

NATIONAL ABORIGINAL AND  
TORRES STRAIT ISLANDER  
HEALTH PLAN 2013–2023



Australian Government





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AND TORRES STRAIT ISLANDER  
HEALTH PLAN 2013–2023

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**Please be aware that this document may contain the images and names of Aboriginal and Torres Strait Islander people who may have passed away.**



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# MINISTER'S FOREWORD

The Australian Government is committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander Australians through Closing the Gap in health outcomes with the wider Australian population.

In 2008 we established a framework for tackling Aboriginal and Torres Strait Islander disadvantage, with six ambitious targets to close the gap between Indigenous and non-Indigenous people. These targets were agreed with all states and territories through the Council of Australian Governments.

As part of this framework, we have provided unprecedented levels of investment, underpinned by a series of Aboriginal and Torres Strait Islander-specific and mainstream National Partnership Agreements between the Australian, state and territory governments.

This work is beginning to make a difference to the health of Aboriginal and Torres Strait Islander people. This year's Closing the Gap Report shows we are on track to achieve our target on under-five mortality by 2018 and we are continuing our efforts to close the gap in life expectancy.

As part of our efforts to close the gap, since 2011, the Australian Government has worked with Aboriginal and Torres Strait Islander people to produce this National Aboriginal and Torres Strait Islander Health Plan, providing an opportunity to collaboratively set out a 10 year plan for the direction of Indigenous health policy.

No plan will succeed without a robust partnership, particularly between the Australian Government and Aboriginal and Torres Strait Islander people, Aboriginal and Torres Strait Islander community organisations and their peak bodies. This Health Plan has been developed in partnership with all these groups, a partnership that has been over twelve months in the making. The National Congress of Australia's First Peoples has provided a critical role through the National Health Leadership Forum in ensuring input and feedback into the development of this Health Plan. Partnerships require effort and commitment as we work to find common

ground. I am very grateful for the courage and contribution that the National Health Leadership Forum and others provided in the development of this Health Plan.

Our vision is bold – we want to close the gap in Aboriginal and Torres Strait Islander health inequality. In order to make a difference over the next decade there are some things that we need to continue to hold firm on. There are also new agendas that we need to embed. Finally, we need to be able to respond to new and emerging challenges – things as yet unseen.

There are a number of things that we must continue to do. We need to continue to address the pressing social inequality and determinants of health that are so pivotal to long term health improvements. In this Health Plan we place priority on social and emotional wellbeing and the issues that impact on it including alcohol and other drugs. Because we know that health outcomes are life outcomes that are affected by a broad range of factors, we have a comprehensive approach to tackling health inequality through each of the Closing the Gap building blocks. This Health Plan builds on that approach.

We also need to drive health system improvements and maintain a clear priority on primary health care system reform. Aboriginal and Torres Strait Islander community controlled health services will continue to be supported to fulfil their pivotal role in improving Aboriginal and Torres Strait Islander health outcomes. Research and data will be needed to build our evidence-based practice and policy.

I am also very clear that we will need to open up new agendas for change. This Health Plan provides a clear focus on strategies to address racism and to empower people to take control of their own health. While we need to continue to strengthen healthcare we also need to enhance our focus on specialist care and hospital care in the secondary and tertiary systems. It is also important to place great emphasis on building pathways into the health professions for Aboriginal and Torres Strait Islander people.

This Health Plan also provides a focus on the wellbeing of Aboriginal and Torres Strait Islander people with a disability, young people and for healthy ageing. As such it builds on our commitment to new Closing the Gap targets, including our new target aimed at increasing access to services for Aboriginal and Torres Strait Islander people with disability.

Importantly, in this Health Plan we signal the need to expand our focus on children's health to broader issues in child development. We have much more work to do in developing robust research and data systems. I am also resolved that we will tackle the difficult and distressing issues of violence, abuse and self-harm.

As always, the Government remains committed to fearless accountability and we will be reporting annually on progress against measures and targets aligned to this Health Plan. Our implementation plans and their associated strategies will respond to new challenges and provide the detailed architecture to meet the challenge and vision that we have set ourselves.



**THE HON WARREN SNOWDON MP  
MINISTER FOR INDIGENOUS HEALTH**





## PREFACE

In 2008 Australian Governments committed to work with Aboriginal and Torres Strait Islander people on an incredibly important task - to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by the year 2031. The commitment – in the form of the *Close the Gap Statement of Intent* – creates the platform for this *National Aboriginal and Torres Strait Islander Health Plan*, which has been developed in partnership with Aboriginal and Torres Strait Islander people and their representatives.

This Health Plan provides a long-term, evidence-based policy framework as part of the overarching Council of Australian Governments' (COAG) approach to *Closing the Gap* in Indigenous disadvantage, which has been set out in the National Indigenous Reform Agreement (NIRA) signed in 2008. The NIRA has established a framework of national targets and policy building blocks. Two of the *Closing the Gap* targets, to halve the gap in child mortality by 2018 and close the life expectancy gap by 2031, go directly to health outcomes, while others address social determinants of health such as education and employment.

The Health Plan builds on the *United Nations Declaration on the Rights of Indigenous Peoples*. It adopts a strengths-based approach to ensure policies and programs improve health, social and emotional wellbeing, and resilience and promote positive health behaviours. It emphasises the centrality of culture in the health of Aboriginal and Torres Strait Islander people and the rights of individuals to a safe, healthy and empowered life. The Health Plan also builds on existing strategies and planning approaches to improving Aboriginal and Torres Strait Islander health, outlined at Appendix A.

The Health Plan also aligns with other governments' plans and strategies which support better health outcomes for Aboriginal and Torres Strait Islander people, including the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) 2003-13. It will

also link in with the other arrangements currently being negotiated or implemented, such as the renewing of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

The Health Plan is central to the Australian Government's targeted approach to ensure that Aboriginal and Torres Strait Islander people can enjoy the same standard of health as other Australians. The 10-year life of this Health Plan comes at a critical time in ongoing efforts to close the gap, during which our collective efforts must be targeted to ensure the best outcomes can be realised.

To help achieve this, the Australian Government undertakes to:

- continue working across governments and sectors to close the gap in Aboriginal and Torres Strait Islander disadvantage;
- invest in making health systems accessible, culturally safe and appropriate, effective and responsive for all Aboriginal and Torres Strait Islander people; and
- support good health and wellbeing across the life course, and continue to target risk factors at key life stages.

The different stages of life provide strategic points of intersection between health, mental health and social and emotional wellbeing, and provide a patient-centred platform for different agencies, organisations, government, stakeholders and representative bodies to work together to plan and deliver better coordinated and focused programs. The different life stages also provide an opportunity to focus on specific health priorities and reduce health inequalities at the point at which they are most likely to occur.

Sustained improvement to the health and wellbeing of Aboriginal and Torres Strait Islander people requires system-level action across the health system and the social determinants of health.

Implementation of this Health Plan will ensure that progress towards health equality can be monitored over time. Implementation plans, subsequently developed, will set progress targets which will be aligned to established best practice and respond to new and emerging needs.

The Australian Government commits to developing a Commonwealth cross-sectoral implementation plan and will work with each state and territory government to develop implementation plans that align with the Commonwealth's implementation plan. Individuals, families, communities and their representatives, Aboriginal and Torres Strait Islander community controlled health organisations and mainstream health service providers are encouraged to align their strategic planning to the principles and priorities and publicly report on how their activities are achieving the goals and vision of this Health Plan.

The Australian Government further commits to public reporting on the Australian Government's progress in meeting this Health Plan's policy objectives, through a high-level annual report to the Australian Parliament and detailed biennial reporting through the Aboriginal and Torres Strait Islander Health Performance Framework (Health Performance Framework).





# HEALTH PLAN AT A GLANCE



## VISION

The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031

## PRINCIPLES PG. 10–11

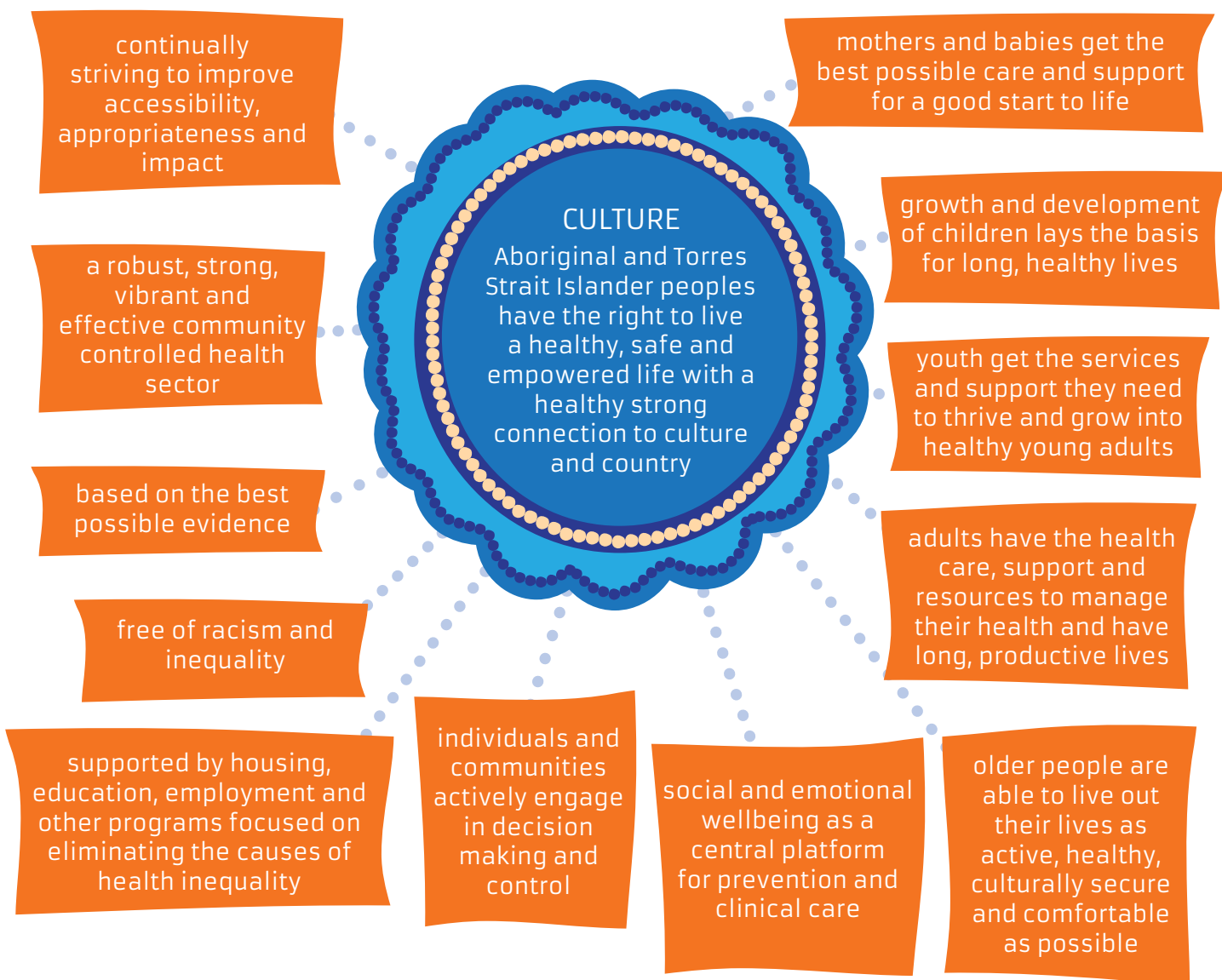
HEALTH EQUALITY  
AND A HUMAN RIGHTS  
APPROACH

ABORIGINAL AND  
TORRES STRAIT ISLANDER  
COMMUNITY CONTROL  
AND ENGAGEMENT

PARTNERSHIP

ACCOUNTABILITY

## PRIORITIES PG. 14–38



## IMPLEMENTATION PG. 39–41

IMPLEMENTATION

MONITORING

ACCOUNTABILITY



# STRATEGIC FRAMEWORK

## VISION

The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.

## OVERARCHING GOAL

Targeted, evidence-based action that will contribute to achieving equality of health status and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by 2031 (one of the six *Closing the Gap* targets).

## RECOGNITION STATEMENT

Aboriginal and Torres Strait Islanders are the first people of Australia. The culture of Aboriginal and Torres Strait Islander people is dynamic and continues to evolve and develop in response to historical and contemporary circumstances. The Australian Government recognises that dispossession, interruption of culture and intergenerational trauma have significantly impacted on the health and wellbeing of Aboriginal and Torres Strait Islander people, and that they share a continuing legacy of resilience, strength and determination.

Aboriginal and Torres Strait Islander people and communities are diverse, including gender, age, languages, backgrounds, sexual orientations, religious beliefs, family responsibilities, marriage status, life and work experiences, personality and educational levels. The Australian Government accepts and acknowledges difference and diversity among Aboriginal and Torres Strait Islander people and values the contributions that all Aboriginal and Torres Strait Islander people make to generating new ideas and innovative solutions to improve health.

## THE CENTRALITY OF CULTURE AND WELLBEING IN THE HEALTH OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE



“We represent the oldest continuous culture in the world, we are also diverse and have managed to persevere despite the odds because of our adaptability, our survival skills and because we represent an evolving cultural spectrum inclusive of traditional and contemporary practices. At our best, we bring our traditional principles and practices – respect, generosity, collective benefit, collective ownership – to our daily expression of our identity and culture in a contemporary context. When we are empowered to do this, and where systems facilitate this reclamation, protection and promotion, we are healthy, well and successful and our communities thrive.”<sup>1</sup>

PROFESSOR NGIARE BROWN

Aboriginal and Torres Strait Islander people view health in a holistic context as reflected in the holistic definition of health contained within the National Aboriginal Health Strategy (1989):

*“‘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.”<sup>2</sup>*

There is a wealth of evidence that supports the positive associations of health, education and employment outcomes as well as general wellbeing with language and culture.<sup>3</sup> Aboriginal and Torres Strait Islander languages are inseparable from culture, and form the foundation for learning and interacting productively with others.

Wellbeing for Aboriginal and Torres Strait Islander people incorporates broader issues of social justice, equity and rights. The significance of culture to wellbeing, and therefore good health, is also demonstrated by using traditional knowledge and the practices of traditional healers, which are adapted by many people for complementary use with western science in an integrated health care system.

Culture can influence Aboriginal and Torres Strait Islander people’s decisions about when and why they should seek health services, their acceptance of treatment, the likelihood of adherence to treatment and follow up, and the likely success of prevention and health promotion strategies. Ensuring that health services and providers are culturally competent will lead to more effective health service delivery and better health outcomes.

Culture, in the Aboriginal and Torres Strait Islander context, needs to be differentiated from the excessive behaviours which can have a detrimental effect on the health and wellbeing of people, their families and communities. These excessive behaviours have no basis in Aboriginal and Torres Strait Islander cultures. Indeed it is the restoration and continuation of cultures which provide both the reason for change, and the pathway for securing it.



## PRINCIPLES

The following principles inform the approach of this Health Plan.

### HEALTH EQUALITY AND A HUMAN RIGHTS APPROACH

*The principles of the United Nations Declaration on the Rights of Indigenous Peoples and other human rights instruments support Aboriginal and Torres Strait Islander people in attaining the highest standard of physical and mental and social health.*

**“The right to health is not to be understood as a right to be healthy. This cannot be guaranteed by governments. A human rights-based approach to health is about providing equal opportunities to be healthy, it’s about participation and progressive realisation.”<sup>4</sup>**

MR MICK GOODA

A rights-based approach is about providing equal opportunities for health by ensuring availability, accessibility, acceptability and quality health services. This frames both policy development and the development of goals and targets. A human rights approach helps highlight additional risks and opportunities for health and wellbeing programs before any final decisions are made. In this way, a rights-aware approach is not necessarily about more services, but about better services through better informed policy, practice and service delivery decisions, and the processes that enable Aboriginal and Torres Strait Islander people to participate in all levels of health care decision-making.

Constitutional recognition is seen by many Australians as a pivotal and desirable reform which provides the constitutional architecture upon which strategies for Aboriginal and Torres Strait Islander health gain can be mobilised. The Australian Government is committed to pursuing meaningful change in the Australian Constitution – change that unites the nation and reflects the hopes and aspirations of Aboriginal and Torres Strait Islander people.

Stewardship of health is the responsibility of each person to whom health has been entrusted. Creating the personal, environmental, and social conditions for good health is a joint responsibility—public, community, private, government, organisation and individual.

### ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY CONTROL AND ENGAGEMENT

*There is a full and ongoing participation by Aboriginal and Torres Strait Islander people and organisations in all levels of decision-making affecting their health needs.*

**“Health issues must be addressed at a community level. The community needs to control its health services so that they are concentrated on the important issues in that community.”<sup>5</sup>**

ALYAWARR INGKERR-WENH ABORIGINAL CORPORATION

Through community consultations, individuals and communities voiced their desire to be involved in the service planning, design and implementation of policies to support their health and wellbeing. In order to enable Aboriginal and Torres Strait Islander people to participate, Government must grow more opportunities for engagement and collaboration with individuals, Aboriginal and Torres Strait Islander community controlled health organisations and other health and related services.

