Aboriginal Health Care Plan 2010 – 2016

October 2010

Government of South Australia
SA Health

Acknowledgements

We offer sincere thanks to the many contributors to the development of South Australia's Aboriginal Health Care Plan 2010-2016.

National Library of Australia Cataloguing-in-Publication entry

Author: South Australia. Dept. of Health. Statewide Service Strategy Division.

Title: Aboriginal Health Care Plan 2010-2016/South Australia, Dept. of Health, Statewide Service Strategy Division.
ISBN: 978-1-74243-208-3 (pbk.)

Notes: Includes bibliographical references and index.

Subjects: Aboriginal Australians – Health and hygiene – South Australia
Aboriginal Australians – Medical care – South Australia
Health planning – South Australia.

Other Authors/Contributors: South Australia. Dept. of Health. Statewide Service Strategy Division.

Dewey Number: 362.10899915

Any enquiries about or comments on this publication should be directed to:

SA Health
PO Box 287, Rundle Mall, 5000
South Australia, Australia.
Phone: (08) 8226 6000

Table of Contents

Minister Hill and Hector Burton at Tjala Arts Centre, Amata Community, APY Lands, South Australia.

Minister's Foreword

The State government is committed to working with the Aboriginal community to address the gap in life expectancy between Aboriginal people and the rest of the population.

But this is not just about living longer lives: it's about living healthier lives. It is a personal passion of mine to work to reduce – and eliminate – health inequality.

The positive ways our State's health services can improve the health of Aboriginal South Australians are highlighted in the Aboriginal Health Care Plan 2010-2016.

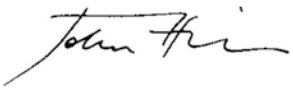
This plan will play a major role in building a strong and responsive health care system for Aboriginal South Australians.

The Aboriginal Health Care Plan includes strategies on how to develop clinical pathways to ensure Aboriginal people receive the right health care, at the right time, and in the right place.

Reflecting the direction of the South Australian Health Care Plan 2007-2016, the Aboriginal Health Care Plan has a focus on early detection and management of chronic disease, and on more health promotion and prevention programs.

Strong partnerships are required to create a culture of excellence in programs, services and environments. The State government is committed to working collaboratively and cooperatively with the Aboriginal Health Council of South Australia and Aboriginal community controlled health services to make this happen.

Two of the key priorities of South Australia's Strategic Plan are to improve Aboriginal health and wellbeing, as well as, increasing Aboriginal leadership opportunities. The Aboriginal Health Care Plan brings us closer to achieving these important goals.



Hon John Hill MP
Minister for Health
Minister for Mental Health and Substance Abuse

1. Introduction

'Health to Aboriginal people is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.[1]'

SA Health is leading significant reform designed to improve the health of all South Australians and meet future challenges.

South Australia's Health Care Plan 2007-2016 has been developed by the State government to ensure all South Australians continue to have access to good services and care.

At the heart of this plan is to make good health a focus and a priority.

This goal for ensuring the community stays healthy, with a focus on preventing illness through improving our lifestyles, is also emphasised in South Australia's Strategic Plan (SASP).

The system-wide reforms under *South Australia's Health Care Plan 2007-2016* address the major challenge of meeting the growing health care needs of an ageing South Australian population.

But, by comparison, South Australia's Aboriginal[a] population has a different profile to the non-Aboriginal population, with a very young age structure, reflecting higher birth rates and shorter life expectancy.

There is also a great diversity in the health and wellbeing of Aboriginal people. In addition, particular challenges emerge in providing health care for the 19 per cent of Aboriginal South Australians living in areas classed as "remote" or "very remote".

The *Aboriginal Health Care Plan 2010-2016* has been developed by SA Health to ensure health care services can cater to these different needs. It aims to:

- Reduce Aboriginal ill-health
- Develop a culturally-responsive health system
- Promote Aboriginal community health and wellbeing.

Achieving these objectives contributes to South Australia's Strategic Plan target 2.5 on *Aboriginal life expectancy: lower the morbidity and mortality rates of Aboriginal South Australians* as well as the Council of Australian Governments (COAG) National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes health related targets:

- To close the life expectancy gap (between Indigenous and non-Indigenous Australians) within a generation and
- To halve the gap in mortality rates for Indigenous children under five within a decade.

The Aboriginal Health Care Plan identifies strategies to achieve these targets and objectives.

[a] Aboriginal should be read as an inclusive term of Torres Strait Islander culture and languages. Generally this Plan refers to Aboriginal people, but in some cases term Indigenous is used because it refers to existing reports, studies or surveys.

The social determinants of health

Good health and wellbeing is determined by more than adequate health care.

Social, economic, environmental and cultural experiences largely determine people's health status: these factors are referred to as the social determinants of health.

Improving the circumstances in which Aboriginal South Australians are born, grow, live, work and age, go a long way to achieving the SASP and COAG targets.

The challenge for SA Health is to involve Aboriginal communities in their own care and work across government to address social and economic disadvantage.

SA Health works through many cross-government committees to ensure health issues are incorporated into the planning and delivery of the policies and programs of other sectors, including safe and affordable housing, homelessness and youth justice. The *Health in All Policies* initiative, an innovation of Thinker in Residence, Prof Ilona Kickbusch, is one specific high level approach which emphasises an innovative horizontal and multi-level policy development. This high-level initiative is being implemented to improve outcomes for young Aboriginal people.

Underpinning principles

Much work has been done to identify the principles which underpin SA Health's approach to Aboriginal Health (see Appendix 1). SA Health recognises that improving Aboriginal health and wellbeing will require better partnerships with the Aboriginal health sector, communities and individuals, as well as the combined efforts of government, non-government and private organisations within, and outside, the health sector[2]. SA Health is committed to empowering Aboriginal people, and building consistent and transparent mechanisms for the effective, meaningful and representative engagement of Aboriginal South Australians in planning, implementing and evaluating health services and programs (see Appendix 2).

Purpose of the Plan

The Aboriginal Health Care Plan:

- Describes the demographics and the major health issues for Aboriginal South Australians and variations across the state
- Outlines a model comprising six key areas:
  - supporting good health
  - stronger primary health care
  - better care for those with high needs
  - an integrated and collaborative approach to the planning and delivery of services and programs
  - a focus on priorities
  - enablers for action including leadership, workforce, safety and quality, research, evaluation and monitoring, and health information and management systems
- Identifies six priorities for comprehensive action by SA Health based on the burden of disease and population profile
- Sets a framework for the Regional Aboriginal Health Improvement Plans
- Identifies key next steps and governance arrangements.

2. Profiling Aboriginal Health in South Australia[b]

Age and gender profile

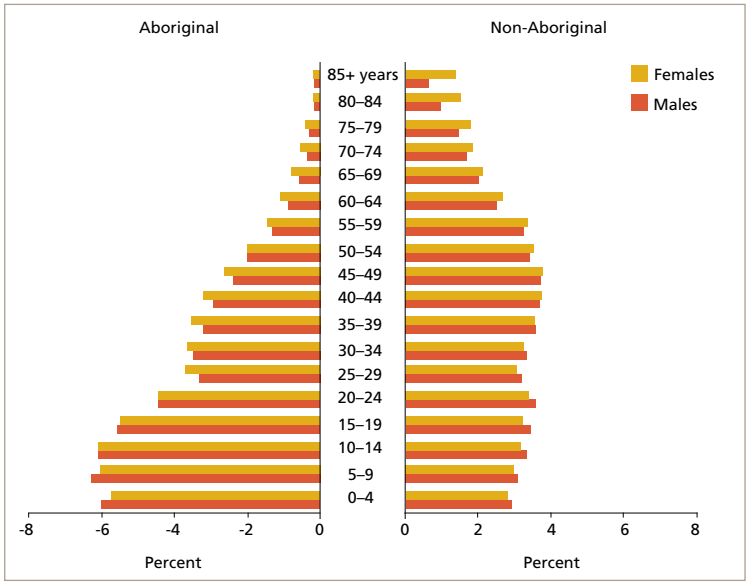
Aboriginal people make up 1.8 per cent of the South Australian population, and 5.4 per cent of the Australian Aboriginal population[3]. South Australia's Aboriginal population has a noticeably different profile to the non-Aboriginal population, with a very young age structure, reflecting higher birth rates and shorter life expectancy. Of the 25,556 Aboriginal people recorded in the 2006 Census, about 56 per cent were under the age of 25 compared to 32 per cent of the non-Aboriginal population.

Only 3.5 per cent of Aboriginal people are over the age of 65. There is a relatively even split between male and female in the younger (less than 20 years) age groups, but there are more older women than men, reflecting higher rates of male mortality.

