



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

Aboriginal people living long,
well and healthy lives

Outcomes Framework for Aboriginal Health 2020–2030

An outcomes focused approach
to funding community-based
healthcare services



Transcendence © Nellie Green 2002

About the artist

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

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

About the artwork – Transcendence

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

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Acknowledgement of Country and People

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

Using the term Aboriginal

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

Understanding key terms

Aboriginal health and wellbeing

Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community. It is a whole of life view and includes the cyclical concept of life-death-life.

Cultural security

Cultural security focuses primarily on systemic change that seeks to assist health professionals to integrate culture into their delivery of programs and services, and to adopt a cultural lens to view practices from the perspective of Aboriginal people and culture. The emphasis is that the responsibility for the provision of culturally secure health care lies with the system as a whole, and not just the individual health practitioner.

Culturally secure programs and services need to:

- identify and respond to the cultural needs of Aboriginal people
- work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community
- recognise and reflect on how these factors affect health and wellbeing
- work in partnership with Aboriginal leaders, communities and organisations.

Cultural respect

The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal people. Cultural respect is about shared respect. It is achieved when the health system is a safe environment for Aboriginal people and where cultural differences are respected.

Outcomes

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

1. Introduction

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

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

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

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

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

The Outcomes Framework seeks to build the overall capacity and responsiveness of the WA health system, so that over time, it can better meet both the clinical and cultural needs of Aboriginal people, families and communities.

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

2. Background

2.1 Aboriginal health profile

Aboriginal people represent only 3.6% of the total WA population, and yet have some of the greatest health needs and challenges of any groups in the State. Despite improvements in life expectancy, infant and child death rates and deaths from circulatory diseases for the Aboriginal population over the past decade, there are still many health areas where significant disparities between Aboriginal and non-Aboriginal population groups exist².

In WA, the burden of disease for Aboriginal people is more than double that of non-Aboriginal people, of which 37% is preventable³. In WA, the leading causes of disease burden for Aboriginal people (DALY rates per 1,000 people) are cardiovascular diseases, injuries (including suicide), cancer, mental and substance use disorders, kidney/urinary diseases, endocrine disorders (including diabetes), infectious diseases and gastrointestinal disorders⁴.

Aboriginal people overall experience a greater burden of social disadvantage, have higher exposure to a range of risk factors and therefore have a higher risk of developing chronic disease and suffering injury. Chronic disease is responsible for 64% of the total disease burden and approximately 70% of the disease burden gap between Aboriginal people and other Australians³. Aboriginal people experience much earlier onset of a number of chronic diseases than the non-Aboriginal population³. In WA, Aboriginal people also experience higher levels of psychological distress than non-Aboriginal people⁴.

2.2 Supporting investment in Aboriginal Community Controlled Health Services

In 2015–16, 204 Aboriginal Community Controlled Health Services (ACCHS) provided 3.9 million episodes of care to 461 400 people, including over 1 million episodes in very remote areas nationally⁵.

Evidence has shown that ACCHS are more effective and cost-efficient at providing primary health care to Aboriginal people, with health interventions delivered by ACCHS being more effective than if the same interventions were delivered by mainstream health services^{6,7}. The difference is predominantly due to increased access to Aboriginal people⁶, but can also be attributed to ACCHS higher rate of Aboriginal employees and increased engagement with the local Aboriginal community in which they operate². This in turn builds the trust of community and attracts and retains Aboriginal clients^{2,8}.

² Australian Health Ministers' Advisory Council (AHMAC) (2017). Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. Canberra: AHMAC.

³ Australian Institute of Health and Welfare (AIHW) (2011). Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011. Canberra: AIHW.

⁴ Australian Institute of Health and Welfare (AIHW) (2011). Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011. Canberra: AIHW.

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

⁶ Vos T, et al, ACE–Prevention Team. (2010). Assessing Cost-Effectiveness in Prevention (ACE–Prevention): Final Report. University of Queensland, Brisbane and Deakin University, Melbourne.

⁷ Campbell, M.A. et al. (2017). 'Contribution of the Aboriginal Community-Controlled Health Services to Improving Aboriginal Health: an Evidence Review', Australian Health Review, viewed January 2019, <http://www.publish.csiro.au/ahr>

⁸ Ong, K. S. et al (2012). 'Differences in Primary Health Care Delivery to Australia's Indigenous Population: a Template for Use in Economic Evaluations', BMC Health Services Research. 12:307.

2.3 Consultation

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

The AHPD sought consultation and feedback from:

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

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

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

3. Policy context

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

- *WA Aboriginal Health and Wellbeing Framework 2015–2030*
- *Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030*
- *Monitoring and Reporting Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030*
- *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*
- *Delivering Community Services in Partnership Policy 2018*
- *WA Aboriginal Procurement Policy*
- *WA Health Aboriginal Workforce Strategy 2014–2024*
- *Sustainable Health Review 2019: Final Report to the Western Australian Government.*

3.1 WA Aboriginal Health and Wellbeing Framework 2015–2030

The Outcomes Framework was developed specifically to complement the Aboriginal Health and Wellbeing Framework, which aims to engage all parts of the WA health system to take collective action to improve the health and wellbeing of Aboriginal people, families and communities⁹. It identifies a set of guiding principles, Strategic Directions and priority areas aimed at achieving its vision of:

“Aboriginal people living long, well and healthy lives”

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

⁹ Department of Health, Western Australia (2015). Western Australian Aboriginal Health and Wellbeing Framework 2015-2030. Aboriginal Health Policy Directorate, Perth.

The Aboriginal Health and Wellbeing Framework acknowledges the importance of culture as a determinant of health and wellbeing of Aboriginal people; Aboriginal people's definition of health and the strength of community; and partnerships between services and community to encourage new ways of working⁹.