Aboriginal and Torres Strait Islander community controlled health organisations provide unique contributions in delivering holistic, comprehensive and culturally appropriate health care. All services delivering primary health care at the local, regional and state levels should seek to optimise their engagement and involvement with Aboriginal and Torres Strait Islander people to improve health outcomes.

## PARTNERSHIP

*Partnership and shared ownership between Aboriginal and Torres Strait Islander people, Governments and service providers operates at all levels of health planning and delivery.*

**“We are witnessing a new and exciting era...the burgeoning of a new relationship between Indigenous and non-Indigenous Australians, including governments, based on respect and partnerships. Now is the time to capitalise on the momentum and move forward together.”<sup>6</sup>**

DR TOM CALMA, AO

Working in partnerships to remove barriers to good health and building the evidence around health interventions is critical for improving the health and wellbeing of Aboriginal and Torres Strait Islander people. Partnerships also provide a mechanism to effectively engage with communities on their goals and priorities for health.

The Australian Government will seek to partner with state and territory governments and Aboriginal and Torres Strait Islander people and their representatives to implement the priorities outlined in this Health Plan to ensure that its implementation will meet the diverse needs of Aboriginal and Torres Strait Islander Australians of all ages, backgrounds and locations. These priorities were derived from the feedback received through the consultation process, written submissions and other evidence.

## ACCOUNTABILITY

*Structures are in place for the regular monitoring and review of implementation as measured against indicators of success, with processes to share knowledge on what works.*

**“This is the future of reconciliation and it has to involve all Australians in closing the unacceptable gap in life expectancy. So let us now be prepared to focus ourselves on this task, and to be measured and accountable on the success of our efforts.”<sup>7</sup>**

PROFESSOR MICK DODSON, AM

This Health Plan will direct future action. Implementation arrangements will be developed by the Australian Government and each state and territory government in the context of their targeted activity. The non-government sector will be encouraged to demonstrate their commitment to action by aligning their strategic planning to include reference to this Health Plan.

The Australian Government is committed to high quality monitoring and evaluation, and to public accountability for its efforts to close the gap in Aboriginal and Torres Strait Islander disadvantage. Progress targets for the Health Plan will be developed using best practice methods<sup>8</sup> which are specific, measurable, achievable, realistic and time-bound. In support of this, the Health Plan will include the development of high quality measurement systems – which align reporting systems, data development priorities and target setting with strategic priorities.

Further details on accountability and monitoring mechanisms are provided in the ‘Implementation’ section of this document.





# THE SOCIAL DETERMINANTS OF HEALTH

“It is important to address the social and cultural determinants of health as there are many drivers of ill health that lie outside the direct responsibility of the health sector.”<sup>9</sup>

CLOSE THE GAP STEERING COMMITTEE  
SUBMISSION

## GOAL

Effective strategies that address environmental, economic and social inequalities which are pivotal to achieve health equality.

This requires action across key social determinants such as health, housing, education, employment, the alignment of program goals across sectors of government and the development of collaborative cross-sectoral programs at a local level.

## CONTEXT

Between one third and one half of the life expectancy gap may be explained by differences in the social determinants of health.<sup>10</sup> They affect the health of people and can also influence how a person interacts with health and other services. For example, Aboriginal and Torres Strait Islander adults are less likely to smoke if they have completed Year 12, are employed and have higher incomes.<sup>11</sup> Additionally, higher levels of education are associated with healthier lifestyle choices and improved health literacy. Alternatively, rheumatic heart disease is associated with environmental factors such as poverty and poor living conditions, and Aboriginal and Torres Strait Islander people will remain at risk while socioeconomic disadvantage and barriers to accessing health care persist.

Research has demonstrated associations between an individual’s social and economic status and their health.<sup>12</sup> For example, poor education and literacy are linked to low income and poor health status (e.g. ear disease), and affect the capacity of people to use health information; poverty reduces access to health care services and medicines; overcrowded and run-down housing associated with poverty contributes to the spread of communicable

disease; and smoking and high-risk behaviour is associated with lower socio-economic status.<sup>13</sup> Where a person lives also contributes to health, with isolation in remote and very remote communities reducing access to services.

The health sector also has a role in realising necessary improvements in education and employment outcomes. For example, chronic ear disease negatively affects the education attainment of Aboriginal and Torres Strait Islander school children, and poor health explains 42.7 per cent of the known gap in labour force participation for Aboriginal and Torres Strait Islander males and 13.9 per cent of the gap for Aboriginal and Torres Strait Islander females in non-remote locations.<sup>14</sup>

Improvements in Aboriginal and Torres Strait Islander people's health requires an integrated approach encompassing the strengthening of community functioning, reinforcing positive behaviours, improving education participation, regional economic development, housing and environmental health, and spiritual healing. It is vital for communities and individuals to have the ability and freedom to be empowered and able to translate their capability (knowledge, skills, understanding) into action.

While acknowledging that there is a growing level of education and affluence for some Aboriginal and Torres Strait Islander people, generally the relative socio-economic disadvantage experienced by Aboriginal and Torres Strait Islander people compared to non-Indigenous Australians means they are more likely to be exposed to behavioural and environmental health risk factors because a higher proportion of Aboriginal and Torres Strait Islander households live in conditions that do not support good health.<sup>15</sup>

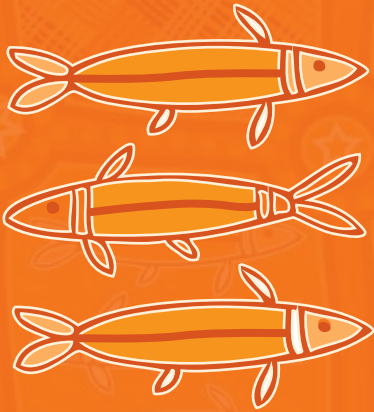
The need to progress action across all these related areas has been recognised by all governments in the *Closing the Gap* framework - the building blocks and targets focus efforts on key areas of disadvantage and provide a framework for ongoing action to improve outcomes across social determinants of health.

The targets under the *Closing the Gap* framework are:

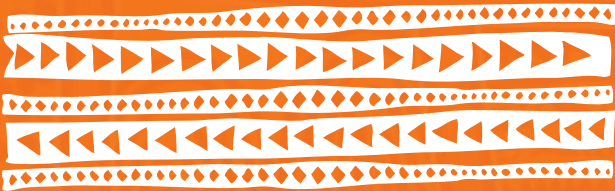
- close the life expectancy gap within a generation (by 2031);
- halve the gap in mortality rates for Indigenous children under five within a decade (by 2018);
- ensure all Indigenous four-year-olds in remote communities have access to early childhood education within five years (by 2013);
- halve the gap for Indigenous students in reading, writing and numeracy within a decade (by 2018);
- halve the gap for Indigenous people aged 20-24 in Year 12 attainment or equivalent attainment rates (by 2020); and
- halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018).

#### KEY STRATEGIES TO ACHIEVE THIS GOAL

- **Governments work together across all building blocks to:**
  - > leverage existing frameworks and strategies to achieve the *Closing the Gap* targets;
  - > take action across key social determinants such as health, housing, education and employment; and
  - > align program goals across sectors of government.
- **Support innovative local programs that create opportunities for effective collaboration between local services from different sectors to address social inequalities and determinants of health and that reflect local priorities and need.**



# PRIORITIES



# HEALTH ENABLERS

**“Clear evidence of inequitable access to necessary healthcare underlines the need for health system reform to better address the health, social and cultural needs of Indigenous Australians.”<sup>16</sup>**

MENZIES SCHOOL OF HEALTH RESEARCH  
SUBMISSION

High quality health care must be accessible and appropriate for the needs of Aboriginal and Torres Strait Islander people acknowledging that those with disability may face additional barriers in accessing health care. Coordinated, culturally appropriate services across the health system—including primary health care, hospital care and aged care—will improve the patient journey and health outcomes for Aboriginal and Torres Strait Islander people and their families.

## A CULTURALLY RESPECTFUL AND NON-DISCRIMINATORY HEALTH SYSTEM

**“Discussion about racism is difficult and highly charged in the Australian community and action should be focused on the development of respectful relationships and sanctioning of discriminatory behaviour, policies and practices, including within the health system.”<sup>17</sup>**

THE LOWITJA INSTITUTE SUBMISSION

### GOAL

All health care, whether government, community or private, is free of racism.

### CONTEXT

Racism is a key social determinant of health for Aboriginal and Torres Strait Islander people, and can deter people from achieving their full capabilities, by debilitating confidence and self-worth which in turn leads to poorer health outcomes. Evidence suggests that racism experienced in the delivery of health services



contributes to low levels of access to health services by Aboriginal and Torres Strait Islander people.<sup>18</sup>

There are a number of pathways from racism to ill-health – experiences of discrimination, linked with poor self-assessed health status, psychological distress, depression and anxiety, and health risk behaviours such as smoking and alcohol and substance misuse.

Experiences of racism are compounded by the traumatic legacy of colonisation, forced removals and other past government discriminatory policies. The consequences of these events have been profound, creating historical disadvantage that has been passed from one generation to the next.<sup>19</sup>

#### KEY STRATEGIES TO ACHIEVE THIS GOAL

- Implement the *National Anti-Racism Strategy 2010-2020*.
- Significantly improve the cultural and language competency of health services and health care providers.
- Identify, promote and build on good practice initiatives to prevent and reduce systemic racism.



# HEALTH SYSTEM EFFECTIVENESS AND CLINICALLY APPROPRIATE CARE

**“The failure of mainstream services and Aboriginal and Torres Strait Islander people’s ability to access mainstream services, lies at the heart of continuing health disadvantage.”<sup>20</sup>**

PARTICIPANT, HEALTH SYSTEMS THEMATIC  
ROUNDTABLE

## GOAL

The health system delivers clinically appropriate care that is culturally safe, high quality, responsive and accessible for all Aboriginal and Torres Strait Islander people.

## CONTEXT

Effective health systems contribute to improved health outcomes. They need to be:

- tailored to individual health needs;
- clinically effective;
- accessible and culturally competent;
- integrated into a system of care where needs are complex; and
- well governed, cost effective, evidence-based and accountable.

Australia has a world class health system that is not accessed equally by all Australians according to need. The data shows that Aboriginal and Torres Strait Islander people access health services at 1.1 times the rate of non-Indigenous Australians even though their need for health services is estimated to be 2-3 times higher due to their poorer health status. Evidence also indicates that Aboriginal and Torres Strait Islander people are receiving fewer procedures and prescriptions than non-Indigenous Australians with the same health conditions.<sup>21</sup>

To reduce these inequalities, the next decade should continue to focus on improvements to clinical care, increased access to services, better use of evidence-based guidelines and reduced systemic racism. There will continue to be a need for complementary targeted programs to address specific areas as well as investments in population-wide health interventions, such as strategies to reduce smoking rates.

Through the National Health Reform Agreement, the Australian Government and state and territory governments will deliver better health and better hospitals for the future, ensuring that all Australians can access the best health care where and when they need it. Health reform presents an opportunity to make the health system more responsive to the needs of all Australians, including Aboriginal and Torres Strait Islander people. This will make a significant contribution to our efforts to close the gap in Aboriginal and Torres Strait Islander life expectancy. As a result of many of the health reforms, health services will be more in touch with communities and tailored to meet local needs to deliver improvements in health care for Aboriginal and Torres Strait Islander people.

A focus on the patient journey which meets the clinical health care needs as well as cultural and social needs of Aboriginal and Torres Strait Islander people and their families will produce better health outcomes. This includes effective coordination and integration between health service providers.

The use of regional or placed-based approaches can also contribute to efficient and sustainable service delivery, based on economies of scale and sustainable service populations. This approach recognises the urban, regional, rural and remote diversity of Australia, particularly in those regions where geography, language, culture and behaviour may present obstacles to the effective access to and delivery of services.



The development of regional infrastructure is needed to allow for effective planning and coordination across services and the delivery of strategies targeted at local needs. Local services can potentially benefit from regionalised support for corporate support systems, quality and accreditation programs, and workforce development initiatives. In addition, effort to support transport options to health services is important, particularly in regional and remote communities.



#### KEY STRATEGIES TO ACHIEVE THIS GOAL

- Continue efforts under the *Closing the Gap* agenda and health reform to contribute to improved health outcomes.
- Improve the clinical effectiveness of the health system for Aboriginal and Torres Strait Islander people to contribute to improved health outcomes.
- Enhance health system performance in areas of access, coordination, integration, responsiveness and the use of technology where these encourage increased use by Aboriginal and Torres Strait Islander people, including those with a disability and those incarcerated.
- Improve access to health information including eHealth, recognising that for many Aboriginal and Torres Strait Islander people, language or lack of transport may be an additional barrier to accessing health services.
- Continue to fund and support improvement of Aboriginal and Torres Strait Islander community controlled health organisations as a critically important part of the health system.

- Continue to give priority to the development of primary health care systems, but also grow the strategic focus on improving the quality of hospital care, specialist services and secondary and tertiary care.
- Regional infrastructure supports service planning, coordination, governance, quality and accreditation processes, corporate services and workforce development.
- Support robust governance and quality of care systems for Aboriginal and Torres Strait Islander people across the entire health system.
- Implement cultural safety and quality of care agendas for Aboriginal and Torres Strait Islander people across the entire health system.



## EVIDENCE-BASED PRACTICE

“Research plays an important role in advancing Aboriginal health through investigation of emerging areas of concern, identifying protective and risk factors, developing and trialling interventions, and evaluating the implementation of programs and policy.”<sup>22</sup>

MENZIES SCHOOL OF HEALTH RESEARCH  
SUBMISSION

### GOAL

Health policies and programs are clearly evidence-based and informed by robust health research and data systems.

### CONTEXT

High quality data and skilled professionals are required to develop evidence-based policy. Further effort is needed at the national, state and territory and local level to improve data collection, availability, quality and analysis.

Under-identification of Aboriginal and Torres Strait Islander people hampers the effective monitoring of health outcomes and more work must continue to be done to address these barriers. Health services and professionals need to foster culturally supportive and culturally safe environments to ensure Aboriginal and Torres Strait Islander patients feel comfortable identifying. This needs to be complemented by approaches to address systemic racism within the health system.

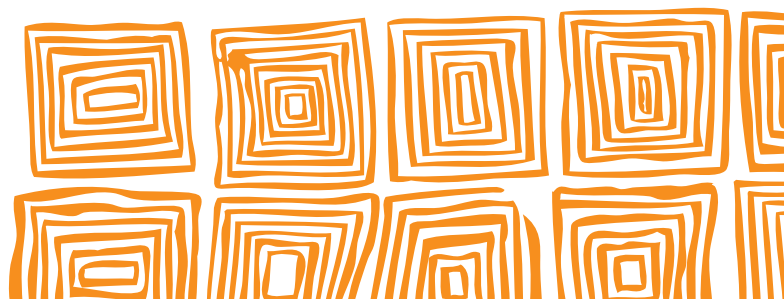
New and innovative mechanisms are enabling better access to information and resources that support evidence-based practice and decision making including data linkage methods, improved information management systems, the e-health infrastructure connecting the health system, patient-controlled electronic health records and web-based reporting of national Key Performance Indicators (KPIs) and other information. Further, many of these technologies

place the individual at the centre of their own healthcare by enabling access to health information and engaging personally with their health management.

At the national level, mechanisms are in place to share important learnings. The Closing the Gap Clearinghouse collects, analyses and synthesises research and evaluation on what works to close the gap in Aboriginal and Torres Strait Islander disadvantage. The Lowitja Institute, Australia’s National Institute for Aboriginal and Torres Strait Islander Health Research, is dedicated to achieving equity in health outcomes through innovative, collaborative and inclusive research and knowledge transfer. Through the Clearinghouse and the Lowitja Institute, policy makers, service providers, academics and the public have access to a continually growing evidence base about addressing Aboriginal and Torres Strait Islander health and disadvantage.

Supporting skill development to enable Aboriginal and Torres Strait Islander people to actively participate in and conduct research relating to their own cultures is also important. It is recognised that many local services, including Aboriginal and Torres Strait Islander community controlled health organisations, already contribute to the evidence base through local research, cultural knowledge and data collection, analysis and evaluation.

Aboriginal and Torres Strait Islander people should feel respected and valued throughout research and evaluation activities and be provided with an opportunity to access research findings in a culturally appropriate and relevant manner. The research process should be regarded as an equal partnership recognising that the intellectual ‘input’ from communities is equally important as the intellectual ‘output’ by researchers.



## KEY STRATEGIES TO ACHIEVE THIS GOAL

- Continue efforts to ensure the accuracy and consistency of Aboriginal and Torres Strait Islander data, including increased identification.
- Implement data linkage strategies as a priority for those regions in which under-ascertainment of Aboriginal and Torres Strait Islander people in vital statistics and health data persist.
- Implement the *National Anti-Racism Strategy 2010-2020* to support Aboriginal and Torres Strait Islander patients to feel comfortable identifying.
- Promote best-practice and innovative approaches guided by research, monitoring and evaluation activities.
- Continue to expand continuous quality improvement programs in Aboriginal and Torres Strait Islander community controlled health organisations and mainstream health services and support the sharing of lessons for the improvement of patient services and outcomes, and the development of the health workforce.
- Promote the development of research systems and infrastructure that build evidence and support the translation of evidence into policy and practice.
- Promote the development of Aboriginal and Torres Strait Islander research leadership and the development of Aboriginal and Torres Strait Islander researchers.
- Build a contemporary evidence base on all aspects of health care including traditional healing and cultural models of care.



## MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELLBEING

“Mental health above all things in the Health Plan needs a clear articulation – a lot of people might not know what health and spirituality means to us.”<sup>23</sup>

PARTICIPANT, MENTAL HEALTH THEMATIC ROUNDTABLE

### GOAL

Aboriginal and Torres Strait Islander people have the best possible mental health and wellbeing. Social and emotional wellbeing strategies are integrated in all health care service delivery and health promotion strategies.

### CONTEXT

Social and emotional wellbeing problems are distinct from mental illness, although the two interact and influence each other. Even with good social and emotional wellbeing people can still experience mental illness, and people with a long-term mental health condition can live and function at a high level with adequate support.<sup>24</sup>

### MENTAL HEALTH

The concept of mental health comes from an illness or clinical perspective and its focus is on the individual and their level of functioning in their environment.<sup>25</sup>

There is no single experience of mental health conditions. While some people have only ever had one episode of mental illness, others have recurrent illness. Where mental illness cannot be prevented, effective clinical and non-clinical interventions can assist individuals in maximising their wellbeing.<sup>26</sup>

Mental health conditions are the principal reason for 7% of hospital admissions for Aboriginal and Torres Strait Islander people, with rates highest in the 25-44 year age group.<sup>27</sup> The risk of developing a mental illness is higher when a person is socially excluded and isolated or experiences poverty, neglect, abuse or trauma; misuses drugs or alcohol; is in poor physical health; or has a physical or intellectual disability.<sup>28</sup>

Alcohol and drug misuse can lead to violence or mental illness and also be a co-morbidity. Better supporting drug and alcohol treatment services and building their capacity to better identify and treat coinciding mental illness and substance misuse (co-morbidity) will help improve the health and social outcomes of Aboriginal and Torres Strait Islander people with substance use issues including aiding recovery and reducing homelessness or the risk of homelessness and violence.

The suicide rates of Aboriginal and Torres Strait Islander people for the period 2001-2010 were twice that of non-Indigenous Australians.<sup>29</sup> Incarceration can have a harmful effect on rates of suicide and self-harm. Prisoners are at heightened risk of suicide and overdose death in the immediate post-release period and therefore greater support is required during this period.

While not all mental health illnesses are preventable, steps can be taken to reduce the likelihood that people at risk will go on to develop mental illness and that if they do, they will have better access to quality support and care.<sup>30</sup> National policy should promote positive mental health and address the determinants and risk factors associated with poor mental health. It should also focus on building the mental health and social and emotional wellbeing workforce, including increasing the proportion of Aboriginal and Torres Strait Islander people working in this field, strengthening the Aboriginal and Torres Strait Islander community controlled health sector and developing the cultural competence of mainstream mental health services.

## SOCIAL AND EMOTIONAL WELLBEING

Social and emotional wellbeing is a holistic concept which recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual. Social and emotional wellbeing can be affected by the social determinants of health including homelessness, education and unemployment and a broader range of problems resulting from grief and loss, trauma and abuse, violence, removal from family and cultural dislocation, substance misuse, racism and discrimination and social disadvantage.<sup>31</sup> It is important that policy approaches recognise the legacy of intergenerational trauma on social and emotional wellbeing.

Social and emotional wellbeing is the foundation for Aboriginal and Torres Strait Islander physical and mental health. It results from a network of relationships between the individual, their family, and their kin and community. A positive sense of social and emotional wellbeing is essential for Aboriginal and Torres Strait Islander people to lead successful and fulfilling lives. Social and emotional wellbeing provides a foundation for effective health promotion strategies.

Culture and cultural identity is critical to social and emotional wellbeing. Practicing culture can involve a living relationship with ancestors, the spiritual dimension of existence, and connection with traditional lands and languages. Individual and community control over their physical environment, dignity and self-esteem, respect for Aboriginal and Torres Strait Islander people's rights and a perception of just and fair treatment is also important to social and emotional wellbeing.

For Aboriginal and Torres Strait Islander people in contact with the criminal justice, detention and care systems, incarceration can have a significant impact on health, particularly in regard to social and emotional wellbeing, with each period of contact interrupting education and employment opportunities, disrupting family life and confirming the normalcy of these outcomes. Issues with family separation and removal from one's homeland and culture can also have a detrimental impact on wellbeing.

Improvement in Aboriginal and Torres Strait Islander people's social and emotional wellbeing requires effort from all levels of government and across sectors.

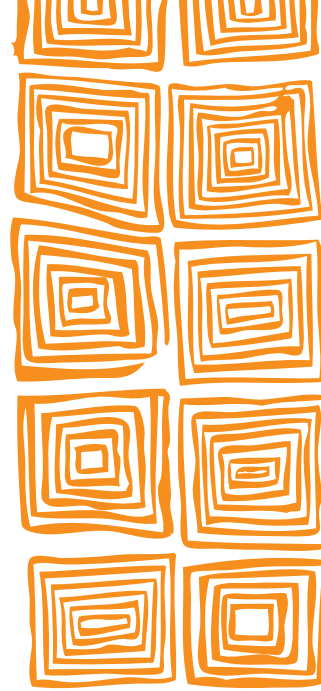
Services at the local level should recognise the protective factors of culture, and the strong connection between culture and positive wellbeing, to help improve Aboriginal and Torres Strait Islander people's access to timely and culturally appropriate mental health care. Aboriginal and Torres Strait Islander families and communities should also be supported by services and programs that promote child development and effective parenting to foster healthy and resilient children. At the same time, it needs to be recognised that a person's choices may be limited by environmental factors which have a dramatic and negative impact on the social and emotional wellbeing of and within communities.

Aboriginal and Torres Strait Islander people with poor social and emotional wellbeing are less likely to participate in employment, consume higher levels of alcohol and other substances and are also less likely to access health services.

It is recognised that sport can play a role in strengthening an individual's self-esteem and dignity and can assist in connecting people to their local community and improving social and emotional wellbeing.



For thousands of years traditional healers have nurtured the physical, emotional and social wellbeing of their people. To increase understanding and encourage collaboration with mainstream health services and the wider community, in some communities, traditional healers have forged partnerships with health professionals and practitioners of western medicine. It is widely accepted that combining traditional treatments and western medicine is necessary for the wellbeing of the whole Aboriginal and Torres Strait Islander person, which leads to patients being more satisfied with the health services they receive.



#### KEY STRATEGIES TO ACHIEVE THIS GOAL

- Continue to implement the *Roadmap for National Mental Health Reform 2012-2022*, the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013* and the renewed *Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework*.
- Support initiatives that promote Aboriginal and Torres Strait Islander wellbeing through connections to languages and culture, and that help to keep Aboriginal and Torres Strait Islander languages and culture strong.
- Continue support for counselling, health promotion and early intervention services to promote social and emotional wellbeing amongst Aboriginal and Torres Strait Islander people, including members of the Stolen Generations.
- Promote links across mental health and drug and alcohol services and continue to increase community awareness and education about the range of options for dealing with the impact of the use of drugs, both licit and illicit, and alcohol and tobacco.
- Implement strategies to prevent and address the harms caused by violence, self-harm and abuse.
- Implement strategies to promote resilience, empowerment and positive mental health.
- Effectively integrate a focus on social and emotional wellbeing in all aspects of health care delivery and health promotion strategies.
- Build the mental health and social and emotional wellbeing workforce.
- Increase family-centric and culturally safe services for families and communities.
- Work towards reducing the overrepresentation of Aboriginal and Torres Strait Islander people in the criminal justice system through strategies such as the *National Indigenous Law and Justice Framework*.



## HUMAN AND COMMUNITY CAPABILITY

**“Improving the health and wellbeing outcomes for Aboriginal people can be achieved by local Aboriginal people determining and owning the process of health care delivery. Local Aboriginal community control in health is essential to the definition of Aboriginal holistic health and allows Aboriginal communities to determine their own affairs, protocols and procedures.”<sup>32</sup>**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

### GOALS

The capabilities, potential and aspirations of Aboriginal and Torres Strait Islander people are realised and optimise their contribution as individuals to the health workforce and to strategies to achieve Aboriginal and Torres Strait Islander wellbeing.

Institutional and organisational structures and processes harness human and community capability and enhance its potential.

### CONTEXT

Human and community capability encompasses:

- the need to invest in education, employment and other social determinants of health to create a more equal playing field;
- systems that support communities and individuals to make informed choices and to participate in health planning and the delivery of services;
- a focus on workforce development to the benefit of individuals and health services;
- planning and governance structures and processes so communities can benefit and health services can work together to deliver improved outcomes; and
- improved health literacy across the community.

Governance is one of the key ways in which human and community capability can be strengthened. It is important in improving service delivery and in raising the health and prosperity of Aboriginal and Torres Strait Islander communities.<sup>33</sup> Aboriginal and Torres Strait Islander community controlled health organisations are an important element of the health system and provide a mechanism for Aboriginal and Torres Strait Islander people to actively lead, develop, deliver and be accountable for culturally appropriate health services.

Community governance also helps shape communities. The capability of the community, and community members, will be strengthened by supporting community decision-making and control over health organisations, and building on people’s skills, personal and collective contributions, and shared commitment to governance processes, goals and identity. It is recognised that aspects of community governance vary in different settings and it is therefore important that differing traditions and cultures are recognised and accommodated in a way that contributes to good community governance.

There is strong leadership at the national level of Aboriginal and Torres Strait Islander representative groups and organisations. This includes the National Congress of Australia’s First Peoples, incorporating the National Health Leadership Forum. There is also strong capability and leadership at the national level in mainstream health groups and organisations and through key bodies such as the National Aboriginal and Torres Strait Islander Health Equality Council.

Aboriginal and Torres Strait Islander health professionals are essential to the delivery of culturally safe care, in primary health care settings with a focus on health promotion, health education, in specialist and other health services, and the engagement of Aboriginal and Torres Strait Islander people in their own health. The employment of Aboriginal and Torres Strait Islander health professionals also contributes to the development and maintenance

of culturally safe workplaces and assists in addressing institutionalised racism. Further, all health professionals delivering health care to Aboriginal and Torres Strait Islander people have the capacity to influence health policy and health professional systems and contribute to health research and infrastructure. The *Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People* has placed a high priority on the development of stronger and enhanced pathways for Aboriginal and Torres Strait Islander people into the professions, including the health professions.

According to the 2012 independent review of the Australian Government's Health Workforce Programs, the most significant health workforce issue in some rural and remote areas is not one of total supply of health workforce but one of distribution of the workforce due to inadequate or non-existent service provision.<sup>34</sup> Support for pathways to health careers in Aboriginal and Torres Strait Islander health, and in rural and remote areas, has multiple benefits including increasing the education and economic participation of Aboriginal and Torres Strait Islander practitioners and health workers and the cultural competency of services.

It is also recognised that this Health Plan, and contributions to the improvement of human capability within Aboriginal and Torres Strait Islander communities, also extends to the private and not-for-profit sectors. There is already much philanthropic and private investment underway in areas of Aboriginal and Torres Strait Islander employment, education and mentoring, and this Health Plan provides a framework for and encourages further future activity in this area.

Health literacy is fundamental if people are to successfully manage their own health. A person's ability to make informed health-related choices is determined by their ability to understand health information and their ability to negotiate the health care system. Access to education, particularly early childhood education opportunities, improves health literacy in an individual, and therefore their family and community.



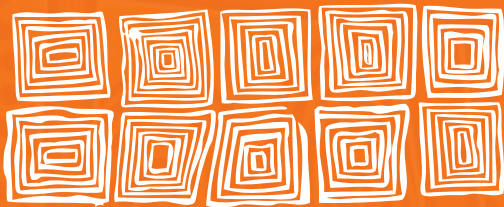
## KEY STRATEGIES TO ACHIEVE THIS GOAL

- Improve workforce capability through the continued implementation of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework*, including supporting the take-up of health careers and support for people working in the health and healing professions.
- Consider implementing the recommendations from the *2012 Review of Australian Government Health Workforce Programs* in consultation with other government agencies and key stakeholders.
- Implement the relevant aspects of the *Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People*.
- Facilitate and promote renewal and innovation in order to enhance individual and organisational capabilities.
- Increase access to culturally appropriate health services through a combination of targeted programs for individuals and families and population health wide support.
- Harness private sector and philanthropic opportunities for action that will improve the health and wellbeing of individuals, families and communities.
- Support sustainable good governance through capacity building solutions which are community driven.
- Enhance programs to support families and community members to understand health issues, have the opportunity to gain the skills to help them actively engage in the planning and delivery of health and wellbeing services, and manage their own health.
- Support initiatives that encourage individuals to pursue employment and professional careers, including in the health sector.





# PRIORITIES



# WHOLE OF LIFE

“The strength of using a whole-of-life structure is that it encourages attention to the broader factors affecting health as people move through the stages.”<sup>35</sup>

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH EQUALITY COUNCIL

## GOAL

Aboriginal and Torres Strait Islander people are as healthy as non-Indigenous people and enjoy the same life expectancy by 2031 (one of the six *Closing the Gap* targets).

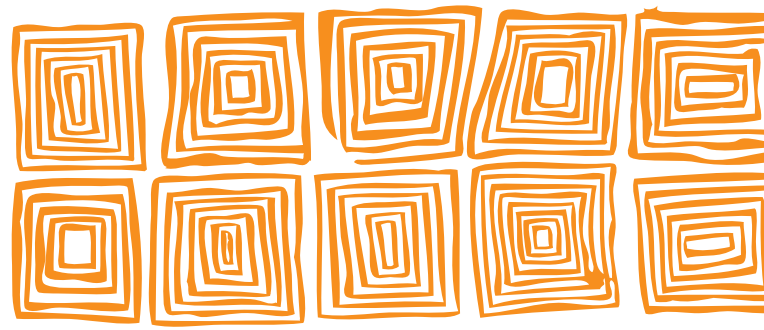
## CONTEXT

Aboriginal and Torres Strait Islander people are three per cent of the total Australian population, which has increased by 30 per cent from June 2006, with a birth rate which is 25 per cent higher than for non-Indigenous Australians. Sixty two per cent of Aboriginal and Torres Strait Islander people are less than 30 years of age and just three per cent are aged 65 years and over, compared to 14 per cent of non-Indigenous Australians.<sup>36</sup>

The younger age profile of the Aboriginal and Torres Strait Islander population requires a focus on well-designed and implemented antenatal care and early childhood programs, along with effective interventions to support young adults to adopt healthy lives.<sup>37</sup>

However there will also be increases in the number of older Aboriginal and Torres Strait Islander people over the coming decade. The key challenge here will be to deliver person-centred, culturally appropriate health care for older people that maximises their function and independence through access to a flexible range of general and specialist health services.

Applying a whole-of-life perspective recognises the different stages in life, highlights key transition periods for individuals and provides strategic points of intersection between health and mental health and social and emotional wellbeing. Addressing health risks earlier in the life span, through prevention and early intervention during developmentally sensitive



periods, provides greater returns for the resources invested. A life course approach is necessary in order to address the inter-generational mechanisms that impact on health inequalities. For example, delays in child development impact on education progress which in later life can impact on employment and opportunities, and consequently reinforces the social inequalities that produce health inequalities in subsequent generations.

## HEALTH IMPACTS ACROSS THE LIFE COURSE

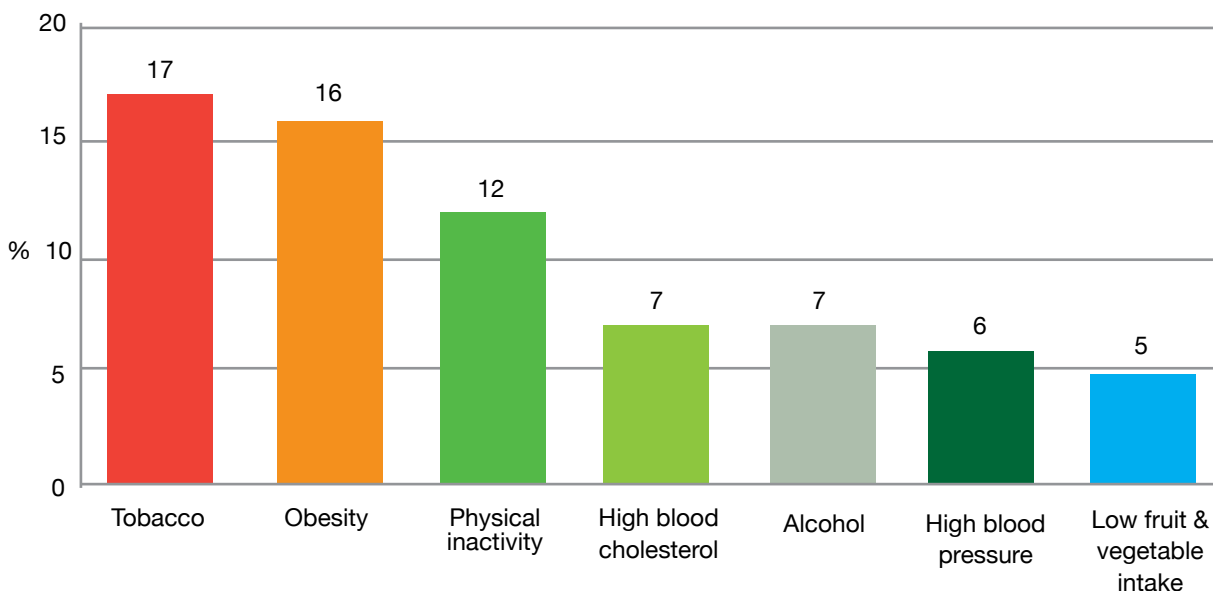
There are a number of health conditions that significantly contribute to the disparity in the health status between Aboriginal and Torres Strait Islander people and the non-Indigenous population. Interventions on these issues need to recognise the importance of a multi-layered approach to risk factor modification including system-level and community responses alongside programs targeted at individuals.

