Aboriginal people living long, well and healthy lives

Outcomes Framework for Aboriginal Health 2020–2030

An outcomes focused approach to funding community-based healthcare services
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 (Honours) in Indigenous Community Development and Management 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.

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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

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.
Understanding key terms

Aboriginal health and wellbeing

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.

Cultural security

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.

Culturally secure programs and services need to:

- 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

The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal people. 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.

Outcomes

Outcomes can be defined at different levels, such as the population level, the system level, the program level, the service level and the individual level. They are long term results of implementing a service/program.
1. Introduction

The Outcomes Framework for Aboriginal Health 2020–2030: An outcomes focused approach to funding community-based healthcare services (the Outcomes Framework) seeks to build on and complement the intent of the WA Aboriginal Health and Wellbeing Framework 2015–2030 (the Aboriginal Health and Wellbeing Framework). The Aboriginal Health and Wellbeing Framework was developed to ensure Aboriginal people in Western Australia (WA) have access to high quality health care and services, while assisting communities to make good health a priority through a focus on prevention and early intervention.

Traditionally, health systems in Australia, and overseas, have used inputs and outputs to evaluate their activities, with a focus on the efficiency of service throughputs rather than the effectiveness of interventions. It is only relatively recently that health system evaluation has also focused on evaluating processes and outcomes1.

The health outcomes focus is concerned with finding out which health interventions work, as opposed to those that produce little or no health benefit, and in knowing which treatments are the most cost effective in producing health gains1. The shift to a health outcomes focus requires health system reform and a cultural change within the health system1.

The Outcomes Framework establishes a shared agenda and provides the pathways for Aboriginal community-based services to improve the health and wellbeing of Aboriginal people in WA.

The Outcomes Framework is designed to guide areas within Health Service Providers (HSPs) and the Department of Health that fund Aboriginal community-based health services, and the associated service providers to better; design, deliver and evaluate programs and services through an outcomes focused model. The Outcomes Framework is also designed to ensure that services are aligned to the Aboriginal Health and Wellbeing Framework so that any contribution to the current focus areas can be coordinated and tracked.

The Outcomes Framework 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.

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1 Sansoni J (2016). Health Outcomes: An Overview from an Australian Perspective. Australian Health Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong, August.
2. Background

2.1 Aboriginal health profile

Aboriginal people represent only 3.6% of the total WA population, and yet have some of the greatest health needs and challenges of any groups in the State. Despite improvements in life expectancy, infant and child death rates and deaths from circulatory diseases for the Aboriginal population over the past decade, there are still many health areas where significant disparities between Aboriginal and non-Aboriginal population groups exist.

In WA, the burden of disease for Aboriginal people is more than double that of non-Aboriginal people, of which 37% is preventable. In WA, the leading causes of disease burden for Aboriginal people (DALY rates per 1,000 people) are cardiovascular diseases, injuries (including suicide), cancer, mental and substance use disorders, kidney/urinary diseases, endocrine disorders (including diabetes), infectious diseases and gastrointestinal disorders.

Aboriginal people overall experience a greater burden of social disadvantage, have higher exposure to a range of risk factors and therefore have a higher risk of developing chronic disease and suffering injury. Chronic disease is responsible for 64% of the total disease burden and approximately 70% of the disease burden gap between Aboriginal people and other Australians. Aboriginal people experience much earlier onset of a number of chronic diseases than the non-Aboriginal population. In WA, Aboriginal people also experience higher levels of psychological distress than non-Aboriginal people.

2.2 Supporting investment in Aboriginal Community Controlled Health Services

In 2015–16, 204 Aboriginal Community Controlled Health Services (ACCHS) provided 3.9 million episodes of care to 461,400 people, including over 1 million episodes in very remote areas nationally.

Evidence has shown that ACCHS are more effective and cost-efficient at providing primary health care to Aboriginal people, with health interventions delivered by ACCHS being more effective than if the same interventions were delivered by mainstream health services. The difference is predominantly due to increased access to Aboriginal people, but can also be attributed to ACCHS higher rate of Aboriginal employees and increased engagement with the local Aboriginal community in which they operate. This in turn builds the trust of community and attracts and retains Aboriginal clients.

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5 AIHW. (2016). Aboriginal and Torres Strait Islander Health Organisations: Online Services Report, 2015-16 (Report no. 8). Canberra: AIHW.
2.3 Consultation

To inform the development of the Outcomes Framework, the Aboriginal Health Policy Directorate (AHPD) worked with WA Country Health Service, Aboriginal Health Strategy and the Procurement and Contract Management Directorate.

The AHPD sought consultation and feedback from:

- the Department of Health, including key representatives from:
  - Budget Strategy
  - Purchasing and System Performance
  - all divisions that currently fund Aboriginal community health services
- all metropolitan Health Service Providers (HSPs)
- the Office of the Chief Procurement Officer
- Aboriginal Health Council of WA (AHCWA).

All stakeholders were given the opportunity to provide feedback and raise any concerns. The feedback received was largely positive and supportive of the move towards an outcomes-based approach.

In addition, the Aboriginal Health and Wellbeing Framework, which forms the basis of the Outcomes Framework, was informed by an extensive statewide consultation program.