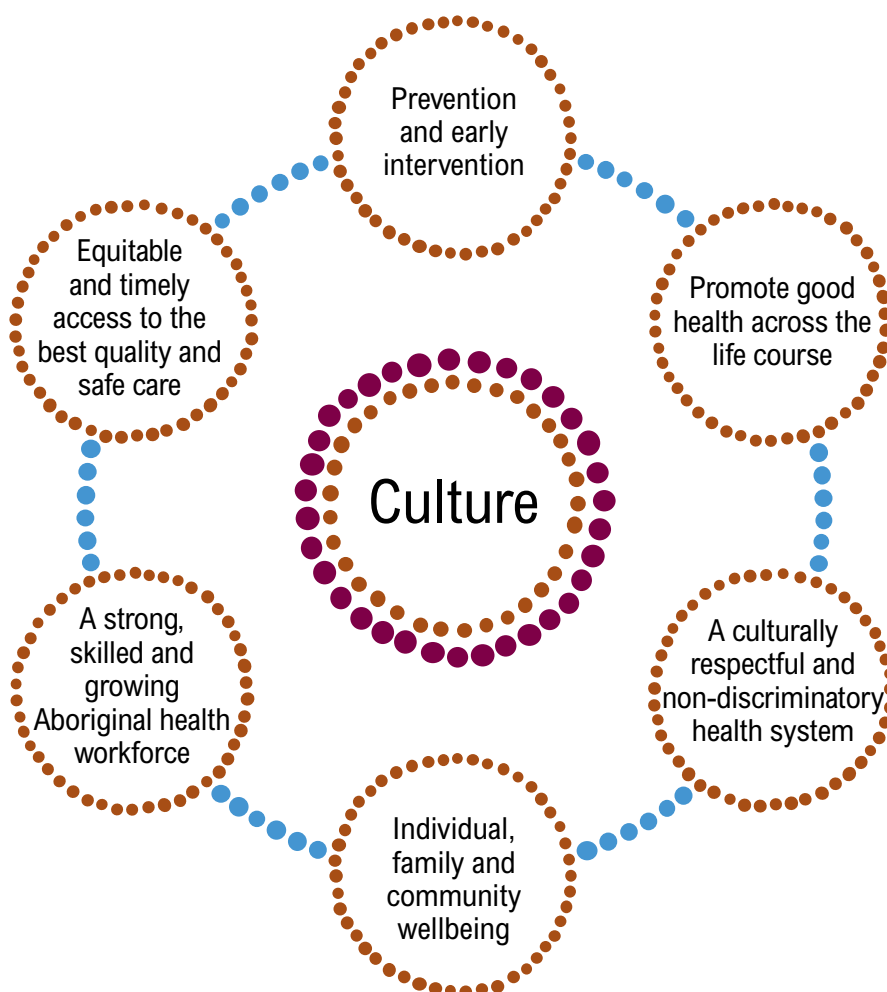
The development of the Aboriginal Health and Wellbeing Framework was informed by an extensive statewide consultation program. The consultation process identified a number of key themes which were incorporated into the Aboriginal Health and Wellbeing Framework.

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

1. Promote good health across the life course.
2. Prevention and early intervention.
3. A culturally respectful and non-discriminatory health system.
4. Individual, family and community wellbeing.
5. A strong, skilled and growing Aboriginal health workforce.
6. Equitable and timely access to the best quality and safe care⁹.

The Aboriginal Health and Wellbeing Framework supports evidence-based best practice, re-empowerment and capacity building of Aboriginal people and communities, and a system that supports sustainable and effective service funding that will achieve real change in the health outcomes for Aboriginal people living in WA⁹.

Strategic Directions



3.2 Western Australian Government reform initiatives

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

- **Sustainable Health Review (2019)** – This prioritises the delivery of patient-centred, high quality and financially sustainable health care across WA, with support for ACCHS being a priority recommendation¹⁰.
- **Service Priority Review (2017)** – States that “long lasting and systemic change is required to improve outcomes for Aboriginal people in regional and remote WA”¹¹. The review emphasised the need for greater flexibility in service design and delivery and better engagement with Aboriginal communities.
- **Regional Services Reform (2015)** – Aimed at improving the lives of Aboriginal people in regional and remote Western Australia through long-term, systemic change and improved service design and delivery.
- **Better health, better care, better value – WA Health Reform Program 2015–2020** – Identifies the need to increase investment in prevention and community-based services through a number of the Strategic Priorities of the Outcomes Framework, including:
 - Support the WA community to become healthier. Focus on promoting healthy habits and behaviours. Support people to make healthy lifestyle choices for mind and body.
 - Work with primary health providers and carers to provide integrated and more accessible services to reduce the occurrence of acute illness and improve patient outcomes.
 - Reduce demand on traditional hospital services through increased community-based care services and prevent patient readmissions to hospital through improved care coordination¹².