This profile is likely to continue, due to large numbers of women moving into child bearing age combined with high adult mortality. Aboriginal women have higher fertility rates (2.71 compared with 1.71 for non-Aboriginal women). As a result, and unlike the rest of the population, more attention is needed on programs and services relating to child birth and maternal health, early childhood and youth development.

Figure 1

Age and Sex Profile of Aboriginal and Non-Aboriginal South Australians



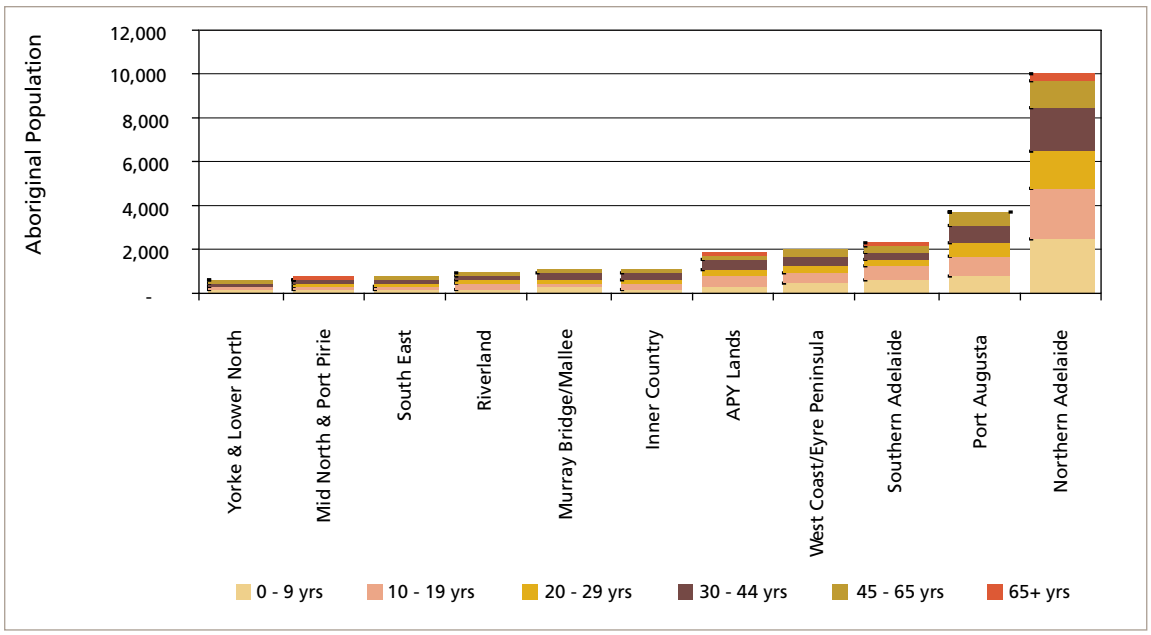
Source: ABS Census, 2006

Approximately the same numbers of Aboriginal people live in metropolitan as in country areas of the state. Figure 2 shows the age profile by region, illustrating the large numbers in the northern Adelaide area and 4856 (or around 19 per cent) living in areas classed as 'remote' or 'very remote' (for example, APY Lands, West Coast/Eyre Peninsula) with a further 23 per cent in 'outer regional' areas (Port Augusta – town, Whyalla, Yorke Peninsula, Riverland, Murray Bridge/Mallee and South East). The small numbers, high needs and geographic spread of Aboriginal South Australians, combined with significant levels of disadvantage, creates particular challenges for improving health and health services. See Appendix 3 for a map of the regions used in this Plan.

[b] The data in this section is based on best available data sources. The limitations of the data are acknowledged. For example, inclusion of data from the Aboriginal Community Controlled health sector has the potential to provide a more complete and richer story of the health of Aboriginal South Australians. To a lesser extent, under identification of Aboriginal people in hospital separations also compromises the data (AIHW research indicates that 93 per cent of Indigenous persons and 96 per cent of non Indigenous persons are correctly identified in South Australian hospital admission records, with 3 per cent of patients having Not Reported Indigenous status – AIHW 2010 *Indigenous Identification in Hospital Separations Data – Quality Report.*)

Figure 2

Aboriginal Population – Age Profile by Region



Source: ABS Census, 2006

South Australia's Aboriginal population is also highly mobile with frequent changes in usual place of residence for either educational, employment or housing reasons (particularly for younger people[4]), or because of the need to relocate from remote areas to Adelaide or other regional centres, to access hospitals and other medical care. The health system needs to recognise and respond to the consequences of relocation for Aboriginal patients and family members, including loss of social and cultural contacts and supports, need for housing and transport assistance and the potential discontinuity of health care.

For the population of the APY Lands, this typically involves having to cross state borders and to temporarily relocate to Alice Springs. Not only is Alice Springs significantly closer (450km) than Adelaide (1200km), but it also offers greater familiarity and kinship ties.

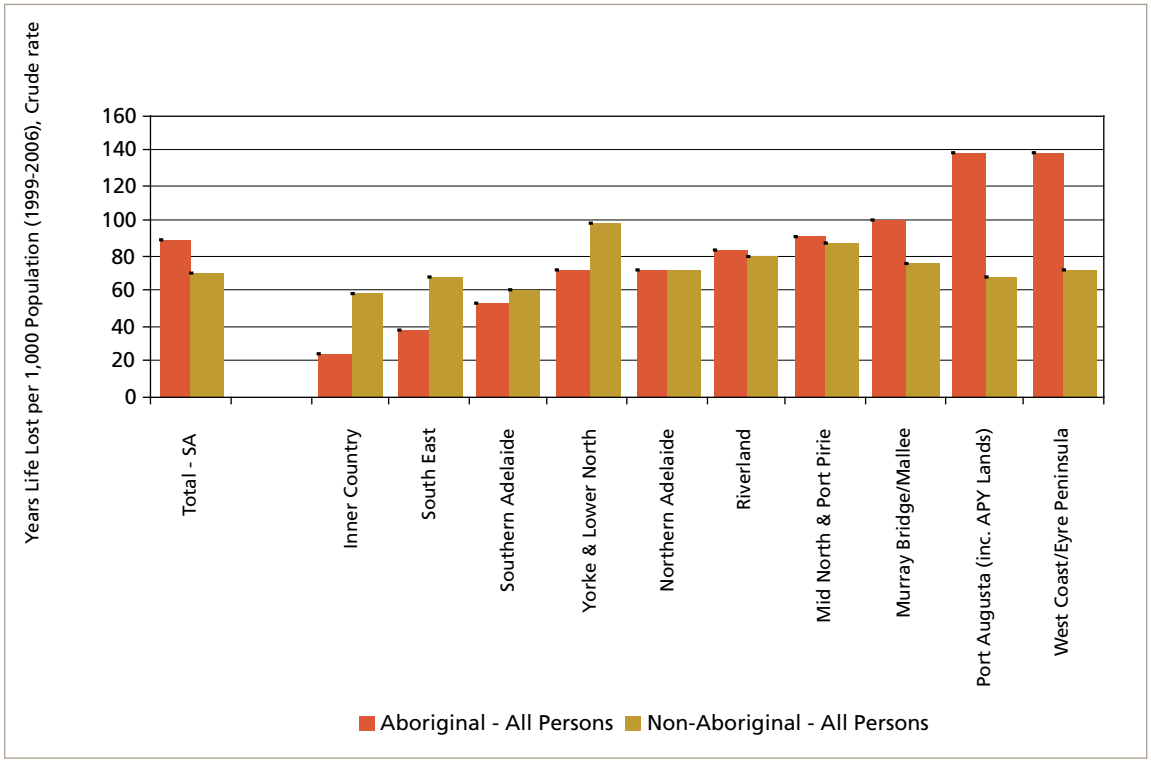
In South Australia, 12.2 per cent of Aboriginal people speak an Aboriginal language at home[5]. Around 35 per cent could have quite low levels of English language literacy or functional literacy[6]. Both have implications for the way health services need to be provided.

Health Status Profile

The high level of Aboriginal premature mortality, measured in Years of Life Lost (YLL), is well known. This is particularly the case in rural and remote regions and for Aboriginal men.

Figure 3

Premature Mortality – Years of Life Lost by Region



Source: Burden of Disease Study, 1999 to 2008

Burden of disease data shows 70 per cent of Aboriginal premature mortality in South Australia is classed as avoidable, meaning due to external causes such as accidents, injuries and potentially preventable diseases (compared with 41 per cent for non-Aboriginal people). Aboriginal people on the West Coast/Eyre Peninsula are 5.9 times more frequently hospitalised for potentially preventable causes. Men in particular suffer higher rates of premature mortality. For every year of life lost prematurely for an Aboriginal woman, 1.41 years are lost for Aboriginal men.