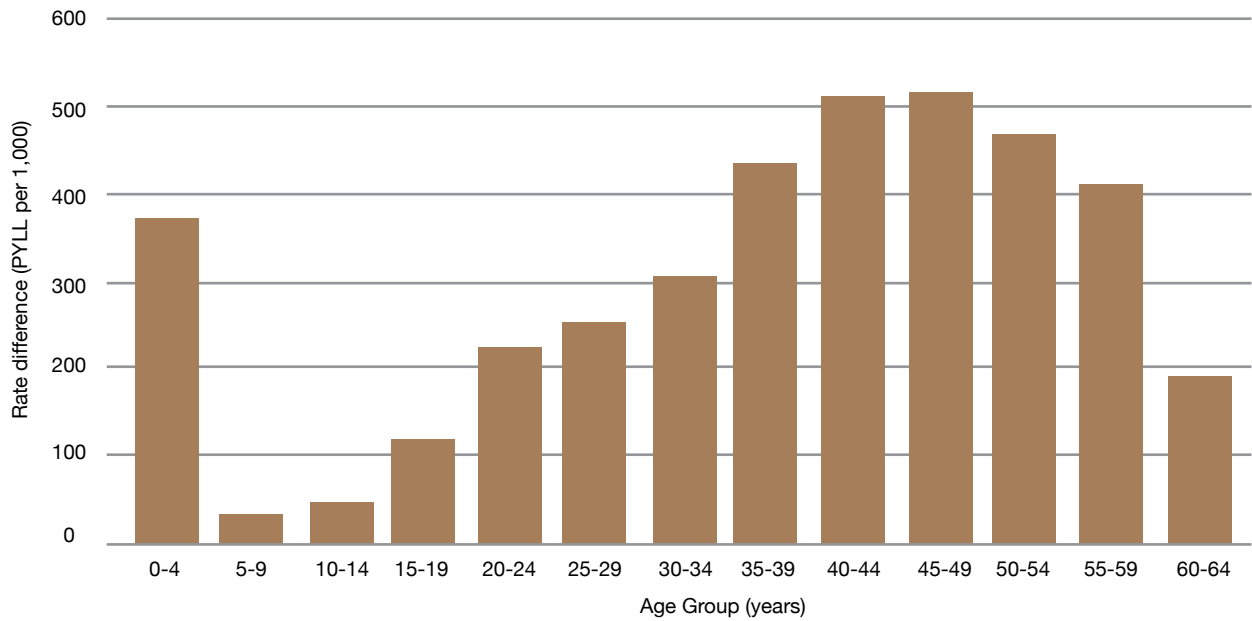
The top seven risk factors that require a continued focus are illustrated below. Smoking leads to higher incidence of a number of diseases, including chronic lung disease, cardiovascular disease and many forms of cancer. Obesity, which can result from the combination of poor nutrition and physical inactivity, increases the risk of cardiovascular diseases and type 2 diabetes.

The nutritional status of Aboriginal and Torres Strait Islander people is influenced by socio-economic disadvantage and geographical, environmental and social factors. While food supply can be more limited in rural and remote areas, including quality, variety and cost of fresh fruit and vegetables,<sup>39</sup> food supply problems are also evident in urban poor communities.

Violence and hospitalisations for injuries arising from assault are higher for Aboriginal and Torres Strait Islander people. They also have three times the rate of road death and injury than other Australians, a result of lower seatbelt use and driving on lower-standard roads in vehicles with a lower safety standard. Alcohol is also often a factor in road crashes.

**Risk factors contributing to the health gap between Aboriginal and Torres Strait Islander and non-Indigenous people.<sup>38</sup>**





The gap in potential years of life lost before age 65 years per 1,000 population between Aboriginal and Torres Strait Islander people and non-Indigenous Australians, by age for 2007-11 (source: ABS mortality database (unpublished). Data refers to NSW, QLD, WA, SA and NT combined)

Aboriginal and Torres Strait Islander people are also at greater risk of disability due to increased exposure to factors such as low birth weight, chronic disease, infectious diseases, accidents and violence, mental health problems, substance use and limited access to treatment and rehabilitation services. Such factors tend to be more prevalent where there are higher rates of unemployment, lower levels of income, poorer diet and living conditions, and poorer access to adequate healthcare.

In addition to these risk factors, governments also need to focus on the greatest disparity where quality of life is significantly reduced. This includes fundamental issues such as eye, ear and oral hygiene and care, and safe sexual health practices.

The gap in life expectancy reflects differences in the age profile of deaths between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. A very high percentage of deaths occur before the age of 65 years. The graph above shows the largest gaps between the populations are in the 0-4 age group followed by the middle years (35-39 years). An understanding of the impact of age at death helps direct policy to the issues facing the age groups most affected.

If the life expectancy gap is to be closed, there has to be a strong focus on the chronic diseases that have a big impact on Aboriginal and Torres Strait Islander people in the middle age bracket.

Palliative care is provided in almost all settings where health care is provided including neonatal units, paediatric services, acute hospitals, general practices, residential and community aged care services, and generalist community services. Palliative care is also an intrinsic part of all health and human services in their overall responsibilities in providing comprehensive care to their clients. Appropriate, culturally sensitive palliative care needs to be available for Aboriginal and Torres Strait Islander people across Australia. Integration and collaboration between health services and specialist palliative care services can ensure capacity building and enhanced quality of care, with a particular focus on delivering culturally appropriate and safe palliative care.

The first signs of mental health illness may emerge in childhood, and often appear in adolescence or early adulthood. Some people recover unaided from or enter a long phase without another episode of their illness. While some need short-term interventions, others need intensive support and access to a range of services over their lifetimes.<sup>40</sup>



#### KEY STRATEGIES TO ACHIEVE THIS GOAL

- Continue to complement system-wide health service delivery with targeted activity to address key risk factors that contribute to the mortality gap or to lesser health outcomes for Aboriginal and Torres Strait Islander people.
- Continue to identify change levers in policy design which will make the greatest impact on a given health condition or issue. This may include population health activity or targeted activity to address Aboriginal and Torres Strait Islander health disparity.
- Implement the *National Disability Strategy 2010-2020*, which sets out a ten year national plan for improving life for Australians with disability, their families and carers.
- Implement the *National Disability Insurance Scheme* through DisabilityCare Australia.
- Implement strategies to enhance the health and wellbeing of Aboriginal and Torres Strait Islander people with disability.
- Continue implementation of the *National Carer Strategy* - the Australian Government's long-term commitment to carers to encourage a cohesive and collaborative national approach to supporting carers.
- Improve access to nutritious foods through a *National Nutrition Policy* which includes a focus on at-risk mothers, infants and children.



## MATERNAL HEALTH AND PARENTING

“Birth weight is important—in a sense, it is the first outcome. It reflects the influence of a number of parental factors, is directly linked with foetal death and is the earliest indicator of proneness to ill health during childhood and to later adult diseases, such as high blood pressure.”<sup>41</sup>

PROFESSOR KAI SING LO AND DR WENDY HOY

### GOAL

Aboriginal and Torres Strait Islander mothers and babies get the best possible care and support for a good start to life.

### CONTEXT

National policies should guide positive reproductive, perinatal, antenatal and infancy health through best practice principles and approaches. This will build on significant reductions in post-neonatal mortality achieved through improved access to primary health care (including antibiotics for acute infection) and earlier evacuation to hospital for severe illness.<sup>42</sup>

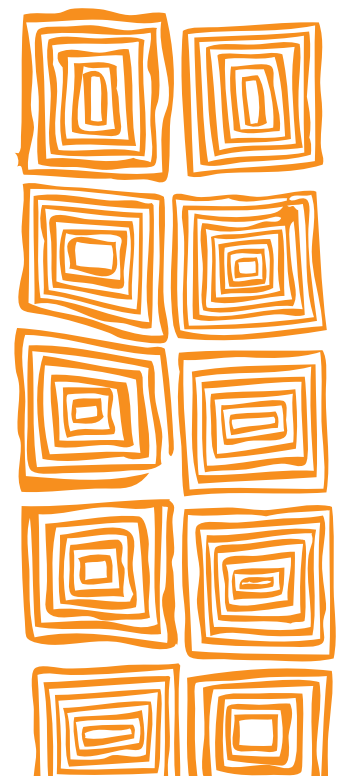
Promoting perinatal mental health wellness among Aboriginal and Torres Strait Islander mothers is critical to redress the negative impacts on their children, families and the community. This can be achieved through supporting interconnectedness of cultural practices, spirituality, identity, family and community, access to appropriate support services and economic security.<sup>43</sup>

The provision of culturally appropriate maternal health services as close to home as possible is supported through programs that provide home visits, birthing support and postnatal follow up, and a range of birthing options. Around 97% of Aboriginal and Torres Strait Islander mothers access antenatal services at least once during their pregnancy, but access is usually later and less frequent than other mothers.<sup>44</sup> Fathers influence the behaviours of mothers during

pregnancy, and should be positively encouraging mothers to access services, and earlier, throughout their pregnancies.

Cultural practices and societal roles affect the role that fathers and other male family members play in the development of a child. It is important for services to acknowledge and include men in the raising of children in a culturally appropriate way.<sup>45</sup> Family and kinship define obligations and responsibilities for Aboriginal and Torres Strait Islander people and are important elements in child rearing.

At the individual level, health risk factors such as maternal smoking, alcohol and other drugs consumption by both parents, inadequate nutrition, stress, illness and infection can all disrupt the development of the child before birth and are associated (along with young maternal age) with low birth weight, which connects with long-term effects on learning and behaviour, and the development of chronic disease later in life. In particular, drinking alcohol while pregnant may result in a range of impairments and cognitive social and emotional dysfunction over the child’s lifetime, otherwise known as foetal alcohol spectrum disorder (FASD).<sup>46</sup>







#### KEY STRATEGIES TO ACHIEVE THIS GOAL

- Continue working across governments to achieve the *Closing the Gap* target to halve the gap in mortality rates for Aboriginal and Torres Strait Islander children under five within a decade.
- Continue working across governments on efforts to address access to maternity services and birthing options through the *National Maternity Services Plan*.
- Increase access to positive parenting programs and services in relation to early childhood development, family support, health and wellbeing, alcohol and other drugs.
- Improve the quality and accessibility of primary health care screening and routine antenatal care for all Aboriginal and Torres Strait Islander women which would include focusing on the extent to which the first antenatal visit occurs in the first trimester.

- Broaden antenatal care to include support for perinatal depression screening, evidence-based intervention strategies to reduce maternal stress, reduce smoking and alcohol consumption rates, and improve nutrition during pregnancy.
- Support routine testing for and management of diabetes and sexually transmitted infections and urinary tract infections.
- Implement strategies to increase rates and duration of breastfeeding.
- Improve data systems and monitoring of maternal and foetal health.
- Promote awareness of the *National Immunisation Program* to increase the uptake amongst Aboriginal and Torres Strait Islander families.

## CHILDHOOD HEALTH AND DEVELOPMENT (BIRTH – EARLY TEENS)

**“Early years of a child’s development lay the foundation for the healthy adult life. Preventative action on many of the health issues faced by Aboriginal and Torres Strait Islander people needs to begin in early childhood in order to be successful.”<sup>47</sup>**

PARTICIPANT, EARLY CHILDHOOD THEMATIC ROUNDTABLE

### GOAL

Aboriginal and Torres Strait Islander children have long, healthy lives, meeting key childhood developmental milestones.

### CONTEXT

Early childhood is when children develop a range of essential capabilities including social, emotional, language, cognitive and communication skills that provide the foundations for formal learning and relationships in later life. During the middle childhood period (approximately 6-10 years) physical and mental development occurs and learning and social behaviours are established.

Health care in the early years (including good nutrition, immunisation and addressing threats to health such as tobacco smoke) are crucial for healthy physical and social development. Early engagement with parents, families and carers emphasises a whole of family responsibility for children’s health, including the elders and grandparents.

Positive role modelling by parents, families and carers encourages compassion, autonomy, self-reliance and early learning. Early childhood development programs that include access to early childhood education, family support and parenting are a highly effective means

of reducing health inequalities and providing additional life-long health benefits and educational and economic achievement. In addition, initiatives that facilitate a strong sense of identity and pride in Aboriginal and Torres Strait Islander young people can play a role in developing positive health and wellbeing.

Negative role modelling around gambling, drinking and other substance misuse, as well as the absence of a mother or father due to incarceration, can contribute to child abuse and neglect. When developing national childhood development policy, coordination must occur among health, education, housing, families, and community services agencies, and the non-government sector to address these system-wide issues.

Environmental factors also impact on health and wellbeing. Programs to improve environmental health help prevent eye and ear health problems which are more prevalent in Aboriginal and Torres Strait Islander communities. Rheumatic heart disease (RHD), including acute rheumatic fever (ARF), is almost exclusively experienced by Aboriginal and Torres Strait Islander people and is also associated with environmental factors such as poverty, poor and overcrowded living conditions and poor hygiene.



## KEY STRATEGIES TO ACHIEVE THIS GOAL

- Improve targeted programs for children including: *New Directions: Mothers and Babies*, *Australian Nurse Family Partnership*, *Strong Fathers Strong Families* and *Healthy for Life*.
- Implement innovative programs that integrate services across sectors to improve Aboriginal and Torres Strait Islander children's development outcomes.
- Continue implementation of the *National Early Childhood Development Strategy*, including the strengthening of universal maternal, child and health services.
- Promote awareness and use of the Australian Early Development Index to support the development of evidence-informed strategies, policies and programs, and support communities to consider what they can do to better support children and their families.
- Continue implementation of the *Closing the Gap - Improve Eye and Ear Health Services for Indigenous Australians measure*.
- Promote uptake of the *Medicare Benefits Scheme* health assessment for Aboriginal and Torres Strait Islander children aged 0-14 years and follow up care and services where needed.
- Promote awareness of the *National Immunisation Program* to increase the uptake amongst Aboriginal and Torres Strait Islander families.



## ADOLESCENT AND YOUTH HEALTH (EARLY TEENS TO MID 20s)

**“Indigenous youth are at the forefront of Aboriginal and Torres Strait Islander health. They represent more than half of the Indigenous population in Australia, are within the age bracket where death from diseases such as cardiovascular disease and diabetes is still avoidable, and importantly, have a passion for improving health outcomes.”<sup>48</sup>**

PARTICIPANT, YOUTH FORUM, NATIONAL CENTRE FOR INDIGENOUS EXCELLENCE

### GOAL

Aboriginal and Torres Strait Islander youth get the services and support they need to thrive and grow into healthy young adults.

### CONTEXT

Young people are the emerging leaders of the future and have a unique and valuable perspective to contribute to society. Young people should have opportunities to contribute to policies and programs that impact on them.

Adolescence and youth are key life stages with great personal change including physical development, the establishment of a sense of identity and values, and emotional development including relationships and aspirations for the future. It is also the age where health enablers, such as positive role models and healthy behaviours, as well as factors negatively impacting on health and wellbeing such as racism, discrimination and limited access to education and social services, affects self-perception and behaviours.

Many Aboriginal and Torres Strait Islander young people grow up in difficult circumstances, including living with the impacts of intergenerational trauma and families and communities with lesser housing, education and employment opportunities. In some circumstances they may suffer from a disrupted

home life and family disruption typified by alcohol and other substance abuse, welfare dependency, contact with the justice system and family violence.

Rates of mental illness and suicide are also higher amongst Aboriginal and Torres Strait Islander people compared to the broader Australian population. Developing resilience, strong support networks, strong connection to culture, a sense of belonging and problem solving skills from an early age can help to promote positive mental health and wellbeing and act as protective factors against mental illness and suicide.

Improved education about safe sex practices will also contribute to preventing sexually transmitted infections and unwanted pregnancies.

Sport, music and the arts can also play a key role in relation to promoting positive social and emotional wellbeing amongst young people. They can strengthen an individual’s self-esteem and dignity and can assist in connecting people to their local community.