4. Applying the Outcomes Framework

4.1 When to apply the Outcomes Framework

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

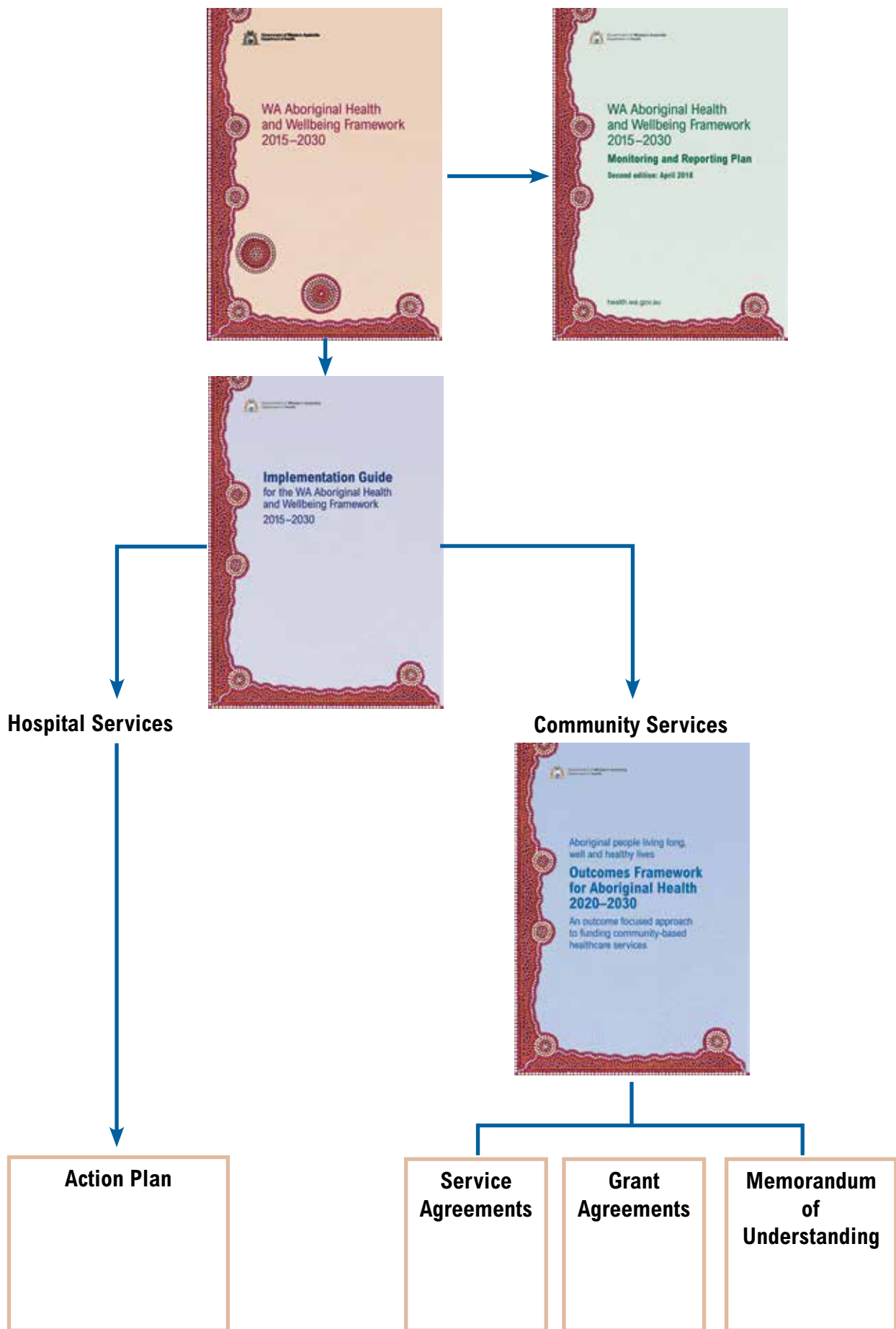
Figure 1 shows how the Outcomes Framework complements the Aboriginal Health and Wellbeing Framework and its other supporting documents and illustrates when it is appropriate to refer to the Outcomes Framework.

¹⁰ Department of Health, Western Australia. (2019). Sustainable Health Review: Final Report to the Western Australian Government. Perth: Strategy and Governance Division.

¹¹ Department of the Premier and Cabinet. (2017). Service Priority Review, Interim Report to the Western Australian Government. August 2017. Perth: Department of the Premier and Cabinet, Western Australia.

¹² Department of Health, Western Australia. (2015). Better health, better care, better value - WA Health Reform Program 2015-2020. Perth: Health Reform.

Figure 1. Aboriginal Health key policy document flowchart



4.1.1 Scope

The term 'community-based' covers care delivery functions that range from preventative and primary care, through to specialist services and tertiary level care, and are collectively referred to as 'non-admitted care'¹³. Many services currently delivered in hospital-settings can also be provided safely and effectively in the community¹³.

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

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

4.2 How to use the Outcomes Framework

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

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

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

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

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

¹³ Independent Hospital Pricing Authority (IHPA) (2018). Australian Non-Admitted Care Classification Development – Consultation. Sydney: IHPA