SA Health data on potentially preventable hospitalisations shows Aboriginal rates to be over five times higher for adult Aboriginal compared with non-Aboriginal adults and comparatively around 50 per cent higher for children 0 - 4 years.

Diabetes represents by far the largest gap between Aboriginal and non-Aboriginal health. Hospitalisations relating to diabetes complications are by far the biggest contributor. Diabetes related complications account for 36 per cent of all potentially preventable hospitalisations of Aboriginal people and lead to a mortality rate for Aboriginal people seven times higher than that for non-Aboriginal people.

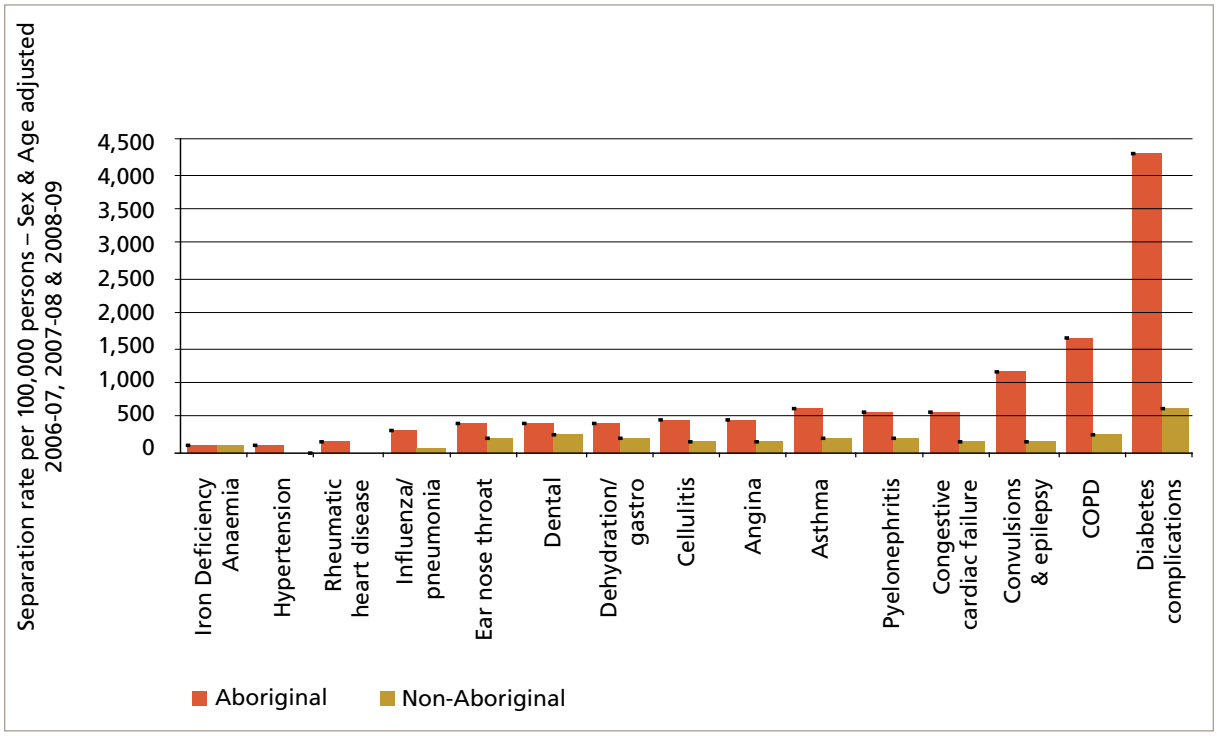
Ischaemic heart disease is the leading cause of premature mortality or years of life lost for Aboriginal people. Diseases of the circulatory system account for 10 per cent of potentially preventable hospitalisations for Aboriginal South Australians. Although it results in lower levels of mortality compared to previously discussed conditions, improvements in treating these diseases will have a significant impact on Aboriginal life expectancy and quality of life, as well as assist in closing the gap between Aboriginal and non-Aboriginal people.

Respiratory diseases account for 18 per cent of all Aboriginal potentially preventable hospitalisations and for an Aboriginal mortality rate 2.9 times that of the non-Aboriginal population.

Chronic renal disease is strongly associated with Type 2 diabetes, but also with poor environmental health and the cumulative effects of frequent infections. Including approximately 2000 dialysis procedures performed annually in the Northern Territory for APY Lands patients, the hospitalisation rate for renal dialysis in South Australia in the past two years (2007-08 and 2008-09) was 13 times higher for Aboriginal people than for the non-Aboriginal population. Better prevention and management of chronic diseases is a priority in this Plan.

Figure 4

Potentially Preventable Hospitalisations – Top 15 Conditions[c]



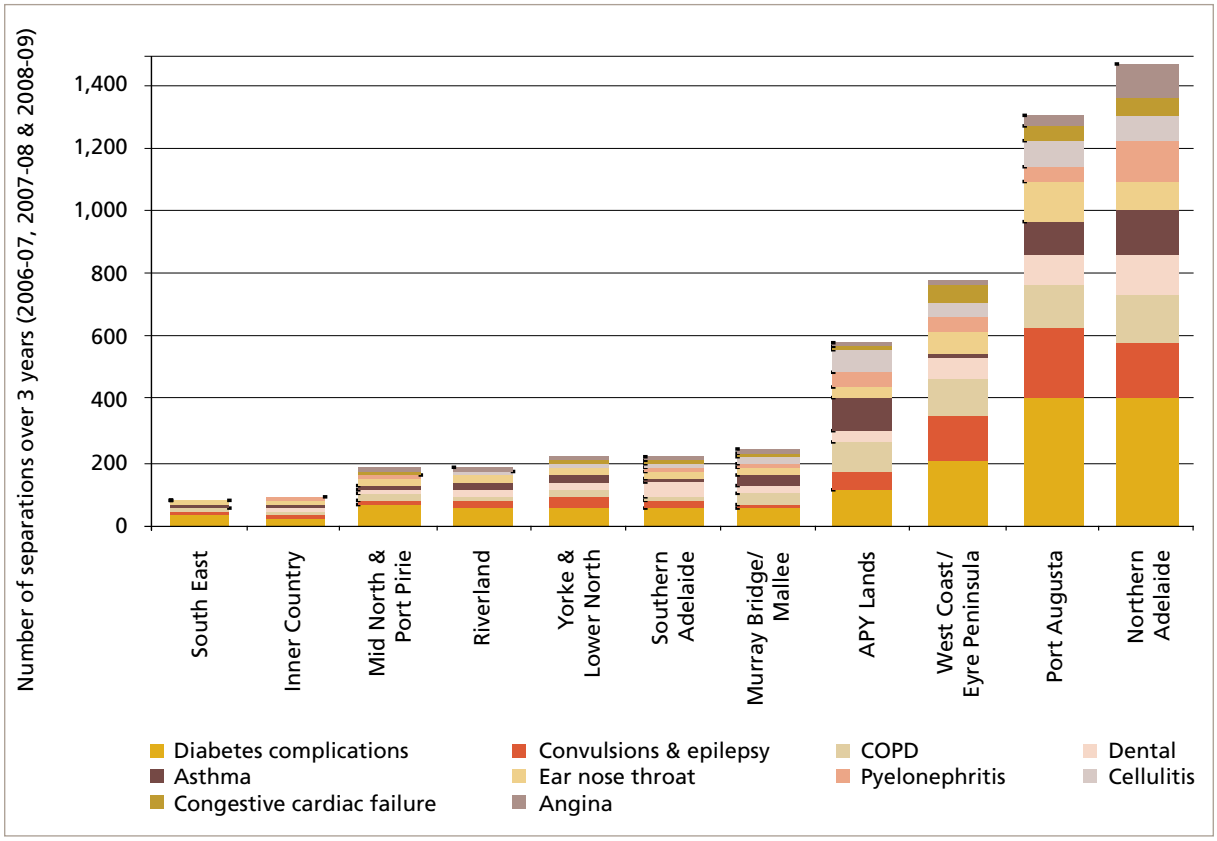
Source: Burden of Disease Study, 2006-07 to 2008-09

The size of the population in the Northern Adelaide region makes this area a priority for efforts to reduce potentially preventable disease. Figure 5 however, also highlights the disproportionate burden of disease that exists in the broader Port Augusta region, West Coast/Eyre Peninsula and APY Lands. The level of potentially preventable hospitalisations in these regions is well beyond what one would expect based on the size of their local Aboriginal populations.

[c] Terminology for listed conditions is consistent with the AIHW definitions of potentially preventable hospitalisations.

