

# Western Australian Aboriginal Primary Care Resource Kit

Health Reform Implementation Taskforce



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## Foreword

Improving Aboriginal health is a national priority and major focus for the State Government. In Western Australia, Aboriginal and Torres Strait Island people comprise just over three per cent of our population and have the highest health and welfare needs of any community in our state.

The profile of Aboriginal health in Western Australia has for some time been of concern to the Government. Addressing issues in Aboriginal health offers substantial challenges for health professionals, the Government and the community, not only because of the kinds of health issues experienced by Aboriginal people, but also by the governance and accountability arrangements at a state and federal level.

WA Health's reform program has provided renewed commitment and enthusiasm to improving the lifestyles, health and wellbeing for all Western Australians, with Aboriginal communities a priority. WA Health is developing responsive policy and practice that is forming a strong foundation from which the Aboriginal primary care sector will advance.

The WA Aboriginal Primary Care Action Plan gives service providers and communities a statewide vision for Aboriginal primary care, evidence-based priorities, an approach to culturally secure models of care and achievable health outcomes that strongly emphasise a focus on child and maternal health. The WA Aboriginal Primary Care Action Plan offers a framework that will assist service providers and communities with their local planning.

A strong primary care approach has been recognised both in Australia and internationally as a cornerstone for improving Aboriginal health. Robust, integrated primary care should be the vehicle for preventing and managing a range of complex chronic diseases evident in Aboriginal communities.

To gain the full benefits possible, Aboriginal health, particularly Aboriginal primary care, needs to be operating in the same environment as mainstream primary care.

WA Health is committed to working with the Australian Government Department of Health and Ageing and Aboriginal communities in developing new partnerships for service provision; developing culturally appropriate health service delivery; empowering local communities through engaging people in decision-making processes; and providing safe, high-quality and accountable health services to the Aboriginal community.

The WA Aboriginal Primary Care Action Plan is the culmination of extensive consultation and reflects the significant work undertaken previously to improve health outcomes for Aboriginal Western Australians.

I would like to acknowledge and thank the Primary Care Steering Group who developed the strategic document that underpins the WA Aboriginal Primary Care Action Plan and also all the individuals and organisations involved in the Primary Care Practitioners' Summit held in June 2005.

Dr Simon Towler  
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## Executive summary

For most of the community the primary care sector is the first point of contact with the health care system where they receive once off acute care, or ongoing care to ensure maintenance and improvements in their health.

The primary care field is fragmented and involves the participation of a wide range of professions across areas including government, non-government and the private sector. This diversity makes coordination and integration challenging and often reduces the quality of services for patients. This is often demonstrated in gaps in services, duplication and unnecessary hospitalisation. Poor communication and coordination across primary care services has been an issue in the past, and is becoming even more evident as our ability to recognise and treat complex health problems increases.

The WA Health reform process provides an opportunity to implement a range of strategies to improve the interface between GPs and community health personnel in both the public and non-government sectors, and improving the experience and outcomes for people using the primary care system.

In June 2005, WA Health jointly hosted the first Primary Care Practitioners' Summit aimed at identifying strategies to improve the interface between primary care practitioners. More than 130 primary health care professionals representing government, non-government and the private health sector attended, providing invaluable feedback and information that assisted in guiding the development of the WA Aboriginal Primary Care Action Plan.

The Cultural Security Framework developed by the Office of Aboriginal Health requires WA Health to better develop and manage health services so that all Indigenous people can expect and receive core services delivered in an efficient and timely manner, and that staff can be confident that their talents and commitments can have the best effect. The WA Aboriginal Primary Care Action Plan has been developed consciously supporting and promoting policy, program and service delivery that demonstrates cultural respect.

The first Western Australian Aboriginal Health Promotion Conference held in November 2005 aimed to bring together Aboriginal Health Workers working in the field of health promotion to share information and promote best practice in Aboriginal health promotion. A showcase of Western Australian Aboriginal health programs and activities went on display demonstrating the success of strong partnerships within the primary care sector and across the health disciplines. Although not an initial intention of the Conference, a vital and significant role for primary health care came to the forefront, highlighting the need for an improved interface between practitioners in the primary care sector.

The Telethon Institute for Child Health published the Western Australian Aboriginal Child Health Survey in 2004. This research is the most extensive survey of Aboriginal families ever undertaken. It took five years planning and two years in the field and produced five volumes of data. The volumes cover health, social and emotional wellbeing, family and community, and justice. Researchers at the Telethon Institute for Child Health Research have undertaken the survey in conjunction with Kalunga Network. The survey was designed to build the knowledge to develop preventative strategies that promote the healthy development and the social, emotional, academic and vocational wellbeing of Aboriginal and Torres Strait Islander children. It is vital that sound data and evidence underpins planning, program and service

development and monitoring of Aboriginal health. The WA Aboriginal Primary Care Action Plan has relied on important work such as the WA Aboriginal Child Health Survey and other locally produced data to inform and guide development.

The WA Aboriginal Primary Care Action Plan seeks to build on existing strategies that are working successfully and establish strong links with new initiatives that are aligned with the reforms taking place across the WA Health system.

The WA Aboriginal Primary Care Action Plan outlines a vision for Aboriginal primary care, which is to:

***Improve and protect the health of Aboriginal Western Australians, by supporting primary care services, acting locally and targeting actions to areas of highest need in a manner that does not conflict with or compromise cultural respect or efforts directed at self determination.***

A Lifecourse approach will be introduced for the planning and delivery of primary care services to Aboriginal people in Western Australia. The Lifecourse approach groups strategies and actions around four key periods in life that impact on Aboriginal health:

- the early years
- adolescence and transition from school years
- the family years
- the granny years.

The table on the following page shows the summary of health outcomes for these four Lifecourse stages.