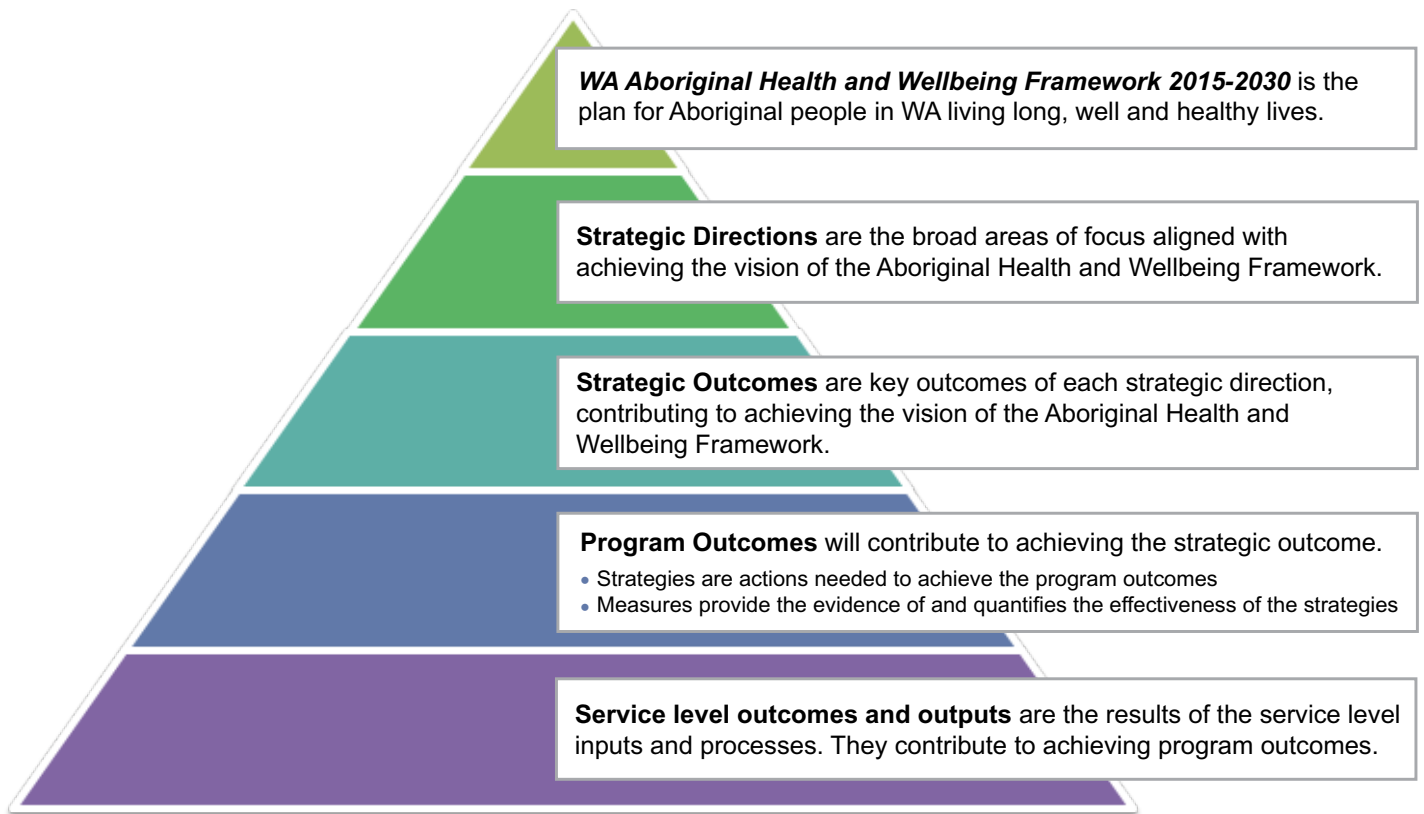


Figure 2. Hierarchy of Intent

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

4.3 Guiding principles

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

- outcomes of the Sustainable Health Review;
- [Delivering Community Services in Partnership Policy](#)
- [Aboriginal Procurement Policy](#)

4.3.1 Cultural security

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

- identify and respond to the cultural needs of Aboriginal people
- work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community
- recognise and reflect on how these factors affect health and wellbeing⁹.

4.3.2 Sustainability

Improvements in health outcomes take time and Aboriginal health programs require sustained investment and on-going relationships to drive positive changes¹⁰. Services need to be innovative and ensure that they are not only providing quality and safe care to patients, but that they also represent value for money and are sustainable into the future^{10,14}.

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

4.3.3 Evidence-based to meet current Aboriginal health priorities

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

Services need to address current state and local health priorities for Aboriginal people and utilise strategies that have demonstrated effectiveness⁹. An evidence-based approach should also be used to identify any emerging issues and health priorities.

4.3.4 Support Aboriginal community control

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

Support Aboriginal communities to build their capabilities and have control over their health and wellbeing^{9,14}. Ongoing recognition and strengthening of ACCHS as leaders in Aboriginal primary health care is a priority for implementation in the Sustainable Health Review¹⁰. Where possible and appropriate, ACCHS should be engaged as the preferred provider of community-based health care services to Aboriginal communities.

4.3.5 Localised and flexible service design

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

4.3.6 Good governance and accountability

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

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

¹⁴ Department of Finance (2018). Delivering Community Services in Partnership Policy. Perth: Government of Western Australia.

5. Strategic Outcomes

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

Strategic Direction	Strategic Outcome	What we aim to achieve (headline measure)
Support good health across the life course	Aboriginal people engage with culturally secure, evidence-based programs and services at transition points across the life course to support ongoing health and wellbeing.	A reduction in potentially avoidable mortality.
Prevention and early intervention	Aboriginal people, families and communities are provided with opportunities to engage with evidence-based prevention and early intervention initiatives and are provided with the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.	A reduction in potentially preventable hospitalisations.
A culturally respectful and non-discriminatory health system	WA health system recognises racism as a key social determinant of health for Aboriginal people. Health care, whether government or community provided, is to be free of racism and discrimination.	A reduction in experiences of racism within health settings.
Individual, family and community wellbeing	Well communities support strong culture and good health and wellbeing through a strong network of healthy relationships between individuals, their families, their kin and community. WA health system structures, policies and processes harness individual, family and community capability and enhance their potential.	A reduction in hospitalisations due to injury or poisoning.
A strong, skilled and growing Aboriginal health workforce	A strong, skilled and growing Aboriginal health workforce across all levels, including clinical, non-clinical and leadership roles. The non-Aboriginal workforce is able to understand and respond to the needs of Aboriginal people.	An increased number of Aboriginal people employed in selected health-related disciplines in WA.
Equitable and timely access to the best quality and safe care	Aboriginal people receive safe care of the highest quality, in a timely manner, to ensure best possible health care to meet their health needs.	Increased access to health care services.

Source: Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030¹⁵.

¹⁵ Department of Health, Western Australia. (2017). Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030. Perth: Aboriginal Health Policy Directorate.

6. Connecting service inputs, outputs and outcomes

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

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

Figure 3. Relationship between outcomes, inputs and outputs



Inputs

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

Process/Strategies

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

Outputs

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

Outcomes

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

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

¹⁶ Victorian Department of Health and Human Services (2016). Victorian public health and wellbeing outcomes framework. October 2016. Victoria: Victorian Government.

7. Monitoring and reporting

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

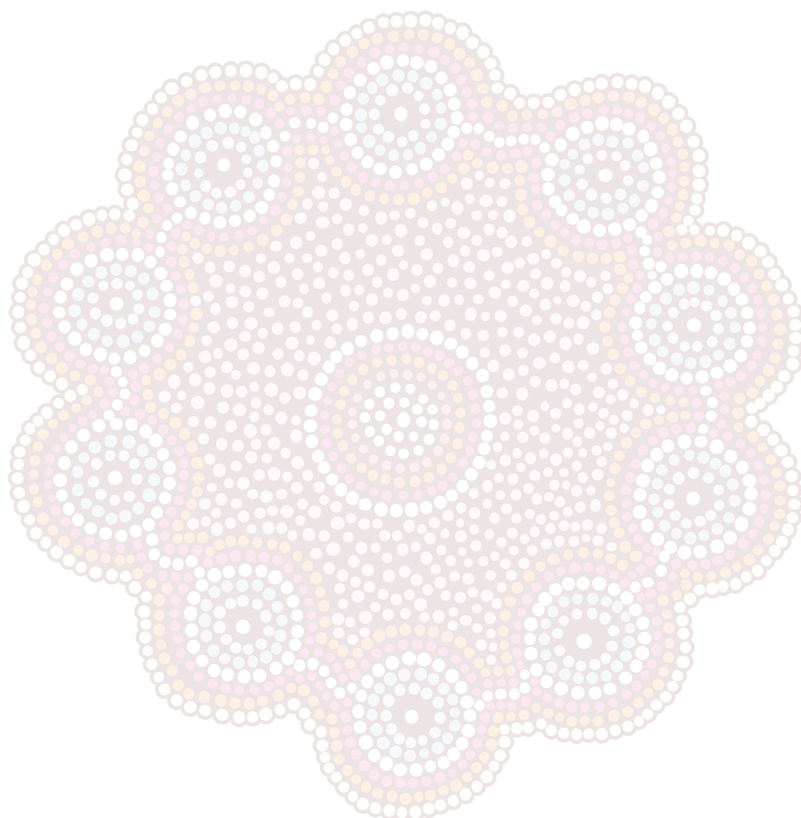
It is essential that performance indicators are established at the service-level as part of funding agreements. Monitoring and reporting against specific and identified service-level outcomes and outputs should correspond with the long-term vision of the Outcomes Framework.