Figure 5

Potentially Preventable Hospitalisations – Top 10 Conditions by Region for Aboriginal Population



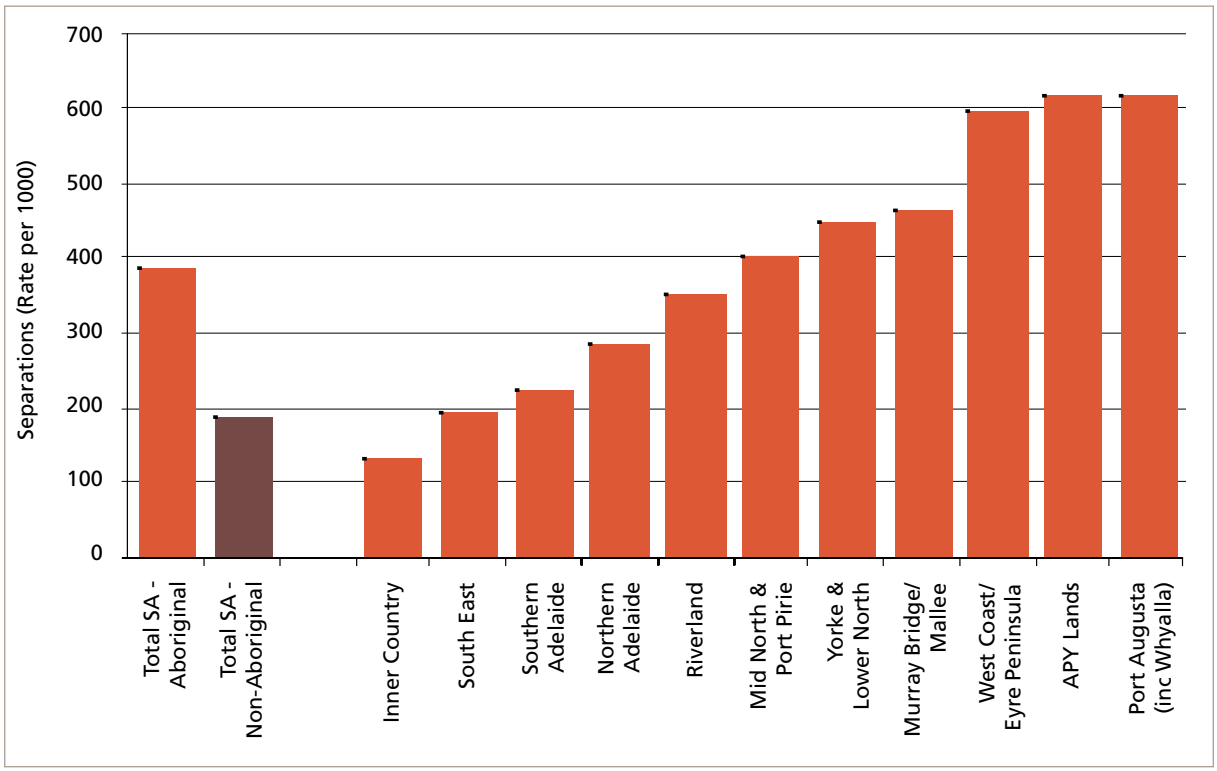
Source: Burden of Disease Study, 2006-07 to 2008-09

Health Service Utilisation

South Australia's Aboriginal population is hospitalised at twice the rate of the non-Aboriginal population: 389 separations per 1000, compared with a non-Aboriginal rate of 192 per 1000. There are particularly high rates in the hospitalisation of people living in remote locations. APY Land communities access many services in Alice Springs. On average, people from the APY Lands account annually for around 1200 hospital separations in the Northern Territory (excluding renal dialysis).

Figure 6

Aboriginal Hospital Separations by Region, Excluding Renal Dialysis, Rate per 1000 population



Source: ISAAC & Northern Territory Cross Border Data, 2007-08 & 2008-09

South Australian Aboriginal patients have a self-discharge rate of 3.4 per cent (two year average, 2007-08 and 2008-09) which compared with only 0.6 per cent of non-Aboriginal patients. This is higher in country hospitals than in the metropolitan area, as illustrated in the table below. One method of reducing this rate is through more culturally responsive provision of care. For example, Port Augusta Hospital staff attribute its lower rate of Aboriginal self-discharge in part to the work done with inpatients by Aboriginal Health Workers and Aboriginal Liaison Officers, as well as the availability of the hospital's Step Down Facility.

Table 1

Aboriginal Self Discharge Rates for Selected Hospitals against the SA Average

Key Hospitals	Aboriginal Self Discharge Rate
Coober Pedy	14.9%
Whyalla	10.4%
Murray Bridge	9.7%
Ceduna	8.9%
Port Augusta	3.9%
All Country	5.2%
All Metro	1.9%

Source: ISAAC 2007-08 & 2008-09

Emergency department presentations are also high for South Australia's Aboriginal population with 709 presentations per 1000 Aboriginal population per annum. It is particularly high for Aboriginal communities from the broader Port Augusta area, West Coast/Eyre Peninsula and Mid North & Port Pirie regions. This may be partly due to higher rates of trauma and acute illness as suggested by high levels of subsequent admissions to hospital (185 per 1000 population), across SA and 250 to 400 in the broader Port Augusta area, West Coast/Eyre Peninsula and Mid North & Port Pirie regions), but it may also reflect limited provision of culturally responsive primary health care services especially with extended hours.[d]

A recent national study confirmed that Aboriginal Australians access primary health care services at 80 per cent of the rate of non-Aboriginal Australians. Fewer Aboriginal people reported having seen a General Practitioner in the past 12 months and those who had, reported fewer visits. The average number of services per Aboriginal person also declined with increasing remoteness and in a way which was very similar to that for non-Aboriginal people. On average, an Aboriginal person in very remote areas used 2.3 General Practitioner services a year, less than half of the 5.8 services used by their peers in major cities.

Another significant finding of this study was that young Aboriginal children had the poorest access to primary medical services, relative to the rest of the Australian population. Use of primary medical services was significantly lower for Aboriginal children up to age 14, with the lowest reported access figure being for children under five years of age[7].

To redress this imbalance and to create a focus on a healthy start in life, families with young children should be enrolled in primary health care programs and their access to primary health care services assisted[8].

Specific Health Issues

Maternal and child health – High rates of low birth weight babies, teenage pregnancy rates (19 per cent of Aboriginal mothers were less than 20 years old, compared to only 4 per cent of non-Aboriginal mothers[9]), and very high levels of substantiated child abuse notifications (including neglect and emotional abuse) confirm the need for additional services focused on Aboriginal infants and children[10]. In South Australia, there are over 450 Aboriginal children living in out-of-home care which is almost ten times higher than the rate for non-Aboriginal children[11].

Non-Aboriginal children in SA have rates of immunisation completion of 91 per cent (12 months), 89 per cent (24 months) and 81 per cent (five years). The comparable rates are lower in the northern metropolitan area, West Coast/Eyre Peninsula and Murray Bridge/Murray Mallee regions in particular.

Around 50 per cent of Aboriginal women aged 15-44 years live in country regions, but account for 62 per cent of all Aboriginal obstetrics-related hospitalisations due to higher birth rates. Aboriginal women living in remote or very remote areas of South Australia account for 43 per cent of obstetrics hospitalisations[12].

Youth health – There are particular health risks that affect young people including Aboriginal young people, related to elevated rates of sexually transmitted diseases, including chlamydia, gonorrhoea and syphilis. For example, 30-50 per cent of gonococcal infections and approximately 10 per cent of syphilis infections notified in South Australia arise from Aboriginal people[13]. These diseases are most commonly reported in the 15-29 year old age group[14].

The rate of juvenile justice supervision for 2007-08 in South Australia was 550 per 1000 for Aboriginal youth aged 10-17 years, compared to only three per 1000 for non-Aboriginal youths Australia wide[15]. The detention rate in South Australia was 34 per 1000 for Aboriginal youth, compared with two per 1000 for non-Aboriginal Australia wide.

Road deaths and injuries also impose a high burden on Aboriginal people being ranked as the eighth highest impact on non-Aboriginal life expectancy, but the second highest for Aboriginal people in a 2001-2003 study[16]. Young people are particularly affected.

[d] Data drawn from ISAAC and Country Mart emergency department collection 2007-08 and 2008-09, two year averages used.

Illicit Drug Use – In Australia the use of illicit drugs and the harms attributed to their use is higher among Aboriginal people than the general population. The National Drug Strategy Household Survey (2008) reported a prevalence rate of 28 per cent of past year illicit substance use among the urban Aboriginal population aged 15 years and over, compared with 13 per cent for the general population aged over 14 years[17]. Evidence also suggests that the incidence of injecting drug use is both increasing[18] and may be more common in the Aboriginal population[19]. Data from the Annual Needle and Syringe Program Survey indicates a higher proportion of Aboriginal participation in the program (5.4 per cent) than would be expected given their proportion in the general population[20].