3. Policy context

The Outcomes Framework is aligned to a range of national and local policies, which support better health outcomes for Aboriginal people, including:

- WA Aboriginal Health and Wellbeing Framework 2015–2030
- National Aboriginal and Torres Strait Islander Health Plan 2013–2023
- Delivering Community Services in Partnership Policy 2018
- WA Aboriginal Procurement Policy
- WA Health Aboriginal Workforce Strategy 2014–2024
- Sustainable Health Review2019: Final Report to the Western Australian Government.

3.1 WA Aboriginal Health and Wellbeing Framework 2015–2030

The Outcomes Framework was developed specifically to complement the Aboriginal Health and Wellbeing Framework, which aims to engage all parts of the WA health system to take collective action to improve the health and wellbeing of Aboriginal people, families and communities. It identifies a set of guiding principles, Strategic Directions and priority areas aimed at achieving its vision of:

“Aboriginal people living long, well and healthy lives”

The Aboriginal Health and Wellbeing Framework strives to ensure Aboriginal people in WA have access to high quality health care and services, while assisting communities to make good health a priority through a focus on prevention.

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The Aboriginal Health and Wellbeing Framework acknowledges the importance of culture as a determinant of health and wellbeing of Aboriginal people; Aboriginal people’s definition of health and the strength of community; and partnerships between services and community to encourage new ways of working.

The development of the Aboriginal Health and Wellbeing Framework was informed by an extensive statewide consultation program. The consultation process identified a number of key themes which were incorporated into the Aboriginal Health and Wellbeing Framework.

The Strategic Directions, as the basis of the Outcomes Framework, are listed below.

1. Promote good health across the life course.
3. A culturally respectful and non-discriminatory health system.
4. Individual, family and community wellbeing.
5. A strong, skilled and growing Aboriginal health workforce.
6. Equitable and timely access to the best quality and safe care.

The Aboriginal Health and Wellbeing Framework supports evidence-based best practice, re-empowerment and capacity building of Aboriginal people and communities, and a system that supports sustainable and effective service funding that will achieve real change in the health outcomes for Aboriginal people living in WA.
3.2 Western Australian Government reform initiatives

There are a number of reform initiatives currently being delivered which contribute either directly or indirectly to improving Aboriginal health outcomes and to which the Outcomes Framework align to, which include:

- **Sustainable Health Review (2019)** – This prioritises the delivery of patient-centred, high quality and financially sustainable health care across WA, with support for ACCHS being a priority recommendation.\(^{10}\)

- **Service Priority Review (2017)** – States that "long lasting and systemic change is required to improve outcomes for Aboriginal people in regional and remote WA".\(^{11}\) The review emphasised the need for greater flexibility in service design and delivery and better engagement with Aboriginal communities.

- **Regional Services Reform (2015)** – Aimed at improving the lives of Aboriginal people in regional and remote Western Australia through long-term, systemic change and improved service design and delivery.

- **Better health, better care, better value – WA Health Reform Program 2015–2020** – Identifies the need to increase investment in prevention and community-based services through a number of the Strategic Priorities of the Outcomes Framework, including:
  - Support the WA community to become healthier. Focus on promoting healthy habits and behaviours. Support people to make healthy lifestyle choices for mind and body.
  - Work with primary health providers and carers to provide integrated and more accessible services to reduce the occurrence of acute illness and improve patient outcomes.
  - Reduce demand on traditional hospital services through increased community-based care services and prevent patient readmissions to hospital through improved care coordination.\(^{12}\)

4. Applying the Outcomes Framework

4.1 When to apply the Outcomes Framework

The Outcomes Framework should be applied by HSP and the Department of Health when funding Aboriginal specific community-based health care services. The source of funding can be via a variety of mechanisms, including; procurement, grants and Memoranda of Understanding (MoU).

**Figure 1** shows how the Outcomes Framework complements the Aboriginal Health and Wellbeing Framework and its other supporting documents and illustrates when it is appropriate to refer to the Outcomes Framework.

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Figure 1. Aboriginal Health key policy document flowchart
4.1.1 Scope

The term ‘community-based’ covers care delivery functions that range from preventative and primary care, through to specialist services and tertiary level care, and are collectively referred to as ‘non-admitted care’\(^\text{13}\). Many services currently delivered in hospital-settings can also be provided safely and effectively in the community\(^\text{13}\).

This document is therefore applicable, but not limited, to:

- general practice after-hours clinics
- research and data collection projects
- immunisation programs
- communicable disease prevention and early intervention
- chronic disease management, including renal dialysis
- care in the home services
- community-based cancer and palliative care services
- community-based outpatient services
- community mental health, sexual health and alcohol and drug services
- child and adolescent community health services
- health promotion and prevention services.

4.2 How to use the Outcomes Framework

The Outcomes Framework is designed to guide HSPs, the Department of Health and service providers on the design, funding priorities, delivery and evaluation of Aboriginal community-based health programs and services.

The Outcomes Framework translates the WA health system vision for Aboriginal people into a quantifiable set of outcomes, strategies and measures. Together, these components measure key aspects of the health and wellbeing of the Aboriginal population. The Outcomes Framework aims to provide a clear sense of direction for all service providers on what needs to be achieved in the longer-term and better define how to measure progress towards these long-term goals (see Figure 2).