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

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

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

Reporting against the Outcomes Framework provides a transparent monitoring and accountability mechanism that will help to identify what works and therefore guide the development of future funding.



8. The Outcomes Framework Program Outcomes, Strategies and Measures

Strategic Direction 1 – Promote good health across the life course

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

Program Outcomes	Suggested Strategies	Population Measures	Life course stage
1.1 Increased proportion of Aboriginal women who have healthy pregnancies and infants	Deliver preconception planning, identification of maternal health risk factors	<ul style="list-style-type: none"> Prevalence of risk behaviours during pregnancy (smoking, alcohol and illicit drug use) Rates of Aboriginal women accessing antenatal care in the first trimester Rates of perinatal mortality 	Maternal health and parenting Childhood health and development
	Encourage healthy behaviours of Aboriginal families pre-pregnancy and, during pregnancy, support positive physical and mental health Identify and address barriers to Aboriginal mothers accessing culturally appropriate quality antenatal care in a timely manner Provide information and tools to best prepare positive parenting information (e.g. breastfeeding and healthy environment and behaviours for the baby)		
1.2 Increased proportion of healthy Aboriginal infants	Provide information and tools to best prepare positive parenting information (e.g. breastfeeding and healthy environment and behaviours for the baby)	<ul style="list-style-type: none"> Proportion of babies born with a healthy birth weight Proportion of Aboriginal infants exclusively breastfed till the age of 6 months Rates of infant and child mortality 	Maternal health and parenting Childhood health and development
	Identify and address barriers to Aboriginal mothers accessing culturally appropriate quality postnatal care and infancy health programs		

Program Outcomes	Suggested Strategies	Population Measures	Life course stage
<p>1.3 Increased proportion of Aboriginal children who meet key health and developmental milestones</p>	<p>Engage with Aboriginal families using strength-based approaches to effect change in behaviours and health outcomes</p> <p>Deliver culturally secure public health strategies including immunisation, eye and ear health programs</p> <p>Engage with Aboriginal families to promote attendance of scheduled child health checks</p> <p>Implement the Enhanced Aboriginal Child Health Schedule that provides a comprehensive approach to ensure that health issues are identified and addressed early</p> <p>Provide comprehensive health promotion, information and support regarding issues of nutrition, child development, physical and emotional wellbeing, injury prevention, immunisation and environmental health</p>	<ul style="list-style-type: none"> Immunisation rates for Aboriginal children Hospitalisation rates for ear and eye diseases for Aboriginal children Rates of environmental health related diseases (e.g. Acute Rheumatic Fever (ARF), Rheumatic Heart Disease (RHD), scabies and respiratory disease in Aboriginal children) Rates of exposure to environmental tobacco smoke Proportion of screened communities in WA by level of trachoma prevalence in 5-9 year old children Rates of child health checks, including the number of children receiving care as per the Enhanced Aboriginal Child Health Schedule Proportion of Aboriginal children who are developmentally on track via the Indigenous Australian Early Development Index 	<p>Maternal health and parenting</p> <p>Childhood health and development</p>
<p>1.4 Improved access to clinically and culturally secure mental health, and social and emotional wellbeing services for Aboriginal young people</p>	<p>Deliver culturally secure health promotion to encourage positive health behaviours and informed decision making (e.g. positive mental health, safe sex practices, alcohol and illicit drug use)</p> <p>Work in partnership across sectors (e.g. Justice System, Department of Education, Mental Health Commission and Department of Communities) to strengthen and improve the provision of holistic care and support for young people</p>	<ul style="list-style-type: none"> Rates of suicide for Aboriginal youth Prevalence of smoking, alcohol consumption and illicit drug use in Aboriginal youth Rates of physical activity in Aboriginal youth Rates of Sexually Transmittable Infections (STIs) Rates of community functioning measures identified through survey data from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) 	<p>Adolescent and youth health</p>

Strategic Direction 1 – Promote good health across the life course (continued)

Program Outcomes	Suggested Strategies	Population Measures	Life course stage
1.5 Aboriginal adults have access to the health care, support services and resources, they need to manage their physical and mental health and have long and productive lives	Provide regular Aboriginal health assessment checks	<ul style="list-style-type: none"> Rates of adult health assessment check Rates of avoidable mortality Rates of preventable hospitalisation Prevalence of community functioning measures identified through the survey data from the NATSISS Prevalence of smoking, alcohol consumption and illicit drug use by Aboriginal adults Rates of physical activity in Aboriginal adults Rates of overweight and obese Aboriginal adults 	Healthy adults
	Provide culturally appropriate strategies to improve the health literacy of Aboriginal adults to support them to make informed choices Build the capacity of Aboriginal adults so they are equipped with the skills, knowledge and confidence to manage and control their health and wellbeing Address the range of social determinants that impact on health and wellbeing Deliver culturally secure strategies and services that promote positive social and emotional wellbeing		
1.6 Older Aboriginal people are able to stay culturally connected and live out their lives as active, physically and mentally healthy individuals	Develop and implement culturally appropriate aged care models, including palliative care and end-of-life decision making for individuals, their families and carers	<ul style="list-style-type: none"> Rates of community functioning measures identified through the survey data from the NATSISS (e.g. access to traditional homelands) Rates of access to palliative care services on country for elder Aboriginal people 	Healthy ageing
	Develop and implement culturally appropriate strategies to address dementia		
	Develop and implement strategies that support ageing on country		

Strategic Direction 2 – Prevention and early intervention

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

Headline measure: A reduction in potentially preventable hospitalisations.