Substance use is a contributing factor to ill health, accidents, violence, crime, family and social disruption, and workplace problems. Whilst petrol sniffing has reduced with the introduction of Opal fuel, marijuana use has become more common in the APY Lands[21].

Smoking – Smoking is the number one cause of chronic conditions and diseases among Aboriginal Australians and is responsible for 12 per cent of the total burden of disease[22]. Surveys show 56 per cent of Aboriginal people in South Australia are current smokers, compared to 23 per cent of the non-Aboriginal Australian population[23] and this has, at best, dropped slightly in recent years[24]. In 2008, 57.4 per cent of Aboriginal women at their first antenatal visit reported being smokers[25]. For these reasons, smoking is a major priority in the Closing the Gap Agreement.

Poor diet – It is estimated that up to 19 per cent of the national Aboriginal health gap is attributable to diet related causes, including low fruit and vegetable intake, especially in remote locations[26].

Nationally, Aboriginal children aged less than four years, suffer from nutritional anaemia and malnutrition at 29.6 times the rate for non-Aboriginal children[27]. Poor diet and nutrition, in pregnancy and beyond, impacts on birth outcomes, early child development and 'can have life-long consequences for the health of mothers, with flow-on effects to current and future generations, including increased morbidity and mortality'[28].

Obesity – 29.8 per cent of adult Aboriginal South Australians are obese (compared with 18.3 per cent of non-Aboriginal adults) and only 33.3 per cent of adults can be classified as having a normal Body Mass Index (compared to 45.3 per cent of non-Aboriginal adults). Despite Aboriginal infants being on average of lower birth weight, by the age of four, 27.9 per cent of Aboriginal children are overweight or obese, compared to 18 per cent of non-Aboriginal children[29, 30].

Physical inactivity – Physical inactivity was the third leading cause of the burden of illness and disease for Aboriginal Australians in 2003, accounting for 8 per cent of the total burden and 12 per cent of all deaths[31]. Rates of physical activity are low for a variety of reasons but good data is limited.

Alcohol – Aboriginal South Australians are less likely to consume alcohol than are non-Aboriginal people. However, those that do drink are more likely (17 per cent compared to 14.5 per cent) to consume at risky/high risk levels[e][32]. Those living in urban and regional centres had higher risks than those in remote areas. Alcohol misuse appears to be more prevalent in older Aboriginal people compared to Aboriginal youths[33].

Oral Health – Aboriginal children experience approximately 70 per cent more dental caries than non-Aboriginal people and they have more teeth with untreated dental decay[34]. The rate of decay is also getting worse, especially in remote areas,[35] and it is the major cause for hospital admissions.

Aboriginal adults have a higher prevalence of severe periodontal disease than non-Aboriginal adults and are more than twice as likely to have advanced periodontal disease[36]. Periodontal disease accounts for 30 per cent of tooth loss, contributing to the higher number of missing teeth in Aboriginal people[37]. This also increases risks related to chronic diseases such as diabetes and cardiovascular disease.

Ear Health – Australian Aboriginal children account for the highest prevalence of Chronic Suppurative Otitis Media (CSOM) in the world (up to 40 per cent in some remote communities). A prevalence of over four per cent in a defined population of children is considered by the World Health Organisation as a 'massive public health problem requiring urgent attention'[38].

[e] Risky or high risk drinking refers to levels of drinking on any one occasion and is associated with risk of harm (particularly injury or death) in the short term; for males, risky/high risk levels of harm in the short term would equate to drinking seven or more standard drinks on any single occasion, for females, five or more.

It is common for Aboriginal infants to develop otitis media (OM) in the first few weeks of life and 73 per cent have OM before 12 months of age[39]. Aggressive early treatment of ear infections is required to prevent progression to CSOM[40]. OM and its complications can lead to intermittent or persistent deafness with subsequent impact on language development, learning and cognitive functioning throughout adulthood.

Despite this, Aboriginal children are under-represented in terms of preventative surgical approaches (insertion of grommets and/or removal of tonsils and adenoids). On the other hand, rates of tympanoplasty, a surgical procedure to repair a perforated ear drum, are higher in Aboriginal groups, suggesting that preventative opportunities to preserve middle ear health are being missed[41].

Eye Health – Uncorrected refractive error, cataracts, diabetic retinopathy and trachoma, are the four main causes of visual loss and blindness in Aboriginal adults and occur more frequently in rural and remote locations. All occur at higher rates than for non-Aboriginal people[42].

The rates of trachoma have decreased nationally,[43] but a concerted effort is still required in very remote communities to completely eradicate this disease. This is a priority for the Australian Government[44]. Aboriginal children have very good eye health, but require early detection of trachoma.

Mental Health – Mental disorders account for 15.5 per cent of the total disease burden for Aboriginal Australians[45]. In 2004-2005, 77 per cent of Aboriginal people reported experiencing significant stress in the past 12 months[46]. In South Australia, the most common mental illness within the Aboriginal population is schizophrenia, followed by neurotic disorders and stress. Aboriginal Australians are more than twice as likely to be hospitalised for mental health disorders as other Australians. Aboriginal males are 5.8 times and females 3.1 times more likely to die from mental health disorders than other Australians[47].

Suicide/self inflicted injuries is the second leading cause of premature mortality among Aboriginal South Australians[48], particularly among young people[49]. Aboriginal people are three times more likely than other Australians to commit suicide, and residents of remote areas are twice as likely to suicide as big-city residents. In Aboriginal communities, 3.7 per cent of deaths are through suicide, triple the rate among the non-Aboriginal population.

Preventable injury – Transport accidents, intentional self–harm and assault accounted for 23.9 per cent of South Australian Aboriginal deaths in 2005[50]. Further, the rate of hospitalisation is higher in every injury category, except drowning, when compared to the non-Aboriginal population[51]. This is consistent with national data[52]. Assault accounts for the highest proportion of hospitalisations (33 per cent), with more Aboriginal females than males being affected[53]. Transport accidents account for over a quarter (28 per cent) of Aboriginal deaths nationally, and the age-standardised rate of fatal injury due to transport accidents is 2.9 times higher than for non-Aboriginal people[54]. Aboriginal people are hospitalised because of burns at a rate of nearly four times that of non-Aboriginal people and the average length of hospital stay is nearly double that for non-Aboriginal people[55]. Scalds caused over 50 per cent of burns in the 0-4 year old age group, but burns from camp fires were also significant. More burn injuries occur as the level of remoteness increases[56].

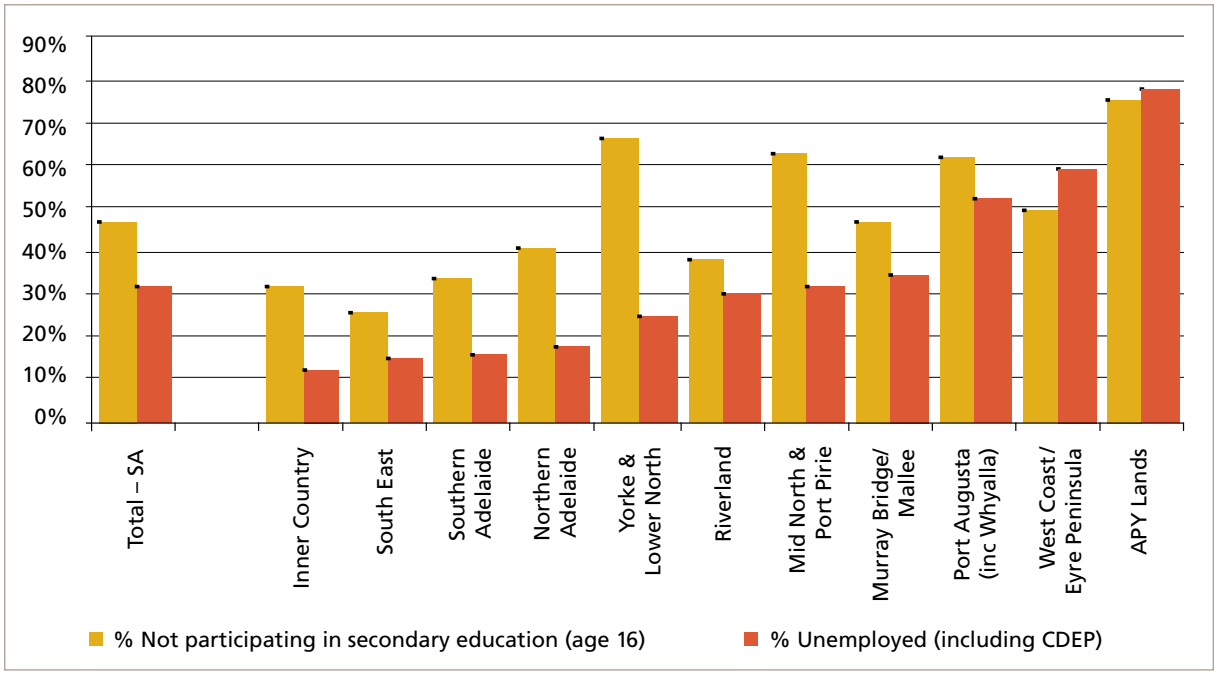
Social disadvantage and remoteness – drivers of burden of disease

Aboriginal unemployment across the state is far higher than that of the non-Aboriginal population. The same applies to welfare dependency and the proportion of children who grow up in jobless or low income families. All combine to create a significant level of Aboriginal social disadvantage.

