



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

Implementation Guide

for the WA Aboriginal Health and Wellbeing Framework 2015–2030

Build the Foundations 2015–2020



Transcendence © Nellie Green 2002

About the artist

Jonelle (Nellie) Green was born in Morawa, Western Australia. Nellie's people are the Badimaya people (Yamatji mob) of the Central Wheatbelt area, WA. She has three sisters and two brothers.

Nellie has a professional background in Indigenous higher education and is a keen activist involved in social justice and the human rights of Aboriginal people. Nellie was the 2000 NAIDOC Aboriginal Artist of the Year in the ATSIC Noongar (Perth) Region awards. She has a Bachelor of Applied Science (Indigenous Community Development and Management) Honours from Curtin University, WA.

About the artwork – Transcendence

Transcendence captures all the ways we transcend those things that can drag us down. Instead, we link-up and stay connected to those important things that are all interconnected – like a blanket of spirit from our Country and Ancestors that wraps us up and keeps us safe.

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.

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Foreword

I am pleased to introduce this important next step in achieving the vision of Aboriginal people living long, well and healthy lives.

The *WA Aboriginal Health and Wellbeing Framework Implementation Guide 2015-2030* presents a how to manual for taking meaningful and measurable actions towards improvements in Aboriginal health and wellbeing outcomes across Western Australia.

This Guide builds upon the clear commitment from the Department of Health to drive and facilitate change in Aboriginal health outcomes through the *WA Strategic Intent 2015-2030* and the *WA Aboriginal Health and Wellbeing Framework 2015-2030*, both launched in 2015.

We have achieved some improvements in Aboriginal health outcomes in the last two decades in Western Australia - including declines in overall mortality rates, the gap in life expectancy and infant mortality when compared to non Aboriginal people – and we know that there are innovative projects currently making a difference.

One such example – the WA Trachoma Program – has seen the incidence of the potentially blinding eye infection in remote Aboriginal communities dramatically reduced. Over the last 10 years, the incidence of trachoma is down from 24 per cent to 2.6 per cent. The Program is now on track to completely eliminate the infection in WA Aboriginal communities by 2020. I was proud to acknowledge the success of this project as the recipient of the Director General Award at the 2016 Health Excellence Awards.

Whilst it is important to acknowledge and celebrate successes, it is critical that together we face the persistent and very significant gaps in health status and determinants of health that continue to impact the lives of Aboriginal Western Australians. We cannot accept that Aboriginal people will continue to have the greatest health needs of any population in the state.

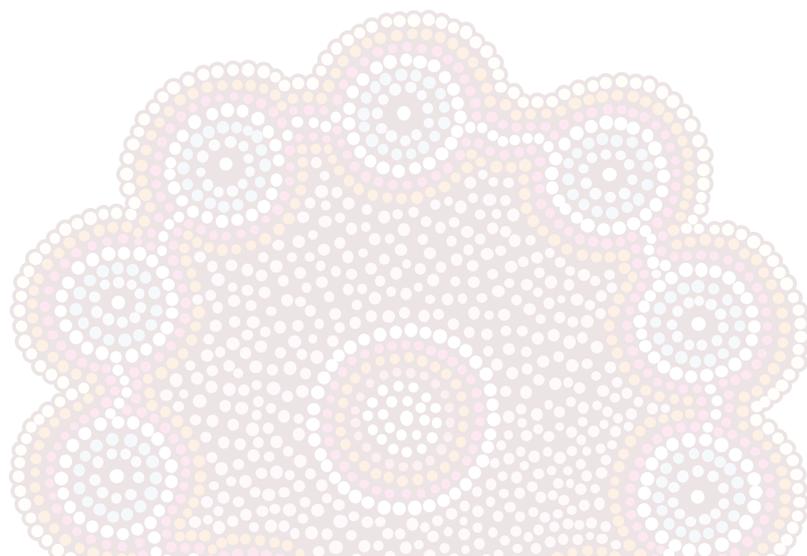
More and more, the importance of working together is evident. Not only through building partnerships across the Department of Health, Health Service Providers and stakeholders in Aboriginal health; but most importantly by partnering with Aboriginal people, communities and organisations.

Through these partnerships, we can develop new ways of working that will ensure the importance of Aboriginal cultural rights, beliefs and values are included in our health and wellbeing responses.

The health and wellbeing of Aboriginal people is everybody's business. Together, we can use this Guide to achieve a strong and long lasting contribution to improving Aboriginal health outcomes.



Dr David Russell-Weisz
DIRECTOR GENERAL
DEPARTMENT OF HEALTH



Acknowledgements

The Aboriginal Health Policy Directorate, Department of Health, Western Australia thanks all Stakeholders who have demonstrated their shared commitment to Aboriginal health and wellbeing by participating in the consultation program to inform the development of the *Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030*.

The Aboriginal Health Policy Directorate would also like to thank the Aboriginal Health Executive Group for their oversight and support for the implementation of the Framework, and Aboriginal Stakeholders for their valuable contributions which helped shape the development of this Guide.

Consultation

To inform the implementation of the *WA Aboriginal Health and Wellbeing Framework 2015 – 2030* (the Framework), and in developing this Implementation Guide, the Aboriginal Health Policy Directorate undertook a statewide consultation program. Aboriginal Health Policy Directorate senior officers travelled across WA and met with key Stakeholders, including members of Regional Aboriginal Health Planning Forums, Aboriginal Health Council of Western Australia, metropolitan and country Health Service Providers, Kimberley Aboriginal Medical Services Council and the WA Health Senior Aboriginal Leadership Group and Aboriginal Health Workforce Working Group.

The consultation process consistently identified a number of requirements necessary for the effective implementation of the Framework:

- **Implementation needs to be flexible, not prescriptive**, to provide Stakeholders with the scope for operationalising the Framework within their local context
- **The approach to implementation should support better coordination, collaboration and linking of health system parts** across government, non government organisations and the community controlled sector, to improve continuity of care and the patient experience for Aboriginal people
- **Implementation should support Aboriginal perspectives in health investment, planning and decision making** through partnerships, capacity building and collaborative engagement
- **Acknowledge and build on what works**, reference innovative projects demonstrating positive outcomes at the local, regional and statewide levels
- **Accountability for implementation through strong leadership and governance**
- **Better performance monitoring and measuring** to build the evidence base to assess health system performance in improving Aboriginal health and wellbeing outcomes.

This feedback, along with an examination of barriers and drivers for improvement in Aboriginal health in Western Australia, helped to inform the Implementation Guide and to identify opportunities to address gaps and build upon existing strengths.

Executive summary

The Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030 (the Guide) is a companion document to inform the application and use of the *WA Aboriginal Health and Wellbeing Framework 2015-2030 (the Framework)*.

The Framework established a shared agenda for all of those concerned with the health and wellbeing of Aboriginal people and communities in Western Australia (WA). Acknowledging the WA health system is complex with a number of funders and providers of services to Aboriginal people, this Guide seeks to build on the intent of the Framework and engage all parts of the health system to work together, along with other Stakeholders, to take collective and collaborative action to improve the health and wellbeing of Aboriginal people, families and communities.

By doing so, the Guide seeks to build the overall capacity and responsiveness of the WA health system, so that over time, it can better meet both the clinical and cultural needs of Aboriginal people, families and communities. This Guide seeks to maintain Aboriginal health as a priority and drive accountability across the entire health system through strong leadership and governance. In an environment of competing priorities and resources, and during a period of WA health system reform, accountability for improving Aboriginal health and wellbeing outcomes is critical.

The consultation process to inform the Guide provided valuable information about how Health Service Providers, other Stakeholders and practitioners have already embarked upon implementing action in line with the Framework. In seeking feedback and asking questions about what is working and where, the Department of Health identified a number of local and regional examples of innovative projects, where Stakeholders are seeking to improve health and wellbeing outcomes and realise system efficiencies. A number of these initiatives have been captured in the Guide for Stakeholders to access.

Achieving improvements requires continuous, targeted effort over the life of the Framework. The Guide sets out a phased, thorough and targeted approach to implementation, and commits to a process of continuous quality improvement through a series of three five-year implementation cycles.

While the implementation of the Framework is not funded, it provides the opportunity for progressing priority actions within existing resources as well as offering direction for future investment.

The Department of Health and Health Service Providers have a key role in leading and overseeing implementation, through a range of partnerships across the health sector including with the Aboriginal community, Aboriginal community controlled organisations, non-government organisations and different agencies across State and Commonwealth governments.

Understanding key terms

Key terms

Using the term Aboriginal	<p>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. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.</p>
Aboriginal health and wellbeing	<p>Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.</p>
Cultural security	<p>A commitment to the principle that the design and provision of programs and services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. Cultural security focuses primarily on systemic change that seeks to assist health professionals to integrate culture into their delivery of programs and services, and to adopt a cultural lens to view practices from the perspective of Aboriginal people and culture. The emphasis is that the responsibility for the provision of culturally secure health care lies with the system as a whole, and not just the individual health practitioner.</p> <p>Culturally secure programs and services need to:</p> <ul style="list-style-type: none">• Identify and respond to the cultural needs of Aboriginal people• Work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community• Recognise and reflect on how these factors affect health and wellbeing• Work in partnership with Aboriginal leaders, communities and organisations.
Cultural respect	<p>The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal people.</p> <p>Cultural respect is about shared respect. It is achieved when the health system is a safe environment for Aboriginal people and where cultural differences are respected (AHMAC, 2016).</p>

Key terms

Stakeholders

The list below is not intended to be exhaustive, but outlines key Stakeholders and denotes the acronyms or abbreviations used within this Guide.

- Aboriginal communities, families, carers and individuals
- WA health system (comprised of the Department of Health, Health Service Providers and Health Support Services)
- Health Service Providers (HSP): WA Country Health Service (WACHS), Child and Adolescent Health Service (CAHS), East Metropolitan Health Service (EMHS), North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS) and Quadriplegic Centre
- Health Support Services (HSS)
- Aboriginal Health Council of Western Australia (AHCWA)
- Aboriginal Community Controlled Health Organisations (ACCHO)
- Aboriginal Medical Services (AMS)
- Aboriginal Partnership Forum (APF)
- Aboriginal Health Network (AHN)
- Regional Partnership Forums (RPF)
- Other State Government agencies
- Commonwealth Government Stakeholders, including Council of Australian Governments (COAG) and Commonwealth Government agencies such as the Department of Health (DoH, Cwth) and Australian Commission on Safety and Quality in Health Care (ACSQHC)
- Registered Training Organisations (RTOs), Vocational education and training (VET) and Tertiary Education Providers (TEP)
- Non-government Stakeholders, including WA Primary Health Alliance (WAPHA) and Health Consumers Council WA (HCCWA).