Participants from the youth consultation facilitated by the National Centre for Indigenous Excellence in Redfern, Sydney

#### KEY STRATEGIES TO ACHIEVE THIS GOAL

- Build strong communities through implementation of the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*.
- Implement initiatives that promote the wellbeing of young Aboriginal and Torres Strait Islander people by strengthening pride in identity and culture.
- Support initiatives that reduce systemic barriers and encourage young Aboriginal and Torres Strait Islander people to establish healthy lifestyle behaviours, reduce the risk of chronic disease, and empower young people to make informed choices about sexual health, mental health and risk taking behaviours.

- Ensure young people can contribute to a range of national, state and territory, local and community platforms to ensure policies, programs and services reflect their needs and views.
- Implement the *National Partnership Agreement on Supporting Mental Health Reform* and the renewed *Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework* once finalised.

## HEALTHY ADULTS (MID 20s +)

“Aboriginal and Torres Strait Islander people accept that it is the norm to be suffering from chronic disease and be taking medication on a regular basis in their middle years. We need to challenge this.”<sup>49</sup>

PARTICIPANT, CAIRNS COMMUNITY CONSULTATION

### GOAL

Aboriginal and Torres Strait Islander adults have the health care, support and resources to manage their health and have long, productive lives.

### CONTEXT

Healthy adults are better able to positively contribute to communities and families and are more likely to ensure their families adopt healthy lifestyle behaviours.

Programs and services at the community level need to support and continue to encourage healthy lifestyle behaviours, chronic disease prevention and management, and social and emotional wellbeing. Responsive health systems as well as addressing system-wide determinants of health are critical.

The use of the health system is greatest in this and the older age group, with more than half of all potentially preventable hospitalisations from chronic conditions such as diabetes, asthma, angina, hypertension and congestive heart failure.<sup>50</sup> It is important that the health system works and provides optimal clinical care.

Increased opportunities for education to improve health literacy will further enable Aboriginal and Torres Strait Islander adults to make informed health choices for themselves and their families.

Chronic diseases, such as cardiovascular disease, cancer, diabetes and kidney disease contribute to two-thirds of the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.<sup>51</sup> Premature mortality from chronic diseases is

unacceptable in this age group and policies should target conditions that most contribute to this outcome. Additionally, rheumatic heart disease, and poor eye and oral health are also highly prevalent in Aboriginal and Torres Strait Islander adults.

Health checks and follow up support at this stage of life can assist all people to make the necessary lifestyle changes to prevent or delay the onset of chronic disease.

Aboriginal men have the worst health outcomes of any group in Australia. Aboriginal men die earlier from chronic diseases, such as cardiovascular disease, injury, respiratory disease, cancer and endocrine disease. They have higher rates of suicide than non-Aboriginal men, and have similar death rates from assault to females. Aboriginal men often do not talk about their health and as a consequence, problems are often not acknowledged until they become too serious to ignore. All evidence shows that Aboriginal and Torres Strait Islander men use preventative health services less often than any other group. Aboriginal and Torres Strait Islander men must be empowered to prioritise their health needs and engaged to use health and other services.





Rebecca Sam and Leitha Assan preparing lunch for the Community Consultation on Thursday Island, Torres Strait.

#### KEY STRATEGIES TO ACHIEVE THIS GOAL

- Review and improve the implementation of the *Indigenous Chronic Disease Package* over the next decade – the Commonwealth’s contribution to the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*, including regional tackling smoking and healthy lifestyle teams.
- Promote uptake of the adult health check and associated follow up medical and allied health services available through the *Medicare Benefits Scheme* amongst adults at risk of chronic disease.
- Improve access to high quality health care to enable better health outcomes for Aboriginal and Torres Strait Islander people.
- Increase the participation of Aboriginal and Torres Strait Islander men in addressing physical, social and emotional health and wellbeing.
- Ensure best practice, continuously improving, culturally appropriate primary health care services focussed on chronic disease prevention and treatment are provided through Aboriginal and Torres Strait Islander community controlled health organisations and mainstream services.
- Implement strategies to improve access to high quality specialist and secondary services with priority on reducing differentials in access to appropriate diagnostic and treatment interventions and improving access to services, such as cardiac rehabilitation services with demonstrated efficacy in improving health outcomes.
- Progress specific health interventions to address key areas of health disparity in Aboriginal and Torres Strait Islander adults.

## HEALTHY AGEING

**“Elders and other senior community members should be engaged as key stakeholders to champion culturally appropriate choices and approaches to health and wellbeing.”<sup>52</sup>**

PARTICIPANT, BRISBANE COMMUNITY CONSULTATION

### GOAL

Older Aboriginal and Torres Strait Islander people are able to live out their lives as active, healthy, culturally secure and comfortably as possible.

### CONTEXT

Aboriginal and Torres Strait Islander elders play a vital role in sustaining strong cultural practices and traditions within their communities with important roles and responsibilities such as passing on knowledge, languages and customs, participating in decision-making ceremonies, and ‘looking after country’. Older Aboriginal and Torres Strait Islander people also often still have caring responsibilities, sometimes of multiple generations.

Many older Aboriginal and Torres Strait Islander people will have been impacted by historical policies leading to the forcible removal of children. The consequences of these removal policies have long-term resonance, including social, physical and psychological devastation for Aboriginal and Torres Strait Islander people directly involved, as well as their families and communities.<sup>53</sup> National policy needs to recognise this history and continue to provide social and emotional support for those who have been affected.

Older Aboriginal and Torres Strait Islander people should have the option to choose their environment where they feel most comfortable to age particularly if affected by ill-health and disability. Options for the increasing numbers of older Aboriginal and Torres Strait Islander people will be needed for those who will be seeking to age on country and may require access to appropriate services that maximise their independence.

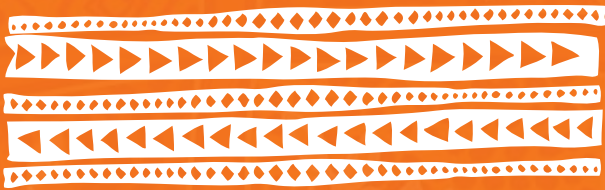
Aged care facilities need to be culturally sensitive to the needs of Aboriginal and Torres Strait Islander elders and health care workers need to have the skills to meet this need. This includes palliative care services to ensure Aboriginal and Torres Strait Islander people receive culturally appropriate care for the end stages of life. Support is also important for the families who have caring responsibilities of older Aboriginal and Torres Strait Islander people with health problems or disabilities.

### KEY STRATEGIES TO ACHIEVE THIS GOAL

- **Adopt coordinated and innovative models of care that provide opportunities for older Aboriginal and Torres Strait Islander people to maintain social and cultural connections and age on country.**
- **Engage elders and senior community members as key stakeholders and role models to champion culturally appropriate choices and approaches to health and wellbeing.**
- **Build the capacity of the health and aged care workforce to be sensitive to the needs of older Aboriginal and Torres Strait Islander people.**
- **Review and improve the implementation of the Indigenous Chronic Disease Package over the next decade – a Commonwealth contribution to the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*.**







## IMPLEMENTATION

While this Health Plan focuses on directing implementation by the Australian Government, it is important to acknowledge the essential role of the partners - individuals, families, communities and their representatives, Aboriginal and Torres Strait Islander community controlled health organisations, mainstream health service providers and state and territory governments - and foster their support to implement the Health Plan. This will be achieved through the development of a Commonwealth cross-sectoral implementation plan, as well as implementation plans with each state and territory in the context of their existing targeted activity. The Australian Government also encourages the non-government sector to demonstrate their commitment to this Health Plan by aligning their strategic planning and public reporting to reference this Health Plan.

The initial Australian Government implementation plan will be developed within 12 months of the release of this Health Plan, and will be reviewed and re-developed regularly thereafter (no less than every three years) to give effect to this Health Plan. Each implementation plan will build on existing arrangements and collaborative processes such as the ongoing *Closing the Gap* effort, to ensure a cohesive approach to health outcomes. Each implementation plan will set measureable benchmarks and progress targets, identify how strategies will contribute to the *Closing the Gap* targets, outline accountability mechanisms, and specify the roles and responsibilities of each stakeholder in progressing this Health Plan.

Each government implementation plan will also acknowledge that investments outside of the health system, such as in education, housing and employment, offer great returns on health outcomes. This requires a two-tiered approach of good policy and programs in health services and policy, and interventions in other sectors related to the social determinants of health.

Policy intervention will present strategic choices about which frame to use to best leverage change. Where possible, improved outcomes for Aboriginal and Torres Strait Islander people

can be delivered through broader public policy interventions or general health policy interventions. Change can also be pursued through specific Aboriginal and Torres Strait Islander health policy interventions if these broader routes are not available.

Targeted population health strategies will continue to be developed within the broad context established by this Health Plan. Such strategies play a key role in organising actions as they:

- address a significant proportion of the Aboriginal and Torres Strait Islander burden of disease and risk, such as chronic disease or tobacco control;
- provide an organising framework for health conditions that coordinate activities across primary care, specialist services and other non-health services, such as eye health, ear health, oral health or injury control;
- address the health needs of specific and often vulnerable populations such as Aboriginal and Torres Strait Islander people with disability or those who are in or have recently been released from prison;
- address issues that are politically and socially challenging such as sexual health or strategies to address violence, self-harm and abuse; and
- address those diseases and conditions which may be increasingly uncommon but are usually associated with extremes of poverty and marginalisation, such as rheumatic heart disease, trachoma and tuberculosis, and which require specific expertise and services to address them.

## MONITORING AND ACCOUNTABILITY

This approach enables the monitoring of health systems performance in improving Aboriginal and Torres Strait Islander health outcomes. The progress against social determinants of health will continue to be reported as part of the broader *Closing the Gap Framework* and other reporting such as the Prime Minister's Closing the Gap Report, the Overcoming Indigenous Disadvantage Report, the Indigenous Expenditure Report and individual agency Annual Reports.

In addition, public reporting on the Australian Government's progress in meeting this Health Plan's policy objectives will occur through two mechanisms:

- a high-level annual report to the Australian Parliament; and
- detailed biennial reporting through the Health Performance Framework.

The Health Performance Framework was developed as the primary report for measuring the impact of the 2003-13 National Strategic Framework for Aboriginal and Torres Strait Islander Health. The results from each Health Performance Framework report have been used to review Australian Government commitments and guide further comprehensive and coordinated effort, and will continue to do so for this Health Plan.

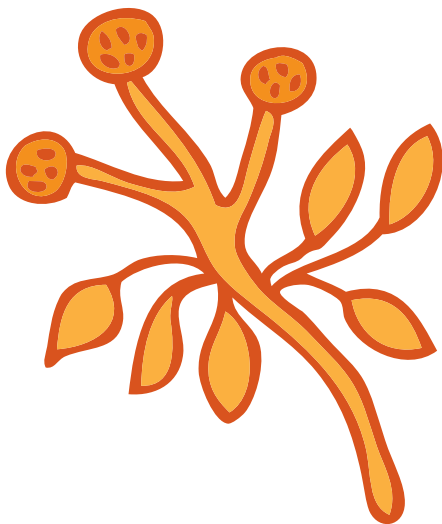
Underpinning the Health Performance Framework reporting will be data and monitoring and evaluation material collected and analysed at all levels of government. This information will provide good evidence to track the impact of the directions set out in this Health Plan, including factors such as smoking, health status and outcomes (for example, mortality disease rates, hearing loss, low birthweight) and health system performance (for example, antenatal care, chronic disease management, access to services compared with need). The Australian Government remains committed to improving the

coordination, collection and monitoring of data and to working with other governments and the Aboriginal and Torres Strait Islander health sector to support this aim.

This Health Plan commits to the development of Health Plan implementation progress targets using the national target setting instrument developed by the National Indigenous Health Equality Council<sup>54</sup> (NIHEC, currently known as NATSIHEC, played a key role in the development of monitoring of progress towards a set of health-related goals and targets to support the Australian Government's commitments on life expectancy and child mortality through its *National Target Setting Instruments*). Targets can be an effective tool in the development and monitoring of health policy where they are developed in consultation with all relevant stakeholders and there is a shared commitment to their achievement. Targets need to be SMART: Specific, Measurable, Achievable, Realistic and Time-Bound.

In the context of this Health Plan, a commitment to continued collection, refinement and use of the information contained in the Health Performance Framework will continue to inform policy development across governments and be a source of information for reporting against targets once developed.

The annual report to the Australian Parliament is a new reporting mechanism being introduced in support of this Health Plan.





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## APPENDIX A: HISTORY OF HEALTH PLANNING AND APPROACHES IN AUSTRALIA

Australian Government policy dealing specifically with the health of Aboriginal and Torres Strait Islander Australians dates from the 1967 referendum, which gave the Australian Government powers to legislate for Aboriginal and Torres Strait Islander people. Prior to 1967, all existing services including health for Aboriginal and Torres Strait Islander people were exclusively a state responsibility and were not delivered within a national policy framework.

Between 1967 and 1995 there was little action at the Commonwealth level in the mainstream health system to improve services for Aboriginal and Torres Strait Islander people. In 1995-96, responsibility for Aboriginal and Torres Strait Islander health and substance misuse programs was transferred from the Aboriginal and Torres Strait Islander Commission (ATSIC) to the then Department of Health and Aged Care.

### NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH STRATEGY (1989)

In 1989 the National Aboriginal Health Strategy (NAHS) was established as a landmark document in Aboriginal and Torres Strait Islander health policy which articulated Aboriginal and Torres Strait Islander people's health aspirations and goals within a rights-based framework.

The 1994 Report of the Evaluation of the NAHS found that it was 'never effectively implemented'.<sup>55</sup> It cited that one of the significant challenges in its implementation was that the Strategy lacked any concerted partnership approach to support implementation by all the necessary stakeholders and lacked commitment by Australian Governments.<sup>56</sup>

### ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH GOALS AND TARGETS (INTERIM) (1991)

In 1991, *Aboriginal and Torres Strait Islander Health Goals and Targets (interim)* was published. The goals and targets proposed in the paper built on the *National Aboriginal Health Strategy*,

and were designed to promote discussion about target setting in Aboriginal and Torres Strait Islander health. To capture the holistic approach to understanding and monitoring Aboriginal and Torres Strait Islander health the interim goals and targets were grouped into five sections including: health outcomes; access; health support; education; and training.

The framework sought to avoid unbalanced targets by selecting a range of complementary targets including:

1. *Health status targets* - addressing death, disease and disability;
2. *Risk reduction targets* - aimed at behavioural risks to health;
3. *Public awareness targets* - intended to increase public awareness about health risks or appropriate prevention;
4. *Professional Education and Awareness targets* - encouraging an increase in the proportion of professionals who are aware and trained to provide appropriate interventions; and
5. *Service and Protection targets* - addressing the need to increase comprehensiveness and accessibility of services.<sup>57</sup>

Importantly, the paper acknowledged that regional variation is the norm, rather than the exception, in the Aboriginal and Torres Strait Islander population, and questioned that if this diversity of circumstance were to be collected then consideration should be given to how to define local measures to capture this information.

#### ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH FRAMEWORK AGREEMENTS (FRAMEWORK AGREEMENTS) (1996)

Between 1996 and 1999 all jurisdictions (including the Torres Strait) signed Framework Agreements between the Commonwealth, state/territory governments, the community controlled health sector, and ATSIC.

Since 1996, the Framework Agreements through their Aboriginal and Torres Strait Islander Health Forums or Partnerships were established to oversee the following key areas of work:

1. joint planning;
2. access to both mainstream and Aboriginal and Torres Strait Islander specific health, and health related services;
3. increased level of resources allocated to reflect need; and
4. improved data collection and evaluation.

In August 1999 all jurisdictions commenced reporting to the then Australian Health Ministers' Conference (the now Standing Council on Health) on their progress with realising the commitments made in the Framework Agreements. From 2004-05, Framework Agreement reporting has been incorporated into the reports against Implementation Plans for the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013*.

#### COAG WHOLE OF GOVERNMENT APPROACH TO INDIGENOUS AFFAIRS (2002)

In 2002, COAG agreed to a trial of a whole-of-governments cooperative approach in up to 10 communities or regions (the Department of Health and Ageing's Trial Site was the Anangu Pitjantjatjara Yankunytjatjara Lands in South Australia). The aim of the trials was to improve the way governments interacted with each other and with communities to deliver more effective responses to the needs of Aboriginal and Torres Strait Islander people. As part of this approach the government implemented Shared Responsibility Agreements and Regional Partnership Agreements.

In 2002, COAG leaders also agreed to commission the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP) to produce a regular report to COAG against key indicators of Indigenous disadvantage. The framework includes three priority outcomes to reflect a vision of how life should be for Indigenous people, and includes:

- > twelve headline indicators which measure the major social and economic factors to be improved; and
- > seven 'strategic areas for action' which potentially have a significant and

lasting impact in reducing Indigenous disadvantage, and are amenable to policy action, so that, over time, improvements in the headline indicators and priority outcomes can be achieved. Each 'strategic area for action' is linked to a set of 'strategic change indicators'. These indicators are designed to show whether activities are making a difference, and to identify areas where more attention is needed.