| Lifecourse stage                             | Health outcomes  |
|--|--|
| The early years                              | <ul style="list-style-type: none"> <li>■ Improved proportion of pregnant Aboriginal women attending their first antenatal visit at or before 13 weeks and before 20 weeks gestation.</li> <li>■ Improved number and proportion of live born infants weighing more than 2500 grams born to Aboriginal women.</li> <li>■ Increased mean birth weight of live born Aboriginal infants.</li> <li>■ Maintain and further improve the proportion of Aboriginal children fully immunised at one year, two years and six years.</li> <li>■ Improved school readiness of Aboriginal children.</li> <li>■ Improve coping skills of mothers and families.</li> </ul>  |
| Adolescence and transition from school years | <ul style="list-style-type: none"> <li>■ Increased rate physical activity in youth and young people.</li> <li>■ Reduced number and proportion of resident clients aged 15 and over with Body Mass Index in the overweight and obese range by age and gender.</li> <li>■ Reduced uptake of risk behaviours (smoking, drinking and drug abuse) by youth and young people.</li> <li>■ Increased age at which women have their first child.</li> <li>■ Increased proportion of resident clients aged five and ten years who have been screened according to the guidelines for Healthy School Aged Kids in the previous 12 months by gender.</li> <li>■ Improved identification and management of preventable chronic disease in resident Aboriginal people aged 15 and over who were screened and gender.</li> <li>■ Increased proportion of resident clients aged 15 years and over who were screened for chronic disease in the past 12 months, by gender and age group.</li> <li>■ Reduced hospitalisation of Aboriginal adolescents due to injury.</li> <li>■ Improved level of coping/mental health skills in Aboriginal youth and young people.</li> <li>■ Improved management of services to children who have been abused.</li> </ul> |
| The family years                             | <ul style="list-style-type: none"> <li>■ Reduced prevalence of preventable chronic disease in resident Aboriginal people aged 15 and over, by age and gender.</li> <li>■ Reduced number and proportion of resident clients aged 15 and over with Body Mass Index in the overweight and obese range by age and gender.</li> <li>■ Increased proportion of female clients who have had a pap smear in the previous 24 months.</li> <li>■ Increased proportion of women with abnormal pap smear results who have had appropriate follow-up.</li> <li>■ Increased number of clients with preventable chronic disease managed on care plans.</li> <li>■ Improved proportion of residents with diabetes who have had a HbA1c test in the last 12 months.</li> <li>■ Improved targeting and scope of services offered to support Aboriginal families.</li> </ul>  |
| The granny years                             | <ul style="list-style-type: none"> <li>■ Improved proportion of resident clients aged 50 and over who were immunised for influenza in the previous 12 months, by age and gender.</li> <li>■ Improved proportion of the resident population aged 50 years and over who have had an annual health review, including medications, by gender and age.</li> <li>■ Improved proportion of the resident population aged 50 years and above that receives at least two home visits a year.</li> <li>■ Improved access to and quality of end of life care for Aboriginal people.</li> </ul>   |



Improving Aboriginal health involves taking new perspectives and innovative approaches to the organisation of health care, service delivery models and the performance of health care systems. The WA Aboriginal Primary Care Action Plan outlines a number of key five-year objectives to be undertaken in these areas.

It is intended that the WA Aboriginal Primary Care Action Plan be implemented over a five-year period. It is designed to be flexible with the anticipation that further refinement and tailoring of the actions will take place over time. The WA Aboriginal Primary Care Action Plan and its outcomes should inform future developments in primary care and offer a way forward from this point in time.

It is intended that the Action Plan will improve access to higher quality, culturally secure services that will improve health outcomes for Aboriginal people, moving towards a preventative approach to care.

## Section 1 - Aboriginal primary care in WA Health

For the purpose of this paper, Aboriginal primary health care includes Aboriginal community controlled health organisations (ACCHOs), general practice and state funded generalist community health services, private allied health services and pharmacies and complementary therapists. General practice is taken to include general practitioners and their practice staff.

The WA Aboriginal Primary Care Action Plan has been developed to create a framework for Aboriginal primary health care from which an agreed unified vision for Aboriginal health care can be developed and implemented. This vision is based on population health needs, responsibilities of the different sectors and services, and the capacity of current and projected future workforce.

### Goals and values

- Improve health status of Aboriginal Western Australians to be equal to that of the non-Aboriginal population.
- Improvements in the health status of Aboriginal Western Australians will be achieved through improved access to primary health care.
- Key areas of change include:
  - greater focus on prevention, health promotion and early intervention
  - Lifecourse approach to planning and service delivery
  - increased cultural security in service planning and delivery
  - increased integration and coordination through increased engagement and better partnerships
  - stronger workforce
  - better governance and accountability.
- The underpinning principles and values for primary health care service delivery in Western Australia are outlined in the Council of Australian Governments (COAG) National Framework of Principles for Delivering Services to Indigenous Communities (see Attachment 1).

### Principles and vision

Like non-Indigenous Western Australians, the Aboriginal community should expect access to safe, high-quality primary care services at all stages of their life. These services should respect and promote Aboriginal culture while delivering the best possible, sustainable health care.

Underpinning this Action Plan is the belief that primary care is about the maintenance of health. That is, providing people and communities with services and resources that support them in making healthy decisions about routine everyday health choices, and encouraging them to maintain these during their lifetime. This Action Plan aims to strengthen the delivery of community-based core primary care services to prevent illness and maintain health.

Western Australia's vision for primary care is underpinned by a commitment to six guiding principles:

- *Cultural respect* - ensuring cultural diversity rights, views, values and expectations of Aboriginal peoples are respected in the delivery of services.
- *A holistic and multidisciplinary approach* - Aboriginal health must include attention to physical, spiritual, cultural, emotional and social wellbeing.
- *Community control of primary health care* - supporting the Aboriginal community controlled health sector in providing appropriate and accessible health services to a range of Aboriginal communities.
- *Localised decision making* - engaging communities to define Aboriginal health needs and priorities and to support them being met in the most culturally appropriate way.
- *Promoting good health* - health promotion and illness prevention must be a core activity in Aboriginal primary care.
- *Evidence-based best practice* - establishing best practice standards for core services by combining evidence based data with cultural influences.

***The vision for Aboriginal primary care is to improve and protect the health of Aboriginal Western Australians, by supporting primary care services, acting locally and targeting actions to areas of highest need in a manner that does not conflict with or compromise cultural respect or efforts directed at self determination.***

### Commitment to framework agreements

Like any other sector, Aboriginal health and the primary care component of its portfolio have developed a series of strategies and documents that aim to provide guidance and process to consider governance, policy direction and protocols for achieving health outcomes for WA Aboriginal people.

#### **National Strategic Framework for Aboriginal and Torres Strait Islander Health**

All Australian Governments endorsed the National Strategic Framework 2003-2013 in July 2003. It provides a multilateral commitment to improving Aboriginal and Torres Strait Islander health through a sustained approach supported by Aboriginal community controlled health organisations.

*The National Strategic Framework commits governments to monitoring and implementation within their own jurisdictions, as well as working together at the national level and across government on joint initiatives between health and other portfolios to address specific health problems and ensure Aboriginal and Torres Strait Islander people enjoy a healthy life equal to the general population.*

The Australian Government and State and Territory Governments are currently developing the National Aboriginal and Torres Strait Islander Health Performance Framework to provide the tool for measurement of the overall impact of the implementation of the National Strategic Framework.

### **Western Australian Framework Agreement on Aboriginal and Torres Strait Islander Health July 2002**

The WA Framework Agreement was endorsed between the State of Western Australia, the Commonwealth of Australia, the Aboriginal and Torres Strait Islander Commission and the Western Australian Aboriginal Community Controlled Health Organisation. The WA Framework Agreement outlined a coordinated approach to model service contracts resulting in a uniform and coordinated approach to planning and delivery of health and health related services:

- contracts to be output/outcome oriented
- contain clear operation service principles
- simplified administration procedures for community controlled health organisations.

### **WA Joint Planning Forum on Aboriginal and Torres Strait Islander Health**

The WA Joint Planning Forum was comprised of the signatory organisations to the WA Framework Agreement and was responsible for implementing the Agreement. This Forum was replaced after the abolition of ATSIC and WAACCHO.