It should be noted that for the purposes of the Outcomes Framework, the terms ‘Program’ and ‘Program Outcomes’ are referring to strategic level programs, and not service level programs. The Outcomes Framework is intended for broad application, and specific service-level development and implementation is required. This approach allows for flexible solutions at the local level for the best outcomes to be achieved.

Individual services are not always expected to achieve Program Outcomes but instead to contribute to achieving them. The size, scope and funding of a service will affect the outcomes that it can achieve and measure. It may not always be reasonable for a service to achieve population or program level outcomes as outlined in the Outcomes Framework. However, all services should contribute to the achievement of one or more of the Program Outcomes. The Outcomes Framework assists in making these pathways clear.

The level of expected outcomes should be negotiated, decided and stated as part of the funding agreement, i.e. Service Agreement, Grant Agreement or MoU. It is essential that outcomes and performance indicators are established at the service-level.

\(^{13}\) Independent Hospital Pricing Authority (IHPA) (2018). Australian Non-Admitted Care Classification Development – Consultation. Sydney: IHPA
Figure 2. Hierarchy of Intent

See Appendix 2 for an example of how the Outcomes Framework can help inform service level design.

4.3 Guiding principles

The guiding principles are designed to underpin the funding of Aboriginal services to ensure that they align with the vision of Government and the WA health system as a whole. The guiding principles reflect those of the Aboriginal Health and Wellbeing Framework and are aligned to:

- outcomes of the Sustainable Health Review;
- Delivering Community Services in Partnership Policy
- Aboriginal Procurement Policy

4.3.1 Cultural security

The Outcomes Framework recognises cultural security as an important determinant of health and wellbeing for Aboriginal people. As such, services need to:

- 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 wellbeing⁹.
4.3.2 Sustainability

Improvements in health outcomes take time and Aboriginal health programs require sustained investment and on-going relationships to drive positive changes\textsuperscript{10}. Services need to be innovative and ensure that they are not only providing quality and safe care to patients, but that they also represent value for money and are sustainable into the future\textsuperscript{10,14}.

The Outcomes Framework provides the opportunity to identify and progress priority actions within existing resources and offer direction for future funding decisions.

4.3.3 Evidence-based to meet current Aboriginal health priorities

An evidence-based approach should be adopted, where the best available and most current evidence is used to inform service development and implementation.

Services need to address current state and local health priorities for Aboriginal people and utilise strategies that have demonstrated effectiveness\textsuperscript{9}. An evidence-based approach should also be used to identify any emerging issues and health priorities.

4.3.4 Support Aboriginal community control

Support positive and collaborative relationships within the WA health system, including Aboriginal Community Controlled Health Services (ACCHS), through mutual respect and a joint commitment to improving the health and wellbeing of Aboriginal people\textsuperscript{9,14}.

Support Aboriginal communities to build their capabilities and have control over their health and wellbeing\textsuperscript{9,14}. Ongoing recognition and strengthening of ACCHS as leaders in Aboriginal primary health care is a priority for implementation in the Sustainable Health Review\textsuperscript{10}. Where possible and appropriate, ACCHS should be engaged as the preferred provider of community-based health care services to Aboriginal communities.

4.3.5 Localised and flexible service design

Locally informed and flexible solutions should be developed to better serve the needs of individual communities. Communities often face unique challenges and have distinct resources and relationships that they can utilise in the implementation of services. It is important to modify services to best fit the local community and optimise service outcomes.

4.3.6 Good governance and accountability

Through strong leadership and governance, ensure services are accountable for achieving outcomes. Where possible, services need to:

- align activity to the Strategic Directions and Strategic Outcomes of the Aboriginal Health and Wellbeing Framework and the Outcomes Framework
- embed evaluation into the implementation of service activity, utilising measurable performance indicators and monitor performance against them
- be responsive to performance and implement continuous quality improvements
- ensure compliance with relevant legislation, State Supply Commission policies, Department of Health procurement and funding policy and process requirements.

\textsuperscript{14} Department of Finance (2018). Delivering Community Services in Partnership Policy. Perth: Government of Western Australia.
5. Strategic Outcomes

The Strategic Directions and Strategic Outcomes of the Aboriginal Health and Wellbeing Framework and the Outcomes Framework, have been determined to be the key focus areas in improving the health of Aboriginal people in WA. By aligning to one or more of these Strategic Directions and the corresponding Outcomes, services will be able to focus on identified needs. Additionally, the WA health system will be better able to coordinate collective actions for improving the health of Aboriginal people in WA.