Introduction

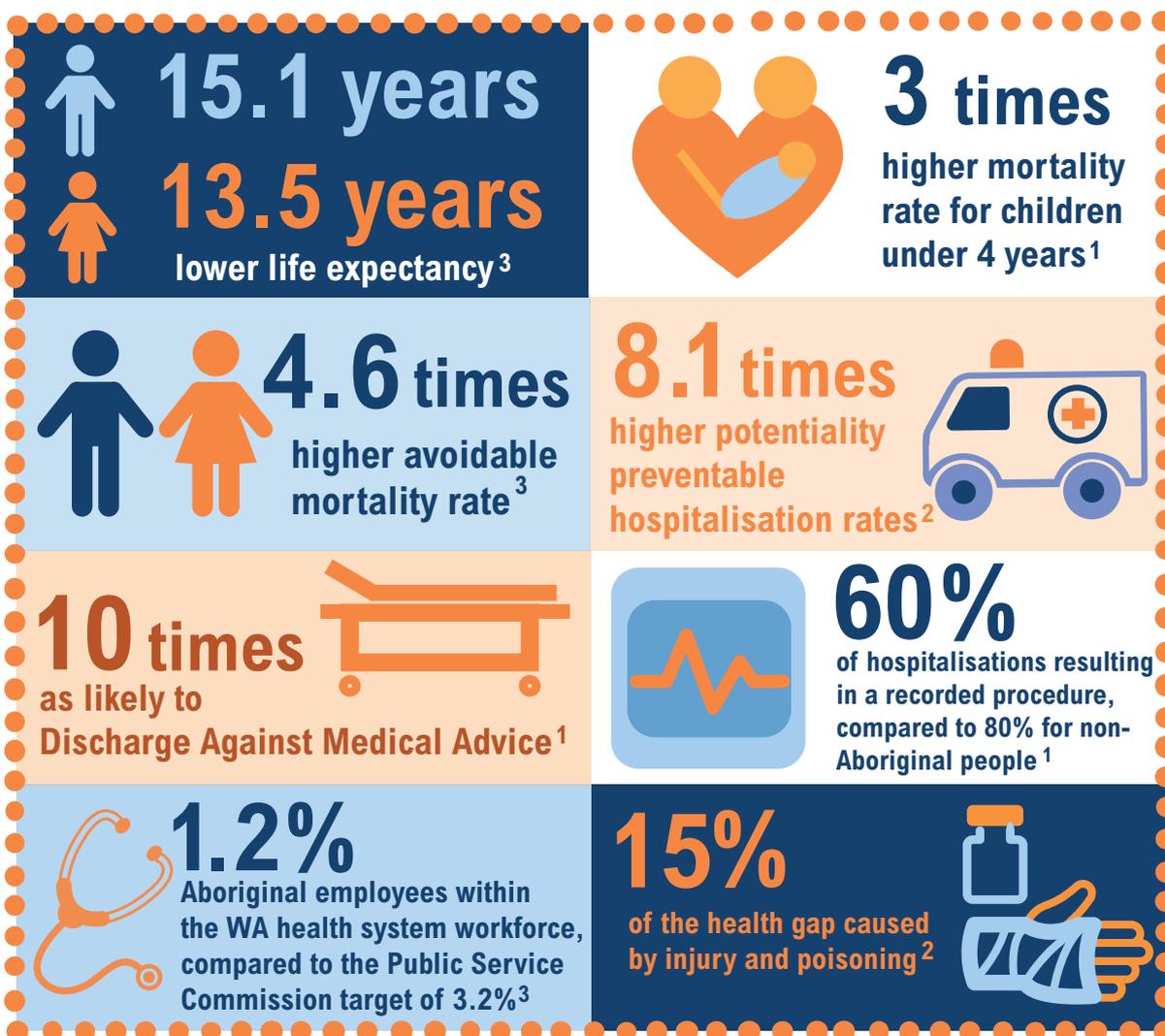
Purpose

The purpose of the Guide is to support and provide direction to those that have a role to play in improving the health and wellbeing of Aboriginal people in Western Australia (WA) over the next 15 years.

It is intended to develop the capacity of the Department of Health, Health Service Providers and Stakeholders to take collective and collaborative action towards the Strategic Directions and Priority Areas that are set out in the Framework.

Why is this important?

Aboriginal people comprise only approximately 3.6 per cent of the WA population yet have the greatest health needs of any population in the state (AIHW, 2015).



¹ AIHW, 2015 ² AHMAC, 2015 ³ Department of Health, 2015

Figure 1: The Implementation Guide's Headline Measures will monitor progress across eight key areas

There have been some improvements, including a 28 per cent fall in overall mortality rates and a 35 per cent fall in the mortality gap between 1998 and 2013. There has also been a significant reduction in the infant mortality gap (Department of Health WA, 2015).

Yet despite these improvements, major disparities in health outcomes remain. Aboriginal men and women can expect to live 15.1 years and 13.5 years less than non-Aboriginal men and women respectively, and the mortality rate for Aboriginal children aged 0 to 4 years is three times as high as for non-Aboriginal children (Department of Health WA, 2015; AIHW, 2015).

Policy context

Through the *WA Health Strategic Intent 2015-2020* (Strategic Intent), the WA health system commits to addressing health inequalities faced by Aboriginal people by:

- Strengthening and embedding the approach to improving the health and wellbeing of Aboriginal people living in Western Australia
- Increasing Aboriginal consumer, carer and community involvement to enhance access to, and delivery of, culturally appropriate health services and
- Creating and developing strategic partnerships to improve the development and management of health services for Aboriginal people.

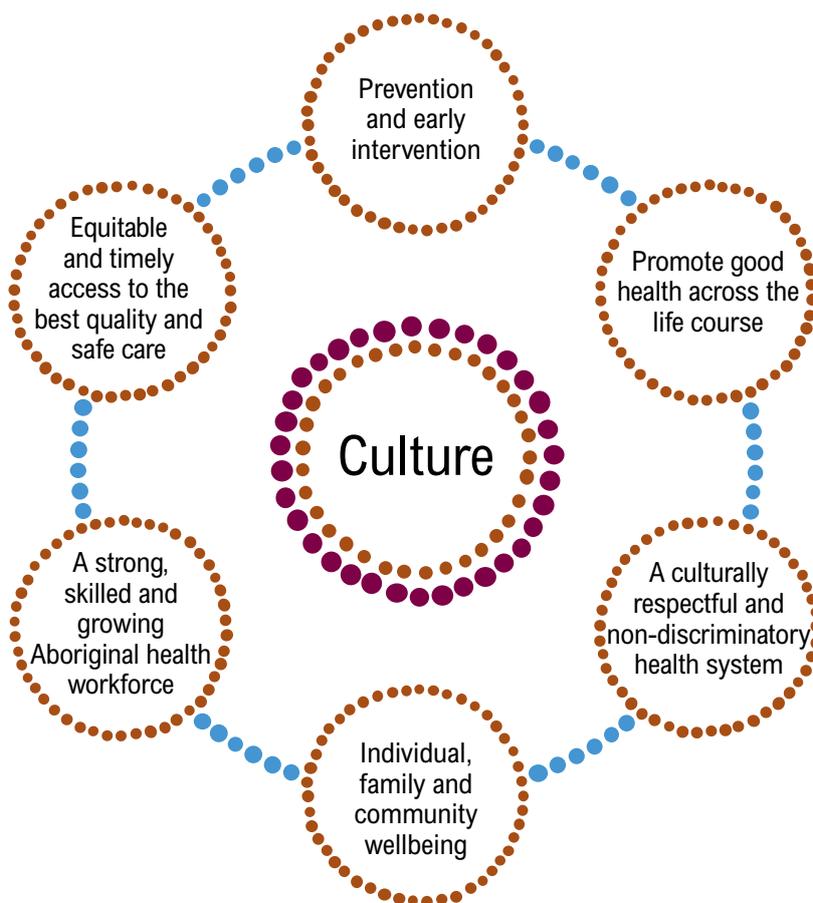
The *WA Aboriginal Health and Wellbeing Framework 2015-2030* (the Framework) takes forward this commitment, identifying a set of guiding principles, strategic directions and priority areas to improve the health and wellbeing of Aboriginal people in Western Australia over the next 15 years. The Framework's vision is Aboriginal people living long, well and healthy lives.

Guiding principles

- Cultural security
- The health and wellbeing of Aboriginal people is everyone's business
- Partnerships
- Aboriginal community control and engagement
- Access and equality
- Accountability



Strategic directions



Priority areas

- Addressing risk factors
- Managing illness better
- Building community capacity
- Better health systems
- Aboriginal workforce development
- Data, evidence and research
- Addressing the social determinants of health

Figure 2: The *WA Aboriginal Health and Wellbeing Framework 2015-2030* guiding principles, strategic directions and priority areas



Implementation Guide

Overview

The Department of Health has developed this Guide to inform the implementation of the Framework across the WA health system.

Using the Guide can help support Stakeholders to adopt a cultural lens in the design, development and delivery of culturally secure policy, programs, services and initiatives, acknowledging provision of services alone does not constitute an effective service system.

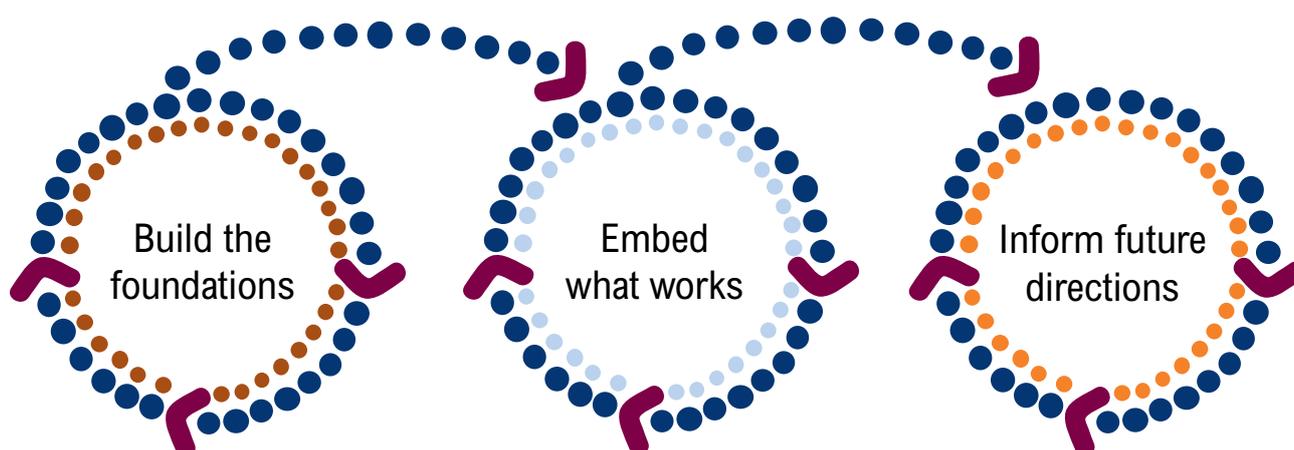
This Guide seeks to monitor and evaluate progress towards achieving improvements in Aboriginal health over the life of the Framework. Two overarching Headline Measures aligned to the vision of the Framework along with six supporting Headline Measures aligned to each of the Framework's Strategic Outcomes have been identified. Each of the Headline Measures draw on existing statewide data and monitor long-term improvements that will be realised if collective action under the Strategic Outcomes are successful (see Table 2). Recommended measures are included as a guide for HSPs and Stakeholders, as specific measures will need to be developed and based upon the targeted Strategies implemented in their regions or localities.