This disadvantage exists across all Aboriginal communities in South Australia. APY Lands, West Coast/Eyre Peninsula, Port Augusta and, although to a lesser extent, Murray Bridge/Mallee and the Riverland, emerge as particularly disadvantaged if the level of unemployment and non-participation in secondary education at age 16 are taken as proxies for social disadvantage (see graph below).

Figure 7

Aboriginal Social Disadvantage: Unemployment and Non-participation in Secondary Education



Source: ABS Census 2006 and CDEP Participants, Department of Families, Housing, Community Services and Indigenous Affairs, June Quarter 2007

Different groups, different needs

In planning to better meet the health needs of Aboriginal South Australians, it is important to recognise the heterogeneity of the Aboriginal population and the implications for service delivery. Barriers to health care relate to availability, affordability, acceptability and appropriateness,[57] all of which impact on the accessibility of health services for Aboriginal people. Service preferences will be determined by similar issues. Many Aboriginal people may choose to use mainstream services for all health care. Others may want their primary health care services provided through Aboriginal Community Controlled Health Services and mainstream services with Aboriginal health workers, and salaried General Practitioners, such as Muna Paendi will be the preferred option for others.

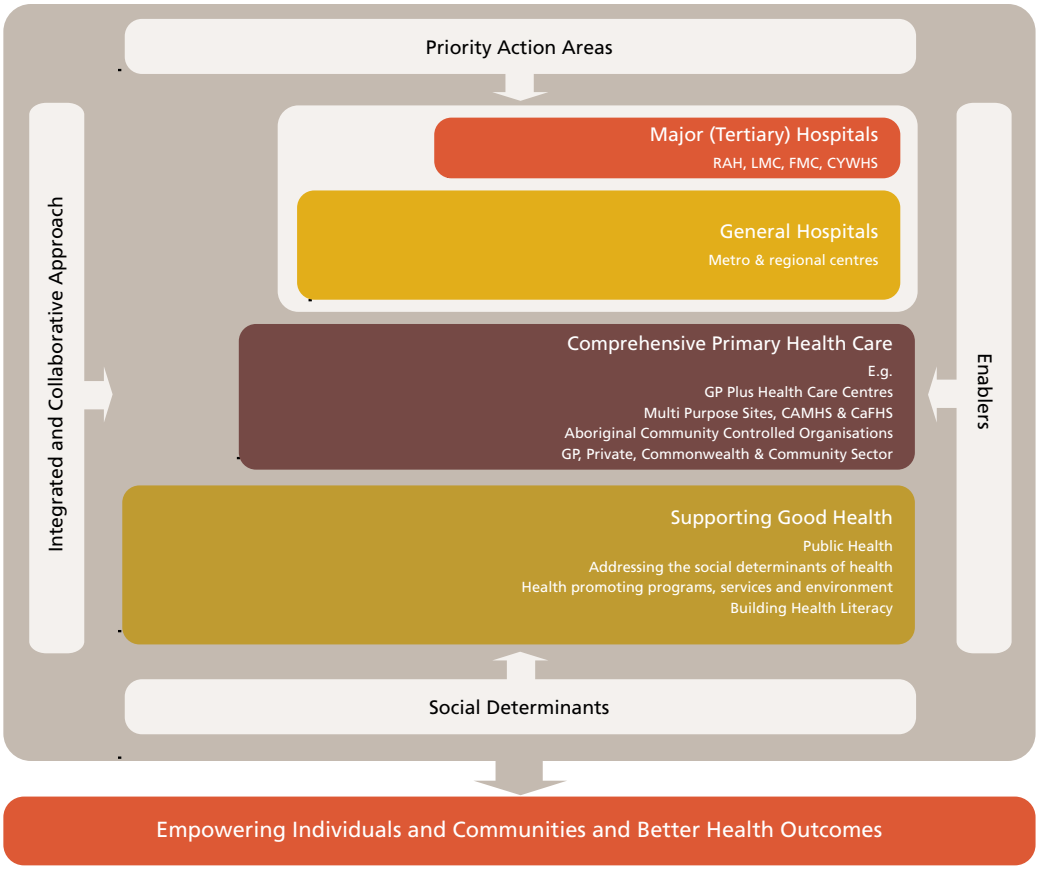
These preferences may vary with family, cultural and historical experiences; the complexity of health needs, language issues, cultural security, income and for groups such as young people, those visiting urban centres from remote communities, those who are homeless or recently discharged from custody[58]. While currently a broader approach to Aboriginal health is described, over time the aim is to develop a more fine grained understanding of service needs and service preferences for different subsections of the Aboriginal community.

3. The SA Health model for Aboriginal health

The model for improving the health and addressing the health care needs of Aboriginal South Australians is consistent with the key directions for the SA Health Care reform process. The intention is to build a more comprehensive approach with a focus on the individual and their family within the context of the whole community.

Figure 8

The Aboriginal Health Care Plan Model



There are six core components for Aboriginal health which are consistent with the directions for the broader health system reform directions set out in this stepped model. These core components are:

- Supporting good health.
- Comprehensive primary health care
- Better care for those with higher needs
- An integrated and collaborative approach to planning and delivery of programs and services
- Priority action areas
- Enablers for action.

In recognising the social determinants, this model of health care should help empower individuals and communities and improve health outcomes.

1. Supporting Good Health

Addressing the broad social determinants of health and strengthening our efforts in promoting good health and preventing poor health, has the potential to make a significant difference to the health and broader wellbeing outcomes of Aboriginal people, and provide the social, environmental, physical and economic conditions that allow people to flourish[65]. This involves both universal actions for the whole community, Aboriginal and non-Aboriginal, as well as specific Aboriginal programs with progressively more intensive approaches to those with higher needs.

The four key components to supporting good health are:

Stronger public health – Public health focuses on promoting healthy people and healthy environments as well as protecting individuals and communities from adverse health effects such as environmental hazards, communicable diseases, and disease outbreaks. These traditional aspects of public health remain vital to the maintenance of healthy communities and are especially important in remote locations.

The COAG-funded Environmental Health Workers will contribute to safer and healthier homes and communities, by providing additional support for current SA Health environmental health initiatives. This includes current programs to ensure effective sanitation, safe drinking water, safe housing, disease vector control (for example, mosquitoes in remote communities), safe swimming pools, inspection of premises that prepare and serve food in Aboriginal communities, and dog health programs to reduce transmission of zoonotic diseases, such as skin and gastrointestinal parasites.

Addressing the social determinants of health – SA Health will continue to advocate for improvements in Aboriginal healthy life expectancy to be treated as a whole of government responsibility. The internationally recognised Health in All Policies approach is one example of across-government efforts to support this. A current example is the examination of road trauma for Aboriginal people which contributes to premature mortality and significant disability. Another area which is being addressed is food security.

In addition, many policies and strategies which support all South Australians to be healthy will also benefit Aboriginal people. Healthy foods in schools, regulation for safe baby products, fluoridation, environments that make it easier to be active and play sport, regulation of the price, sale and supply of tobacco, all support good health. This work is generally led by the health sector using policy, legislation and regulation as tools to protect the whole community and help make the healthy choice easier. It also may include Aboriginal specific issues, for example, the employment of two Aboriginal tobacco control officers dedicated to the culturally relevant enforcement of tobacco control legislation in Aboriginal communities under the COAG program.

Health promoting programs, services and environments – Multiple organisations provide a variety of prevention-related programs and services, both general and Aboriginal specific in nature. These are designed to create healthy and sustainable environments and settings such as schools and communities; build knowledge and skills; engage communities in local action; and protect against and prevent disease. This Plan supports action to increase health promotion effectiveness by identifying good practice programs and services directed to key service priorities, and supporting a planned and strategic roll out across the state. This will help minimise duplication and inefficiencies. Strongly integrated strategies will make the most of the available workforce and the considerable service delivery challenges.