<table>
<thead>
<tr>
<th>Strategic Direction</th>
<th>Strategic Outcome</th>
<th>What we aim to achieve (headline measure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support good health across the life course</td>
<td>Aboriginal people engage with culturally secure, evidence-based programs and services at transition points across the life course to support ongoing health and wellbeing.</td>
<td>A reduction in potentially avoidable mortality.</td>
</tr>
<tr>
<td>Prevention and early intervention</td>
<td>Aboriginal people, families and communities are provided with opportunities to engage with evidence-based prevention and early intervention initiatives and are provided with the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.</td>
<td>A reduction in potentially preventable hospitalisations.</td>
</tr>
<tr>
<td>A culturally respectful and non-discriminatory health system</td>
<td>WA health system 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.</td>
<td>A reduction in experiences of racism within health settings.</td>
</tr>
<tr>
<td>Individual, family and community wellbeing</td>
<td>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 system structures, policies and processes harness individual, family and community capability and enhance their potential.</td>
<td>A reduction in hospitalisations due to injury or poisoning.</td>
</tr>
<tr>
<td>A strong, skilled and growing Aboriginal health workforce</td>
<td>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.</td>
<td>An increased number of Aboriginal people employed in selected health-related disciplines in WA.</td>
</tr>
<tr>
<td>Equitable and timely access to the best quality and safe care</td>
<td>Aboriginal people receive safe care of the highest quality, in a timely manner, to ensure best possible health care to meet their health needs.</td>
<td>Increased access to health care services.</td>
</tr>
</tbody>
</table>

Source: Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030\textsuperscript{15}.

6. Connecting service inputs, outputs and outcomes

The Outcomes Framework focuses on population and program level outcomes. These are the health outcomes that we hope to achieve for Aboriginal people through the implementation of community-based health services. It does not include outputs relating to access to services and facilities, rates of participation in programs or services, or individual client-level outcomes. Service and client-level outputs are measures of shorter-term strategies and are important to establish a clear line of sight between inputs, outputs and longer-term outcomes (see Figure 3).16

The outcomes-focused approach is relatively new to the health sector and it can be easy to confuse the different terminology and their relationship to each other.

Figure 3. Relationship between outcomes, inputs and outputs

**Inputs**

Inputs are those things that we use to implement a service, for example; human resources (personnel), finances, equipment, etc. Inputs ensure that it is possible to deliver the intended results of the program.

**Process/Strategies**

Processes/Strategies are the actions associated with delivering a service and are required to achieve outputs and outcomes, for example; conducting Aboriginal adult health checks.

**Outputs**

Outputs are the first level or short term results of the service, for example; the number of Aboriginal adult health checks conducted within a six month period. The outputs will contribute to achieving program level outcomes and ultimately the program vision.

**Outcomes**

Outcomes can be defined at different levels, such as the population level, the system level, the program level, the service level and the individual level. They are long term results of implementing a service/program.

See Appendix 2 for an example of the connection between inputs, outputs and outcomes, and how they can be aligned to the Aboriginal Health and Wellbeing Framework by using this Outcomes Framework.

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7. Monitoring and reporting

These measures help track the effectiveness of strategies and are an assessment of progress towards the identified outcomes. However, to enable a comprehensive assessment of the relationship between the resources, activities and the results, service-level reporting is required.

It is essential that performance indicators are established at the service-level as part of funding agreements. Monitoring and reporting against specific and identified service-level outcomes and outputs should correspond with the long-term vision of the Outcomes Framework.

The Department of Health will monitor long term progress against the Strategic Outcomes and Program Outcomes set out in the Outcomes Framework, in conjunction with the monitoring of the Aboriginal Health and Wellbeing Framework.

Mechanisms that will be used to monitor the population measures include:

- Australian Institute of Health and Welfare’s biannual reports
- Aboriginal and Torres Strait Islander Health Performance Framework for Western Australia
- Australian Bureau of Statistics Aboriginal and Torres Strait Islander Social Survey
- Australian Bureau of Statistics Aboriginal and Torres Strait Islander Health Survey
- Department of Health and HSP datasets.

Reporting against the Outcomes Framework provides a transparent monitoring and accountability mechanism that will help to identify what works and therefore guide the development of future funding.
## 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. **Headline measure:** A reduction in potentially avoidable mortality.