Five-year implementation cycles

Whilst the Framework sets the strategic path for improving Aboriginal health and wellbeing outcomes for the next 15 years, the Guide supports the Framework through a series of three five-year implementation cycles that will allow the Department of Health and Stakeholders to:

- Adopt an ongoing process of organisational assessment, implementation and outcome review by assessing what has worked and what has not, consolidating the evidence base and designing future efforts to inform the next five-year implementation cycle
- Be responsive to emerging priorities and challenges as new evidence becomes available and circumstances change in the political, economic and social environment and
- Ensure implementation arrangements, including accountability, governance, monitoring and reporting, continue to align and complement the policy, planning and purchasing environment.

Figure 3: **Five-year implementation cycles**



Implementation over the life of the Framework

To 2020 (2015-2020) – Build the foundations

In an environment of competing priorities and resources, the first five-year implementation cycle will focus on building the foundations to deliver on the WA health system's commitment to improving Aboriginal health and wellbeing outcomes, as per the Strategic Intent.

The Guide will establish agreed accountability arrangements to oversee implementation; a monitoring and reporting plan to examine improvements in Aboriginal health status and system performance outcomes; and an evaluation framework.

The first five years will focus on enablers to improve health system performance (such as governance and leadership, workforce, partnerships, collaborative planning, building the evidence base).

At the end of the first five-year cycle, the Department of Health will examine each Focus Area and the Strategies and how they have been implemented, take stock of what has worked well and what requires improvement, and consolidate this evidence to inform the next five-year implementation cycle.

To 2025 (2021-2025) – Embed what works

By 2021, health reform arrangements will be firmly embedded across the WA health system, providing improved accountability and transparency, greater assurance of safety and quality of health services, and more responsive, flexible and innovative health services to the community.

The second five-year cycle will provide an opportunity to build on these reform outcomes to further improve health system performance for Aboriginal people, families and communities.

This second cycle will take forward the evidence from ongoing monitoring and reporting to inform how and where the WA health system can strengthen implementation and develop new approaches if some areas are not progressing as expected.

To 2030 (2026-2030) – Inform future directions

In this final five-year cycle, the long-term Strategies put into place in the first-five year cycle are expected to be delivering results.

As involvement with the Guide grows across all parts of the health system, it is envisioned the wider health sector and community will be more receptive, supportive and involved in contributing to improvements in Aboriginal health and wellbeing outcomes.

The Department of Health will draw on this greater health sector and community awareness to support future strategic directions in Aboriginal health and wellbeing in the next iteration of the Framework.

Table 1: **Implementation through five-year cycles over the life of the WA Aboriginal Health and Wellbeing Framework 2015-2030**

Implementation arrangements

Partnerships and consultation

Working in consultation and partnership with the Aboriginal community is an inherent guiding principle underpinning the six Strategic Directions of the Framework, and is essential to achieving the Framework's vision of *Aboriginal people living long, well and healthy lives*.

Ongoing partnership with the Aboriginal community will ensure that Aboriginal people's cultural rights, beliefs and values are respected in health and wellbeing responses. This can be achieved through:

- A two-way transfer of knowledge and skills
- On-going Aboriginal participation in governance structures and decision-making
- Identifying and addressing shared priorities and potential for pooling of resources across jurisdictions with Aboriginal Stakeholders and
- Striving for more Aboriginal community care, control and responsibility of their health and wellbeing.

Community consultation will assist Aboriginal communities and other Stakeholders to know, understand and have opportunities to provide feedback on what the WA health system is doing in Aboriginal health, how effectively it is doing it and how it can improve.

Collaboration and representation across and between each of the jurisdictions outlined below will ensure a more consistent, coordinated and culturally secure approach to implementation of the Framework across the WA health system.

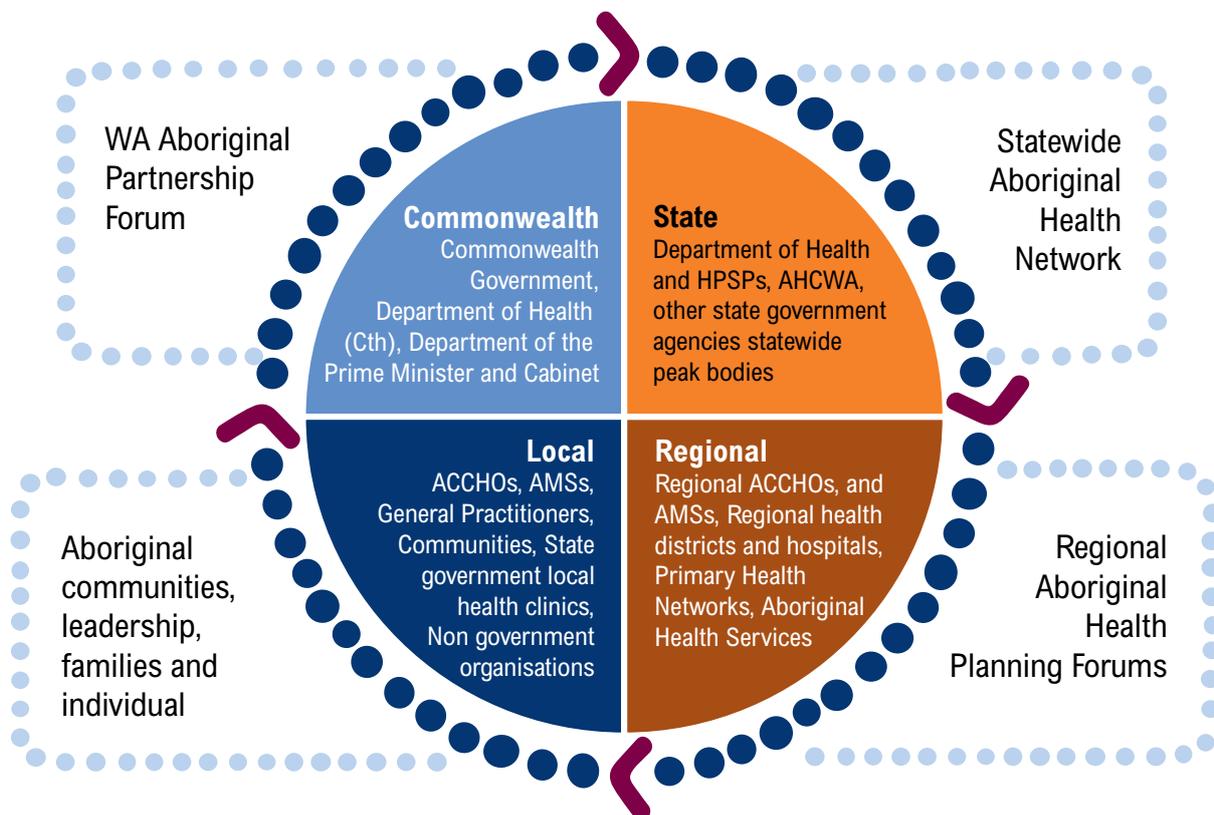


Figure 4: **Aboriginal partnerships and consultation all levels of the health system to improve health outcomes**

Governance and accountability

The *Health Services Act 2016* provides the legal framework for the roles, responsibilities and accountabilities at all levels of the health system under a devolved model of governance. Accountability and governance arrangements for Aboriginal health (including the Framework and this Guide) need to be embedded within these existing structures, to ensure accountability and evaluation is effective and takes a whole-of-health-system focus.

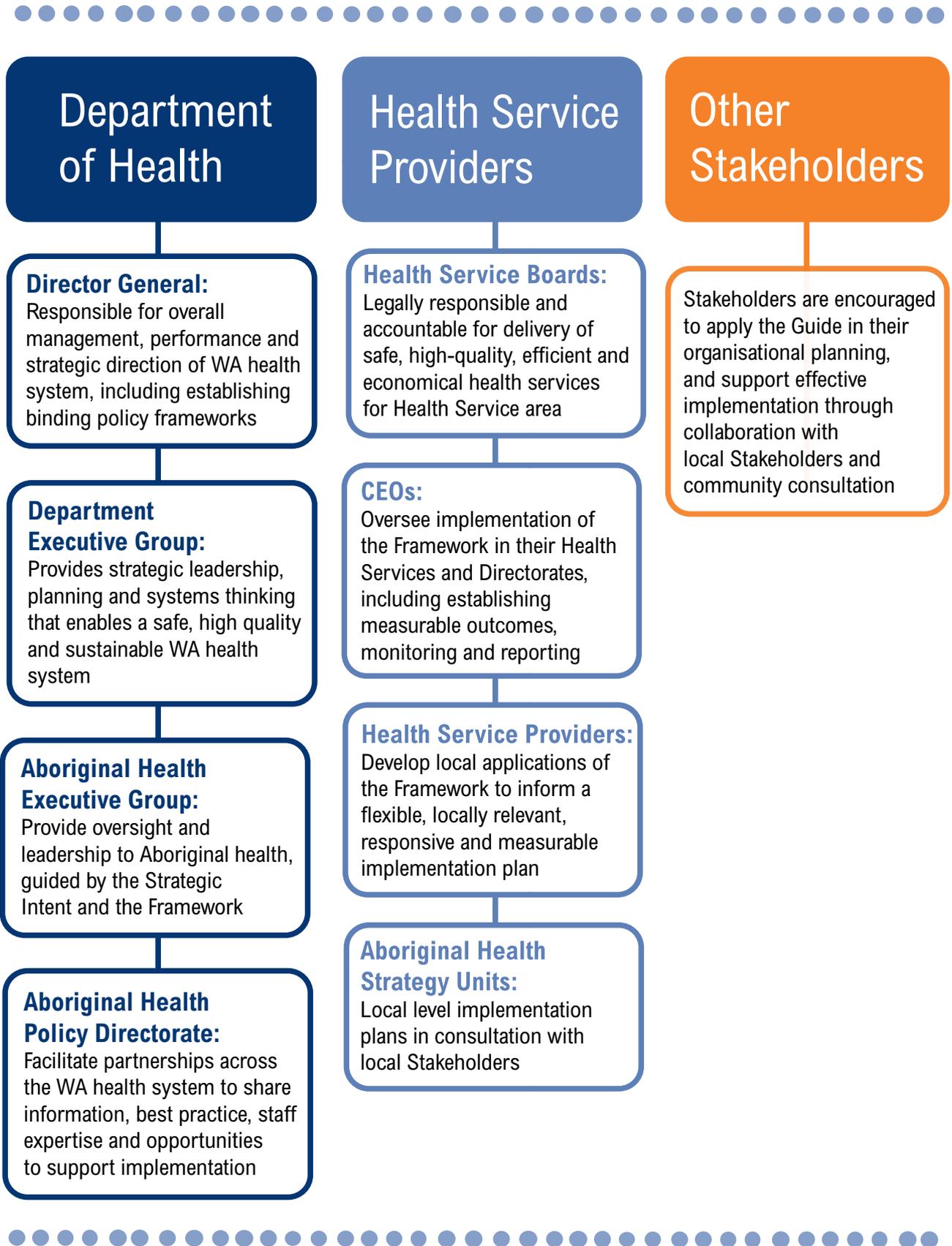
Governance arrangements

Responsibility for the implementation of the Framework will be shared by the Department of Health, Health Service Providers and other Stakeholders:

- **Department of Health** sets the strategic direction for Aboriginal health through the Strategic Intent and other binding policy frameworks and service agreements, which will embed strategic direction on Aboriginal Health policy where appropriate. The Department of Health, as the System Manager, will provide leadership and oversight, through the Director General, the Department Executive Group and the Aboriginal Health Executive Group, and facilitate partnerships, best practice and information-sharing through the Aboriginal Health Policy Directorate.
- **Health Service Providers** have been established as separate statutory authorities governed by a board with greater responsibility for local area delivery of health and support services. Health Service Providers are required to address binding policy frameworks, such as the Strategic Intent, and will be encouraged to use this Guide to inform and develop flexible, locally relevant, responsive and measurable implementation plans.
- **Stakeholders** will be encouraged to access and apply the Guide in their organisational planning, and support effective implementation of relevant strategies through collaboration with other Stakeholders across and between each of the jurisdictions, and through Aboriginal partnerships and community consultation (see Figure 4).