A key component of this, involves supporting community capacity for action on health and the determinants of health by working with communities.

Building health literacy – Aboriginal South Australians need to be supported to have a good understanding of how to be healthy, how to access health services, and to actively participate in the planning and implementation of health services. The health system needs to better recognise health literacy issues and provide appropriate assistance.

SA Health Priority Initiatives:

- Develop and implement an evidence informed culturally appropriate program to improve health literacy for Aboriginal people with a focus on good health and improved patient care
- In partnership with key agencies, investigate food supply and access issues for Aboriginal South Australians and plan, implement and evaluate local strategies to improve food security
- Identify a set of core good practice universal and targeted health promotion programs and services for Aboriginal child and maternal health (including breastfeeding, diet, oral health, parenting programs, physical activity, and alcohol and drug prevention) and young people, and support the progressive roll out across South Australia prioritising gaps in availability and locations with high needs.

2. Comprehensive Primary Health Care

The key focus of this Plan is improving the provision of comprehensive, culturally safe and secure primary health care services across the state to ensure better prevention, early detection and management of conditions, particularly chronic conditions[f], which impose the greatest burden of ill health on Aboriginal people.

Box 1: Primary health care definition

The Aboriginal Community Controlled Health Services sector uses the following definition of primary health care:

'Primary health care is a holistic approach which incorporates body, mind, spirit, land, environment, custom and socio-economic status. Primary health care is an Aboriginal cultural construct that includes essential, integrated care based upon practical, scientifically sound and socially acceptable procedures and technology made accessible to communities as close as possible to where they live through their full participation in the spirit of self-reliance and self-determination. The provision of this calibre of health care requires an intimate knowledge of the community and its health problems, with the community itself providing the most effective and appropriate way to address its main health problems, including promotive, preventative, curative and rehabilitative services. (Adapted from the World Health Organisation Alma-Ata Declaration 1978).'

The primary health care developed by these services is comprehensive because it encompasses: "the provision of medical care, with its clinical services treating diseases and its management of chronic illness, it includes such services as environmental health, pharmaceuticals, counselling, preventive medicine, health education and promotion, rehabilitative services, antenatal and postnatal care, maternal and child care, programs and necessary aspects of health care arising from social, emotional and physical factors."[60]

The investment in Aboriginal primary health care is increasing, for example as a result of the Closing the Gap initiative. SA Health will work with government and non-government partners to ensure that the benefit of any new investment is maximised, as well as ensuring that existing services are better equipped to serve the Aboriginal community. In practice, this will require the mobilisation of services to make available, for example, adequate follow up to address health issues detected as a result of improved access to health checks.

Primary health care for Aboriginal people is mainly provided by a blend of Aboriginal Community Controlled Health Services, General Practice and SA Health regional health services. As new GP Plus centres are established across metropolitan Adelaide and Ceduna, they will be well placed to provide culturally appropriate comprehensive primary health care services for Aboriginal people.

The high rates of chronic disease, preventable morbidity and mortality, preventable admissions to hospitals, and low uptake of preventive services, indicate that current service arrangements are not yet meeting needs. High levels of need and mobility require much more integrated and coordinated responses.

It has been reported that Aboriginal people in non remote areas were more likely than those in remote areas to report the cost of seeking treatment, as a reason for not seeking health care, while Aboriginal people living in remote areas cited no services in the area, the lack of transport options, and the distances that they needed to travel, as the reasons for not seeking treatment[61].

SA Health will reorient services to improve access to primary health care services for Aboriginal South Australians. This will be informed by the Aboriginal Health Integrated Planning Process (see page 21). Regional health services will work with key partners to:

- Increase the availability of comprehensive primary health care services prioritising regional service gaps and providing service options
- Ensure the provision of core services consistent with the National Aboriginal Community Controlled Health Organisation *National guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples*[62]. Appendix 4 also scopes the types of health services which would ideally be available to all Aboriginal South Australians. This includes provision of cancer screening services which might be provided by statewide service providers
- Take responsibility for ensuring care is available for all Aboriginal people in the region from multidisciplinary teams involving medical practitioners, Aboriginal health workers, practice nurses, allied health staff and others, as required

[f] The most significant chronic diseases are cardiovascular disease, diabetes, renal disease, cancers and respiratory conditions.

- Maximise the local provision of core services arranging visiting services for more specialised needs and remote locations and/or assisting with transport if required for services only available in the city or regional centres (for example, ensure the availability of audiology, physiotherapy, occupational therapy, speech, dental services for Aboriginal children with higher needs)
- Define clear pathways that maximise care opportunities as close to home as possible, for more specialised or acute care including who will provide services, where, how, when, visiting or other
- Design and implement protocols, as well as build capacity for more comprehensive, integrated and holistic service responses for people with complex conditions and those using multiple SA Health services (for example, drug and alcohol, mental health, diagnostic, general and tertiary hospitals). This should progressively extend beyond SA Health services and recognise the need for both opportunistic and planned care
- Ensure systems support good patient care and monitor progress in providing care and achieving outcomes. This includes common intake procedures, patient records, registers, reminder systems, and referral systems
- Eliminate ad hoc approaches to health issues and conditions
- Implement strategies to ensure the cultural safety of services and remove barriers including those related to cost, waiting times, transport, discrimination and racism, opening hours, appointment times and flexible approaches. Prioritise access for Aboriginal people
- Provide health promotion programs for families and communities, for example, whole of community approaches to healthy eating and physical activity initiatives integrated with support for individuals to prevent and better manage their chronic diseases.

The responses need to be built on genuine relationships with Aboriginal individuals, families and communities, with increased Aboriginal stakeholder involvement in service delivery, including engagement with Aboriginal community controlled health organisations. The initial focus is around the Priority Action Areas identified in this Plan.

A commitment to supporting Aboriginal Community Controlled Health Services

SA Health recognises the pre-eminent role of Aboriginal Community Controlled Health Services (ACCHS) in providing holistic team-based comprehensive primary health care services which are community owned and led, and have the confidence of many Aboriginal people.

There are 10 ACCHSs in South Australia, one in metropolitan Adelaide and the remainder in country locations (see map at Appendix 5). The Australian Government is exploring options with local communities, Aboriginal Health Council of South Australia, Country Health SA and local service providers, about possible models for providing these services where none are available (Table 2). Different regions will need different models to meet needs, dependent on community wishes, existing infrastructure and capacity.

Regional health services will examine, through the Aboriginal Health Integrated Planning Process, the best options to continue to support the provision of primary health care services which have strong community support and active participation. SA Health services can support ACCHSs to provide more extensive primary health care, by providing for example, visiting or outreach services to ACCHS, funding for priority programs and working in partnership around programs. Where this occurs, care must be taken to ensure the services and programs are fully integrated and that staff have cultural competence training and are supported for this work.

As the demands on ACCHSs grow, with increasing funding streams, demand for services, complex reporting requirements and potentially further collaboration with SA Health services, there will be a need for increased clinical governance and organisational capacity (human resources, IT, financial, management) to support effective and integrated services at the local level. SA Health will support this role.

Not all Aboriginal South Australians will have access to an ACCHS. SA Health recognises that the presence of an ACCHS does not mean that public services do not have a responsibility to serve the Aboriginal population. Some Aboriginal people will be happy to use mainstream private general practice and public health services. All SA Health regions need to provide culturally responsive primary health care services to complement ACCHS and general practice.

Table 2

Location of Aboriginal Community Controlled Health Services in SA

Region	Aboriginal Population (Census 2006)	ACCHS in Region
Port Augusta (including Far North, Coober Pedy & Whyalla)	3,799	Pika Wiya*, Nunyara, Umoona Tjutagku
West Coast/Eyre Peninsula	2,023	Port Lincoln, Ceduna/Kooniba*, Tullawon, OakValley
APY Lands	1,884	Nganampa
South East	776	Pangula Mannamurna
Northern Adelaide Southern Adelaide Inner country (Barossa, Adelaide Hills, Fleurieu Peninsula & Kangaroo Island)	12,380 2,273 1,104	Nunkuwarrin Yunti
Murray Bridge/Mallee	1,081	no ACCHS in region
Riverland	972	no ACCHS in region
Mid North & Port Pirie	761	no ACCHS in region
Yorke & Lower North	674	no ACCHS in region

* Services that are in the process of transferring from SA Health control.

SA Health priority initiatives:

- Monitor and report on the impact of changes made to ensure a more comprehensive and integrated approach to primary health services as outlined in this Plan
- Collaborate with the Australian Government and Aboriginal Health Council of South Australia on any proposals to develop more appropriate primary health care services responsive to local community needs in areas where there is no access to ACCHS
- Develop and progressively test a model to increase the clinical governance support and organisational capacity of ACCHSs for improved integrated service delivery
- Consolidate structures, processes and protocols for effective engagement with Aboriginal communities and providers of services to Aboriginal communities.