<table>
<thead>
<tr>
<th>Program Outcomes</th>
<th>Suggested Strategies</th>
<th>Population Measures</th>
<th>Life course stage</th>
</tr>
</thead>
</table>
| 1.1 Increased proportion of Aboriginal women who have healthy pregnancies and infants | Deliver preconception planning, identification of maternal health risk factors | ▪ Prevalence of risk behaviours during pregnancy (smoking, alcohol and illicit drug use)  
▪ Rates of Aboriginal women accessing antenatal care in the first trimester  
▪ Rates of perinatal mortality | Maternal health and parenting  
Childhood health and development |
| | Encourage healthy behaviours of Aboriginal families pre-pregnancy and, during pregnancy, support positive physical and mental health | | |
| | Identify and address barriers to Aboriginal mothers accessing culturally appropriate quality antenatal care in a timely manner | | |
| | Provide information and tools to best prepare positive parenting information (e.g. breastfeeding and healthy environment and behaviours for the baby) | | |
| 1.2 Increased proportion of healthy Aboriginal infants | Provide information and tools to best prepare positive parenting information (e.g. breastfeeding and healthy environment and behaviours for the baby) | ▪ Proportion of babies born with a healthy birth weight  
▪ Proportion of Aboriginal infants exclusively breastfed till the age of 6 months  
▪ Rates of infant and child mortality | Maternal health and parenting  
Childhood health and development |
<p>| | Identify and address barriers to Aboriginal mothers accessing culturally appropriate quality postnatal care and infancy health programs | | |</p>
<table>
<thead>
<tr>
<th>Program Outcomes</th>
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<th>Population Measures</th>
<th>Life course stage</th>
</tr>
</thead>
</table>
| **1.3 Increased proportion of Aboriginal children who meet key health and developmental milestones** | Engage with Aboriginal families using strength-based approaches to effect change in behaviours and health outcomes | - Immunisation rates for Aboriginal children  
- Hospitalisation rates for ear and eye diseases for Aboriginal children  
- Rates of environmental health related diseases (e.g. Acute Rheumatic Fever (ARF), Rheumatic Heart Disease (RHD), scabies and respiratory disease in Aboriginal children)  
- Rates of exposure to environmental tobacco smoke  
- Proportion of screened communities in WA by level of trachoma prevalence in 5-9 year old children  
- Rates of child health checks, including the number of children receiving care as per the Enhanced Aboriginal Child Health Schedule  
- Proportion of Aboriginal children who are developmentally on track via the Indigenous Australian Early Development Index | Maternal health and parenting  
Childhood health and development |
| | Deliver culturally secure public health strategies including immunisation, eye and ear health programs | | |
| | Engage with Aboriginal families to promote attendance of scheduled child health checks | | |
| | 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 | | |
| **1.4 Improved access to clinically and culturally secure mental health, and social and emotional wellbeing services for Aboriginal young people** | Deliver culturally secure health promotion to encourage positive health behaviours and informed decision making (e.g. positive mental health, safe sex practices, alcohol and illicit drug use) | - Rates of suicide for Aboriginal youth  
- Prevalence of smoking, alcohol consumption and illicit drug use in Aboriginal youth  
- Rates of physical activity in Aboriginal youth  
- Rates of Sexually Transmittable Infections (STIs)  
- Rates of community functioning measures identified through survey data from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) | Adolescent and youth health |
| | Work in partnership across sectors (e.g. Justice System, Department of Education, Mental Health Commission and Department of Communities) to strengthen and improve the provision of holistic care and support for young people | | |
### Strategic Direction 1 – Promote good health across the life course (continued)

<table>
<thead>
<tr>
<th>Life course stage</th>
<th>Population Measures</th>
<th>Suggested Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy adults</td>
<td></td>
<td>Provide culturally appropriate health assessment checks to support Aboriginal adults.</td>
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<tr>
<td></td>
<td></td>
<td>Build the capacity of Aboriginal adults to make informed choices.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address the range of social determinants that impact on health and wellbeing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deliver culturally secure strategies and services that promote positive social and emotional wellbeing.</td>
</tr>
<tr>
<td></td>
<td>Rates of community functioning measures identified through the survey data from the NATSISS.</td>
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<tr>
<td></td>
<td>Rates of cancer incidence in Aboriginal adults.</td>
<td></td>
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<tr>
<td></td>
<td>Rates of avoidable mortality.</td>
<td></td>
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<tr>
<td></td>
<td>Prevalence of smoking, alcohol consumption and illicit drug use by Aboriginal adults.</td>
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<tr>
<td></td>
<td>Rates of overweight and obese Aboriginal adults.</td>
<td></td>
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<tr>
<td>Healthy ageing</td>
<td></td>
<td>Develop and implement culturally appropriate aged care models, including palliative care and end-of-life decision making for individuals, their families and carers.</td>
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<tr>
<td></td>
<td></td>
<td>Develop and implement strategies that support ageing on country.</td>
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<tr>
<td></td>
<td></td>
<td>Develop and implement strategies that support ageing on country for older Aboriginal people.</td>
</tr>
</tbody>
</table>

1.5 Aboriginal adults have access to the health care, support services, and resources they need to manage their physical and mental health and have long and productive lives.

Provide culturally appropriate strategies to improve the health literacy of Aboriginal adults to support them to make informed choices. Build the capacity of Aboriginal adults so they are equipped with the skills, knowledge and confidence to manage and control their health and wellbeing. 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.

1.6 Older Aboriginal people are able to stay culturally connected and live out their lives as active, physically and mentally healthy individuals.

Develop and implement culturally appropriate strategies to address 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 are provided with the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.