Program Outcomes	Suggested Strategies	Population Measures	Life course stage
2.1 Reduced rates of Aboriginal people with STIs and Blood-borne Viruses (BBV)	Deliver evidence-based, culturally secure STI and BBV education and screening programs	<ul style="list-style-type: none"> Screening rates for STIs and BBV Rates of Chlamydia, Gonorrhoea, HIV and Hepatitis C 	Adolescent and youth health Healthy adults
	Promote safe sex practices		
2.2 Reduced rates of Aboriginal people with communicable diseases	Provide vaccinations for Aboriginal people	<ul style="list-style-type: none"> Rates of immunised Aboriginal children 1,2 and 5 years Rates of immunised Aboriginal adults Rates of diseases associated with poor environmental health conditions (e.g. rates of ARF and RHD, and of skin, dental, ear and eye infections) Rates of access to functional housing with utilities 	All
	Promote awareness of risk factors and improve the environmental conditions that contribute to communicable disease transmission		
	Work with Aboriginal people to ensure regional and remote communities have access to quality environmental health programs		
2.3 Reduced rates of preventable chronic diseases	Develop and provide culturally appropriate health promotion initiatives, resources and information for Aboriginal people to support healthy behaviour choices	<ul style="list-style-type: none"> Rates of obesity, lung cancer, type 2 diabetes, cardiovascular disease, liver and kidney disease Prevalence of smoking, alcohol consumption and illicit drugs Rates of physical activity Screening rates for screen-detectable diseases Rates of people diagnosed at early stages for bowel, breast and cervical cancer. 	All
	Provide culturally appropriate strategies to improve the health literacy of Aboriginal adults to support them to make informed choices		
	Implement strategies to address the risk behaviours associated with poor health, i.e. smoking, drinking and other drugs, diet and exercise		
	Utilise available Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) measures for the early detection and prevention of chronic diseases		
	Provide culturally appropriate early detection, diagnosis and intervention services for chronic conditions		
	Support the coordination of care planning and management of chronic conditions and comorbidities		
	Implement strategies to improve access to continuity of care, patient transport, multidisciplinary care planning and development of care pathways		
Support Aboriginal people to improve their self-management of chronic conditions and comorbidities			
		<ul style="list-style-type: none"> Rates of preventable hospitalisation relating to chronic diseases Rates of access and use of GP or primary health services. Rates of access to after-hours primary health care Rates of access to Patient Assisted Travel Scheme (PATS) 	Healthy adults Healthy ageing

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

Strategic Outcome: Racism is recognised as a key social determinant of health for Aboriginal people. Health care, whether government or community provided is to be free of racism and discrimination. **Headline measure:** Reduce experience of racism in health settings.

Program Outcomes	Suggested Strategies	Population Measures	Life course stage
3.1 Increased rates of Aboriginal patient satisfaction with the quality of care received	<p>Undertake service and program design and planning in partnership with Aboriginal consumers, carers and communities</p> <p>Ensure engagement and communication with Aboriginal consumers throughout service delivery</p> <p>Deliver appropriate cultural awareness and competency training to all staff members</p> <p>Implement cross agency communication pathways, information sharing, and participate in forums</p> <p>Engage in partnerships with other services to ensure care coordination and implement continuity of care protocols</p> <p>Acknowledge and incorporate cultural systems of care into clinical practice where appropriate</p>	<ul style="list-style-type: none"> Rates of Aboriginal patient experience 	All
	<p>Implement a whole-of-organisation approach to achieving a culturally respectful and non-discriminatory health service, including arrangements to understand, address and prevent racism</p> <p>Involve local Aboriginal people in decision making</p> <p>Deliver appropriate cultural awareness and competency training to all staff members</p> <p>Provide culturally safe environments for Aboriginal patients</p> <p>Identify and respond to barriers to accessing care including physical barriers, language and communication, trust in service providers and affordability</p> <p>Develop innovative approaches to health and wellbeing that recognise family networks as a basis for good health and wellbeing</p> <p>Undertake service and program design and planning in consultation and partnership with Aboriginal consumers, carers and communities</p> <p>Implement the actions outlined in the National Safety and Quality Health Service (NSQHS) Standards for improve cultural competency</p>		
3.2 Increased cultural competency of health services	<p>Implement a whole-of-organisation approach to achieving a culturally respectful and non-discriminatory health service, including arrangements to understand, address and prevent racism</p> <p>Involve local Aboriginal people in decision making</p> <p>Deliver appropriate cultural awareness and competency training to all staff members</p> <p>Provide culturally safe environments for Aboriginal patients</p> <p>Identify and respond to barriers to accessing care including physical barriers, language and communication, trust in service providers and affordability</p> <p>Develop innovative approaches to health and wellbeing that recognise family networks as a basis for good health and wellbeing</p> <p>Undertake service and program design and planning in consultation and partnership with Aboriginal consumers, carers and communities</p> <p>Implement the actions outlined in the National Safety and Quality Health Service (NSQHS) Standards for improve cultural competency</p>	<ul style="list-style-type: none"> Rates of Aboriginal patient experience Proportion of employees who have completed cultural training Cultural competency measures in the ATSIHPF Accreditation for the NSQHS Standards for cultural competency Rates of the measures identified through survey data from the NATSISS in relation to interactions with health service providers including: <ul style="list-style-type: none"> respect trust spent sufficient time with them listened to them 	All

Strategic Direction 4 – Individual, family and community wellbeing

Strategic Outcome: Well communities support strong culture and good health and wellbeing through a strong network of healthy relationships between individuals, their families, their kin and community. **Headline measure:** A reduction in hospitalisations due to injury or poisoning.