### **Aboriginal Health Council of WA Board, WA Health and the Australian Governments Department of Health and Aging**

This mechanism replaced the Joint Planning Forum and aimed to review the progress being made in Aboriginal health and provide strategic direction, including advice on resource allocation. The Directors and Chairs of medical services met twice a year to raise and discuss issues of relevance to the Forum. The focus of planning and development of services now takes place within the context of regional forums.

These framework agreements provide policy boundaries and guidelines and were developed to overcome issues of governance, responsibility and culturally safe service provision. They work at a higher policy level and not at the level of describing and attaining specific health outcomes to be achieved by the population.

The processes and partnership agreements that the WA Government is a signatory to, underpin this Action Plan. The Action Plan is the working document that translates these various framework agreements into tangible and measurable health outcomes for Aboriginal Western Australians.

The Action Plan is congruent to the National Reform Agenda and ultimately aims to improve the health of the individual and the population as a whole, so that WA Aboriginal people can participate in the workforce, achieve educational standards to those of the non-Aboriginal community and improve living standards for their community.

WA Health recognises the past work and plans developed to improve process and governance in the delivery of health services, and the need to have these documents in place. This Action Plan outlines the next steps to deliver real health outcomes for WA Aboriginal people.

## Role delineation statement

*An agreed partnership commitment* - On the 15 November 2006 a meeting was held between WA Health (WACHS, OAH, HP & CR, & HRIT), WA Division of General Practice, WA Centre for Rural and Remote Medicine and the Aboriginal Health Council of Western Australia to confirm an agreed way forward for the planning and implementation of a statewide Aboriginal primary care action plan. It was agreed that the only way to achieve improved health outcomes was to work closely in partnership to overcome the many challenges being faced by Aboriginal health.

## Role delineations

The health of Aboriginal Western Australians is the responsibility of federal and state governments as well as the community itself. WA Health will work in close partnership with government, non-government and the private sector to achieve delivery of high-quality accessible and sustainable primary health care services to the community.

### WA Health will:

- Provide strategic direction.
- Undertake policy development.
- Monitor Aboriginal primary health care.

### Health Policy and Clinical Reform Division will:

- Lead implementation of the action plan in conjunction with the Office of Aboriginal Health (OAH).
- Ensure coordination of service providers across all sectors involved.

### WA Country Health Service will:

- Improve Aboriginal health outcomes through sustained, systematic and integrated approaches in partnership with key providers of Aboriginal health services.

### Aboriginal Health Council of WA will:

- Operate as the peak body for the Aboriginal community controlled health sector in Western Australia.
- Act as a forum for the Aboriginal controlled health care and related services throughout WA.
- Develop networks with relevant federal and state government bodies and community organisations.
- Provide research, policy development, planning, advocacy and advice on relevant Aboriginal health and related issues.
- Disseminate relevant information concerning the health of and wellbeing of Aboriginal people.
- Implement programs to promote and improve the health and wellbeing of Aboriginal people.

**WA General Practice Network will:**

- Provide key support for the important work of the Divisions/Networks of General Practice at the local level.
- Promote the central role of Divisions/Networks of General Practice in primary health care.
- Continue development of effective communication networks with the Divisions/Networks of General Practice and key stakeholders including state, federal and non-government health sectors.
- Drive the development of a primary health care framework for WA.

**WA Centre for Rural and Remote Medicine will:**

- Help address the shortage of general practitioners in remote and rural WA.
- Develop strategies and programs aimed at enhancing the sustainability of general practice in these areas.
- Continue as a Centre within the School of Primary, Aboriginal and Rural Health Care of the University of WA.

## Section 2 - The Lifecourse approach

### Lifecourse approach

*WA Health will introduce a Lifecourse approach to the planning and delivery of primary care services to Aboriginal people in Western Australia.*

### Key transitional periods in life

The WA Aboriginal Primary Care Action Plan groups actions and strategies around the four key periods in life that impact on Aboriginal health:

1. the early years
2. adolescence and transition from school years
3. the family years
4. the granny years.

These are important periods that hold great significance culturally, socially and personally for Aboriginal people. The Lifecourse approach<sup>1</sup> aims to bring together the science of health and the strength and wisdom of Aboriginal culture.

For each of the Lifecourse segments, currently statistics and epidemiological data for each region in WA can be found in the accompanying document titled “The Status of Primary Care and Aboriginal Health from a State and Regional Perspective”.

### The early years

Aboriginal child health is inextricably tied to processes of human development and growth. Relevant and reliable Aboriginal child health policies demand understanding and commitment to this.

#### The early years - issues

##### In utero

- An estimated 11% of Aboriginal children in WA were born to mothers aged 17 years or less compared with 2% of infants in the total population.<sup>2</sup>
- Aboriginal mothers often have multiple risk factors, which contribute to low birth weight and impaired growth of their babies. Among these factors are nutrition, tobacco use, alcohol consumption and drug use during pregnancy.
- The mothers of 46% of Aboriginal children reported smoking tobacco during pregnancy. Despite almost a decade or more of intensive health promotion campaigns in the general population, the persistence of tobacco use by such a high proportion of women giving birth to Aboriginal children is of great concern.

<sup>1</sup> Backett K and Davidson C. Lifecourse and lifestyle: The social and cultural location of health behaviours. *Social Science and Medicine*. 1995; 40 (5): 629 - 638.

<sup>2</sup> Zubrick SR, Lawrence DM, Silburn SR, Blair E, Wilkes H, Wiles T, Eades S, D’Antoine H, Read A, Ishiguchi P, Doyle S. WA Aboriginal Child Health Survey: The Health of Aboriginal Children & Young People, Volume 1. Perth : Telethon Institute for Child Health Research, 2004.

- Mothers of 23% of infants had drunk alcohol during their pregnancy and mothers of 9% of children reported having used marijuana during pregnancy.
- Engaging Aboriginal mothers in antenatal care has an important bearing on the outcomes of birth as does the mother's behaviour and environment.

#### Birth

- Birth weight and growth in the first years of life has a strong relationship with infant survival, for ill health in later life and for the socio-economic prospects of the individual.
- Over a third of all Aboriginal children were breastfed for more than 12 months. This offers a positive basis from which to build a health promotion and prevention program in the post-natal period.

#### Infancy

- The health of infants and children is at risk through impaired immunity and a number of highly prevalent infections particularly gastro intestinal and respiratory disease.
- Environmental factors influence and profoundly impact on infant health during these years. Providing a safe, stimulating and loving environment are basic elements that meet the fundamental needs of all human beings.
- So much of a child's social, emotional, intellectual and physical wellbeing is formed at this period of life. Providing strong foundations on which a child can develop are vital at this time. Evidence now shows a lack of these essential elements do affect the individuals' health later in life.

#### School Readiness

- Higher levels of school readiness, including the positive socialisation of children through happy and healthy relationship with parents and family, and a supportive environment and positive experiences appropriate to age and maturity have been shown to have a positive impact on child development, academic attainment and health and wellbeing.