**Headline measure:** A reduction in potentially preventable hospitalisations.

<table>
<thead>
<tr>
<th>Program Outcomes</th>
<th>Suggested Strategies</th>
<th>Population Measures</th>
<th>Life course stage</th>
</tr>
</thead>
</table>
| 2.1 Reduced rates of Aboriginal people with STIs and Blood-borne Viruses (BBV) | Deliver evidence-based, culturally secure STI and BBV education and screening programs | • Screening rates for STIs and BBV  
• Rates of Chlamydia, Gonorrhoea, HIV and Hepatitis C | Adolescent and youth health  
Healthy adults |
| | Promote safe sex practices | | |
| 2.2 Reduced rates of Aboriginal people with communicable diseases | Provide vaccinations for Aboriginal people | • Rates of immunised Aboriginal children 1, 2 and 5 years  
• Rates of immunised Aboriginal adults  
• Rates of diseases associated with poor environmental health conditions (e.g. rates of ARF and RHD, and of skin, dental, ear and eye infections)  
• Rates of access to functional housing with utilities | All |
| | Promote awareness of risk factors and improve the environmental conditions that contribute to communicable disease transmission | | |
| | Work with Aboriginal people to ensure regional and remote communities have access to quality environmental health programs | | |
| 2.3 Reduced rates of preventable chronic diseases | Develop and provide culturally appropriate health promotion initiatives, resources and information for Aboriginal people to support healthy behaviour choices | • Rates of obesity, lung cancer, type 2 diabetes, cardiovascular disease, liver and kidney disease  
• Prevalence of smoking, alcohol consumption and illicit drugs  
• Rates of physical activity  
• Screening rates for screen-detectable diseases  
• Rates of people diagnosed at early stages for bowel, breast and cervical cancer. | All |
| | Provide culturally appropriate strategies to improve the health literacy of Aboriginal adults to support them to make informed choices | | |
| | Implement strategies to address the risk behaviours associated with poor health, i.e. smoking, drinking and other drugs, diet and exercise | | |
| | Utilise available Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) measures for the early detection and prevention of chronic diseases | | |
| | Provide culturally appropriate early detection, diagnosis and intervention services for chronic conditions | | |
| | Support the coordination of care planning and management of chronic conditions and comorbidities | • Rates of preventable hospitalisation relating to chronic diseases  
• Rates of access and use of GP or primary health services.  
• Rates of access to after-hours primary health care  
• Rates of access to Patient Assisted Travel Scheme (PATS) | Healthy adults  
Healthy ageing |
| | Implement strategies to improve access to continuity of care, patient transport, multidisciplinary care planning and development of care pathways | | |
| | Support Aboriginal people to improve their self-management of chronic conditions and comorbidities | | |
Strategic Outcome: Racism is recognised 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:** Reduce experience of racism in health settings.

<table>
<thead>
<tr>
<th>Program Outcomes</th>
<th>Suggested Strategies</th>
<th>Population Measures</th>
<th>Life course stage</th>
</tr>
</thead>
</table>
| 3.1 Increased rates of Aboriginal patient satisfaction with the quality of care received | Undertake service and program design and planning in partnership with Aboriginal consumers, carers and communities  
Ensure engagement and communication with Aboriginal consumers throughout service delivery  
Deliver appropriate cultural awareness and competency training to all staff members  
Implement cross agency communication pathways, information sharing, and participate in forums  
Engage in partnerships with other services to ensure care coordination and implement continuity of care protocols  
Acknowledge and incorporate cultural systems of care into clinical practice where appropriate | Rates of Aboriginal patient experience | All |
| 3.2 Increased cultural competency of health services | Implement a whole-of-organisation approach to achieving a culturally respectful and non-discriminatory health service, including arrangements to understand, address and prevent racism  
Involves local Aboriginal people in decision making  
Deliver appropriate cultural awareness and competency training to all staff members  
Provide culturally safe environments for Aboriginal patients  
Identify and respond to barriers to accessing care including physical barriers, language and communication, trust in service providers and affordability  
Develop innovative approaches to health and wellbeing that recognise family networks as a basis for good health and wellbeing  
Undertake service and program design and planning in consultation and partnership with Aboriginal consumers, carers and communities  
Implement the actions outlined in the National Safety and Quality Health Service (NSQHS) Standards for improve cultural competency | Rates of Aboriginal patient experience  
Proportion of employees who have completed cultural training  
Cultural competency measures in the ATSIHPF  
Accreditation for the NSQHS Standards for cultural competency  
Rates of the measures identified through survey data from the NATSISS in relation to interactions with health service providers including:  
- respect  
- trust  
- spent sufficient time with them  
- listened to them | All |
**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. **Headline measure:** A reduction in hospitalisations due to injury or poisoning.

<table>
<thead>
<tr>
<th>Program Outcomes</th>
<th>Suggested Strategies</th>
<th>Population Measures</th>
<th>Life course stage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.1 Aboriginal health is addressed in a holistic manner incorporating cultural systems of care</strong></td>
<td>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</td>
<td>- Rates of Aboriginal patient experience</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Develop innovative approaches to health and wellbeing that recognise family networks and cultural determinants as a basis for good health and wellbeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acknowledge and incorporate cultural systems of care into clinical practice where appropriate</td>
<td></td>
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</tr>
<tr>
<td><strong>4.2 Culturally secure services addressing mental health, alcohol and other drug problems are more accessible</strong></td>
<td>Provide specialist mental health and alcohol and other drug outreach services</td>
<td>- Rates of access to social and emotional wellbeing, mental health and drug and alcohol services</td>
<td>Adolescent and youth health</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>- Prevalence of smoking, alcohol consumption and illicit drug use</td>
<td>Healthy adults</td>
</tr>
<tr>
<td></td>
<td>Improve health literacy with regards to mental health, social and emotional wellbeing and drug and alcohol to support communities to make informed choices</td>
<td>- Rates of suicide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Build the capacity of the non-Aboriginal health workforce to deliver culturally secure social and emotional wellbeing, mental health and drug and alcohol services</td>
<td>- Rates of hospitalisation due to injury or poisoning</td>
<td></td>
</tr>
<tr>
<td><strong>4.3 Local communities have improved capacity to deliver and manage primary health care services</strong></td>
<td>Engage local communities and build partnerships to plan, deliver and develop health programs</td>
<td>- Number of Aboriginal Health Workers that undergo training to deliver vaccinations</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Improve health literacy with regards to risk behaviours to support communities to make informed choices</td>
<td>- Number of Aboriginal Health Workers and Aboriginal Liaison Officers employed in an area</td>
<td></td>
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<tr>
<td></td>
<td>Upskill Aboriginal health workforce to provide services and care in their local communities</td>
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</tbody>
</table>
### Strategic Direction 4 – Individual, family and community wellbeing (continued)

