trust

- Trust that Aboriginal people and the community have solutions. Ask!
- There is an overburden of reporting and mismatch of resources: the question is why after 27 years of economic growth, Australia doesn't solve trachoma in remote Aboriginal communities.
- We shouldn't be overwhelmed by the size and scope of the problem.

Equality

- Aim for equality – positive discrimination is the vehicle that can be used to accelerate and achieve equity.

Build stronger partnerships

- Address the inequalities in areas other than health – the impact of and need to address social determinants by building strong partnerships between Aboriginal people, their organisations, governments and non-government agencies.
- Strengthen models for Aboriginal maternity community group practice. Give women choices and provide children with the best start in life.

Policies and procedures

- Policies are often made for the majority rather than accommodating individual needs. There is a need for policies to be flexible to align with cultural and individual needs.
- We must consider how we treat Aboriginal people, be more flexible in our policies and protocols (advocacy at policy level), develop policy that address the cultural differences and consider developing services from the start and through the lens of Aboriginal people (how they see it).

2: Facilitated debate with the following outputs:

- There is the need to establish just and equitable organisational cultures.
- There must be a focus on diversity and inclusion in the Aboriginal education and workforce pipelines.
- We must actively partner with at-risk communities and populations to identify solutions to target specific inequities.
- There is the need to grow workforce supply across the whole spectrum of workforce including clinical and non- clinical staff at all levels.
- Systemic racism exists where there are inappropriate assumptions about health and behaviours of Aboriginal people.
- The wider workforce needs to develop and understand the deep background issues to Aboriginal health, the immediate context for their work and potential solutions.
- Cultural safety requires all health professionals to work differently with Aboriginal patients and clients. Learning how to work differently and acquiring new skills should be embedded in credentialing and accreditation requirements.
- There is the need for clinicians to be given a safe space to reflect on their own beliefs and practices.
- Clinicians need to be advocates for their patients without disempowering their patients and denying them an active voice.
- Changing systems to ensure culturally responsive health care is within the capacity of senior clinicians to plan, implement and review.
- There is the need to partner better with Aboriginal patients at all levels to identify the solutions including stronger partnerships with senior Aboriginal leaders in institutions.
- Build on what works (the current policy and the tools i.e. WA Aboriginal Health and Wellbeing Framework, the associated Implementation Guidelines and Health Service Provider Action Plans).
- Work collectively – Aboriginal people are not the only ones responsible for improving the health and wellbeing of their people.
- Importance of empowering the patient to be part of their care (understanding what is important to Aboriginal people).
- Need for a cross agency approach to address social determinants (incorporating social determinants) and people working in health can advocate until this happens.
- Need for bilateral agreements (government and non-government) for Aboriginal health.
- With the right attention to Aboriginal participation, partnerships could more effectively bring together powerful advocacy bodies/non-government organisations and statewide health services.
- Aboriginal communities have existing political and corporate structures which can be supported further to design solutions and decide priorities.

- Broader messaging and teaching of Aboriginal culture across health and the wider community.
- Better awareness across the community of Aboriginal history and cultural awareness (overarching perhaps) with more information made available across the community.
- We must support and build staff capacity across the health service providers to provide localised cultural training.
- Don't overlook the importance of preventative health. Aboriginal populations are at risk of preventable diseases at rates comparable to those seen in non-Aboriginal populations more than 100 years ago. Solutions are feasible as they have worked for non-Aboriginal people.
- Strengthening and ensuring the involvement of family support on country.
- A strategy to reduce institutional racism in clinical practice relies on data to drive clinical outcomes and support unit level accountability and benchmarking in the care and treatment of Aboriginal people.
- Identify how to better represent the views of Aboriginal people.
- Strengthening the health literacy of Aboriginal people is important to involve patients in their care and to gain informed consent.
- We must bring medical, technical and the patient together.

A mind map containing some of the key messages emerging from the morning session is provided as Appendix 3.