To underpin government effort to improve cooperation in addressing this disadvantage, in June 2004, COAG also agreed to a *National Framework of Principles for Government Service Delivery to Indigenous Australians*. The principles addressed sharing responsibility, harnessing the mainstream, streamlining service delivery, establishing transparency and accountability, developing a learning framework and focusing on priority areas.

### NATIONAL STRATEGIC FRAMEWORK FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH 2003-2013

The National Aboriginal Health Strategy (NAHS) was a foundational document for developing the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (NSFATSIH). The NSFATSIH was intended to complement, rather than replace it, and address contemporary approaches to primary health care and population health within the current policy environment and planning structures.

The NSFATSIH aimed to provide government with sound advice about evidence-based approaches for improving health outcomes for Aboriginal and Torres Strait Islander people. The Framework clearly articulated that health gains cannot be made in isolation, therefore, it adopted a multi-sectoral approach to improve housing, education, and employment to support and sustain improvements in health.

The NSFATSIH committed governments to work together on joint and cross-portfolio initiatives to improve health system deliverables and address the social determinants of health so that Aboriginal and Torres Strait Islander people

can enjoy a healthy lifestyle equal to that of the general population.

The agreed policy priorities in the NSFATSIH were developed without imposing specific targets or benchmarks on the Commonwealth, state and territory governments in recognition of the different histories, circumstances and priorities of each jurisdiction. This approach allowed jurisdictions to surface local and regional issues and address them through specific strategies or programs.

Specific strategies were subsequently developed by state and territory governments to support the overall goals and objectives of the NSFATSIH. The flexibility of the NSFATSIH allowed jurisdictions to develop strategies that sought to address their local and regional issues, while complementing the overall strategic direction of the NSFATSIH.

An appraisal of the NSFATSIH was conducted to identify key learnings, which have been incorporated into this Health Plan to ensure a cumulative learning approach to Aboriginal and Torres Strait Islander health policy.

### ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY CONTROLLED HEALTH ORGANISATIONS

The first Aboriginal medical service was established in the Sydney suburb of Redfern in 1971, with the aim of improving access to health services for the local Aboriginal community by creating a culturally appropriate environment. According to the National Aboriginal Community Controlled Health Organisation (NACCHO), the national body representing Aboriginal and Torres Strait Islander community controlled health organisations throughout Australia, these organisations are primary health care services initiated and operated by local Aboriginal and Torres Strait Islander communities to deliver holistic, comprehensive and culturally appropriate health care to the community that controls it (through a locally elected board of management). There are currently over 170 Aboriginal and Torres Strait Islander community controlled health organisations in Australia. These services are unique in their management and funding structure, and their community base.

## NATIONAL HEALTH REFORM

Australia's health system is amongst the best in the world. However, demands on the system are increasing due to an ageing population, increased rates of chronic and preventable disease, new treatments becoming available and rising health care costs.

Working in partnership with states and territories, the Australian Government has taken action to address these challenges and in August 2011, secured a national agreement that will deliver the funding public hospitals need, with unprecedented levels of transparency and accountability, less waste and less waiting for patients.

Key components of the National Health Reform Agreement (and the related National Partnership Agreement on Improving Public Hospital Services and the National Healthcare Agreement 2011) that are directing the changes to Australia's health system include:

- a new framework for funding public hospitals and an investment of an additional \$19.8 billion in public hospital services over this decade;
- a focus on reducing emergency department and elective surgery waiting times;
- increased transparency and accountability across the health and aged care system;
- a stronger primary care system supported by joint planning with states and territories and the establishment of Medicare Locals; and
- the Australian Government taking full policy and funding responsibility for aged care services, including the transfer to the Australian Government of current resourcing for aged care services from the Home and Community Care (HACC) program, in most states and territories except Victoria and Western Australia.

## APPENDIX B: KEY PARTNERSHIPS / CONSULTATION PROCESS

### KEY PARTNERSHIPS

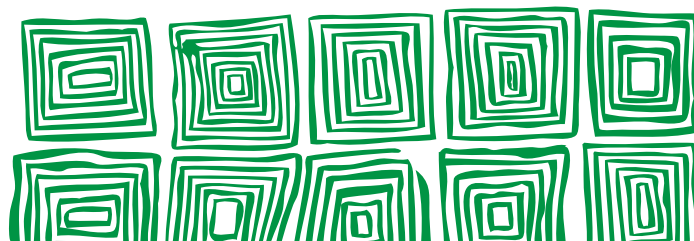
The National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC) advises the Australian Government on working towards the provision of equitable and sustainable health. NATSIHEC's primary focus in 2012 and 2013 has been on the development of this Health Plan. The NATSIHEC Terms of Reference are outlined below.

A Stakeholder Advisory Group was established to guide development of the Health Plan and brought together government and organisations with expertise in Indigenous health and broader health issues. The Stakeholder Advisory Group was co-chaired by David Learmonth, Deputy Secretary, Department of Health and Ageing and Ms Jody Broun, co-Chair of the National Congress of Australia's First Peoples.

### NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH EQUALITY COUNCIL - TERMS OF REFERENCE

NATSIHEC will advise the Minister for Indigenous Health:

1. on the development of a National Indigenous Health Plan;
2. on the development and monitoring of health related goals and targets to support the Council of Australian Governments (COAG) commitment to closing the gap in outcomes for Aboriginal and Torres Strait Islander peoples; and
3. on other Ministerial priorities as requested, including child and adolescent health, drug and alcohol, mental health, social and emotional wellbeing and health workforce issues.



In developing this advice, NATSIHEC should consider a range of matters, including but not limited to the following:

- how current activities to improve health outcomes for Aboriginal and Torres Strait Islander people align with the Government's commitment to close the gap and improve health outcomes for all Australians;
- existing health policy and programs and their effectiveness at a regional, rural, remote, metro and national level;
- work being progressed through other fora including but not limited to the COAG Health and Ageing Working Group and the COAG Working Group on Indigenous Reform;
- current barriers to Indigenous people accessing adequate health services and how these might be best overcome;
- the interaction between mainstream health services and Indigenous-specific health services;
- the need for a whole-of-government approach to improving Aboriginal and Torres Strait Islander health and well-being;
- the need for coordination and integration of various national, regional, remote and rural programs and initiatives;
- existing gaps in data and how these might be addressed in the future;
- the social and environmental determinants of health that impact on Indigenous health to ensure goals and targets to support the Government's commitment to improving Indigenous life expectancy and reducing child mortality are properly evidence-based;
- national and international strategies for improving Indigenous health and building capabilities; and
- how to maximise effective internal and external stakeholder relationships and increase community involvement in the Government's Indigenous health agenda.

## NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PLAN STAKEHOLDER ADVISORY GROUP - TERMS OF REFERENCE

The Stakeholder Advisory Group will advise on the development of the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP). The advisory group will bring together government and organisations with expertise in Aboriginal and Torres Strait Islander health, the health sector, and the social determinants of health.

### Role and Function

The role of the advisory group is to:

- Drive and inform the development of the NATSIHP through a meaningful partnership with Aboriginal and Torres Strait Islander people.
- Support the development of the NATSIHP by providing advice on the key policy priorities to be addressed in the plan, including:
  - > reviewing current policies to identify gaps and emerging issues relating to Aboriginal and Torres Strait Islander well-being; and
  - > how best to address and position the social determinants of health.
- Offer guidance on:
  - > the development of discussion papers, including for consultation and engagement purposes;
  - > the draft NATSIHP and its revisions; and
  - > identifying and influencing priorities for research.

### Timeframes

The advisory group will commence in early 2012 and cease by December 2013.

### Chair

The advisory group will be co-chaired by a Deputy Secretary of the Department of Health and Ageing and a co-chair of the National Congress of Australia's First Peoples.



## Secretariat

The Department of Health and Ageing will provide Secretariat support for the advisory group through the Office for Aboriginal and Torres Strait Islander Health.

## Frequency of meetings

The advisory group will meet up to six times a year, and more frequently if required. Meetings will include face-to-face meetings and teleconference.

Issues may be considered out of session and bi-laterally with member organisations where required.

## Governance and Reporting

The advisory group will report to the Minister for Indigenous Health through the Secretary of the Department of Health and Ageing.

## Relationship to other Committees

- The Stakeholder Advisory Group will work closely with the National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC) and the National Health Leadership Forum of the National Congress of Australia's First Peoples. NATSIHEC will advise the Minister for Indigenous health on development of the Plan.
- The Stakeholder Advisory Group will invite external advice on specific issues as required.

## CONSULTATION PROCESS

### Community Consultations

The Australian Government held a series of 17 nation-wide open community consultations, including a youth specific consultation, and conducted an online submissions process to capture different views and ideas. To provide context and guidance for the consultations and submissions process, the Department developed a Discussion Paper which sought responses to a range of questions to help shape the development of the Health Plan. On behalf of the Australian Government, the National Centre for Indigenous Excellence, in partnership with Mirri Mirri Productions and the George Institute for

Global Health, facilitated the youth consultation. KPMG, in partnership with Mr William 'Uncle Benny' Hodges, facilitated each of the 16 community consultations.

The consultation and submission process provided an opportunity for key stakeholders to play an active role in ensuring the Health Plan identified the key health issues and necessary priorities to further close the gap in health outcomes for Aboriginal and Torres Strait Islander people.

770 representatives from Aboriginal and Torres Strait Islander communities, health and social determinants of health organisations, peak bodies and state and territory governments participated in the 17 community consultations and provided information across a range of issues to inform the development of the Health Plan. The key themes which emerged from the community consultations included:

- access to health services, including the availability of specialists or transport to medical services;
- the importance of education, not just about formal schooling (although this is very important), but also about health education and literacy;
- workforce including the recruitment, retention and training of not only Aboriginal and Torres Strait Islander health professionals but also mainstream health workers in regional and remote areas;
- the need for more integration and coordination of service provision;
- food and nutrition including the affordability and availability of healthy foods, particularly the importance of this in the early years; and
- mental health and grief and loss and the impacts this has on overall health and wellbeing, including that of Aboriginal and Torres Strait Islander community controlled health organisation workers in communities.

Details about the locations and representative organisations at each community consultation can be found at the National Aboriginal and Torres Strait Islander Health Plan website ([www.health.gov.au/natsihp](http://www.health.gov.au/natsihp)).

## Written submissions

A total of 141 written submissions were received from individuals and organisations from across the country. Some of the key issues discussed in the submissions were:

- A comprehensive approach to primary health care is required that takes into account the social determinants of health, health inequalities, health promotion, illness prevention, treatment and care of the sick, community development, advocacy, rehabilitation, inter-sectoral action and population health approaches;
- racism and experience of discrimination is linked to poor self-assessed health status and has a negative impact on health;
- a focus on mental health and the impacts this has on overall health and wellbeing;
- workforce issues, such as recruitment of more Aboriginal and Torres Strait Islander people in the health workforce; additional support to retain health professionals in rural and remote locations; and a culturally competent workforce in health and other services sector; and
- an evidence-based approach to making the health system work better for Aboriginal and Torres Strait Islander people.

A list of the published written submissions received can be found at the National Aboriginal and Torres Strait Islander Health Plan website ([www.health.gov.au/natsihp](http://www.health.gov.au/natsihp)).

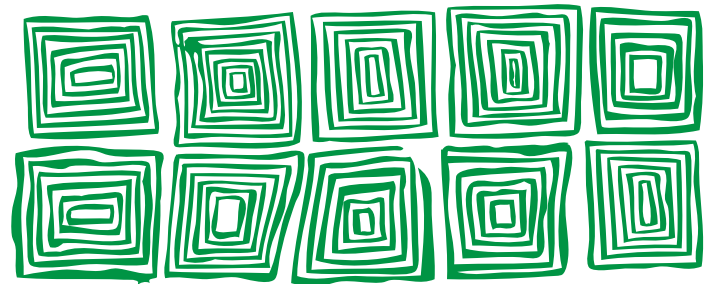
## Expert Forums

NATSIHEC hosted three forums as an opportunity to bring together experts from around Australia in Aboriginal and Torres Strait Islander and mainstream health and determinants. The purpose of the meetings was to provide an opportunity to build the vision and identify the opportunities and risks that needed to be considered in developing the Health Plan.

A list of the organisations/experts in attendance at each forum can be found at the National Aboriginal and Torres Strait Islander Health Plan website ([www.health.gov.au/natsihp](http://www.health.gov.au/natsihp)).

## Themed Roundtables

On behalf of the SAG, National Congress of Australia's First Peoples hosted five thematic roundtables to leverage constructive outcomes and recommendations on key issues to guide the development of the Health Plan. The locations and organisations/experts in attendance at each roundtable can be found at the National Aboriginal and Torres Strait Islander Health Plan website ([www.health.gov.au/natsihp](http://www.health.gov.au/natsihp)).



## APPENDIX C: GLOSSARY AND DEFINITIONS

This National Aboriginal and Torres Strait Islander Health Plan is underpinned by the following definitions which are threaded through the Health Plan. These are well established and accepted principles that are generic to a number of longstanding national and state Aboriginal and Torres Strait Islander planning and policy documents.

### **Antenatal Care**

Includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education on self-care during pregnancy, identification of conditions detrimental to health during pregnancy, first-line management and referral if necessary.

### **Acute Rheumatic Fever**

Acute Rheumatic Fever (ARF) is a disease caused by an auto-immune reaction to a bacterial infection with Group A streptococcus. ARF is a short illness, but can result in permanent damage to the heart – rheumatic heart disease (RHD). A person who has had ARF once is susceptible to repeated episodes, which can increase the risk of RHD. Following an initial diagnosis of RHD, patients require long-term treatment, including long-term antibiotic treatment to avoid infections that may damage the heart.

### **Cardiovascular Disease**

Disease of the circulatory system, namely the heart (cardio) or blood vessels (vascular). Includes heart attack, angina, stroke and peripheral vascular disease. Also known as circulatory disease.

### **Child Mortality**

The death of a child before the age of five.

### **Closing the Gap**

A commitment made by Australian governments in 2008 to improve the lives of Aboriginal and Torres Islander Australians.

The Council of Australian Governments (COAG) agreed to six specific targets and timelines to reduce disadvantage among Aboriginal and

Torres Strait Islander Australians. These targets acknowledge the importance of reducing the gap in health outcomes and improving the social determinants of health. They are to:

- close the life expectancy gap within a generation (by 2031);
- halve the gap in mortality rates for Indigenous children under five within a decade (by 2018);
- ensure all Indigenous four-year-olds in remote communities have access to early childhood education within five years (by 2013);
- halve the gap for Indigenous students in reading, writing and numeracy within a decade (by 2018);
- halve the gap for Indigenous people aged 20–24 in Year 12 attainment or equivalent attainment rates (by 2020); and
- halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018).

### **Cross-sectoral coordination**

The cooperation and collaboration of different areas of government.

### **Diabetes**

A chronic condition marked by high levels of glucose in the blood. This condition is caused by the inability to produce insulin (a hormone produced by the pancreas to control blood glucose levels), or the insulin produced becomes less effective, or both. Three main types are Type 1, Type 2 and gestational diabetes.

### **Evidence-Based Practice**

Evidence-based practice entails finding, appraising and using the most current and valid research findings as the basis for decisions.

### **Foetal Alcohol Spectrum Disorder**

Conditions that may result from foetal exposure to alcohol during pregnancy. Disorders include foetal alcohol syndrome, neurodevelopmental disorder and alcohol-related birth defects. These disorders include antenatal and postnatal growth retardation, specific facial dysmorphism and functional abnormalities of the central nervous system.

**Health Literacy**

An individual's ability to read, understand and use healthcare information.

**Illicit Drugs**

Illicit drugs include illegal drugs (amphetamine, cocaine, marijuana, heroin, hallucinogens), pharmaceuticals when used for non-medical purposes (pain-killers, sleeping pills) and other substances used inappropriately (inhalants such as petrol or glue).

**Intergenerational Trauma**

Exposure of an earlier generation to a traumatic event that continues to affect the subsequent generations.

**Life Expectancy**

The average number of years of life remaining to a person at a particular age. Life expectancy at birth is an estimate of the average length of time (in years) a person can expect to live, assuming that the currently prevailing rates of death for each age group will remain the same for the lifetime of that person.

**Life Course**

The period from birth through to death.

**Low Birth Weight**

Infants born weighing less than 2500g.

**Medicare Locals**

Primary health care organisations established as part of the National Health Reform to coordinate primary health care delivery and address local health needs and service gaps. Their purpose is to drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities.

**Palliative Care**

Palliative care is provided to people of all ages who are going through the end stages of life.

**Primary Health Care**

The World Health Organization Alma-Ata declaration of 1978 defines primary health care as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at

a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

**Respiratory Disease**

Respiratory disease includes conditions affecting the respiratory system – which includes the lungs and airways – such as asthma and pneumonia.

**Rheumatic Heart Disease (RHD)**

RHD may develop after illness with rheumatic fever, usually during childhood. Rheumatic fever can cause damage to various structures of the heart including the valves, lining or muscle and this damage is known as RHD (see also acute rheumatic fever).

**Risk Factors**

The factors that are associated with ill health, disability, disease or death are known as risk factors. Risk factors may be behavioural, biomedical, environmental, genetic, or demographic. Risk factors often coexist and interact with one another.