Evidence suggests that attention should be centred on three major elements of child development, namely physical health, cognitive development and socio-emotional behaviour. Culturally appropriate diagnostic, screening and assessment tools should be developed and utilised to accurately refer and treat those in need of primary care services.

### Adolescence and transition from school years - issues

#### Patterns of risk

- The accumulation of reducing physical activity, poor nutritional patterns, uptake of smoking and alcohol use in adolescence increases the risk of coronary heart disease and other chronic disease in later life.
- The coincidence of child abuse and domestic violence later in life is widely recognised.



## Social risk

- Young people experiencing the onset of puberty start to ask questions about their identity, form peer group relationships and experiment with drugs, alcohol and smoking. Sexuality and sex emerge as important issues.
- The fracturing of social life, poor economic conditions and the erosion of cultural identity impacts on the development of young people and increases risk.
- Not all children in adverse circumstances adapt poorly. The ability of some adolescent Aboriginal men and women to bounce back in their twenties from the adversity of youth has shown to be influenced by the strength of social and family networks.

## Mental health and self-harm

- Suicide is associated with lack of educational opportunities, unemployment, disenfranchised identity, personal trauma, alcohol and substance abuse, and mental disorder.
- Significant numbers of people who suicide have a history of self-harm.
- Suicide has been seen to have a clustering effect prompting some to define whole communities as “at risk”. Studies suggest that people with a high level of spiritual/cultural orientation have a reduced prevalence of suicide compared with those with a lower level of cultural spirituality.

## Kids having fun

- Early school leaving, poor life opportunities and low expectations of life and their future contribute to the rates of childbirth evident in adolescent girls.
- Sex education within a supported program can reduce not only teenage pregnancies but also sexually transmitted infections. There is some evidence indicating that appropriate sexual education is associated with the delayed onset of sexual activity.

## Physical activity

- Levels of physical activity are lower in Aboriginal communities and the proportion of Aboriginal people who are overweight or obese is higher. Obesity has been linked to a number of chronic diseases, depression and anxiety.
- Increased rates of physical activity have been associated with delays in the onset of diabetes and coronary heart disease and with the relief of symptoms of depression and anxiety.

Adolescents are generally healthier than others in their community having survived the perinatal and neonatal periods and the infections of childhood and not yet having developed the chronic ill health of later life. But the evidence suggests that they will confront a range of challenges and that their health warrants careful attention.

## The family years - issues

### Family formation

- Instability in family structure or cohesion, family discord, patterns of parental drinking and poor social situations can lead to a poor child-rearing environment that can contribute to poor health in later life.
- Babies born to young girls tend to have lower birth weights contributing to increased risk of coronary heart disease in the child's later life.
- Suicide and self-harm is more prevalent where family discord and poor social situations are present.

### Stressors and coping

- Stress, as an absence of capability to control the Lifecourse including physical environment, health and wellbeing, has been associated with poor health.
- Short-term personal support has been shown to provide benefits during pregnancy and birth. Supported women tended to have better birth outcomes, less analgesia, and babies tend to be healthier.
- Education, resources and skills targeted specifically at improving coping with life events results in better health outcomes.
- Mental disorders particularly depression, generally run a chronic or remitting/relapsing course, with men less likely to use mental health services than women.

### Social support

- Social support for families has been shown to affect health and wellbeing, for example by reducing cardiovascular mortality.
- Parental networks and the level of family support are important enablers for parents and children to overcome family problems.
- Family stability and cohesion contributes to individual and community health.

### Nutrition

- The level of education and health of young mothers contributes to the health of children and families.
- Poor families are less likely to have healthy diets contributing to the risk of obesity, high blood pressure and heart disease. Factors during adult life, rather than early life, may be more important in the development of hypertension.

### Poverty

- Poverty, lack of education and poor self-esteem affects the health of both parents and children. Families living in poverty are more likely to use coercive parenting which in turn is associated with higher levels of mental ill health in children.
- Job insecurity, unemployment and the type of job is linked to the prevalence of ill health and excess mortality. Disparity in income within society is associated with increased mortality and ill health.
- Studies show a relationship between poverty, lack of appropriate life coping skills and family violence.

## Chronic disease

- Tobacco, excessive alcohol consumption and a lack of physical activity are associated with disease in adult life and shortened life expectancy. Alcohol use is strongly associated to blood pressure in both young and middle age adults.
- Mortality from coronary heart and respiratory disease is influenced by social circumstances in both childhood and adulthood.
- Mortality from accidents and violence and from lung cancer is mainly dependant on factors acting in adulthood.
- Control, of obesity and smoking may be important factors in reducing chronic disease in individuals and families.
- People from lower socio-economic status have greater risk of injury.

## The granny years - issues

### Population and service impacts

- Conditions and illnesses generally associated with old age affect Aboriginal people at much younger ages than the non-Aboriginal population.
- Older Aboriginal people are more likely to be living in poverty further reducing their access to health services at all levels.
- The proportion of Aboriginal people living in remote WA is high. Geographical remoteness has significant impact on health, particularly for older Aboriginal people.
- Older Aboriginal people tend to place more emphasis on communities and community based services.

### Chronic disease

- Chronic disease in elderly Aboriginal people is more pronounced and advanced given a predisposition to chronic conditions earlier in life than the non-Aboriginal population.
- Diabetes is a significant problem for the older Aboriginal community.
- In many Aboriginal communities, it is often the norm that grandparents are caring for younger family members outside of their immediate family. In many situations particularly those where poverty is experienced, grandparents forgo attending to their own health needs and place the needs of younger family members first.

### Housing and mobility

- The quality of housing for older people and their attachment to it has shown to correlate with health outcomes. The similarities between Aboriginal relationships to country and the attachment to homes have been made evident on more than one occasion. This combined with the lack of access to appropriate health services and health workforce in rural WA paints a bleak picture for older Aboriginal people.



- Maintaining independence, mobility and social networks is important to all Western Australians. Daily cleaning, bathing, meals, visiting health services and shopping, particularly in remote communities rely on an individual's sight, hearing, mobility and independence. Rates of disability in Aboriginal communities are higher than in non-Aboriginal communities.

#### Isolation

- Exploitation, abuse and marginalisation of older Aboriginal people occur in some communities, leading to further health and wellbeing consequences.

## Section 3 - Aboriginal primary care action plan

People have needs that can be met with a variety of resources. The extent to which these needs are met may have a profound effect on the health outcomes people attain. This is particularly relevant for childhood development in Aboriginal people. When a child is born into a family and community capable of providing for every possible need at the time the child needs it, when these positive factors are present, a child's development is fostered and encouraged. An absence of these factors leads to a significant burden of ill health.

Primary care based interventions are changing the ways in which health professionals interact and treat their patients. It has become important for health professionals to learn how to deliver more effective behaviour change messages and provide the information and tools to facilitate this change.