An assessment will be made within the first five-year cycle to consider whether the accountability arrangements are effective, and suitably align with new governance arrangements within the WA health system.

Figure 5: **Governance and accountability arrangements for the first five-year cycle of the Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030**



Monitoring and reporting

Across the WA health system

As of 1 July 2016, binding system-wide Policy Frameworks provide the Director General with a mechanism to manage the WA health system at a strategic level. Policy Frameworks are legal instruments under the *Health Services Act 2016* and drive service coordination, integration and effectiveness in the provision of health services across the system.

Policy Frameworks outline mandatory requirements and provide reference to supporting information, and initiatives to improve Aboriginal health can be found within them. Health Service Providers are responsible for establishing local policy for their services, consistent with the relevant Policy Frameworks.

Additionally, the Performance Management Policy (PMP) sets out a common set of performance objectives and indicators for the WA health system that are aligned to the four priorities and seven enablers detailed in the Strategic Intent, which includes Aboriginal health as a priority area. The System Manager monitors and reports on the performance of Health Service Providers, in accordance with the binding Policy Frameworks, through the Health Services Performance Report. Currently, there are three performance indicators that relate specifically to Aboriginal health.

Aboriginal Health Strategy Units within Health Service Providers

At the individual Health Service Provider level it is anticipated that activity and initiatives that support improvements under the Framework's six Strategic Directions will be captured through operational and business planning reporting mechanisms.

Aboriginal Health Policy Directorate

The Aboriginal Health Policy Directorate will lead reporting of performance against the eight Headline Measures set out in the Implementation Guide (see Table 2). A companion Monitoring and Reporting Plan will set out the eight Headline Measures, describe their relationship with the Framework's vision and six Strategic Directions, and define accountabilities and the frequency of reporting.

Evaluation

An evaluation process will be undertaken at the end of the first five-year implementation cycle of the Framework. The aim of the evaluation will be to understand how the Framework and its Implementation Guide are being applied statewide, consider factors that determine its effectiveness and make recommendations on how the implementation process could be improved.

A subsequent evaluation that will focus on the impact the Strategies aligned to the Framework have on health system performance will occur at the end of the second implementation cycle. This will provide the opportunity to inform and strengthen implementation and develop new approaches if some areas are not achieving the progress expected.

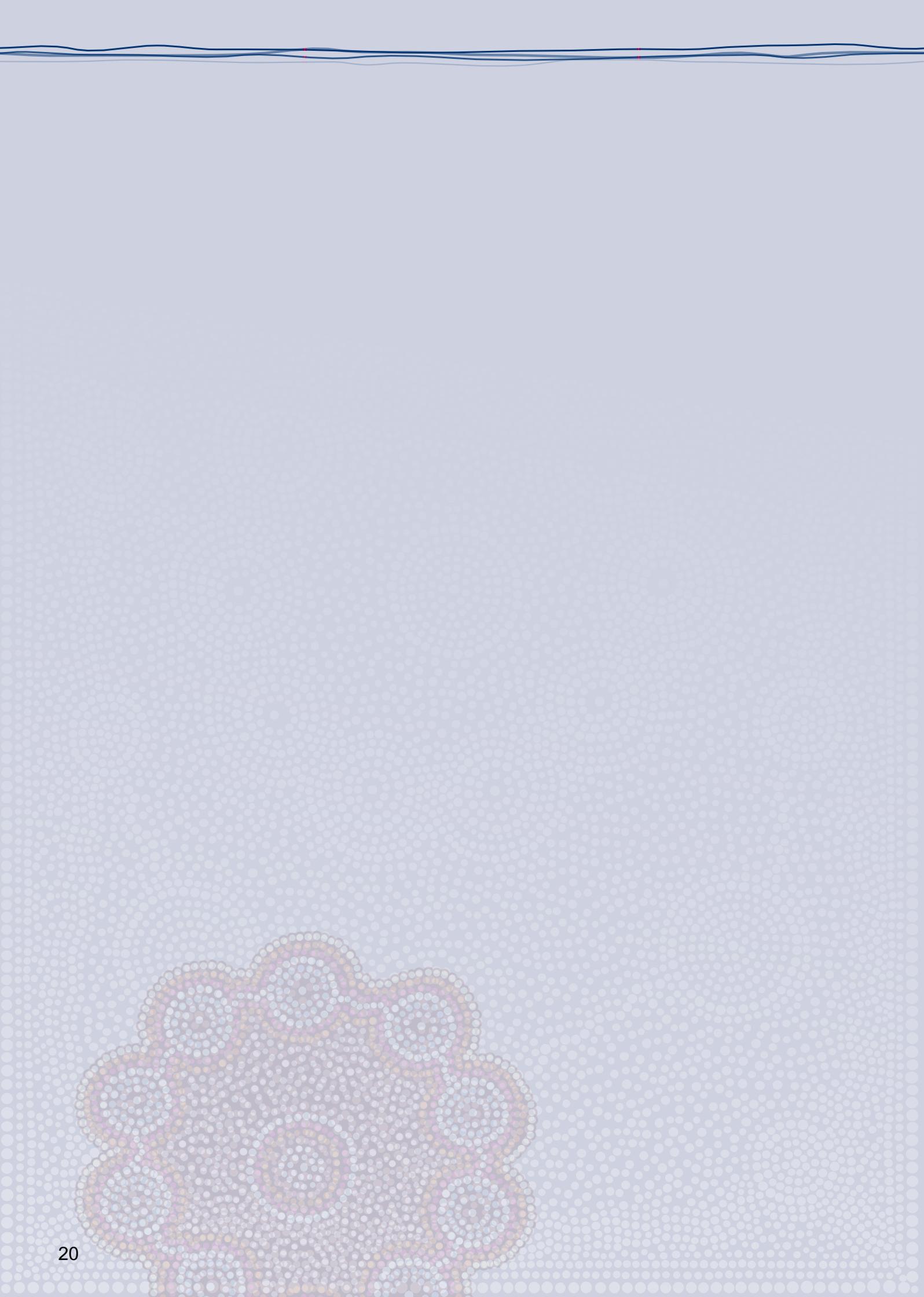
An outcome evaluation to assess the overall performance of the Framework and the Implementation Guide in achieving improvements in Aboriginal health and wellbeing will be undertaken at the end of the final five-year cycle. The Department of Health will utilise evaluation findings, the available evidence and health sector feedback to inform future strategic directions in Aboriginal health and wellbeing that will be set out in the next iteration of the Framework.

Strategic Outcomes and Headline Measures

A Quick Reference Guide

Overarching measures
<ol style="list-style-type: none">1. A reduction in the gap in life expectancy between Aboriginal and non-Aboriginal Western Australians2. A reduction in the gap in mortality rates for Aboriginal children under five
Strategic Outcome 1: Aboriginal people engage with culturally secure, evidence-based programs and services at transition points across the life course to support ongoing health and wellbeing.
Headline Measure: A reduction in potentially avoidable mortality
Strategic Outcome 2: Aboriginal people, families and communities are provided with the opportunities to engage with evidence-based prevention and early intervention initiatives and the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.
Headline Measure: A reduction in potentially preventable hospitalisations
Strategic Outcome 3: WA Health recognises racism as a key social determinant of health for Aboriginal people. Health care, whether government or community provided, is to be free of racism and discrimination.
Headline Measure: A reduction in rates of Discharge Against Medical Advice
Strategic Outcome 4: Well communities support strong culture and good health and wellbeing through a strong network of healthy relationships between individuals, their families, their kin and community. WA Health structures, policies and processes harness individual, family and community capability and enhance their potential.
Headline Measure: A reduction in hospitalisations due to injury or poisoning
Strategic Outcome 5: A strong, skilled and growing Aboriginal health workforce across all levels, including clinical, non-clinical and leadership roles. The non-Aboriginal workforce is able to understand and respond to the needs of Aboriginal people.
Headline Measure: Increased number of Aboriginal people employed in selected health-related disciplines in WA
Strategic Outcome 6: Aboriginal people receive safe care of the highest quality, in a timely manner, to ensure best possible health care to meet their health needs.
Headline Measure: Increased access to hospital procedures

Table 2: **Strategic Outcomes and headline measures of the *Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030***





Building the Foundations 2015 to 2020

Strategic Direction 1 – Promote good health across the life course

Strategic Outcome	Aboriginal people engage with culturally secure, evidence-based programs and services at transition points across the life course to support ongoing health and wellbeing.
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Headline measure: A reduction in potentially preventable mortality.

Why is this important?

In WA during 2008-12, the avoidable mortality rate was 4.6 times the rate for non Aboriginal people (628 per 100,000 compared with 136 per 100,000) (AIHW, 2015). The most significant opportunities to reduce avoidable mortality rates for Aboriginal people are in relation to risk factor reduction and health promotion (52.7% of avoidable deaths for the period 2008-2012), followed by early detection and treatment (24.2%) and once the disease is fully established, therapy and rehabilitation (23.1%) (SCRGSP, 2014).

Focus Area - Maternal Health and Parenting

Objective	Strategy	Recommended measures
<p>1.1 Aboriginal families have access to culturally secure preconception, health promotion and behaviour change programs before and during pregnancy.</p> <p>1.2 Aboriginal women experience high quality, coordinated and culturally secure antenatal and postnatal care.</p> <p>1.3 Increased timeliness and rates of access to antenatal care for Aboriginal women.</p>	<ul style="list-style-type: none"> ▪ Support culturally secure antenatal and postnatal care services and birthing options. ▪ Implement health promotion initiatives that provide access to culturally appropriate information, tools and resources to support better health for women and their babies (e.g. breastfeeding, positive parenting information). ▪ Service delivery recognises and incorporates the importance of extended family arrangements. ▪ Provide continuity of care for mothers in remote and regional settings, as they transition to care away from home, through collaboration and integration with other maternal and child health services. ▪ Identify and implement service level strategies to address barriers to accessing antenatal care. ▪ Work in collaboration with ACCHOs, community and other stakeholders to inform the delivery of culturally secure and responsive antenatal care. 	<ul style="list-style-type: none"> ▪ Frequency and timeliness of access by Aboriginal women to antenatal care. ▪ Proportion of babies born of low birth weight. ▪ Rates and duration of breastfeeding. ▪ Health behaviours during pregnancy (e.g. smoking, alcohol and drug use).