Program Outcomes	Suggested Strategies	Population Measures	Life course stage
4.1 Aboriginal health is addressed in a holistic manner incorporating cultural systems of care	Engage with families, communities and stakeholders at the commencement of planning to ensure community knowledge is accessed, harnessed and informs the development of health initiatives	<ul style="list-style-type: none"> Rates of Aboriginal patient experience 	All
	Develop innovative approaches to health and wellbeing that recognise family networks and cultural determinants as a basis for good health and wellbeing		
	Acknowledge and incorporate cultural systems of care into clinical practice where appropriate		
4.2 Culturally secure services addressing mental health, alcohol and other drug problems are more accessible	Provide specialist mental health and alcohol and other drug outreach services	<ul style="list-style-type: none"> Rates of access to social and emotional wellbeing, mental health and drug and alcohol services Prevalence of smoking, alcohol consumption and illicit drug use Rates of suicide Rates of hospitalisation due to injury or poisoning 	Adolescent and youth health Healthy adults
	Build the capacity of communities to increase community control over health and the social determinants and enable local communities to develop their own services, based on their own needs		
	Improve health literacy with regards to mental health, social and emotional wellbeing and drug and alcohol to support communities to make informed choices		
4.3 Local communities have improved capacity to deliver and manage primary health care services	Build the capacity of the non-Aboriginal health workforce to deliver culturally secure social and emotional wellbeing, mental health and drug and alcohol services	<ul style="list-style-type: none"> Number of Aboriginal Health Workers that undergo training to deliver vaccinations Number of Aboriginal Health Workers and Aboriginal Liaison Officers employed in an area 	All
	Engage local communities and build partnerships to plan, develop and deliver health programs		
	Improve health literacy with regards to risk behaviours to support communities to make informed choices		
	Upskill Aboriginal health workforce to provide services and care in their local communities		

Strategic Direction 4 – Individual, family and community wellbeing (continued)

Program Outcomes	Suggested Strategies	Population Measures	Life course stage
<p>4.4 Improved access to safe, high quality and local health services within communities</p>	<p>Identify and respond to barriers to accessing care including physical barriers, language and communication, trust in service providers and affordability</p> <p>Provide specialist outreach services where possible to improve access to secondary care</p> <p>Provide coordination of services for Aboriginal patients attending appointments in urban and regional locations, to minimise time away from home</p> <p>Promote the uptake and engagement with Telehealth Services</p>	<ul style="list-style-type: none"> • Rates of access to local GP or primary health services • Rates of access to after-hours primary health care • Number of services utilising Telehealth • Rates of preventable hospitalisations 	All

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

Strategic Outcome: A strong, skilled and growing Aboriginal health workforce across all levels, including clinical, non-clinical and leadership roles.

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

Program Outcomes	Suggested Strategies	Population Measures	Life course stage
5.1 Improved access to employment opportunities for Aboriginal people across the health sector	Implement the <i>Aboriginal and Torres Strait Islander Health Curriculum Framework</i>	<ul style="list-style-type: none"> Number of graduates Number of cadets Number of Aboriginal students having completed a qualification in health-related disciplines in WA. 	Adolescent and youth health Healthy adults
	Provide a variety of pathways, career and employment opportunities into the WA health sector		
	Engage with the local community to promote employment opportunities and target Aboriginal employees through appropriate advertising and recruitment		
5.2 Increased participation of Aboriginal employees in the health sector in both clinical and non-clinical roles	Provide a culturally respectful and safe workplace culture and environment	<ul style="list-style-type: none"> Number and proportion of Aboriginal people employed in the WA health sector Number and proportion of Aboriginal people employed in the WA health sector in permanent positions 	Adolescent and youth health Healthy adults
	Implement the <i>WA Health Aboriginal Workforce Strategy 2014–2024</i>		
	Provide opportunities for Aboriginal people to be appointed to permanent positions and not fixed term contracts linked to short term program funding		
	Utilise innovative and flexible recruitment, selection and appointment processes and procedures to attract an Aboriginal workforce		
	Promote the retention of the Aboriginal workforce through the development and implementation of career pathways, job mentoring, cultural support and capacity building		
5.3 Increased participation of Aboriginal people in leadership and decision-making positions within the health sector	Develop and implement career pathways, job mentoring, cultural support and capacity building for an Aboriginal workforce	<ul style="list-style-type: none"> Number of Aboriginal employees in senior positions Number of Aboriginal employees who have completed leadership training. Number of Aboriginal representatives on high level committees and boards Number of Aboriginal employees in leadership and decision-making roles 	Healthy adults
	Aboriginal health workforce skills and capacity are developed		
	Provide Aboriginal employees with leadership training and career pathways		
5.4 Increased participation of Aboriginal students studying and completing qualifications in health related disciplines	Deliver health-related courses and qualifications to Aboriginal students	<ul style="list-style-type: none"> Number of Aboriginal students enrolled in health related disciplines Number of Aboriginal students completing qualifications in health-related disciplines 	Adolescent and youth health Healthy adults
	Develop partnerships and networks with schools, vocational education providers and universities to address barriers to access and complete health-related qualifications		
	Implement the <i>Aboriginal and Torres Strait Islander Health Curriculum Framework</i>		

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

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

Headline measure: Increased access to health care services.

Program Outcomes	Suggested Strategies	Population Measures	Life course stage
6.1 Improved performance of health services caring for Aboriginal people	Embed Aboriginal health within clinical governance and patient safety frameworks	<ul style="list-style-type: none"> Rates of preventable hospitalisation Accreditation in the NSQHS Standards for improving Aboriginal health outcomes Rates of Aboriginal patient experience Aboriginal representation on boards (e.g. Health Service Boards) 	All
	Address safety and quality issues commonly associated with health care for Aboriginal people through the implementation of the NSQHS Standards to improve Aboriginal health outcomes		
6.2 Aboriginal people receive culturally secure, safe, timely and quality care across health care settings	Use evidence to inform the design and implementation of services	<ul style="list-style-type: none"> Rates of access to hospital procedures Rates of access to primary health services Rates of access to services compared to need Rates of access to prescription medicines Rates of use of PATS Rates of use of Meet and Greet services Rates of Aboriginal patient experience 	All
	Set evidence-based performance measures and monitor and report against them		
	Implement strategies to improve access to care, patient transport, and development of care pathways		
	Identify and respond to barriers to access care including physical barriers, language and communication, trust in service providers and affordability		
	Implement and utilise PATS or an equivalent patient transport assistance program		
	Support the coordination of multidiscipline care planning and management of conditions and comorbidities		
Improve Aboriginal patient identification			
6.3 Increased amount and quality of Aboriginal health information development, collection and use	Conduct priority-driven research, delivered in partnership with Aboriginal communities and stakeholders.	<ul style="list-style-type: none"> Number of research proposals reviewed by the WA Aboriginal Ethical Committee 	All
	Encourage an approach to research that builds the evidence base and supports opportunities for knowledge translation.		