Traditionally behaviour change has been targeted at the personal or interpersonal level, which is where the majority of primary care interventions happen. Some of the long-term changes described in this Action Plan are targeted at an organisational or system level, recognising that individuals and communities need the capacity and resources to take responsibility for, and to maintain, change.

The Action Plan addresses both levels of behaviour change in order to achieve better health and lifestyle for Aboriginal people.

This section consists of three parts:

Part A - Building healthy services for Aboriginal Western Australians

Part B - Building a healthy system

Part C - Managed transition of services

### Part A - Building healthy services

#### Core primary care services

***WA Health will ensure that a balanced set of core and targeted primary health care services are available in all WA Health funded primary care services.***

Building access to a balanced set of core primary care services is essential to improving Aboriginal health. Core services must seek to protect and promote Aboriginal wellness, prevent illness and trauma, provide diagnosis, treatment and rehabilitation. Core services should be available at any Western Australian Government funded health service and should be delivered in a culturally secure and timely manner.

Activities that should make up a core services group include:

- Health assessment and identification of lifestyle risks to health.
- Illness prevention, health promotion and early intervention.
- Education for self-management and care.
- Diagnosis and treatment of episodic and chronic illness, injuries, primary reproductive care and primary mental health.
- Planned care pathways.
- Co-ordination of referral to other services.
- Support for in-home care.

Getting the right balance of services for Aboriginal people requires government to address cultural, social, political and management issues. Finding strategies to improve Aboriginal health will involve taking a new perspective and innovative approaches to the organisation of health care, service delivery models and the performance of health care systems.

Five-year objectives:

- Develop a core primary health services framework and policy guidelines.
- Establish best practice standards and benchmarks for core services by amalgamating evidence-based data and cultural practices.
- Provide balanced core services from all WA clinics.
- Establish a core services network at the local level linking with relevant community agencies and other providers.
- Establish systemic monitoring of core services, funding delivery and outcomes.
- Model activity, costs and allocations against core services structure.
- Develop and make available the data and other information to support good decision-making at a regional level, within the core services framework.

Regional issues or circumstances may demand special attention. Harmonising core primary care services with regionally specific services requires the system to understand Aboriginal needs, both at a state and local level. Engaging communities and local providers is an essential element of planning health service delivery in any area.

## Gender and culture

***WA primary care health services will be planned and delivered with specific attention given to gender service issues for men and women.***

There are particular cultural expectations specific to gender which need to be considered when developing and delivering health services for Aboriginal people. Apart from the obvious biological differences requiring specialised care for example in the areas of obstetrics and gynaecology, there are also non-biological reasons, such as higher rates of death and hospitalisation among Aboriginal males due to accident and injuries.

Social environment also plays a role in determining service delivery, for example the impact on the self-esteem of men who are unable to provide for their families because of unemployment. A high level of unemployment in Aboriginal communities has been associated with increased levels of mental illness, drinking and violence. Alcohol and violence are major public health issues for Aboriginal men in Western Australia, with an increasing trend of suicide.

Reproductive health and pre and postnatal care require specific attention for Aboriginal women. This is highlighted in the rates of childbirth at early ages and a lower than desired uptake of antenatal and postnatal care. Aboriginal women take prime responsibility for parenting in many Aboriginal families and generally head up most sole parent families. Violence, often associated with alcohol and drugs, has a significant impact on Aboriginal women.

### Core WA Health services:

- Provide comprehensive primary health care services for young Aboriginal women focusing on contraception, pregnancy, pap smears, STIs, domestic and sexual violence, alcohol and drug use and nutrition.
- Local services will engage with Regional Planning Forums and local communities to develop services that structurally and operationally reflect the different needs of Aboriginal men and women.

### Five-year objectives:

- Existence of specific men's and women's health service strategies in each government funded health service.
- Improvements in the identification and management of gender specific conditions.
- Incorporation of the different biological, environmental, social and cultural needs of men and women in the delivery of health and wellbeing services.

### Cultural security

***WA Health will incorporate Aboriginal culture into the design and delivery of primary care health services.***

Culture and identity is central to health and ill health. How Aboriginal people view wellness and illness is in part based on cultural beliefs and values. These beliefs and values determine how, when and where Aboriginal communities access services, their acceptance or rejection of treatment, and the likelihood of compliance and follow-up. The success of prevention and health promotion strategies and the uptake of health programs all depend on cultural appropriateness.

Cultural security is a commitment to providing clinical care, public health, health system administration and provision of services that do not compromise the legitimate cultural rights, views and values of Aboriginal people.

#### Core WA Health services:

- Education of professional and other staff about the importance of Aboriginal culture and values in the delivery of health services.
- Ensure that those health services that have significant cultural relevance across the Lifecourse are delivered in a culturally secure manner.
- Incorporate cultural values in the description of best practice in clinical, administrative and management policies.
- Promote community engagement and trust in the development of cultural security in health and wellbeing services.
- Provide targeted staff orientation on how culture impacts on the delivery of services locally.
- Improve Aboriginal language programs for staff and use of interpreter services where required.
- Promote WA specific teachings on cultural security in undergraduate training for key occupations within industry.
- Build measures and indicators of cultural security and establish valid and reliable collections, establishing feedback loops to clinicians, administrators, government and the public.

#### Five-year objectives:

- All government funded health services will have established culturally secure clinical, administration and employment practices.
- Improvements in the uptake of services and compliance with treatment.
- Decrease in adverse events.
- Strengthened community trust in services through transparent evaluation and impact at health service level.

### Partnerships and engagement

***WA Health will support community control through continued funding of community controlled health organisations, engagement of local Aboriginal communities and support of Regional Planning Forums.***

This Action Plan seeks to build on those partnerships that have successfully worked to improve the state of Aboriginal health in Western Australia, as well as establish greater participation and involvement from service providers, individuals and communities. The Action Plan promotes genuine community participation and seeks to build an honest and open two-way relationship with Aboriginal communities.



By working together, significant contributions can be made towards improving health outcomes for Aboriginal people in WA. The WA Aboriginal community can expect WA Health and the community controlled health organisations, as major providers to deliver:

- Consistency in service design and protocols.
- Coordinated and integrated primary health care services.
- Multidisciplinary oriented primary health care services.
- Shared access to relevant, quality health data, information and resources across the sector.
- Mechanisms for genuine community participation and involvement.

The primary health care sector relies heavily on the ability of government, non-government and private health care agencies to work together. This collaborative approach has a history of being disjointed and poorly coordinated.

### Core WA Health services:

- Provide descriptive guidelines for service design.
- Establish Community Advisory Councils and support mechanisms to enable genuine community involvement.

### Five-year objectives:

- Maintain bilateral and multilateral cooperation with Aboriginal primary care service providers.
- establish a linked system of patient records via the Federal Governments Social Security System and Health Concession Cards for the Aboriginal population that is predominantly transient in rural and remote WA to ensure collation and safe transfer of medical information.
- Establish a linked patient records system for Aboriginal people via a State Government provided data stick program.