Strategic Direction 1 – Promote good health across the life course

(continued)

Focus Area – Childhood health and development

Objective	Strategy	Recommended measures
<p>2.1 Increased access to culturally secure child health and development programs and services.</p> <p>2.2 More Aboriginal children are attending health checks and meeting key health and developmental milestones.</p> <p>2.3 Parenting skills and confidence are strengthened within Aboriginal families.</p>	<ul style="list-style-type: none"> ▪ Engage with Aboriginal families using strength-based approaches to effect change in behaviours and health outcomes. ▪ Deliver culturally secure public health strategies including immunisation, eye and ear health programs. ▪ Continue to implement the Enhanced Aboriginal Child Health Schedule that provides a comprehensive approach to ensure that health issues are identified and addressed early. ▪ Provide comprehensive health promotion, information and support regarding issues of nutrition, child development, physical and emotional wellbeing, injury prevention, immunisation and environmental health. ▪ Develop partnerships with ACCHOs and other agencies to build capacity, access relevant resources and address the range of social determinants that impact on child health outcomes. 	<ul style="list-style-type: none"> ▪ Rates of child health checks, including the number of children receiving the Enhanced Aboriginal Child Health Schedule. ▪ Immunisation rates for Aboriginal children. ▪ Hospitalisation rates for disease of the ear for Aboriginal children. ▪ Proportion of screened communities in WA by level of trachoma prevalent in 5-9 year old children. ▪ Rates of environmental health related diseases (e.g. respiratory disease in Aboriginal children).

Focus Area – Adolescent and youth health

Objective	Strategy	Recommended measure
<p>3.1 Increased access to culturally secure mental health, suicide prevention and wellbeing programs and services for young people.</p>	<ul style="list-style-type: none"> ▪ Deliver culturally secure health promotion to encourage positive health behaviours and informed decision making (e.g. positive mental health, safe sex practices, alcohol and drug use). ▪ Work in partnership across sectors (e.g. justice, mental health and drug and alcohol) to strengthen and improve the provision of holistic care and support for young people. 	<ul style="list-style-type: none"> ▪ Rates of access to mental health services and alcohol and drug services. ▪ Community functioning measures identified through the survey data from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS).

Strategic Direction 1 – Promote good health across the life course

(continued)

Focus Area – Healthy adults

<p>Objective</p> <p>4.1 Adults have the health care, support and resources to manage their physical and mental health and have long and productive lives.</p>	<p>Strategy</p> <ul style="list-style-type: none"> ▪ Aboriginal adults have access to regular health assessment checks. ▪ Implement strategies that increase access to primary prevention, services for screening, early detection, treatment and management of chronic disease issues. ▪ Engage key Stakeholders and the Aboriginal community to build the capacity of Aboriginal men so they are equipped with the skills, knowledge and confidence to manage and control their health and wellbeing. ▪ Work in partnership with Aboriginal community and stakeholders to build community capacity to address the range of social determinants that impact on health and wellbeing. ▪ Deliver culturally secure strategies and services that promote positive social and emotional wellbeing. 	
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Focus Area – Healthy ageing

<p>Objective</p> <p>5.1 Older people are able to stay culturally connected and live out their lives as active, physically and mentally healthy individuals.</p>	<p>Strategy</p> <ul style="list-style-type: none"> ▪ Culturally appropriate aged care models, including palliative care and end-of-life decision making for individuals, their families and carers are developed and implemented. ▪ Culturally appropriate strategies to address dementia are delivered and implemented. ▪ Review and encourage action to support ageing on country. 	<p>Recommended measure</p> <ul style="list-style-type: none"> ▪ Community functioning measures identified through the survey data from the NATSISS (Access to traditional homelands).
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Strategic Direction 1 – Promote good health across the life course

(continued)

KICA Assessment Tool

The Kimberley Indigenous Cognitive Assessment (KICA) tool was developed by the WA Centre for Health and Ageing in response to the need for a cognitive screening tool for older Aboriginal people (45 years plus) living in rural and remote areas. Prior to the development of the KICA, determining the extent of dementia and other cognitive impairment in this group had been hindered due to the lack of an available, culturally sensitive assessment tool. It is now understood that the prevalence of dementia in Aboriginal people aged over 45 years is three to five times that of non-Aboriginal people.

The KICA assesses the cognition of an older Aboriginal person through a series of cognitive tasks and gathers informant (e.g. carer) information on the person's cognition. A short-version of the KICA and urban KICA version are available online: <https://www.perkins.org.au/wacha/our-research/indigenous/kica/>

Please note the KICA is a screening tool, and not a diagnostic tool for dementia.

Strategic Direction 2 – Prevention and early intervention

Strategic Outcome	Aboriginal people, families and communities are provided with the opportunities to engage with evidence-based prevention and early intervention initiatives and the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.
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Headline measure: A reduction in potentially preventable hospitalisations.

Why is this important?

In WA potentially preventable hospitalisation rates for Aboriginal people were 8.1 times greater than for non-Aboriginal people. This compares with national rates of 3.4 times. Potentially preventable hospitalisations were 6.9 times greater for Aboriginal men compared to non-Aboriginal men. Potentially preventable hospitalisations rates for Aboriginal women were 9.4 times greater. The rate difference was largest for diabetes complications. Chronic obstructive pulmonary disease had the second highest rate difference (AHMAC, 2015).

Focus Area – Healthy Environments

Objective	Strategy	Recommended measures
<p>1.1 Communicable disease control, prevention, detection and responses are informed by data, and culturally secure initiatives and programs developed.</p> <p>1.2 Health promotion initiatives, social marketing and media campaigns are appropriately targeted and improve individual and environmental health literacy and risk factor awareness.</p> <p>1.3 Aboriginal people receive information and services that improve their knowledge and practice of healthy lifestyle behaviours.</p>	<ul style="list-style-type: none"> ■ Implement strategies aligned to the <i>WA Health Immunisation Strategy 2016-2020</i> to increase vaccination coverage for Aboriginal people. ■ Incorporate the needs of Aboriginal communities in the establishment of plans for the prevention of communicable diseases and the development of targeted health promotion activity. ■ Identify social and environmental factors that impact on communicable diseases and address through partnership with the Aboriginal community and other Stakeholders. ■ Implement strategies that measure, monitor and evaluate health outcomes through the <i>WA Aboriginal Sexual Health and Blood-borne Virus (BBV) Strategy 2015-2018</i>. ■ Continue to coordinate and improve priority programs such as <i>Regional Immunisation, WA Trachoma Program and State Rheumatic Heart Disease and Acute Rheumatic Fever</i>. 	<ul style="list-style-type: none"> ■ Immunisation rates for Aboriginal children (at 1, 2 and 5 years). ■ Immunisation rates for Aboriginal adults. ■ Screening rates of Sexually Transmissible Infections and BBVs in Aboriginal people compared with non-Aboriginal people. ■ Rates of diseases associated with poor environmental health conditions. ■ Number of brief interventions for smoking, alcohol, physical activity and emotional wellbeing (Footprints to Better Health Outcome Data and Own Source Revenue).

Strategic Direction 2 – Prevention and early intervention (continued)

Focus Area – Healthy Environments (continued)

1.4 Living environments in communities are improved through a range of environmental health initiatives and healthy living practices.

- Support culturally secure primary health care services to deliver targeted health promotion, prevention and early intervention programs, including the *Healthy Lifestyles Program* and the *Tackling Indigenous Smoking Program*.
- Continue to deliver and implement the *Environmental Health Program*, in partnership with Aboriginal Environmental Health Workers / Aboriginal community controlled organisations.

Focus Area – Chronic condition prevention and management

Objective

2.1 Aboriginal people receive culturally secure, responsive, coordinated continuous care for a seamless transition between services and across health care settings.

2.2 Aboriginal people have increased access to timely and appropriate detection, diagnosis, and intervention to prevent, delay or minimise the progression of chronic conditions, and ensure fewer complications and multi-morbidities associated with chronic conditions.

Strategy

- Implement policies, processes and pathways to reduce the complexity involved in navigating the health system for Aboriginal patients, their carers and families.
- Standardise information exchange and care planning, to support efficient health workforce communication.
- Utilise available Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) measures, for the early detection and prevention of chronic diseases, and to provide an optimal level of care for Aboriginal patients currently with a chronic disease or complex health care needs.
- Deliver evidence-based, culturally secure cancer screening programs that respond to specific needs of Aboriginal people in order to increase Aboriginal participation.
- strategies that maximise Aboriginal participation in prevention and early intervention programs.

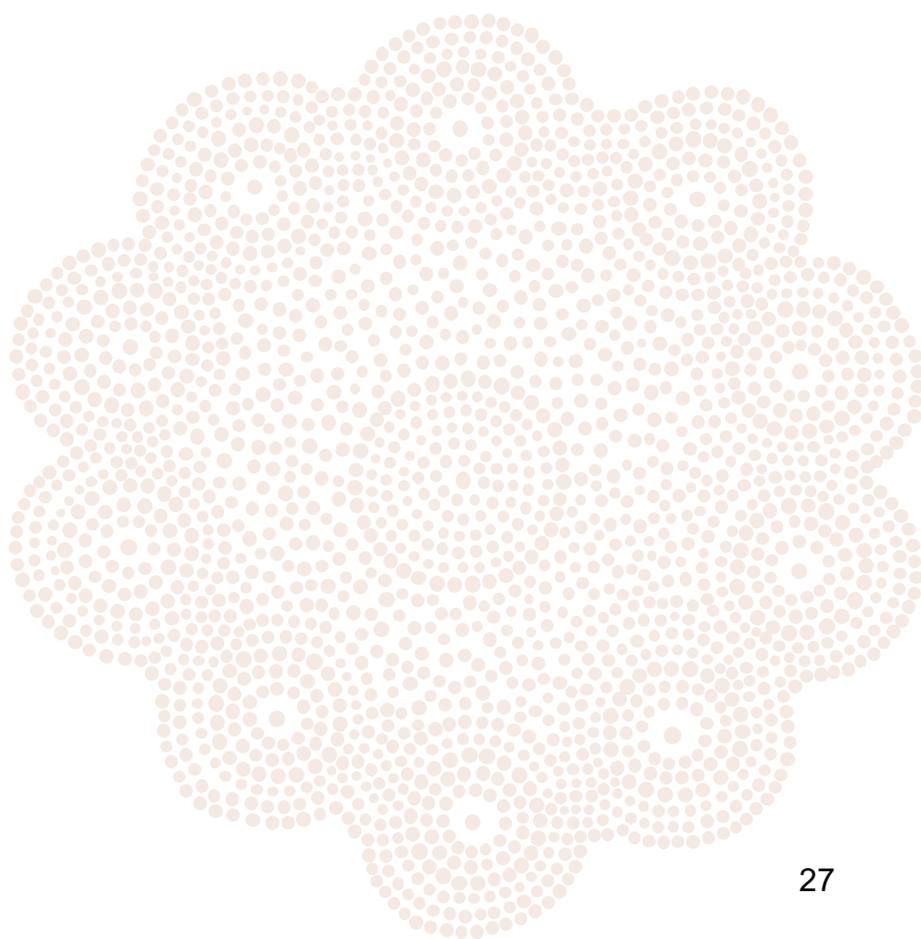
Recommended measures

- Rates of MBS Health Assessments (across all age groups).
- Rates of screening for screen-detectable cancers (bowel, breast, cervical).
- Rates of chronic diseases including respiratory disease, circulatory disease, high blood pressure, cancer, diabetes, kidney disease for Aboriginal people compared to non-Aboriginal people.
- Rate of Team Care Arrangements (TCA) and GP Management Plans (GPMPs) – Care planning for chronic disease.