Appendix 1. Life course stages and population outcomes

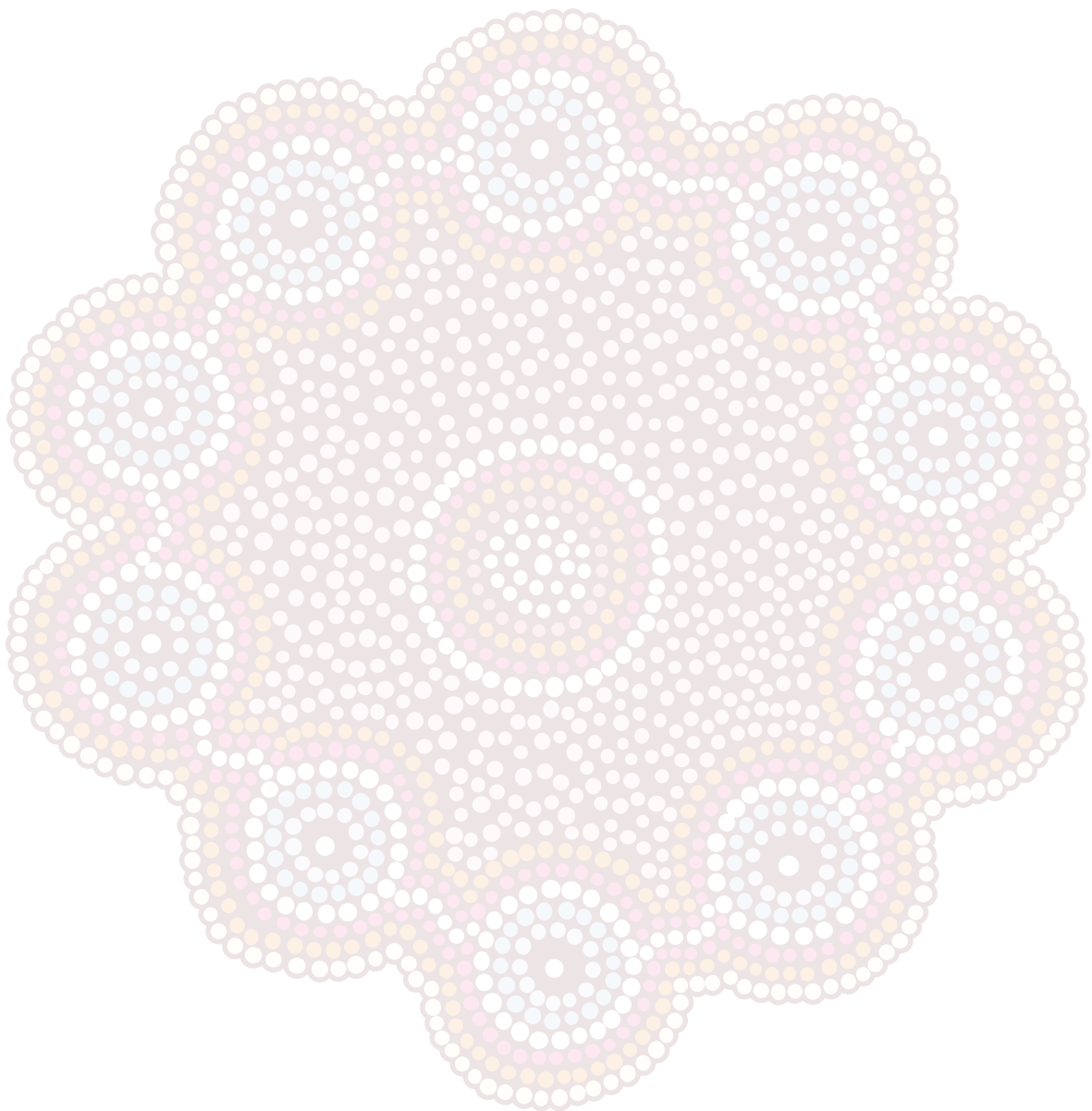


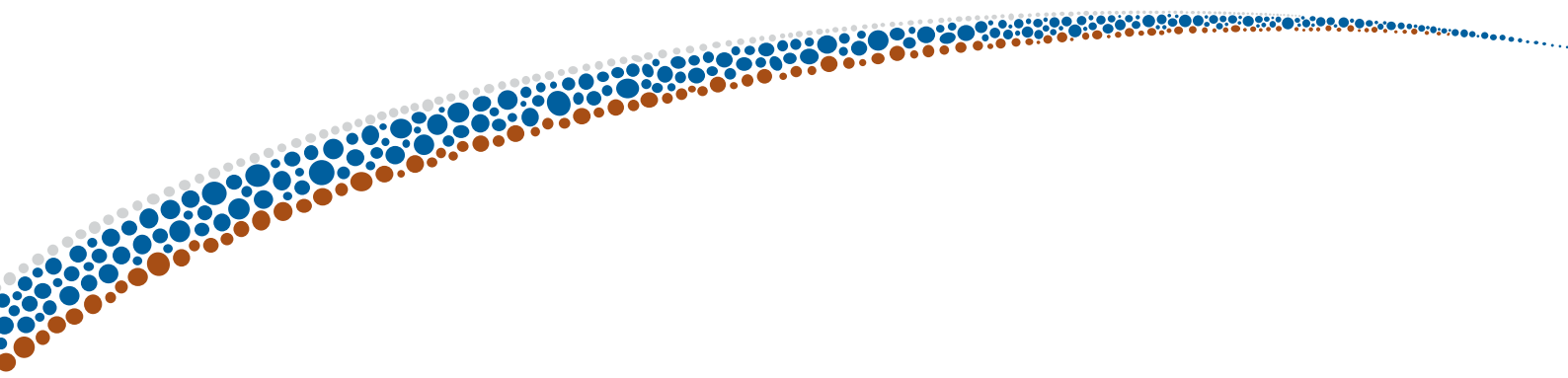
Appendix 2. Example of how to use the Outcomes Framework in service design



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