<table>
<thead>
<tr>
<th>Program Outcomes</th>
<th>Suggested Strategies</th>
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<th>Life course stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.4 Improved access to safe, high quality and local health services within communities</td>
<td>Identify and respond to barriers to accessing care including physical barriers, language and communication, trust in service providers and affordability</td>
<td>• Rates of access to local GP or primary health services&lt;br&gt;• Rates of access to after-hours primary health care&lt;br&gt;• Number of services utilising Telehealth&lt;br&gt;• Rates of preventable hospitalisations</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Provide specialist outreach services where possible to improve access to secondary care</td>
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<td></td>
<td>Provide coordination of services for Aboriginal patients attending appointments in urban and regional locations, to minimise time away from home</td>
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<td></td>
<td>Promote the uptake and engagement with Telehealth Services</td>
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</tbody>
</table>
### 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.

**Headline measure:** An increased number of Aboriginal people employed in selected health-related disciplines in WA.

<table>
<thead>
<tr>
<th>Program Outcomes</th>
<th>Suggested Strategies</th>
<th>Population Measures</th>
</tr>
</thead>
</table>
| 5.1 Improved access to employment opportunities for Aboriginal people across the health sector | Implement the Aboriginal and Torres Strait Islander Health Curriculum Framework | - Number of graduates
- Number of cadets
- Number of Aboriginal students having completed a qualification in health-related disciplines in WA. |

**Life course stage:** Adolescent and youth health

- Healthcare professionals promote health workforce participation
- Healthcare professionals develop workplace culture

<table>
<thead>
<tr>
<th>Program Outcomes</th>
<th>Suggested Strategies</th>
<th>Population Measures</th>
</tr>
</thead>
</table>
| 5.2 Increased participation of Aboriginal people in the health sector in both clinical and non-clinical roles | Implement the WA Health Aboriginal Workforce Strategy 2014–2024 | - Number of Aboriginal employees employed in WA health sector
- Number and proportion of Aboriginal people employed in WA health sector in permanent positions |

**Life course stage:** Adolescent and youth health

- Abdul and Torres Strait Islander Health Workforce Charter promotes health workforce participation
- Aboriginal Health Workforce Planning promotes health workforce participation

<table>
<thead>
<tr>
<th>Program Outcomes</th>
<th>Suggested Strategies</th>
<th>Population Measures</th>
</tr>
</thead>
</table>
| 5.3 Increased participation of Aboriginal people in leadership and decision-making positions within the health sector | Develop partnerships and networks with schools, vocational education providers and universities to address barriers to access and complete health-related qualifications | - Number of Aboriginal students enrolled in health related disciplines
- Number of Aboriginal students completing qualifications in health related disciplines |

**Life course stage:** Healthy adults

- Aboriginal Health Workforce Development Strategy promotes health workforce participation
- Aboriginal Health Workforce Development Strategy promotes health workforce participation

<table>
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<tr>
<th>Program Outcomes</th>
<th>Suggested Strategies</th>
<th>Population Measures</th>
</tr>
</thead>
</table>
| 5.4 Increased participation of Aboriginal people studying and completing qualifications in health related disciplines | Deliver health-related courses and qualifications to Aboriginal students | - Number of Aboriginal students enrolled in health related disciplines
- Number of Aboriginal students completing qualifications in health related disciplines |

**Life course stage:** Healthy adults

- Aboriginal Health Workforce Development Strategy promotes health workforce participation
- Aboriginal Health Workforce Development Strategy promotes health workforce participation
### 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.

**Headline measure:** Increased access to health care services.

<table>
<thead>
<tr>
<th>Program Outcomes</th>
<th>Suggested Strategies</th>
<th>Population Measures</th>
<th>Life course stage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.1 Improved performance of health services caring for Aboriginal people</strong></td>
<td>Embed Aboriginal health within clinical governance and patient safety frameworks</td>
<td>- Rates of preventable hospitalisation&lt;br&gt;- Accreditation in the NSQHS Standards for improving Aboriginal health outcomes&lt;br&gt;- Rates of Aboriginal patient experience&lt;br&gt;- Aboriginal representation on boards (e.g. Health Service Boards)</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Address safety and quality issues commonly associated with health care for Aboriginal people through the implementation of the NSQHS Standards to improve Aboriginal health outcomes&lt;br&gt;Use evidence to inform the design and implementation of services</td>
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<td></td>
<td>Set evidence-based performance measures and monitor and report against them</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.2 Aboriginal people receive culturally secure, safe, timely and quality care across health care settings</strong></td>
<td>Implement strategies to improve access to care, patient transport, and development of care pathways&lt;br&gt;Identify and respond to barriers to access care including physical barriers, language and communication, trust in service providers and affordability&lt;br&gt;Implement and utilise PATS or an equivalent patient transport assistance program&lt;br&gt;Support the coordination of multidiscipline care planning and management of conditions and comorbidities&lt;br&gt;Improve Aboriginal patient identification</td>
<td>- Rates of access to hospital procedures&lt;br&gt;- Rates of access to health services&lt;br&gt;- Rates of access to services compared to need&lt;br&gt;- Rates of access to prescription medicines&lt;br&gt;- Rates of use of PATS&lt;br&gt;- Rates of use of Meet and Greet services&lt;br&gt;- Rates of Aboriginal patient experience</td>
<td>All</td>
</tr>
<tr>
<td><strong>6.3 Increased amount and quality of Aboriginal health information development, collection and use</strong></td>
<td>Conduct priority-driven research, delivered in partnership with Aboriginal communities and stakeholders.</td>
<td>- Number of research proposals reviewed by the WA Aboriginal Ethical Committee</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Encourage an approach to research that builds the evidence base and supports opportunities for knowledge translation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Rates of access to hospital procedures<br>Rates of access to health services<br>Rates of access to services compared to need<br>Rates of access to prescription medicines<br>Rates of use of PATS<br>Rates of use of Meet and Greet services<br>Rates of Aboriginal patient experience
Appendix 1. Life course stages and population outcomes