Strategic Direction 2 – Prevention and early intervention (continued)

Focus Area – Chronic condition prevention and management (continued)

- Invest in, and evaluate outcomes of, culturally secure health prevention, early intervention, chronic disease screening, self-management and multidisciplinary team (MDT) planning, programs and services for Aboriginal people.
- Implement strategies to improve access to timely and culturally appropriate continuity of care, patient transport, multidisciplinary care planning and development of care pathways.
- Implement structural arrangements to support coordinated care and ensure arrangements are culturally secure.
- Work with Aboriginal communities and stakeholders to develop and implement strategies that maximise Aboriginal participation in prevention and early intervention programs.
- Access to after-hours primary health care.
- Rates of access to preferred GPs.
- Regular GP or health service availability, attendance and use.
- Rates of chronic disease (Cardiovascular disease (CVD), Diabetes, Renal Health).



Strategic Direction 2 – Prevention and early intervention (continued)

WA Trachoma Program, WA Country Health Service, Goldfields

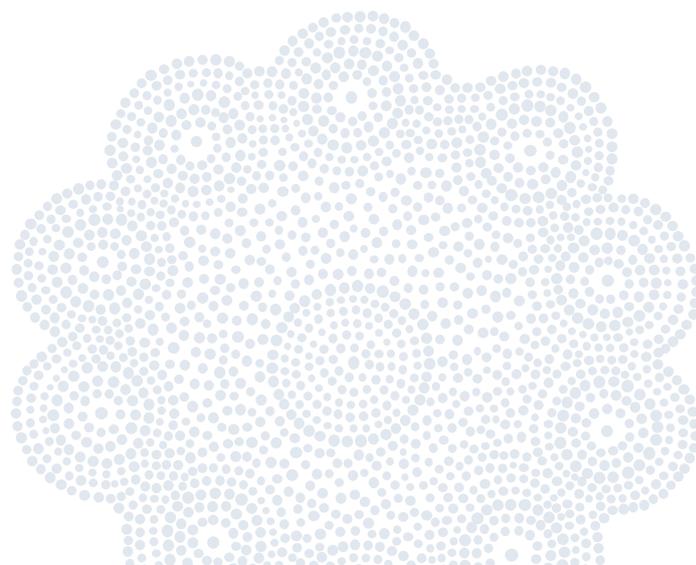
The WA Trachoma Program has successfully reduced the rates of trachoma infection in rural and remote Aboriginal communities from 24% in 2006 to 2.6% in 2015. Trachoma is a bacterial eye infection that is transmitted through person to person contact or by flies that can lead to blindness. The WA Trachoma Program aims to eliminate blinding trachoma from Aboriginal communities across WA by 2020, a target for which it is on track.

The WA Trachoma Program established in four regions with endemic trachoma in 2006, has achieved a high level of community acceptance and involvement through consultation and collaboration with Aboriginal communities and key stakeholder groups. Screening services are offered to children in the 5 to 9 year old target age group both in their schools and in their communities, with prior consent obtained from parents/carers. To augment this activity, health promotion programs are offered to promote preventative health measures. These services are provided through ongoing consultation with Aboriginal communities, local schools and primary health care service providers and with the valuable support of Aboriginal environmental health practitioners who have a strong local presence and community interaction. This accessible and culturally secure approach, has resulted in more than a doubling in screening and, in 2015, 96% of all children and family members who required treatment for trachoma in WA received it.

In 2016, the WA Trachoma Program won the WA Health Excellence Award, within the category “Achieving better health outcomes for Aboriginal people”, and also won the Director General’s Award.

Quitline Enhancement Project (Quitline Aboriginal Liaison Team)

Facilitated by Chronic Disease Prevention within the Department of Health, the Quitline Enhancement Project uses a community engagement model to increase the level of community awareness and knowledge of Quitline, readiness to quit, number of quit attempts and successful quit attempts among Aboriginal people. The Quitline Aboriginal Liaison Team develop and supply culturally secure resources to raise awareness of the risks associated with smoking, provide brief intervention training to health services, and promote the culturally secure services provided by Quitline counsellors.



Strategic Direction 3 – A culturally respectful and non-discriminatory health system

Strategic Outcome	WA Health recognises racism as a key social determinant of health for Aboriginal people. Health care, whether government or community provided is to be free of racism and discrimination.
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Headline measure: A reduction in the rates of Discharge Against Medical Advice (DAMA).

Why is this important?

Between 2011-13, Aboriginal patients across WA were 10 times as likely as non-Aboriginal patients to DAMA, an increase from 6 times in 2008-10. In 2013-14, 7.5% of Aboriginal people presented in ED did not wait or left at their own risk, an increase from 6.8% in 2011-12 (compared to 2.2% to 2.7% respectively, for non-Aboriginal people). Such elevated levels suggest that there are significant issues in the responsiveness of hospitals to the needs and perceptions of Aboriginal people (AIHW, 2015).

Focus Area – Workforce development and training

Objective	Strategy	Recommended measures
1.1 Improved access to cultural education and training for non-Aboriginal staff including opportunities for on-going professional development.	<ul style="list-style-type: none"> Promote and support access and completion of the WA Health Aboriginal Cultural eLearning Program – a healthier future. Implement the WA Health Aboriginal Cultural Learning Package, including delivery of complementary localised Cultural Learning Sessions. 	<ul style="list-style-type: none"> Percentage of employees who have completed the Aboriginal Cultural e Learning and number of Cultural Learning Sessions delivered.

Focus Area – Engagement and partnerships

Objective	Strategy	Recommended measures
1.1 Aboriginal consumers, carers and communities are effectively engaged in the design, planning and evaluation of programs and services to improve patient satisfaction and quality care.	<ul style="list-style-type: none"> Develop and use statewide measures and systems to monitor and report on Aboriginal people's experience of health services. Continue to complete Aboriginal Health Impact Statement and Declarations (ISDs) when developing new and revised policies. Review / audit the adequacy of ISDs and associated guidelines, to strengthen consideration of the needs, interests and circumstances of Aboriginal clients and employees in the development of new and revised health service policies, strategies, program practices and procedures. 	<ul style="list-style-type: none"> Level of Aboriginal patient satisfaction. Number of ISDs completed. Evidence of health activities undertaken in partnership with Aboriginal stakeholders.

Strategic Direction 3 – A culturally respectful and non-discriminatory health system (continued)

Focus Area – Engagement and partnerships (continued)

2.2 Collaborative partnerships with Aboriginal community controlled health services support systematic and ongoing two-way communication

- Participate in Aboriginal health cross-sector and cross-agency forums at all levels (national, state, and regional) to facilitate information sharing and knowledge exchange.
- Establish partnerships and protocols with Aboriginal stakeholders to improve coordination, continuity of care.
- Engage with Aboriginal stakeholders, ensuring that the clinical and cultural needs of Aboriginal people are being addressed holistically.

Focus Area – Organisational and systemic approach

Objective

3.1 Governance arrangements reflect and demonstrate a whole-of-organisation approach to improving cultural competency and responsiveness.

3.2 Flexible and responsive services that identify and respond to barriers to access.

Strategy

- Provide a visible organisational commitment to a culturally respectful and non-discriminatory health system, embedded across all aspects of core business, including in organisational principles and values and the design and implementation of continuous improvement activities.
- Create opportunities for Aboriginal people to participate in governance arrangements and decision-making.
- Undertake organisational assessments and cultural audits to identify gaps and inform improvement opportunities (e.g. identification and implementation of service level strategies to address barriers to access, including physical barriers, affordability, appropriateness and acceptability).

Recommended measure

- Self-reported survey data on the use of health services in Western Australia and reported barriers to access (language and communication, trust in service providers, transport, telecommunications).

Strategic Direction 3 – A culturally respectful and non-discriminatory health system (continued)

Focus Area – Organisational and systemic approach (continued)

3.3 Systemic racism and discrimination is better understood, addressed and prevented.

- Implement the *WA Health Language Services Policy and Toolkit* and the *Western Australian Language Services Policy 2014 and Guidelines*.
- Implement the National Best Practice Guidelines for Collecting Indigenous Status and recording categories on data collection forms and information systems.
- Inform the development of the 'Take Own Leave National Framework' to address the key contributing and protective factors to reduce the rates of Aboriginal people 'taking their own leave' 'did not wait' and 'discharge against advice' from Australian hospitals.
- Measures under the WA Aboriginal and Torres Strait Islander Health Performance Framework (ATSIHPF) to assess WA health system performance, including those that examine health system appropriateness, accessibility, responsiveness and safety e.g. Measure 3.08: Cultural Competency, Measure 3.09 DAMA, and Measure 3.14 Access to Services compared with need.

Kimberley Did Not Wait Policy

The WA Country Health Service Kimberley Office and Broome Hospital have implemented a policy and associated procedures to monitor and follow up on Aboriginal patients who "Did Not Wait". A risk rating is applied to patients who have left along with clear processes for staff to manage, such as a follow-up phone call or provision of an Aboriginal Liaison Officer outreach service. The policy has criteria to identify high risk patients, including babies, children, mental health patients and repeat presentations. A similar response has been implemented in the Goldfields region.

Aboriginal Cultural Learning

The Aboriginal Health Policy Directorate, Department of Health, has provided the WA Health Aboriginal Cultural Learning Package (ACLP) to WA health system employees since 1 July 2015. ACLP is a suite of online cultural learning tools and resources designed to assist staff with Aboriginal cultural learning.

The ACLP provides all WA health system employees with access to Aboriginal Cultural eLearning (a mandatory online training course), Aboriginal Cultural Learning Plans, Aboriginal Cultural Learning sessions and **Aboriginal Health Impact Statement and Declarations**.

Strategic Direction 4 – Individual, family and community wellbeing

Strategic Outcome	Well communities support strong culture and good health and wellbeing through a strong network of healthy relationships between individuals, their families, their kin and community. WA Health structures, policies and processes harness individual, family and community capability and enhance their potential.
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Headline measure: A reduction in hospitalisations due to injury or poisoning.

Why is this important?

Injury and poisoning is responsible for 15 per cent of the health gap between Aboriginal and non-Aboriginal people (AHMAC, 2015). In Western Australia in 2014, intentional self-harm was the second leading cause of death for Aboriginal people and land transport accidents were the fourth leading cause (ABS, 2016).

According to the Aboriginal and Torres Strait Islander Health Survey in 2012-13, 30 per cent of Aboriginal people in Western Australia aged 18 and over reported experiencing high/very high levels of psychological distress. After adjusting for differences in age structure, this rate was 2.6 times as high as the rate for non-Aboriginal people. In the same survey, 18 per cent of Aboriginal people were estimated to have reported an injury in the 4 weeks before being surveyed.