**Secondary Health Care**

Secondary health care refers to particular services provided by hospitals, such as acute care, as well as services provided by specialists.

**Sexually Transmitted Infection (STI)**

An infection that can be transferred from one person to another through sexual contact.

**Social Determinants of Health**

The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

**Strengths based approach**

A strengths-based approach views situations realistically and looks for opportunities to complement and support existing strengths

and capacities as opposed to a deficit-based approach which focuses on the problem or concern.

### **Systemic Racism**

Failure of the health system to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin.

### **Tertiary Health Care**

Tertiary health care refers to highly specialised or complex services provided by specialists or allied health professional in a hospital or primary health care setting, such as cancer treatment and complex surgery.

### **Trachoma**

Trachoma is an eye infection that can result in scarring, in-turned eyelashes and blindness. Australia is the only developed country where trachoma is still endemic and it is found almost exclusively in remote and very remote Aboriginal and Torres Strait Islander populations. Trachoma is associated with living in an arid environment (including the impact of dust); lack of access to clean water for hand and face washing; overcrowding and low socioeconomic status.

## **APPENDIX D: ABBREVIATIONS**

<b>ABS</b>	Australian Bureau of Statistics
<b>AHMAC</b>	Australian Health Ministers' Advisory Council
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>ARF</b>	Acute Rheumatic Fever
<b>AMS</b>	Aboriginal Medical Service
<b>ATSIC</b>	Aboriginal and Torres Strait Islander Commission
<b>CCSS</b>	Care Coordination and Supplementary Services
<b>COAG</b>	Council of Australian Governments
<b>CVD</b>	Cardiovascular Disease
<b>FASD</b>	Foetal Alcohol Spectrum Disorder
<b>GP</b>	General Practitioner
<b>HACC</b>	Home and Community Care

<b>ICDP</b>	Indigenous Chronic Disease Package
<b>KPMG</b>	Klynveld, Peat, Marwick and Goerdeler (consultancy)
<b>MBS</b>	Medical Benefits Scheme
<b>NACCHO</b>	National Aboriginal Community Controlled Health Organisation
<b>NAHS</b>	National Aboriginal Health Strategy
<b>NATSIHP</b>	National Aboriginal and Torres Strait Islander Health Plan
<b>NDIS</b>	National Disability Insurance Scheme
<b>NATSIHEC</b>	National Aboriginal and Torres Strait Islander Health Equality Council
<b>NIRA</b>	National Indigenous Reform Agenda
<b>NSFATSIH</b>	National Strategic Framework for Aboriginal and Torres Strait Islander Health
<b>OATSIH</b>	Office for Aboriginal and Torres Strait Islander Health
<b>RHD</b>	Rheumatic Heart Disease
<b>SAG</b>	Stakeholder Advisory Group
<b>VET</b>	Vocational Education and Training



## APPENDIX E: CASE STUDIES

The following case studies demonstrate examples of good practice and highlight the excellent work being done which is improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

### INNOVATION AND EVIDENCE BASED SERVICE DELIVERY MODEL

#### INSTITUTE FOR URBAN INDIGENOUS HEALTH, SOUTH EAST QUEENSLAND

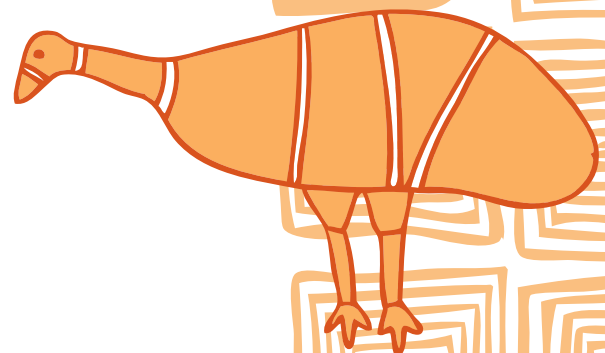
*Institute for Urban Indigenous Health (UIH). Current member Community Controlled Health Services of the UIH are: ATSICHS Brisbane (including UIH Moreton ATSICHS); Kambu Health Service; Kalwun Health Service and; Yulu-Burri-Ba.*

UIH has developed an evidence-based Model of Chronic Disease Care (the Model) for implementation across the Aboriginal and Torres Strait Islander community controlled health organisations in south east Queensland.

The Model aims to ensure a comprehensive patient journey for Aboriginal and Torres Strait Islander clients accessing primary health care services. It is a 'wrap around' model of care that is patient centric and includes *Closing the Gap* initiatives, and other services funded through Indigenous-specific and mainstream programs.

To make the Model evidence-based the UIH uses detailed Aboriginal and Torres Strait Islander population counts. A key principle of the UIH Model is that Indigenous-specific funding is used to supplement Medicare Benefits Schedule (MBS)-funded services, providing the additional preventative and primary care elements necessary to address a population with a high burden of chronic disease.

The UIH currently supports 13 clinics (with two more proposed) across four member organisations: ATSICHS Brisbane (including UIH Moreton ATSICHS); Kambu Medical Centre; Kalwun Health Service; and Yulu-Burri-Ba. Although full implementation of the Model is in its early days, there is strong evidence that improved outcomes are being achieved.



NEWLY CREATED PERMANENT AGED CARE JOBS AND TRAINING  
ACHIEVEMENTS OF ABORIGINAL AND TORRES STRAIT ISLANDER  
AGED CARE WORKERS AT IMABULK AGED CARE SERVICES—  
BELYUEN NORTHERN TERRITORY

IMABULK AGED CARE SERVICE – BELYUEN, NORTHERN  
TERRITORY.

Three aged care workers, Shirley, Catherine and Elizabeth have achieved Certificate III in Home and Community Care and are now completing Certificate III in Aged Care. Trudi Mardi will receive Certificate III in Home and Community Care early next year.

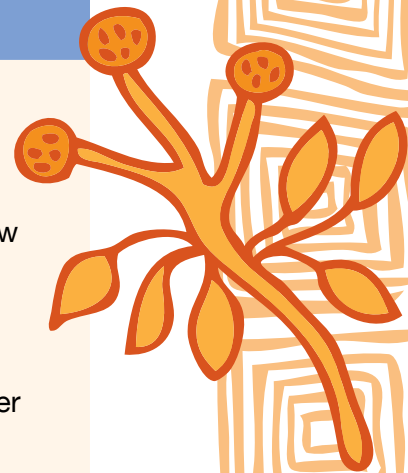
HK Training & Consultancy is the training organisation that has provided aged care training to Aboriginal and Torres Strait Islander aged care workers at the service since 2010. Imabulk Aged Care provides Home and Community Care and Community Aged Care Packages to 18 clients and three clients live at the centre in supported accommodation.

In 2009 three permanent part-time jobs in aged care were created under the Northern Territory Jobs Package and HK Training and Consultancy has been delivering training to the staff in these positions and other staff at the service through funding from the Northern Territory Aboriginal and Torres Strait Islander Aged Care Training Project since 2010. Staffing is very stable and there are close family links between the staff at the service.

The training and mentor support has become such a part of their jobs the staff have said “now we have done so much training I can see how it all joins together. Everything we have learnt helps us do our job better, so our old people are better looked after... Sometimes it is a case of you don’t know what you don’t know. What a difference regular training and mentor support makes!”

Two staff Catherine and Shirley completed the Certificate III in Home and Community Care in 2011 and a third staff member, Elizabeth Mardi completed in 2013; this is a great achievement for them and a great boost to the community. They continue to do training and are now enrolled in Certificate III Aged Care. The other staff are at various stages of completion of the Certificate III in Home and Community Care.

While the achievement of getting a nationally recognised qualification is undoubtedly significant, other outcomes are also impressive. The Imabulk staff love training and actively participate in all sessions. The training, while complying with the VET Quality Framework requirements, is tailored at the specific learning needs of the staff and has included a number of off-site visits.



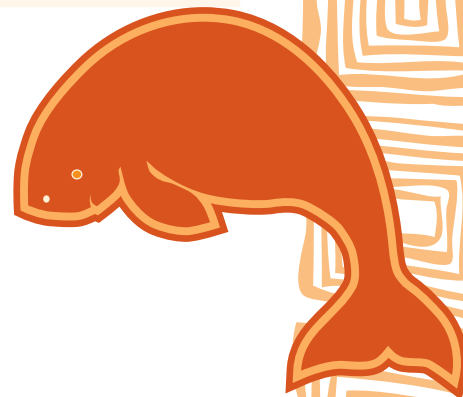
## INTEGRATED AND COORDINATED HEALTH CARE—A PATIENT'S JOURNEY

### WESTERN NSW MEDICARE LOCAL

A 42 year old Aboriginal man, with sleep apnoea, diabetes, post-traumatic stress disorder, and Ischemic Heart Disease was referred to the *Closing the Gap* - Care Coordination and Supplementary Services (CCSS) Program. The Care Coordinator was able to arrange an appointment with a respiratory physician and continued care with mental health professionals. By leveraging linkages with the *Closing the Gap* – Medical Specialist Outreach Assistance Program and Indigenous Chronic Disease program, which provides funding for outreach services delivered by multidisciplinary teams, the Care Coordinator was also able to access, at the one centre, all the providers needed for the patient's diabetes care. This included an optometrist, dietician, diabetes educator, podiatrist and endocrinologist.

Throughout this process the Medicare Local regularly engaged with the local Aboriginal and Torres Strait Islander community controlled health organisations, primarily the Orange Aboriginal Medical Service.

The patient has indicated that this integrated and coordinated delivery of health care has changed his life. He has joined a gym and is well enough to have his first holiday in 20 years.





FROM COMMUNITY CRISIS TO COMMUNITY CONTROL IN THE FITZROY VALLEY: THE MARULU\* FOETAL ALCOHOL SPECTRUM DISORDERS (FASD) STRATEGY: MAKING FASD HISTORY IN REMOTE ABORIGINAL COMMUNITIES.

FITZROY VALLEY COMMUNITIES, LOCAL ORGANISATIONS: MARNINWARNTIKURA WOMEN'S RESOURCE CENTRE AND NINDILINGARRI CULTURAL HEALTH SERVICE

Communities in the remote Fitzroy Valley of Western Australia's Kimberley region have shown great leadership in overcoming FASD. In 2007, Fitzroy Valley community leaders decided to address increasing violence and dysfunction in their communities caused by alcohol abuse. The community fought to introduce local alcohol restrictions that generated positive health and social results. Furthermore, community elders recognised that drinking during pregnancy was leading to children born with FASD. The subsequent severe learning and behavioural difficulties in affected children threatened the continuation of their culture. Since 2008, led by Nindilingarri Cultural Health Services and Marninwarntikura Women's Resource Centre, the communities have progressed the Marulu strategy with strong local, national and international partnerships.

The Fitzroy Valley communities initiated prevention strategies including local alcohol restrictions, education campaigns and support for pregnant mothers. In partnership with The George Institute for Global Health and Sydney University, from 2009-2012 they conducted The Liliwan Project, Australia's first FASD prevalence study. This study reports among the highest rates of FASD worldwide. Yet there is hope in the Fitzroy Valley: by evaluating elements of effective prevention strategies and implementing these, FASD could be considered 'something that used to happen'. In planning the *Marulu Strategy 2013-2017*, the comprehensive strategies around prevention, diagnosis and management will be progressed and evaluated through the community's partnerships, including with the Telethon Institute for Child Health Research, WA.

This work has been featured in the 2010 Australian Social Justice Commissioner's Annual Report, presented at the United Nations Permanent Forum on Indigenous Peoples in 2011 and 2012, directly supported by the Governor General of Australia and commended by an Australian Government Inquiry into FASD. Crucially, the strategy used in the Fitzroy Valley is represented in a National FASD Action Plan presented to Government in 2013.

*\*Marulu relates to children, and means 'precious, worth nurturing' in the Bunuba language.*



BUILD IT AND THEY WILL COME: OUTCOMES FROM A SUCCESSFUL CARDIAC REHABILITATION PROGRAM AT AN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY CONTROLLED HEALTH ORGANISATION.

'HEART HEALTH – FOR OUR PEOPLE, BY OUR PEOPLE'

NATIONAL HEART FOUNDATION

ROYAL PERTH HOSPITAL (CARDIOLOGY DEPARTMENT)

DERBARL YERRIGAN HEALTH SERVICE AND THE BROADER ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY.

Cardiovascular disease (CVD) is the leading disease burden in Aboriginal Australians, but culturally appropriate cardiac rehabilitation programs are lacking. To help address this service gap, a cardiac rehabilitation program was jointly established by the National Heart Foundation, Derbarl Yerrigan Health Service (DYHS) and the Royal Perth Hospital (Cardiology Department) in DYHS (an Aboriginal and Torres Strait Islander community controlled health organisation) and its uptake, impact on health management and cardiovascular risk factors were documented.

The program was conducted onsite to provide a culturally secure environment for the provision of exercise and education to address cardiovascular health. The name of the program, 'Heart Health – for our people, by our people' (Heart Health) reflected ownership by DYHS and the broader Aboriginal and Torres Strait Islander community. Participants enrolling in Heart Health were invited to take part in a formal research project to evaluate the program.

Participants' perceptions of the program and the impact on risk factors were evaluated following 8 weeks of attendance. In twenty-eight participants (20 females) who completed 8 weeks of sessions, body mass index, waist girth and blood pressure decreased and 6-min walk distance increased. 'Yarning' helped identify and address a range of chronic health issues including medication compliance, risk factor review and chest pain management. The evaluation concluded that the program led to improved cardiovascular risk factors and health management and an Aboriginal and Torres Strait Islander community controlled health organisation is an ideal location for managing cardiovascular health and provides a setting conducive to addressing a broad range of chronic conditions.



## APPENDIX F: REFERENCES AND SEMINAL READINGS

- <sup>1</sup> Brown, N 2012, *Pacific Caucus Intervention to the 12th Session of the United Nations Permanent Forum on Indigenous Issues*, New York, 20-31 May 2012.
- <sup>2</sup> National Aboriginal Health Strategy Working Party 1989, *National Aboriginal Health Strategy*, Canberra.
- <sup>3</sup> Commonwealth of Australia House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs 2012, *Our Land Our Languages: Language Learning in Indigenous Communities*, Canberra.
- <sup>4</sup> Gooda, M 2010, *The practical power of human rights*, Queensland University of Technology, Faculty of Law Public Lecture Series, Brisbane, 19 May 2010.
- <sup>5</sup> Alyawarr Ingkerr-when Aboriginal Corporation 2012, *Submission to the Australian Government for the development of a National Aboriginal and Torres Strait Islander Health Plan*.
- <sup>6</sup> Calma, T 2009, *Aboriginal and Torres Strait Islander Social Justice Commissioner, Australian Human Rights Commission*, (<http://www.humanrights.gov.au/news/speeches/maximising-opportunities-new-era-indigenous-affairs>.)
- <sup>7</sup> Dodson, M 2006, *'The Future of Reconciliation'*, Evatt Foundation, (<http://evatt.org.au/papers/future-reconciliation.html>)
- <sup>8</sup> National Aboriginal and Torres Strait Islander Health Equality Council 2012, *Best Practice Framework for Setting Targets*, Canberra.
- <sup>9</sup> Close the Gap Steering Committee 2012, *Submission to the Australian Government for the development of a National Aboriginal and Torres Strait Islander Health Plan*.
- <sup>10</sup> Booth, A & Carroll, N 2005, *The health status of Indigenous and non-Indigenous Australians*, Centre for Economic Policy Research, Australian National University, Canberra; DSI Consulting Pty Ltd & Benham, D 2009, *An investigation of the effect of socio-economic factors on the Indigenous life expectancy gap*, DSI Consulting Pty Ltd.
- <sup>11</sup> Australian Health Ministers' Advisory Council 2012, *Aboriginal and Torres Strait Islander Health Performance Framework 2012*, Canberra.
- <sup>12</sup> Marmot, M and Wilkinson, R (eds) 1999, *Social Determinants of Health*, Oxford University Press, New York.
- <sup>13</sup> Jarvis, M & Wardie, J 1999, 'Social patterning of individual health behaviours; the case of cigarette smoking', in *ibid*.
- <sup>14</sup> Kalb, G, Le, T & Leung, F 2011, *Decomposing differences in labour force status between Indigenous and non-Indigenous Australians*, Melbourne Institute of Applied Economic and Social Research Report, Melbourne.
- <sup>15</sup> Australian Bureau of Statistics 2005, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, ABS Cat. No. 4704.0, Canberra.
- <sup>16</sup> Menzies School of Health Research 2012, *Submission to the Australian Government for the development of a National Aboriginal and Torres Strait Islander Health Plan*.
- <sup>17</sup> The Lowitja Institute 2012, *Submission to the Australian Government for the development of a National Aboriginal and Torres Strait Islander Health Plan*.
- <sup>18</sup> Awofeso, N 2011, 'Racism: a major impediment to optimal Indigenous health and health care in Australia', *Australian Indigenous Health Bulletin*, vol. 11, no. 3.
- <sup>19</sup> Australian Bureau of Statistics 2010, *National Aboriginal and Torres Strait Islander Social Survey*, ABS Cat. No. 4704.0, Canberra.
- <sup>20</sup> Participant, *Australian Government development of a National Aboriginal and Torres Strait Islander Health Plan- Health Systems Thematic Roundtable*, 18 March 2013, Canberra.
- <sup>21</sup> Australian Health Ministers' Advisory Council 2012, *op. cit*.
- <sup>22</sup> Menzies School of Health Research 2012, *Submission to the Australian Government for the development of a National Aboriginal and Torres Strait Islander Health Plan*.