## The early years

***WA Health will support and place focus on programs and services that promote and protect Aboriginal child and maternal health.***

### Core WA Health services:

- Ensure that all pregnant Aboriginal women receive technically sound and culturally appropriate antenatal care.
- Ensure safe birthing options are accessible and sound neonatal and postnatal care is provided to Aboriginal women and babies.
- Ensure an appropriate regime of developmental progress and growth checks are undertaken during the first five years of life for Aboriginal children.
- Promote breastfeeding of infants at least until they turn six months of age.
- Promote particularly the nutritional health of mother and child during this period.

- Provide parenting, family and social support to parents to improve their knowledge, skills and ability to cope with emotional, economic and other stressors. Reinforce positive parenting and the importance of happy and cohesive families. Foster the reduction of family and domestic violence and antisocial behaviour.
- Open up community health facilities to parenting and pre-schooling programs that prepare children and families for the transition to school.

#### Five-year objectives:

- Improved proportion of pregnant Aboriginal women attending their first antenatal visit at or before 13 weeks and before 20 weeks gestation.
- Improved number and proportion of live born infants weighing more than 2500 grams born to Aboriginal women.
- Increased mean birth weight of live born Aboriginal infants.
- Maintain and further improve the proportion of Aboriginal children fully immunised at one year, two years and six years.
- Improved school readiness of Aboriginal children.
- Improve coping skills of mothers and families.

### Adolescence and transition from school years

***WA Health will support and promote programs and services that encourage Aboriginal children and young adults to maintain and improve their health and wellbeing.***

#### Core WA Health services:

- Work with schools to develop and deliver appropriate health and wellbeing prevention and promotion programs for Aboriginal children.
- Provide brief health promotion intervention on appropriate occasions of clinic-based services delivery for clients in the relevant age groups.
- Support community leadership and contribute to the development of alcohol, inhalant and drug abuse action in communities including efforts to reduce anti-social behaviour particularly in youth.
- Integrate health promotion into appropriate family, peer and community level opportunities for example through school and peer group activities.
- Develop and deliver Aboriginal Health Worker/nurse-based, community level depression/stress interventions.
- Deliver short and long-term individual and community interventions aimed at improving communication skills, self esteem, family problem solving and coping skills.
- Improve health service use of appropriate tools for the identification of individuals at risk of child sexual assault and then strengthening of referral to appropriate services.
- Deliver risk assessment strategies within local populations that individuals and families with multiple risk factors are identified and provide the appropriate intervention services.

- Work with communities and schools to develop agreed plans to manage the impact of suicide and self-harm and ensure the development of improved skills and support systems for the community within such plans.
- Support other local initiatives that seek to build positive self-image and coping skills for Aboriginal youth and young people.
- Develop programs with local stores and councils to promote the availability of affordable nutritious foods.
- Deliver sexual health programs including the provision of sensitive contraception services preceding the onset of sexual activity combined with other life skills education initiatives.

### Five-year objectives:

- Increased rate of physical activity for youth and young people.
- Reduced number and proportion of resident clients aged 15 and over with Body Mass Index in the overweight and obese range by age and gender.
- Reduced uptake of risk behaviours (smoking, drinking and drug abuse) by youth and young people.
- Increased age at which women have their first child.
- Increased proportion of resident clients aged five and ten years who have been screened according to the guidelines for Healthy School Aged Kids in the previous 12 months by gender.
- Improved identification and management of preventable chronic disease in resident Aboriginal people aged 15 and over.
- Increased proportion of resident clients aged 15 years and over who were screened for chronic disease in the past 12 months, by gender and age group.
- Reduced hospitalisation of Aboriginal adolescents due to injury.
- Improved level of coping/mental health skills in Aboriginal youth and young people.
- Improved management of services to children who have been abused.

### The family years

***WA Health will encourage and support programs and services that promote the importance of healthy well functioning families.***

### Core WA Health services:

- Provide sexual health and family planning support.
- Services will embrace baby and child health clinics and encourage the formation of supervised play spaces and the development of improved parenting skills.
- Pregnant and nursing Aboriginal children and women will receive regular home visits from an Aboriginal Health Worker or nurse.
- Improved identification, management and monitoring of chronic disease in the adult population.
- Services will include support for community action to identify and respond to sexual abuse and domestic violence.

- Improved nutrition, smoking, alcohol and substance abuse interventions including, as appropriate, referral.
- Support for family and parenting activity including promotion of personal and family coping skills.
- Provide intense support for families in crisis and early intervention for other families.
- Provide one-off wellness checks for people over 40 years of age.

#### Five-year objectives:

- Reduced prevalence of preventable chronic disease in resident Aboriginal people aged 15 and over, by age and gender.
- Reduced number and proportion of resident clients aged 15 and over with Body Mass Index in the overweight and obese range by age and gender.
- Increased proportion of female clients who have had a pap smear in the previous 24 months.
- Increased proportion of women with abnormal pap smear results who have had appropriate follow-up.
- Increased number of clients with preventable chronic disease managed on care plans.
- Improved proportion of residents with diabetes who have had a HbA1c test in the last 12 months.
- Improved targeting and scope of services offered to support Aboriginal families.

### The granny years

***WA Health will encourage services and programs that support elderly Aboriginal people to stay connected and maintain a healthy lifestyle within their own community.***

#### Core WA Health services:

- Focus on programs promoting a healthy lifestyle in the over 50 years age group. In particular those that encourage physical activity, good nutrition, social engagement and management of chronic disease.
- Early intervention to avoid or delay ill health and disability.
- Focus on wellness and quality of life.
- Emphasis on rehabilitation and maintaining community engagement and personal capability.

For this to be achieved the health system must deliver services that:

- Provide best practice assessment and monitoring of the health of Aboriginal people over 50 including chronic disease and functional impairment and frailty.
- Support older peoples choices about where they want to live through the provision of appropriate levels of Home and Community Care and other accommodation support services.
- Support community activities for older people, which maintain engagement with social and cultural networks.

- Provide appropriate and suitable palliative care and respite services.
- Provide, primary, acute and specialist services to help people achieve these ends.

## Five-year objectives:

- Improved proportion of resident clients aged 50 and over who were immunised for influenza in the previous 12 months, by age and gender.
- Improved proportion of the resident population aged 50 years and over who have had an annual health review, including medications, by gender and age.
- Improved proportion of the resident population aged 50 years and above that receives at least two home visits a year.
- Improved access to and quality of end of life care for Aboriginal people.

## Part B - Building a healthy system

### Healthy partnerships

***WA Health will establish and facilitate healthy working partnerships across the primary care sector.***

Strong links and partnerships with other government agencies, non-government organisations, local communities, community groups, private providers, health professionals and the Australian Government, all who have an interest in Aboriginal primary health care, are essential to providing equitable, sustainable, high quality primary care services to the Aboriginal community.

Currently, a complex network of responsibilities for Aboriginal health exists making integration of health projects difficult. Fragmentation of the health system has also contributed to inequity, duplication and inefficiency. The diverse range of health service providers and the shared funding arrangement between Commonwealth and State, together present substantial challenges for the delivery of an efficient and coordinated system in WA.