Focus Area – Family and community centred approaches

Objective	Strategy	Recommended measures
<p>1.1 Services acknowledge and incorporate an understanding of cultural systems of care, in policy and program development and delivery.</p>	<ul style="list-style-type: none"> ▪ Engage with families, communities and stakeholders at the commencement of planning to ensure community knowledge is accessed, harnessed and informs the development of health initiatives. ▪ Cultural systems of care are acknowledged and actively incorporated within clinical care delivery and practice. ▪ Care plans and clinical decisions should be made jointly and consider the context of family and community. ▪ Recognise family networks form the basis of innovative approaches to health and wellbeing. 	<ul style="list-style-type: none"> ▪ Patient experience survey results. ▪ Number of care plans that record family and carer perspectives.

Strategic Direction 4 – Individual, family and community wellbeing

(continued)

Focus Area – Strengthening capacity		
Objective	Strategy	Recommended measures
<p>2.1 Improved community decision-making, influence and control over the management and delivery of health services to Aboriginal communities.</p>	<ul style="list-style-type: none"> ▪ Recognise the integral role played by Aboriginal health leaders and the ACCHOs in ensuring access to appropriate health services. ▪ Build the capacity of communities to increase community control over health and the social determinants and enable local communities to develop their own services, based on their own needs. ▪ Enhance service provision by continuing to support Aboriginal community controlled primary health and health related services. ▪ Recognise the governance role and function AHCWA plays as a capacity building organisation for ACCHOs. ▪ Improve health literacy with regards to mental health, social and emotional wellbeing and drug and alcohol to support communities to make informed choices. ▪ Coordinate policy, planning and program development between mental health, social and emotional wellbeing and drug and alcohol agencies and services to ensure appropriate care planning and the provision of coordinated services. ▪ Continued delivery of the Statewide Specialist Aboriginal Mental Health Service to increase the accessibility and responsiveness of mainstream public mental health services for Aboriginal people with severe and persistent mental illness. 	<ul style="list-style-type: none"> ▪ Rates of access to mental health and drug and alcohol services. ▪ Rates of hospitalisations for external injury, by cause. ▪ Monitor engagement with Aboriginal communities through partnerships and consultation.
<p>2.2 Greater engagement and access of services by Aboriginal people through the provision of culturally secure services addressing mental health, alcohol and other drug problems.</p>		
<p>2.3 Culturally secure programs and initiatives enhance personal and community empowerment and build more responsive health service delivery.</p>		

Strategic Direction 4 – Individual, family and community wellbeing

(continued)

Focus Area – Care closer to home

Objective	Strategy	Recommended measure
3.1 Culturally secure services are increasingly accessible within communities.	<ul style="list-style-type: none">Support and assist communities to improve their capacity to manage local primary health care services.Upskilling of Aboriginal health workforce to provide services and care in their local communities.Look for opportunities to upskill local community members in evidence-based health responses.Ensure coordination of services for Aboriginal patients attending appointments in urban and regional locations, to minimise time away from home.Provide specialist outreach services where possible to improve access to secondary care.Work with the Aboriginal community to promote the uptake and engagement with Telehealth Services.	<ul style="list-style-type: none">Number of Aboriginal Liaison Officers employed by Health Service Providers.Number of Aboriginal Health Workers that undergo training to deliver vaccinations.

Statewide Specialist Aboriginal Mental Health Service

The Statewide Specialist Aboriginal Mental Health Service (SSAMHS) model is an innovative arrangement which delivers whole-of-life mental health care. In addition to specialist clinical interventions, the model involves the family and engages traditional healers identified by people with mental illness and their families through community networks.

This approach ensures a culturally secure service and, in the context of Aboriginal engagement with services, addresses inadequacies of the traditional medical model. SSAMHS is focused on delivering improved access to mental health services for Aboriginal people and a career structure to encourage recruitment and retention of Aboriginal staff.

http://www.mentalhealth.wa.gov.au/mental_illness_and_health/mh_aboriginal/SSAMHS.aspx

Yarning Quiet Ways

In 2015, about 80 Aboriginal mums, dads and carers yarned about how to help kids learn about strong, safe and healthy relationships. They said that they wanted a resource to help them talk to their kids about being boss of their bodies, changes in their bodies, saying 'no', safer sex, sex and the law, teenage pregnancy, protecting themselves online and respectful relationships.



Yarning Quiet Ways was developed to respond to this request.

The book was produced by the Sexual Health and Blood-borne Virus Program, Department of Health, in collaboration with an Aboriginal Advisory Group.

The book includes quotes from Aboriginal parents and carers and was focus tested with Aboriginal community members to ensure its cultural appropriateness.

A hard copy of the book can be ordered online (at no cost) from

<http://www.dohquickmail.com.au>

or by emailing [SHBBVP.GVH@](mailto:SHBBVP.GVH@health.wa.gov.au)

[health.wa.gov.au](mailto:SHBBVP.GVH@health.wa.gov.au) An abridged

version of the resource is also

available at [https://letsyarn.health.](https://letsyarn.health.wa.gov.au/for-parents/yarning-quiet-ways)

[wa.gov.au/for-parents/yarning-quiet-ways](https://letsyarn.health.wa.gov.au/for-parents/yarning-quiet-ways)

Strategic Direction 5 – A strong, skilled and growing Aboriginal health workforce

Strategic Outcome	A strong, skilled and growing Aboriginal health workforce across all levels, including clinical, non-clinical and leadership roles. The non-Aboriginal workforce is able to understand and respond to the needs of Aboriginal people.
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Headline measure: Increased number of Aboriginal people employed in selected health-related disciplines in WA.

Why is this important?

According to the 2011 Census, in Western Australia there were 806 Aboriginal people employed in selected health-related occupations, an increase of 15 per cent since the 2006 Census. The rate of non-Aboriginal people employed in selected health-related occupations also increased over that same period by 10 per cent (AIHW, 2015). Nationally, the health occupations with the largest gap between rates of Aboriginal and non-Aboriginal employees were nurses, medical practitioners and allied health professionals (AHMAC, 2015).

Aligned to the WA Public Sector Commission's Aboriginal Employment Strategy, the WA health system is working towards a target of 3.2 per cent of Aboriginal employment.

Focus Area – Attraction and retention

Objective	Strategy	Recommended measures
<p>1.1 Improved access to employment opportunities for Aboriginal people across the health sector.</p> <p>1.2 A culturally respectful and safe workplace culture and environment.</p>	<ul style="list-style-type: none"> ▪ Identify and prioritise positions to employ Aboriginal cadets, trainees and graduates on completion of their program, aligned to the <i>WA Health Aboriginal Workforce Policy</i>. ▪ Engage with the local community to promote employment opportunities and target Aboriginal employees through appropriate advertising and recruitment. ▪ Use Section 51 and Section 50(d) of the <i>Equal Opportunity Act 1984 (EOA)</i> as targeted measures to achieve equality and increase diversity in the workforce. ▪ Utilise innovative and flexible recruitment, selection and appointment processes and procedures to attract an Aboriginal workforce. 	<ul style="list-style-type: none"> ▪ Proportion of junior medical officer places filled by Aboriginal medical graduate students (WA health system). ▪ Proportion of nurse and midwife graduate places filled by Aboriginal nurse and midwife graduates (WA health system). ▪ Health Service Provider Aboriginal employee headcount numbers.

Strategic Direction 5 – A strong, skilled and growing Aboriginal health workforce (continued)

Focus Area – Attraction and retention (continued)

<p>1.3 Increased number of Aboriginal employees appointed to permanent positions, not fixed term contracts linked to short term program funding.</p>	<ul style="list-style-type: none"> • Increase the number of permanent positions within the WA health system and work towards substantive opportunities for fixed term contract employees. • Support a visible commitment to a culturally safe work environment. • Promote the retention of the Aboriginal workforce through the development and implementation of career pathways, job mentoring, cultural support and capacity building. 	<ul style="list-style-type: none"> • Number of Aboriginal cadets and trainees in the DOH and HSPs. • Percentage of Aboriginal employees across the WA health system. • Number of Aboriginal people appointed to positions through the use of Section 51 EOA.
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Focus Area – Workforce skill development

Objective	Strategy	Recommended measures
<p>2.1 More Aboriginal students are studying for and completing qualifications in health related disciplines.</p> <p>2.2 Aboriginal health workforce skills and capacity are developed in clinical and non-clinical roles across all health disciplines.</p>	<ul style="list-style-type: none"> • Provide resources for school students to promote and highlight the variety of pathways, career and employment opportunities in the health sector e.g. <i>'Aboriginal Pathways – Getting a Job in Aboriginal Health'</i>. • Develop partnerships and networks with schools, vocational education providers and universities to address barriers to access and completion. • Implement the <i>WA Health Building the Aboriginal Workforce for a Healthier Future</i> program. • Promote the implementation of the Aboriginal and Torres Strait Islander Health Curriculum Framework in universities across WA. • Work with education providers at the state and local level to match training to employer needs and available employment opportunities. • Identify funding and resources to support effective training and education opportunities for Aboriginal staff. 	<ul style="list-style-type: none"> • Number of Aboriginal students studying for qualifications in health-related disciplines in WA. • Rates of completion/ graduation and employment for Aboriginal health students studying for qualifications in health-related disciplines in WA. • Qualitative reporting on the establishment and outcomes of partnership arrangements.

Strategic Direction 5 – A strong, skilled and growing Aboriginal health workforce (continued)

Focus Area – Workforce design and planning

Objective	Strategy	Recommended measure
<p>3.1 Improved data and information supports health workforce planning and policy development.</p> <p>3.2 Business planning processes shape and structure the Aboriginal health workforce to ensure there is sufficient and sustainable capability and capacity to deliver organisational objectives.</p>	<ul style="list-style-type: none"> ▪ Ensure Aboriginal identification of applicants and employees is captured in recruitment and appointment processes. ▪ Review the Aboriginal workforce target methodology to ensure a systematic, appropriate and equitable target allocation approach. ▪ Develop partnerships with the Aboriginal community controlled health sector and other relevant Stakeholders to assist in Aboriginal workforce planning and information sharing. ▪ Measure and monitor available Aboriginal workforce indicators to ensure workforce distribution matches local community need based on the existing services in the area. ▪ Develop an Aboriginal Workforce Action Plan, aligned to the <i>WA Health Aboriginal Workforce Strategy 2014-2024</i> and the <i>WA Health Aboriginal Workforce Policy</i>, in consultation with key Aboriginal stakeholders. ▪ Improve Aboriginal workforce data collection and profiling through the monthly WA Health Workforce Profile – Aboriginal Report. 	<ul style="list-style-type: none"> ▪ Progress against the Aboriginal workforce target (WA health system). ▪ Reporting against the WA Health Equity and Diversity Strategy 2015 – 2020.