Appendices

Appendix 1: Presenters, expert witnesses and invited guests

- Ms Ingrid Cumming, Whadjuk Balardong Nyungar custodian and traditional owner
- Ms Tanya Basile, Chair, Clinical Senate of WA
- Dr James Williamson, Assistant Director General, Clinical Excellence Division, Department of Health WA
- Ms Wendy Casey, Director, Aboriginal Health Policy Directorate, Department of Health WA
- Mrs Janine Mohamed, Chief Executive Officer, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Professor Rhonda Marriott, Centre Director, Ngangk Yira, Research Centre for Aboriginal Health and Social Equity, Murdoch University
- Dr Simon Quilty, Acute and General Physician, Katherine Hospital, Northern Territory
- Ms Nola Naylor, Aboriginal Health Director, South Metropolitan Health Service
- Ms Mel Robinson, Aboriginal Health Director, Child and Adolescent Health Service
- Ms Denese Griffin, Aboriginal Health Director, East Metropolitan Health Service
- Ms Cheryl Smith, Aboriginal Health Director, North Metropolitan Health Service
- Dr Kim Isaacs, Deputy Medical Director, Kimberley Aboriginal Medical Service
- Professor Cheryl Kickett-Tucker, Director of Research and Community Development, Koya Aboriginal Corporation
- Dr Marianne Wood, Public Health Medical Officer, Aboriginal Health Council of WA
- Mr Robert Indich, Registered Training Organisation Administrator, Marr Mooditj Training
- Ms Sue Quay, Manager, Aboriginal Health Policy Directorate, Department of Health WA
- Mr Wynne James, Manager, Aboriginal Health Policy Directorate, Department of Health WA
- Ms Gendy King, Manager, Aboriginal Health Policy Directorate, Department of Health WA
- Ms Christine Cullen, Manager, Education, Safety, Quality and Risk Department, Rockingham Peel Group
- Dr Robyn Lawrence, Chief Executive Officer, North Metropolitan Health Service
- Mr Paul Forden, Chief Executive Officer, South Metropolitan Health Service
- Ms Liz MacLeod, Chief Executive Officer, East Metropolitan Health Service
- Dr Denise Glennon, Board Member, East Metropolitan Health Service Board
- Professor Catherine Stoddart, Chief Executive, Northern Territory Health
- Dr Stephen Gourley, Chair, Northern Territory Clinical Senate
- Ms Maricar Alcedo, Executive Committee Member, Northern Territory Clinical Senate
- Ms Heather Malcolm, Secretariat, Northern Territory Clinical Senate

Appendix 2: Poster briefs and presenters

Aboriginal Mental Health Model of care

Presented by: Ms Violet Evans, Aboriginal Mental Health Coordinator, Mental Health and Community Alcohol and Drug Service, WACHS Midwest and Dr Josephine Gray, Aboriginal Mental Health Consultant, WA Country Health Service

Koorliny Moort Service

Presented by: Ms Mel Robinson, Acting Director Aboriginal Health, Child and Adolescent Health Service

Community and Population Health Aboriginal Healthy Lifestyle Programs

Presented by: Ms Renee Van Der Berg, Program Coordinator, Community and Population Health Services and Ms Selena West, Manager, Aboriginal Community Health Team, East Metropolitan Health Service

Engaging Aboriginal women in WA to develop new cervical screening resources

Presented by: Ms Kay Walley, Aboriginal Health Promotion Officer, WA Cervical Cancer Prevention Program, Women's Health, Genetics and Mental Health, Women and Newborn Health Service

Look After Your Blood Aboriginal BBV Campaign

Presented by: Ms Rudie Marshall-Lang, Senior Policy Officer, Communicable Disease Directorate, Department of Health WA

Aboriginal Community Controlled Health Services (ACCHS) Model of Care

Presented by: Ms Ronda Clarke, Aboriginal Health Council of WA

Lighthouse Project

Presented by: Ms Veronica Keys, Registered Nurse, Project Manager, Lighthouse Hospital Project, Sir Charles Gairdner Hospital

Aboriginal Health Strategy – Aboriginal Health Champions (AHC)

Presented by: Ms Nola Naylor, Aboriginal Health Director, South Metropolitan Health Service (SMHS) and Ms Michelle Sultan, Senior Program Officer, Aboriginal Health, SMHS

Diabetes Telehealth Program

Presented by: Ms Deb Schofield, General Manager, Health Services and Evaluation, Diabetes WA

Additional Posters/Information on display:

DESMOND (Diabetes Education Self-Management for the On-going and Newly Diagnosed)

Contact: Ms Sophie McGough, Health Services Operations Manager, Diabetes WA

Aboriginal Health Team Child & Adolescent Health Service

Contact: Ms Mel Robinson, Acting Director Aboriginal Health, Child and Adolescent Health Service

Moorditj Djenz “Strong Feet”

Contact: Ms Selena West, Manager, Aboriginal Community Health Team, East Metropolitan Health Service

Continued on the next page

Stay Safe You Mob – Aboriginal STI campaign

Contact: Ms Rudie Marshall-Lang, Senior Policy Officer, Communicable Disease Directorate, Department of Health WA

Mappa Project - 'health care, closer to home'

Contact: Ms Deborah Costello, Policy and Strategy Manager, Aboriginal Health Council of WA

WA Aboriginal Youth Health Strategy

Contact: Ms Deborah Costello, Policy and Strategy Manager, Aboriginal Health Council of WA

Integrated Team Care County to City: Improving Patient Transitions

Contact: Ms Kerry Saunders, Project Officer, WA Primary Health Alliance

Appendix 3: Mind map – presentations and plenary

GRAPHIC RECORDING
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**This document can be made available in alternative formats
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