WA Health is committed to developing partnerships to create a more workable system that provides integrated primary health care and directly addresses priority health issues. The WA primary care sector should be focused on health outcomes and their direct improvement to quality of life. WA Health's role is to ensure that at a minimum, core primary care services are being delivered and to identify service capacity to deliver services locally and to prioritise and direct funding to gaps in service delivery.

## Five-year objectives:

- Ensure that all WA Health staff are clear about the goals for Aboriginal primary care and what their contribution is towards achieving them.
- Establish a proactive system that identifies and incorporates qualitative and quantitative evidence and research appropriately in policy and program settings.
- Establish timely monitoring and evaluation for policy and activity. Strengthen accountability through actionable contractual agreements.

- Promote improved quality of services through relevant staff development and education opportunities and secure effective management of change through appropriate staff support mechanisms.

## Healthy planning

***WA Health will introduce healthy primary care pathway planning and service delivery to provide better core service delivery and specialist services more locally to communities.***

The challenge for WA Health is to provide more local services. People want greater independence, more choice and more control over the services that they use. Travelling long distances to large busy facilities to access core and specialist services is becoming less viable as the residential sprawl widens and health budgets struggle to meet demands.

Planning the patients' pathway better so that core and specialist services are integrated into a care plan which minimises the patients travel and links into existing local services in their community is one way to lower the cost to the system, the individual and offer a better primary care services more locally.

Finding new ways to provide these local primary care services is a direction WA Health will support and promote, along with the concept of Life Coaches who will assist with healthy pathway planning through the use of local community services directories that provide medical as well as non-medical services such as physical fitness activities, local support groups and healthy lifestyle schemes. Healthier planning requires clinical staff to plot patient pathways integrating local services both medical and non-medical, linking into support groups and other community-based services that assist patients to reach the target goals of their pathway plan.

### Five-year objectives:

- Primary care life coaches will be established to provide planning for primary care pathways.
- Community directories will be established for each area health service
- Community primary care networks will be established to provide better planning of pathways.
- WA Health will support and promote primary care services that take a planned approach to primary care.

## Healthy buildings, healthy services

***Aboriginal people should expect to receive care in culturally secure buildings, receive culturally secure services and pathways of care.***

The health system can be difficult to navigate even for those people who are familiar with the services and resources available. For Aboriginal people, it is often a confusing and distressing experience compounded by culturally confronting buildings, services and staff.

WA Health must provide a standard of service that ensures seamless care can be provided between the home, GP, pharmacies, hospitals and rehabilitation. Poor communication between practitioners, services and sectors add to the confusion creating gaps in care, non-compliance for patients and in some cases inappropriate care.

A good understanding of the type of service provision required to be culturally secure for Aboriginal people needs to be consistent across the sector. Best practice combined with cultural influences needs to be established and promoted. Services should be appropriately located, and where possible, provided in facilities that respect cultural and gender expectations.

### Five-year objectives:

- Establish access to primary care pathways that integrate role delineation and transition management between family, diagnosis, treatment, rehabilitation and back to family.
- Establish skills and systems development processes that link clinical, administrative and community leadership in support of identifying and pursuing opportunities to improve primary health care services linkages and service integration including active patient/family involvement.
- Improve community information and knowledge of role delineation and the standards of care that they should expect from providers including the management transition of care.
- Establish a monitoring regime that captures the failure of the system to properly manage entry, transitions and exits from the primary health care system including feedback loops to appropriate services.

### Healthy workforce

***Aboriginal employment and career development is a health, social justice and service quality issue.***

Aboriginal people are under-represented in the health industry generally. The employment of Aboriginal people in WA Health is concentrated in a few occupations and generally at lower levels. Improving both Aboriginal representation in the health workforce and ensuring that they have access to careers and development opportunities is an essential component of building a healthier community and workforce.

Aboriginal people are a growing proportion of WA's population, are younger and must be seen as a potential pool of WA workforce. WA Health seeks to create a workplace that is affirming of Aboriginal culture and values, and which seeks to create targeted and general employment and career opportunities for Aboriginal people.

In attending to these issues, the strengthening of the primary care workforce will also be addressed and is of particular importance in rural and remote WA.

#### Five-year objectives:

- Increase Aboriginal representation in the health workforce.
- Broaden Aboriginal representation at all levels of WA Health.
- Build and promote workplaces that are culturally affirming through innovative and flexible workplace policy and practice.
- Establish an expanded range of development opportunities for Aboriginal staff including articulation with the Public Sector Management Program and relevant tertiary programs.
- Develop mechanisms that link workforce needs, development opportunities and Aboriginal community and staff aspirations.
- Identify those positions within the primary care sector that require specific Aboriginal cultural skills, experience and insights and actively recruit Aboriginal people to these positions.

#### Better governance and accountability

***Aboriginal people, communities and organisations will all gain from fair and equitable governance. Better accountability will provide better quality primary care services.***

Accountability for outcomes has become a complex and diverse set of responsibilities that includes individuals, families, communities, governments and organisations. The key challenge is how to respond to performance and accountability expectations in this changing and complex environment.

A number of essential elements need to be present in any accountability framework:

- Clear objectives about what is to be achieved.
- Clear roles and responsibilities.
- The means to achieve effectively and efficiently the objectives/goals stated.
- Clear understanding of expectations.
- Clear understanding of resulting consequences of actions taken.

An approach of collaboration, honest and transparent partnerships, strong communication, problem-solving, and mutually beneficial interaction must be established, promoted and maintained.

#### Five-year objectives:

- Primary care services funded by WA Health must provide annual business plans consistent with the objectives of this Action Plan.
- Primary care services to be funded by WA Health must provide outcomes and accountability statement mapping business performance against objectives of this Action Plan.
- Establish performance agreement between Director General, Director of the Office of Aboriginal Health and service providers requiring demonstrable contribution/ outcomes towards implementation of primary care services that align with this Action Plan.



- Produce a comprehensive report card on this Action Plan at the end of midway through the five-year period and at the end of 2010.
- Produce a joint service and performance accountability matrix for public and community controlled primary care sector.
- Convene an annual working group to reflect on the Plan's implementation and progress.
- Develop a governance model that includes ACCHOs but also has clinical, accounting and service representatives.

### Building healthy communities with living knowledge

***WA Health needs to continue to learn and build the sector's capabilities to ensure better primary care services are delivered in a more sustainable manner resulting in positive health outcomes for WA Aboriginal people.***

The systems, processes, skills and workforce in the primary care sector need to be dynamic and open to continued learning and development. A sharing and recording of knowledge, experiences, successes and mistakes without blame or competition provides a useful basis on which the primary health care sector can expand and improve. A continuous loop of collecting information, sharing, assessing, modifying and feeding back into the sector will improve and strengthen the Aboriginal primary care sector.

Collecting and documenting local community-specific data promotes more culturally appropriate services and treatment options for that community. Over time these can be refined and improved as more information is collected and implemented.