- <sup>23</sup> Participant, *Australian Government development of a National Aboriginal and Torres Strait Islander Health Plan - Mental Health Thematic Roundtable*, 25 March 2013, Perth.
- <sup>24</sup> Social Health Reference Group 2004, *A National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2004-2009*, National Aboriginal and Torres Strait Islander Health Council & National Mental Health Working Group, Canberra.
- <sup>25</sup> Social Health Reference Group 2004 in Commonwealth Department of Health and Ageing 2013, *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, Canberra.
- <sup>26</sup> Council of Australian Governments 2012, *The Roadmap for National Mental Health Reform 2012-22*, Canberra.
- <sup>27</sup> Australian Health Ministers' Advisory Council 2012, op. cit.
- <sup>28</sup> Council of Australian Governments 2012, op. cit.
- <sup>29</sup> Australian Bureau of Statistics 2012, *Suicides in Australia 2010*, ABS Cat. No. 3309.0, Canberra
- <sup>30</sup> Council of Australian Governments 2012, op. cit.
- <sup>31</sup> Social Health Reference Group op. cit.
- <sup>32</sup> National Aboriginal Community controlled Health Organisation 2012, *Submission to the Australian Government for the development of a National Aboriginal and Torres Strait Islander Health Plan*.
- <sup>33</sup> Hunt, J, Smith, D, Garling, S and Sanders, W, eds 2008, *Contested governance: Culture, power and institutions in Indigenous Australia*, ANU ePress, Canberra.
- <sup>34</sup> Mason, J 2012, *Review of Australian Government Health Workforce Programs*, Canberra.
- <sup>35</sup> National Aboriginal and Torres Strait Islander Health Equality Council, 2012, *Second roundtable on the development of a National Aboriginal and Torres Strait Islander Health Plan*, Melbourne 21-22 May 2012.
- <sup>36</sup> Ibid.
- <sup>37</sup> Australian Institute of Health and Welfare 2011, op. cit.
- <sup>38</sup> Vos, T, Barker, B, Stanley, L & Lopez, A 2007, *The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003*, School of Population Health University of Queensland, Brisbane.
- <sup>39</sup> Scelza, B 2012, *Food scarcity, not economic constraint limits consumption in a rural and Aboriginal community*, *Australian Journal of Rural Health*, vol 20, pp. 108-112.
- <sup>40</sup> Council of Australian Governments 2012, op. cit.
- <sup>41</sup> Sing, G & Hoy, W 2003, *The association between birthweight and current blood pressure: a cross-sectional study in an Australian Aboriginal community*, *Medical Journal of Australia*, Vol. 10, No. 179, pp. 532-5.
- <sup>42</sup> Australian Health Ministers' Advisory Council 2012, op. cit.
- <sup>43</sup> Australian Council for Educational Research, the Kulunga Research Network, and Telethon Institute for Child Health Research, Editors Purdie, N, Dudgeon, P, Walker, R 2010, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Practice*, Canberra.
- <sup>44</sup> Ibid.
- <sup>45</sup> Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs 2012, *The 'growing up' of Aboriginal and Torres Strait Islander children: a literature review*, Occasional Paper No. 15, Canberra.
- <sup>46</sup> France, K, Henley, N, Payne, J, D'Antoine, H, Bartu, A, O'Leary, C, Elliot, E & Bower, C 2010, *Health professionals addressing alcohol use with pregnant women in Western Australia: barriers and strategies for communication*, *Substance Use & Misuse*, vol.45, no.10, pp. 1474-90.
- <sup>47</sup> Participant, *Australian Government development of a National Aboriginal and Torres Strait Islander Health Plan - Early Childhood Roundtable*, 5 March 2013.

<sup>48</sup> Participant, *Australian Government development of a National Aboriginal and Torres Strait Islander Health Plan – Youth Consultation*, Sydney, September 2012.

<sup>49</sup> Participant, *Australian Government development of a National Aboriginal and Torres Strait Islander Health Plan – Cairns Community Consultation*, 5 December 2012.

<sup>50</sup> Australian Institute of Health and Welfare 2009, *Australian hospital statistics 2007-08*, Health services series no. 33, Cat. No. HSE 71, Canberra.

<sup>51</sup> Australian Institute of Health and Welfare 2011, *Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians*, Cat. No. IHW48, Canberra.

<sup>52</sup> Participant, *Australian Government development of a National Aboriginal and Torres Strait Islander Health Plan – Brisbane Community Consultation*, 4 December 2012.

<sup>53</sup> Raphael, B, Swan, P & Martinek, N 1998, *Intergenerational aspects of trauma for Australian Aboriginal people*, International handbook of multigenerational legacies of trauma, pp. 327-39, Plenum Press, New York & Yehuda, R, Halligan, SL & Grossman, R 2001, *Childhood trauma and risk for PTSD: relationship to intergenerational effects of trauma, parental PTSD, and cortisol excretion*, *Development and Psychopathology*, vol. 13, no. 3, pp. 733-53.

<sup>54</sup> NATSIHEC.gov.au retrieved 7 June 2013.

<sup>55</sup> *The National Aboriginal Health Strategy: an evaluation*, Aboriginal and Torres Strait Islander Commission, 1994, p3

<sup>56</sup> Ibid., p3 and 11.

<sup>57</sup> Wronski, I. & Smallwood, G. (eds.) (1991). *Aboriginal and Torres Strait Islander health goals and targets (interim)*, Department of Health: Canberra, p.5

## Seminal Works

The following works, while not directly cited, have guided the development of this Health Plan.

Anderson, I, Cunningham T, Cotter, PR, Condon, JR, Barnes T, Smith, LR 2012, *Do Indigenous Australians age prematurely? The implications of life expectancy and health conditions of older Indigenous people for health and aged care policy*, Australian Health Review, Vol. 36 pp. 68-74.

Anderson, P & Wild, R 2007, *Little Children are Sacred: Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*, Darwin, Northern Territory Government.

Australian Bureau of Statistics 2010, *The City and the Bush: Indigenous Wellbeing Across Remoteness Areas*, ABS Cat. No. 41020.0, September 2010.

Biddle, N, Gray, M, Yap, M 2013, *The geographic distribution of Indigenous disability*, Sydney.

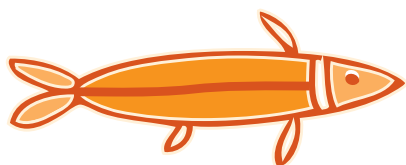
Calma, T & Gooda, M, *The social and cultural determinants of Aboriginal and Torres Strait Islander health and the human rights-based approach of the Close the Gap Campaign for Indigenous health equality*, pp. 53-64.

Closing the Gap Clearinghouse 2013, *Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people*, Canberra.

Couzos, S & Murray, R 1999, *Aboriginal primary health care: an evidence-based approach*, Oxford University Press.

Dockery, AM 2011, *Traditional culture and the wellbeing of Indigenous Australians: an analysis of the 2008 NATSISS. CLMR Discussion Paper Series 2011/01*, Centre for Labour Market Research, Curtin Business School, Curtin University.

Dwyer, J, O'Donnell, K, Lavoie, J, Marlina, U & Sullivan, P 2009, *The Overburden Report: Contracting for Indigenous Health Services*, Cooperative Research Centre for Aboriginal Health, Darwin.



Eckermann, A, K, Dowd, T, Chong, E, Nixon, L & Gray, R 2010, *Binan Goonj: bridging cultures in Aboriginal health*, Churchill Livingstone.

Elliott, E, Latimer, J, Fitzpatrick, J, Oscar, J & Carter, M 2012, *There's hope in the valley*, *Journal of Paediatrics and Child Health*, 48(3), pp 190-192.

Gallaher, G, J 2008, *Getting under our skin: Self-reported experiences of racism and their effects on health for urban Aboriginal and Torres Strait Islander people*, Doctoral dissertation, Flinders University, School of Medicine, Department of Public Health.

Gooda, M, Calma, T, O'Mara, P, Onus, F, Dudgeon, P, Poelina, J, Goold, S, Mohamed, J, McMillan, F, Jeffries, S, Bourne, J, Bourke, C, Wilkes, E & Arabena, K 2012, *The Right to Health: National Health Leadership Forum Position Paper*, National Congress of Australia's First Peoples Policy Paper.

Holland, C, Dudgeon, P, Milroy, H 2013, *The mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, families and communities*, Canberra, National Mental Health Commission

Lowry, D & Moskos, M, 2007, "Labour Force Participation as a Determinant of Indigenous Health" in Anderson I, Baum, F & Bentley, M (eds) 2007, *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health*, Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004. Cooperative Research Centre for Aboriginal Health, Darwin.

Mackean, T, Adams, M, Goold, S, Bourke, C, & Calma, T 2008, *Partnerships in action: addressing the health challenge for Aboriginal and Torres Strait Islander peoples*, *Medical Journal of Australia*, Vol. 188(10), pp. 554.

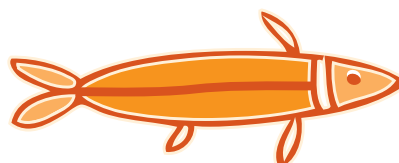
Paradies, Y 2007, *Exploring the health effects of racism for Indigenous people*, Presented at the Rural Health Research Colloquium, Tamworth, NSW.

Silburn, S, R, Zubrick, S, R, Lawrence, D, M, Mitrou, G, DeMaio, J, A, Blair, E & Hayward, C 2006, *The intergenerational effects of forced separation on the social and emotional wellbeing of Aboriginal children and young people*, *Family Matters*, 75, pp. 10-17.

Turrell, G & Mathers, CD 2000, *Socioeconomic status and health in Australia*, *The Medical Journal of Australia*, 172(9): pp. 434-438.

Wenitong, M, Mokak, R, Councillor, H, Delaney-Thiele, D, Calma, T 2007, *Rising to the Health Challenge for Aboriginal and Torres Strait Islander Peoples: What Will It Take?*, *Medical Journal of Australia*, Vol. 186(10), pp. 491-492.

Wilson, RD 1997, *Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children From Their Families*.



## DESCRIPTION OF THE ARTWORK

The Creation spirit shaped and formed this country, the rivers, and the mountains from the desert to the coast, imparting the Law to each and every one. Navigating by land and sea, we are the Custodians of this place – it nurtures us, sustains us, provides for us and heals us. We are connected, we are one.

Our ancestors protect and guide us, teaching us the ways of the past, strengthening our knowledge of Culture and directing our pathways, working together towards a brighter future.

### THE CULTURE OF HEALING:

The artwork for the Department of Health and Ageing 'The Culture of Healing' brings together many people from Government to community all across Australia to address the theme of health and wellbeing for all Aboriginal and Torres Strait Islander peoples.

The 'Health Plan' is a whole of government approach, the aim of which is to initiate genuine discussion, solutions and community driven outcomes for Aboriginal and Torres Strait Islander peoples within the area of health.

The foundation of the artwork is set in a grid pattern. Each area consists of different cultural markings and motifs from the Torres Straits and across mainland Australia. These markings are the tracks left by the Rainbow Serpent, the Creation Spirit, and they represent the diversity of country. The lines that make up the grid formation are the navigational pathways and meeting places. Three stars represent these navigational pathways for Government and for Aboriginal and Torres Strait Islander peoples. The plant and animal motifs represent traditional health and wellbeing – 'bush tucker'.

The central figures represent Aboriginal and Torres Strait ancestors who teach us the traditional ways so we can keep our culture strong today and into the future. The circular motif towards the bottom of the artwork represents Government and communities coming

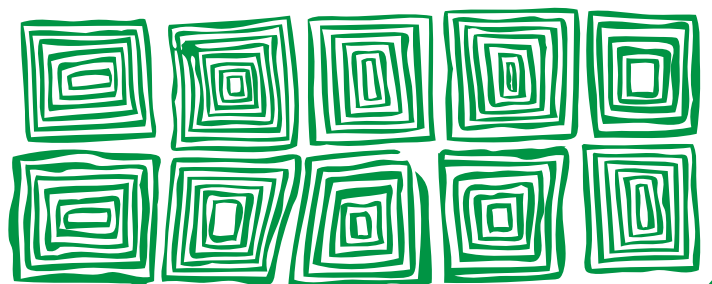


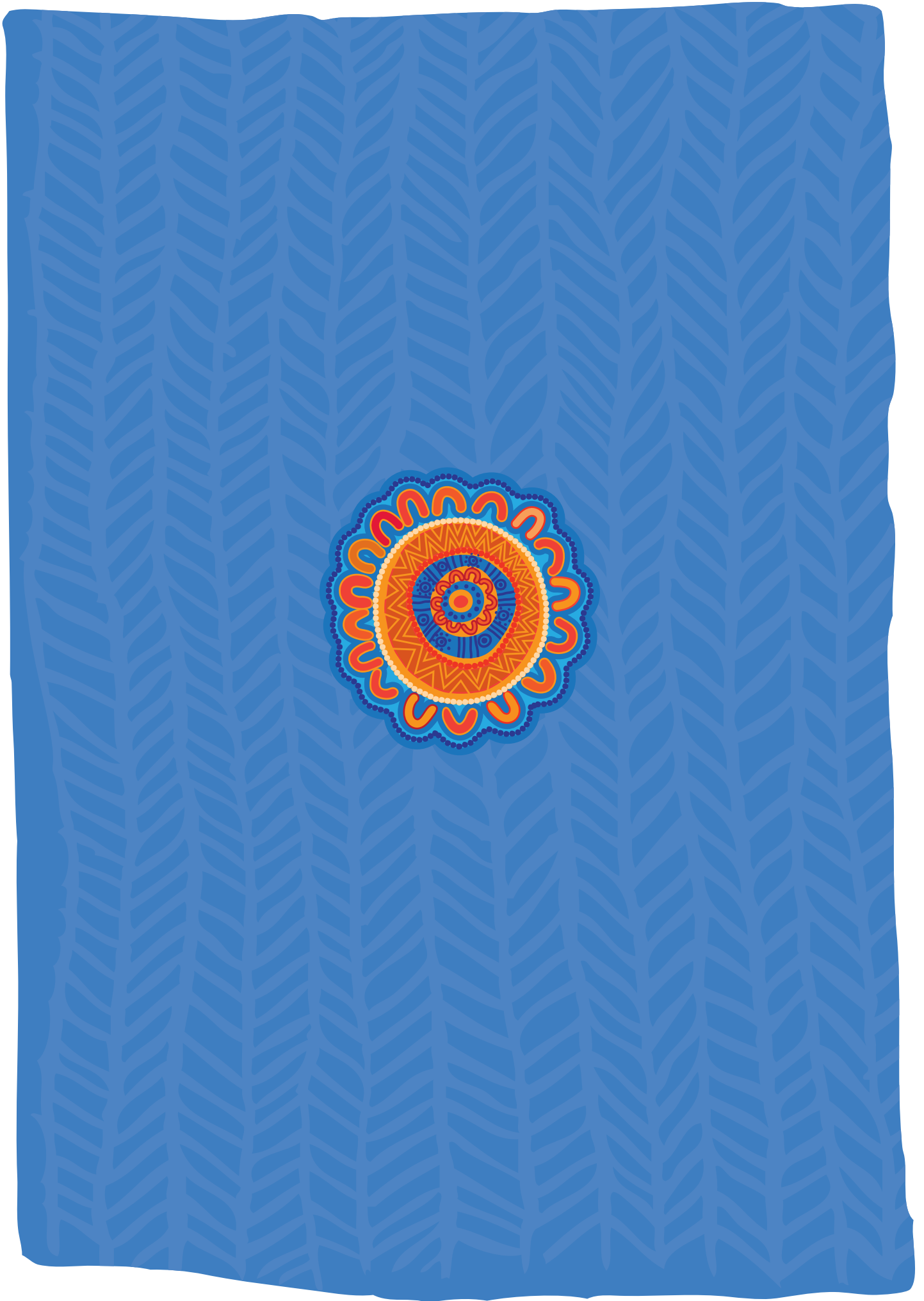
together in discussion, working together to create better health outcomes for Aboriginal and Torres Strait Islander peoples. The inner circle represents the Government from the Minister, to staff and other stakeholders and moving outwards to the Communities. The 'U' shaped motifs represent people seated in discussion, or a 'Yarning Circle'.

The pathways that lead out from these people represent the expertise and cultural knowledge and understanding that each individual brings to the table of their family, their community and their people and how the 'Health Plan' can best benefit them for a happier, healthier and brighter future together.

*This original artwork was produced by Gilimbaa.*

*Gilimbaa is an Indigenous creative agency accredited by Supply Nation.*











Australian Government



[www.health.gov.au/natsihp](http://www.health.gov.au/natsihp)

All information in this publication is correct as at July 2013