- Mother and babies receive the best possible care and support for a good start to life.
- Support preconception planning, identification of maternal health risk factors, access to antenatal care, healthy birth weight, infancy health, positive physical and mental health.

- Meeting key childhood developmental milestones.
- Encourage healthy nutrition, immunisation, regular physical activity, positive mental health, prevention of obesity. Address risks by providing early childhood education, safe child settings, environmental health, family support and education.

- Youth receive the services and support they need to thrive and grow into healthy young adults.
- Support healthy behaviour choices by encouraging safe sex practices, positive mental health and wellbeing, reduced alcohol and drug use and less contact with the justice system.

- Adults have the health care, support and resources to manage their physical and mental health and have long productive lives.
- Encourage healthy lifestyle behaviours, chronic disease prevention, social and emotional wellbeing, health checks and injury prevention.

- Older people are able to stay culturally connected and live out their lives as active, physically and mentally healthy individuals.
- Support ageing on country, services to maximise independence, culturally secure aged care and palliative care.
Appendix 2. Example of how to use the Outcomes Framework in service design

<table>
<thead>
<tr>
<th>Need</th>
<th>Inputs</th>
<th>Process strategies</th>
<th>Outputs (Service Level)</th>
<th>Outputs (Population Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The required reason for change</td>
<td>The resources used to implement a service</td>
<td>The actions associated with delivering a service</td>
<td>The first level or short term results of the service</td>
<td>The long term results of implementing a service</td>
</tr>
<tr>
<td>In 2011-2015 in WA, the mortality rate for Aboriginal children aged 0-4 years was 3.5 x the rate of non-Aboriginal children</td>
<td>Funding of a community immunisation schedule targeted at Aboriginal families</td>
<td>Deliver immunisation schedule for Aboriginal families</td>
<td>Increase proportion of Aboriginal childhood health checks conducted</td>
<td>Increase proportion of Aboriginal childhood receiving care as per Enhanced Aboriginal Child Health Schedule</td>
</tr>
<tr>
<td></td>
<td>Culturally-secure information to promote materials</td>
<td>Engage with Aboriginal families to promote attendance of child health checks</td>
<td>Number of Aboriginal children up-to-date with immunisation schedule</td>
<td>Increase number of Aboriginal children up-to-date with immunisation schedule</td>
</tr>
<tr>
<td></td>
<td>FTE attached to the program (nursing, administrative etc)</td>
<td>Deliver culturally secure environmental health information</td>
<td>Improved client knowledge &amp; behaviours around the risks environmental conditions causing infections</td>
<td>Decrease in ear and eye infections in Aboriginal children</td>
</tr>
<tr>
<td>Chronic disease contributes 64% to the burden of disease for Aboriginal people</td>
<td>Funding of a community chronic disease prevention and early intervention</td>
<td>Provide screening of chronic diseases</td>
<td>Screening rates for chronic diseases</td>
<td>Reduced rates of risk behaviours i.e. smoking, drinking poor diet and physical inactivity</td>
</tr>
<tr>
<td></td>
<td>Culturally-secure information to promote materials</td>
<td>Support coordination of care planning and management of chronic conditions and comorbidities</td>
<td>Number of Aboriginal adults of chronic disease care management plans</td>
<td>Reduced rate of obesity and smoking</td>
</tr>
<tr>
<td></td>
<td>FTE attached to the program (nursing, administrative etc)</td>
<td>Provide culturally appropriate information to improve health literacy &amp; support healthy choices</td>
<td>Improved client knowledge about risk behaviours such as diet, smoking, drinking and physical activity</td>
<td>Increased screening rates for screen-detectable chronic diseases</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(See suggested strategies in Outcomes Framework)</td>
<td>(See suggested strategies in Outcomes Framework)</td>
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<td>Reduce the rates of chronic diseases for Aboriginal people</td>
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<td></td>
<td>Achieving or contributing to Program Outcome 2.3 of the Outcomes Framework.</td>
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<td></td>
<td></td>
<td>Contributing to Strategic Outcome 2</td>
</tr>
</tbody>
</table>
References