#### Five-year objectives:

- Establish a framework for performance measurement consistent with the Action Plan.
- Collect, collate and analyse data and information on performance and produce regular reports.
- Link analysis to the policy, budgetary and business planning of the Office of Aboriginal Health and Health Policy and Clinical Reform Branch.

## Part C - Managed transition of services

### Managed transition

***A coordinated and integrated approach to Aboriginal primary care services will be developed by WA Health and its partners. Changes to services and the system will be implemented in stages, with ongoing monitoring and evaluation to assist the growth and development of the sector.***

Aboriginal primary care reform sits within overall reforms happening right across the primary care sector. The intention is that the two systems will be aligned and complementary rather than existing in isolation from one another.

Based on the Lifecourse approach, the primary care sector will be integrated providing additional cost and system efficiencies. It will provide improved data collection and management, offering the ability to measure and ultimately better plan for future service delivery.

Based on the stages of the Lifecourse Model, networks of similar service providers and speciality areas can be developed to ensure better integration of services and interface between practitioners.

There is a need for a coordinated and managed transition of existing primary care operations to newly developed initiatives accompanied by ongoing monitoring and evaluation of the Action Plan. An Aboriginal Primary Care Collaborative Working Group needs to be formed to oversee the Action Plan and coordinate strategies and ensure consistency in delivery as well as continuous monitoring. Actions developed need to be concrete and measurable and aligned with not only the WA Aboriginal Primary Care Action Plan, but also take into consideration the broader strategic directions of WA Health and the statewide primary care action plan.

There is a great need for integration between Aboriginal health and the broader public health system, as well as a more coordinated effort between practitioners in the primary care sector. A change in the primary care culture is required both in the way practitioners operate and the expectations of the community.

#### How these changes will happen:

WA Health and representatives from all key stakeholder groups including the community will form an Aboriginal Primary Care Collaborative Working Group. This Working Group will determine a set of core primary care services that are to be available statewide to all Western Australian Aboriginal and Torres Strait Islanders.

This Working Group will then determine, based on research and evidence, the priority issues for the state. A region-by-region assessment will determine locally specific issues that also need to be addressed.

Issues and services will be matched in each region to ensure there is capacity to address this action plan. All strategies and issues will be allocated into one of the following categories - immediate, medium and long-term action.

Priorities and actions will be developed into a blue print for implementation and disseminated across the state. This blue print will provide strategies, actions and priority issues and clearly articulate roles, responsibilities and accountability for actions.

Staff will be trained and educated regarding the Lifecourse model to ensure full understanding of the approach by all staff.

WA Health will facilitate implementation of the Action Plan by ensuring all systems and structures are put in place within the first year of implementation. Governance and accountability measures will be developed by WA Health to ensure outcomes and actions are being met.

Initiatives will be developed to address temporary immediate solutions as well as more permanent and long-term strategies to overcome the workforce constraints facing the primary care sector.

A database and system for the collection, collation and analysis of data gathered from providers as they implement actions, as well as research and local knowledge, will be made available to all providers and the community.

Integration across the sector is essential. WA Health will promote and provide mechanisms for practitioners, organisations and communities to develop and maintain partnerships that foster high-quality primary care services, workforce development and innovative programs and initiatives.

Ongoing feedback based on assessment and evaluation of the progress of the implementation of actions will provide a source of data on which providers can further refine and use to improve service delivery.

### WA Health will:

- Determine what funding and resources can be allocated to immediate, medium and long-term actions. WA Health will articulate clearly to providers a timeframe for resource allocation, system development to support changes and a clear set of accountability measures.
- Provide the coordination and monitoring for the Action Plan through the Office of Aboriginal Health.
- Publish a blue print for implementation and disseminate this to all primary care providers statewide.
- Develop the structures and systems for supporting the changes required to operate primary care as detailed in the Plan.
- Fund and/or develop a database for collection and analysis of information.
- Develop a training package and information to educate and train staff.
- Monitor actions via the Office of Aboriginal Health.
- Develop and support mechanisms to promote healthy working partnerships and provide the coordination required.
- Fund further research into Aboriginal health.

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## Attachment 1

### National Framework of Principles for Delivering Services to Indigenous Australians

All jurisdictions are committed to achieving better outcomes for indigenous Australians, improving the delivery of services, building greater opportunities and helping indigenous families and individuals to become self-sufficient. To this end, and in delivering services to indigenous people, COAG agreed to national framework of principles for delivering services to indigenous Australians.

#### Sharing responsibility

- Committing to cooperative approaches on policy and service delivery between agencies, at all levels of government and maintaining and strengthening government effort to address indigenous disadvantage.
- Building partnerships with indigenous communities and organisations based on shared responsibilities and mutual obligations.
- Committing to indigenous participation at all levels and a willingness to engage with representatives, adopting flexible approaches and providing adequate resources to support capacity at the local and regional levels.
- Committing to cooperation between jurisdictions on native title, consistent with Commonwealth native title legislation.

#### Harnessing the mainstream

- Ensuring that indigenous-specific and mainstream programmes and services are complementary.
- Lifting the performance of programs and services by:
  - Reducing bureaucratic red tape.
  - Increasing flexibility of funding (mainstream and indigenous-specific) wherever practicable.
  - Demonstrating improved access for indigenous people.
  - Maintaining a focus on regional areas and local communities and outcomes.
  - Identifying and working together on priority issues.
- Supporting indigenous communities to harness the engagement of corporate, non-government and philanthropic sectors.

#### Streamlining service delivery

- Delivering services and programmes that are appropriate, coordinated, flexible and avoid duplication:
  - Including fostering opportunities for indigenous delivered services.

- Addressing jurisdictional overlap and rationalising government interaction with indigenous communities:
  - Negotiating bi-lateral agreements that provide for one level of government having primary responsibility for particular service delivery, or where jurisdictions continue to have overlapping responsibilities, that services would be delivered in accordance with an agreed coherent approach.
- Maximising the effectiveness of action at the local and regional level through whole-of-government(s) responses.
- Recognising the need for services to take account of local circumstances and be informed by appropriate consultations and negotiations with local representatives.

### **Establishing transparency and accountability**

- Strengthening the accountability of governments for the effectiveness of their programmes and services through regular performance review, evaluation and reporting.
- Ensuring the accountability of organisations for the government funds that they administer on behalf of indigenous people.
- Tasking the Productivity Commission to continue to measure the effect of the COAG commitment through the jointly-agreed set of indicators.

### **Developing a learning framework**

- Sharing information and experience about what is working and what is not.
- Striving for best practice in the delivery of services to indigenous people, families and communities.

### **Focussing on priority areas**

- Tackling agreed priority issues, including those identified in the *Overcoming Indigenous Disadvantage Report*:
  - Early childhood development and growth; early school engagement and performance, positive childhood and transition to adulthood; substance use and misuse; functional and resilient families and communities; effective environmental health systems; and, **economic participation and development.**

**Within this National Framework appropriate consultation and delivery arrangements will be agreed between the Commonwealth and individual States and Territories.**





Delivering a Healthy WA