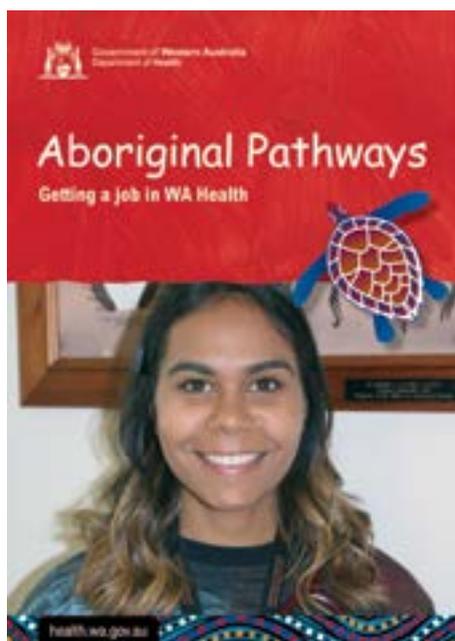
Focus Area – Leadership

Objective	Strategy	Recommended
<p>4.1 Improved access to strategies, programs and opportunities that encourage leadership and management opportunities for the Aboriginal workforce at all levels.</p>	<ul style="list-style-type: none"> ▪ Establish Aboriginal leadership groups and network opportunities at a State, regional and local level. ▪ Implement talent management and succession initiatives targeting emerging Aboriginal leaders at a State and local level. 	<ul style="list-style-type: none"> ▪ Number of Aboriginal people by employment occupational groups, levels, locations and employment arrangements (including FTE and contracted staff) within the WA health system.

Focus Area – Leadership (continued)

- Recruit Regional Aboriginal Health Consultants to form part of Regional Executive Teams in regions across the state.
 - Provide and support secondment and acting opportunities within the WA health system for Aboriginal staff.
 - Provide Aboriginal employees with formal leadership training to fast track them into Aboriginal and mainstream senior management and executive positions.
- Number of Aboriginal employees who complete the *WA Health Aboriginal Leadership and Excellence Development Program*.

Aboriginal Pathways - Getting a job in WA Health



Aboriginal Pathways – Getting a Job in WA Health is a resource developed by the Aboriginal Health Policy Directorate, Department of Health, for Aboriginal people. The aim is to promote Aboriginal employment in the WA health system and demonstrate the various pathways to employment. Recruitment and retention of Aboriginal staff across all levels is a priority for the WA health system, with a workforce target of 3.2%. The different pathways, including traineeships, cadetships, apprenticeships, previous work experience, tertiary qualifications and on-the-job training are explained, and resource lists are provided.

Aboriginal Health Council of WA Aboriginal Health Worker immunisation training program

The Aboriginal Health Council of WA (AHCWA) offers a training program across WA aimed at improving immunisation rates for Aboriginal children. The training program was developed in partnership with the Communicable Disease Control Directorate at the Department of Health, and trains Aboriginal Health Workers across the state to administer and promote immunisations.

The course is part of a push to increase immunisation rates amongst Aboriginal children, which are currently around five per cent lower on average than the non-Aboriginal population.

Website: <http://www.healthinonet.ecu.edu.au/about/news/2996>

Strategic Direction 6 – Equitable and timely access to the best quality and safe care

Strategic Outcome	Aboriginal people receive safe care of the highest quality, in a timely manner, to ensure the best possible health care to meet their health needs.
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Headline measure: Increased access to hospital procedures.

Why is this important?

In WA between July 2011 and July 2013, 60% of hospitalisations (excluding care involving dialysis) for Aboriginal people had a procedure recorded, compared to 80% of hospitalisations for non-Aboriginal Australians (AIHW 2015). The rate of difference in procedure rate between Aboriginal people and non-Aboriginal people is highest in remote areas (AIHW 2015).

Disparity in access is highlighted by morbidity and mortality rates for health issues, for example incidence of cancer diagnosis in Aboriginal people is lower, but mortality rate is 30% higher than non-Aboriginal Australians (AIHW 2014).

Focus Area – Clinical governance, accountability and performance standards

Objective	Strategy	Recommended measures
1.1 Implement clinical governance processes that support improvements in health system performance for Aboriginal people.	<ul style="list-style-type: none"> ▪ Engage the Aboriginal workforce in development of Continuous Quality Improvement (CQI) processes. ▪ Organisational structures, policies and processes embed community participation in the implementation of local CQI. ▪ Cultural security and competence are considered in the implementation of CQI. ▪ Systematically review performance in meeting Aboriginal patients' needs, providing high quality care and improving health outcomes. ▪ Foster effective coordination and collaboration through rigorous monitoring, reporting and evaluation against agreed performance standards and outcomes. ▪ Accountability arrangements should be informed by local circumstances and cultural context. ▪ Embed Aboriginal health partnerships within performance management and accountability mechanisms. 	<ul style="list-style-type: none"> ▪ Aboriginal representation on boards (e.g. Health Service Boards). ▪ Aboriginal participation in regional health planning processes. ▪ Accreditation against National Safety and Quality Health Service Standards.

Strategic Direction 6 – Equitable and timely access to the best quality and safe care (continued)

Focus Area – Safety and quality

Objective	Strategy	Recommended measures
<p>2.1 Aboriginal people receive culturally secure, safe and quality care across health care settings.</p>	<ul style="list-style-type: none"> ▪ Develop understanding of the safety and quality issues commonly associated with health care for Aboriginal people. ▪ Embed Aboriginal health within clinical governance and patient safety frameworks. ▪ Use the National Safety and Quality Standards to improve Aboriginal health outcomes across WA. ▪ Develop criteria for assessing the cultural responsiveness of health services as part of accreditation processes. 	<ul style="list-style-type: none"> ▪ DAMA rates by Health Service Provider. ▪ Accreditation against National Safety and Quality Health Service Standards.

Focus Area – Data improvements and research

Objective	Strategy	Recommended measure
<p>3.1 Improve Aboriginal identification.</p> <p>3.2 Improved approaches to health information development, collection and use.</p> <p>3.3 Knowledge translation.</p>	<ul style="list-style-type: none"> ▪ Identify and implement strategies to address the under-identification of Aboriginal people. ▪ Conduct priority-driven research, delivered in partnership with Aboriginal communities and stakeholders. ▪ Engage Aboriginal people to provide input into data development, collection and use of information on health and the social determinants of health. ▪ Participate in data sharing and the routine use of data as a basis for conversations to identify priority areas for action. ▪ Return data to communities/use of data by communities. ▪ Ensure data is available for program evaluation, at the time programs are planned and implemented. ▪ Encourage an approach to research that builds the evidence base and supports opportunities for knowledge translation. 	<ul style="list-style-type: none"> ▪ Aboriginal identification rate. ▪ Number of research proposals reviewed by the WA Aboriginal Health Ethics Committee.

Enhanced Aboriginal Child Health Schedule (Child and Adolescent Community Health Statewide Policy)

The Enhanced Aboriginal Child Health Schedule (EACHS) is delivered across WA by a multidisciplinary team including Child Health Nurses, Remote Area Nurses, Aboriginal Health Workers, Registered Nurses, Enrolled Nurses, Midwives and Medical Officers. These health workers provide services in different settings, including at home, in child health centres and other community venues that are accessible and culturally appropriate. EACHS aims to improve health outcomes for Aboriginal children by providing effective early support at critical periods in a child's life to minimise the harmful effects of disadvantage and to increase the likelihood of children achieving their social, educational and personal aspirations. The service recognises that the health status and health service needs of Aboriginal children and their families differ from those of the general population in many ways.

Current innovative initiatives

In seeking feedback and asking questions about what is working and where, the Department of Health identified a number of innovative local and regional initiatives striving to improve Aboriginal health and wellbeing outcomes. The initiatives included within the Implementation Guide are not intended to be an exhaustive list but rather an example of current practice at the time that consultation was undertaken.

For the latest research and innovative practice in improvements in Aboriginal health and wellbeing, the following online resources are also available:

- Closing the Gap Clearing House, Australian Institute of Health and Welfare (Cth):
www.aihw.gov.au/closingthegap/
- The Australian Indigenous Health InfoNet, Edith Cowan University Western Australia:
www.healthinfonet.ecu.edu.au/

Building the foundations and beyond

The Implementation Guide will be part of a process for change across the WA health system and the Department of Health will play a key role in leading and guiding its implementation. However, the commitment to change must be shared by all of those concerned with improving health outcomes for Aboriginal people in WA.

The first five-year implementation cycle, *Building the Foundations 2015-2020*, will focus on opportunities for the Department of Health, Health Service Providers and other Stakeholders to work together to build capacity across the health system to meet the health and wellbeing needs of Aboriginal people, their families and communities.

At the end of the *Building the Foundations* implementation cycle, the Department of Health will undertake an evaluation to understand how the Implementation Guide is being applied statewide, consider factors that determine its effectiveness and make recommendations on how the implementation process could be improved. This evaluation and the evidence-base will inform the review of the Implementation Guide, and renewal of Strategies and innovative initiatives, for the second five-year implementation cycle *Embed what Works 2021-2025*.

Achieving improvements in health outcomes is strongly influenced by the contributions made by a wide range of Stakeholders – government, non-government and the Aboriginal community controlled sector. The Department of Health will encourage Stakeholders to access and use the Guide to help incorporate the Strategic Directions of the Framework in their own organisational planning. Stakeholders will be encouraged to implement, measure and evaluate local strategies based on the identified needs and priorities of their regions or localities.

Central to this is the critical importance of consulting and partnering with Aboriginal people, communities and organisations in the development and delivery of statewide, regional and local strategies.

Successful implementation of the Framework recognises the importance of culture, strength of community and encouraging new ways of working to achieve the vision of *Aboriginal people living long, well and healthy lives*.

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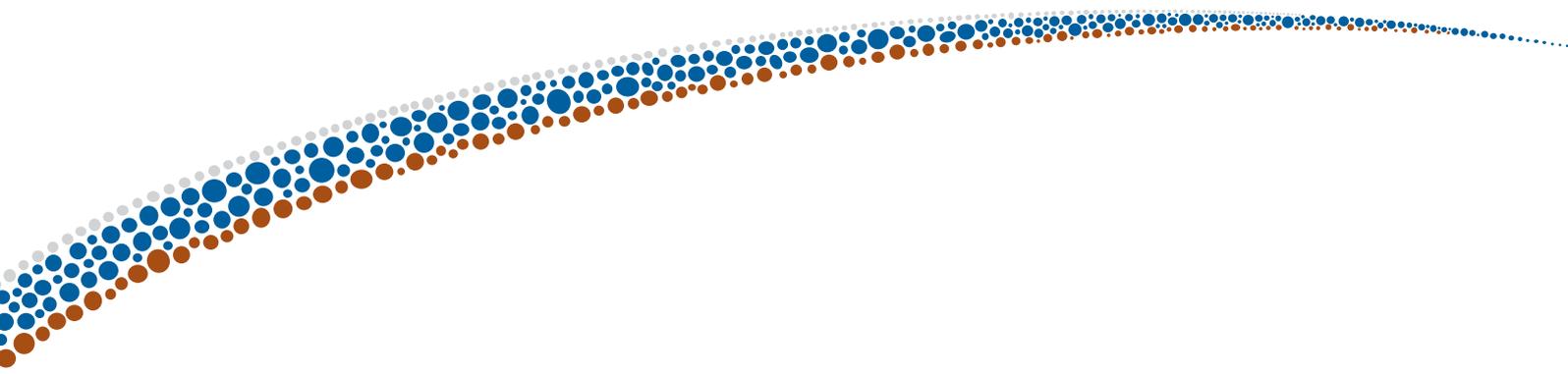


Notes



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