3. Better care for those with high needs

The Plan aims to ensure better health outcomes for Aboriginal people attending public hospitals, be they in the metropolitan area or country general and community hospitals in the regional or more remote areas.

The Model of Care for Aboriginal people accessing acute services through SA Health begins with the premise of making hospitals and health care facilities as culturally responsive and appropriate as possible. This includes making the physical and clinical environment culturally welcoming and, where possible, employing Aboriginal people in liaison, support and service delivery roles.

It is hoped the use of Aboriginal Step-Down Units and the resources being directed toward mapping Aboriginal patient pathways to ensure appropriate pre-operative and discharge procedures, as well as linking people back into local health networks, will result in improved health outcomes.

There have been a number of statewide plans developed to address clinical priority areas identified in the *SA Health Care Plan 2007-2016*. The clinical pathways described in these plans identify evidence led approaches aimed at achieving the best health outcomes for any person suffering from a specific health problem. Access to the clinical pathways must be culturally appropriate and support Aboriginal people to remain on the care pathway to ensure they receive the right care at the right time and in the right place.

For example, the *Statewide Rehabilitation Service Plan* notes that establishing step down units in southern and northern metropolitan and country areas will facilitate earlier supported discharge of Aboriginal people from the hospital environment. Family members will be able to stay in these units and access local general practitioners for a health assessment if required. A team of medical, nursing and allied health professionals may provide rehabilitation services to individuals in the culturally appropriate step down units, similar to the rehabilitation in the home program.

As provision of culturally specific, supportive, and affordable accommodation options for Aboriginal people results in improved utilisation and access to acute health care services, development of appropriate accommodation options should be considered in all service planning across the state.

The *Statewide Cancer Control Plan 2010-2016*[9] also notes that cancer services for Aboriginal people are likely to be most effective when:

- There is a devolution of decision-making to local communities to define their health needs and priorities
- Aboriginal people are included in the governance structures of mainstream health services
- Service providers are educated about Aboriginal culture and about culturally safe and respectful care
- Outreach services are introduced wherever practicable, for remote Aboriginal populations
- Appropriate transport and accommodation is available when remote residents need to travel to metropolitan centres for care.

Communication has a large role to play in acute services, not only with the patient, but also with the person who accompanies them. Clinicians and service providers must be able to effectively communicate with Aboriginal people and explain details of the patient's journey through the required treatment. There is anecdotal evidence that an Aboriginal person is more likely to complete treatment if they have a thorough understanding of their pathway. This allows them to focus on their return to home.

Ngangkari traditional healers have been practising for thousands of years, and are respected by Aboriginal communities throughout Australia as traditional doctors. Ngangkaris play a vital role in shaping the lives of Aboriginal people and influencing and managing a person's spiritual and physical wellbeing. This skill has been passed down to them through their ancestors and in by practising traditional health healing[63].

Where Aboriginal people request the support of a Ngangkari SA Health staff must respect the wishes of a patient and facilitate access to a Ngangkari.

Reducing time away from home, family and community is vital to encouraging Aboriginal people to access health services. This can best be achieved by improving communication links between rural and metropolitan medical professionals and providing additional rural health services with appropriately trained staff. Improving the linkages between community controlled services and metropolitan and country general hospitals will also assist in reducing the time spent away from the community.

Provision of emergency care, often provided by the Royal Flying Doctor Service or general practitioners in rural and remote locations, is an essential component of the model of care for Aboriginal people needing acute care.

The planning and provision of health services for the population of the APY Lands needs to adopt a holistic approach, including current access to health services across the Northern Territory border and the Northern Territory Government's willingness and capability to provide critical health services to South Australian Aboriginal patients.

The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes: Implementation Plan is putting resources into improving clinical outcomes for Aboriginal people through quality, culturally secure hospital and hospital-related services that include rehabilitation, allied health care and transition care case management. Initiatives include the development of a country metropolitan liaison service, enhancement of step down services and a pilot of metropolitan rural and remote area specialist service support.

[9] Revised Statewide Cancer Control Plan 2010-2016.

This is occurring through:

- Providing resources to develop a large number of Aboriginal patient pathways officers and increasing the linkages between Aboriginal liaison officers
- Staffing Aboriginal Step Down Units in Port Augusta and Ceduna 24 hours a day, 7 days a week
- Creating linkages between the two rural Step Down units and Adelaide Aboriginal Step Down Service
- Developing access to transport and coordination of transition points for Aboriginal patients.

There are a number of reasons to support these initiatives:

- The benefits of discharge liaison nurses are well documented in several international studies
- The local evidence indicates that where there are Aboriginal liaison roles, there are improved Aboriginal patient journeys and an increase in numbers attending services
- Extra resources should bring about improved access to acute care and sub acute care services for Aboriginal and Torres Strait Islander people
- There will be improved coordination of care throughout the individual patient journey, including follow up care and supported transitions in place, linking country and metropolitan health services
- The provision of culturally specific, supportive, affordable accommodation options for Aboriginal people has been demonstrated to result in improved utilisation and access to acute health care services
- Where appropriate, Aboriginal patients will be able to stay in a Step Down Unit rather than in hospital to receive post hospital health services.

Hospital and primary health care services should respond to the specific needs of older Aboriginal people, for example, developing new pathways to ensure older Aboriginal people have access to supported housing and aged care facilities. This will also require consideration of the needs of Aboriginal people who may wish to return to country and be accommodated there as they age.

SA Health priority initiatives:

- Require that all hospitals and health services set and reach targets for clear improvements in completion of planned treatment regimes by Aboriginal patients
- Routinely monitor and report on self-discharge rates of Aboriginal people across all health services
- Ensure all planning for capital works programs for health facilities considers the need for local step down services
- Work with clinical networks to ensure that all evidence based care pathways developed for management of specific conditions include actions to engage and keep Aboriginal people on the care pathway
- Review ways to support greater involvement of traditional healers in the care of Aboriginal people
- Ensure access to 24 hour Step-Down services and new Aboriginal patient pathways officers is included in discharge planning processes for Aboriginal patients
- Ensure that the development of aged care services including establishment of Acute Medical Units and Geriatric Evaluation and Management units meet cultural safety standards and include strategies for supporting ‘return to country’ for those Aboriginal people who request this.

4. An integrated and collaborative approach to planning and delivery

There are multiple service providers involved in health care delivery and the promotion of good health for Aboriginal South Australians. Consultations during the development of the Plan revealed the need for a more collaborative and integrated approach to planning and service delivery at state, regional and sub-regional levels to maximize the reach of services, address gaps in services and remove inefficiencies in service provision whilst also encouraging service options.

Aboriginal Health Integrated Planning Process

SA Health will develop an annual Aboriginal Health Integrated Planning Process (AHIPP) at the regional and sub-regional level, to identify how integrated service delivery clusters of providers can collectively meet the health needs of Aboriginal people and the priorities outlined in this Plan. Ensuring coverage of services and programs across the state is essential.

The Department of Health will take responsibility for providing state and regional data on Aboriginal health status profiles, service utilisation and information on specific health issues such as outlined in section two of this Plan. It will also provide leadership to ensure a whole of state coordinated system working across and with local regions, as well as supporting whole of state health promotion initiatives.

Regional health services will establish a process to:

- Document demographics, health care needs, service availability and the service preferences of Aboriginal people within the region and prioritise the main issues impacting on the health of Aboriginal people in line with the directions of this Plan
- Work with all key partners to ensure the collective provision of culturally acceptable services and programs required to meet the needs of Aboriginal people. This might include local health services (in essence a virtual Aboriginal health service), visiting services, and access to acute care or more specialised services; in remote locations work together to ensure the efficient and comprehensive provision of visiting services
- Prioritise the provision of services through ACCHS as the preferred delivery option for Aboriginal people
- Monitor progress in reaching regional targets (for example, the number of health checks conducted, follow ups achieved) and build the evidence regarding the most effective methods of achieving good outcomes and effective services and programs
- Maximise the outcomes from different funding sources and collectively liaise with funders.

Improving Aboriginal health outcomes is the responsibility of the region as a whole and a senior manager in each region will take responsibility for leading the AHIPP with support from the Aboriginal Health directorate.

The success of the AHIPP is dependent on good partnerships with Aboriginal community members, and mechanisms such as Aboriginal Health Advisory Committees, which can facilitate active participation, as well as control and encourage a holistic approach.

Given that SA Health is the major provider of acute care services, the focus of the AHIPP will be principally on the delivery of prevention and primary health care services.

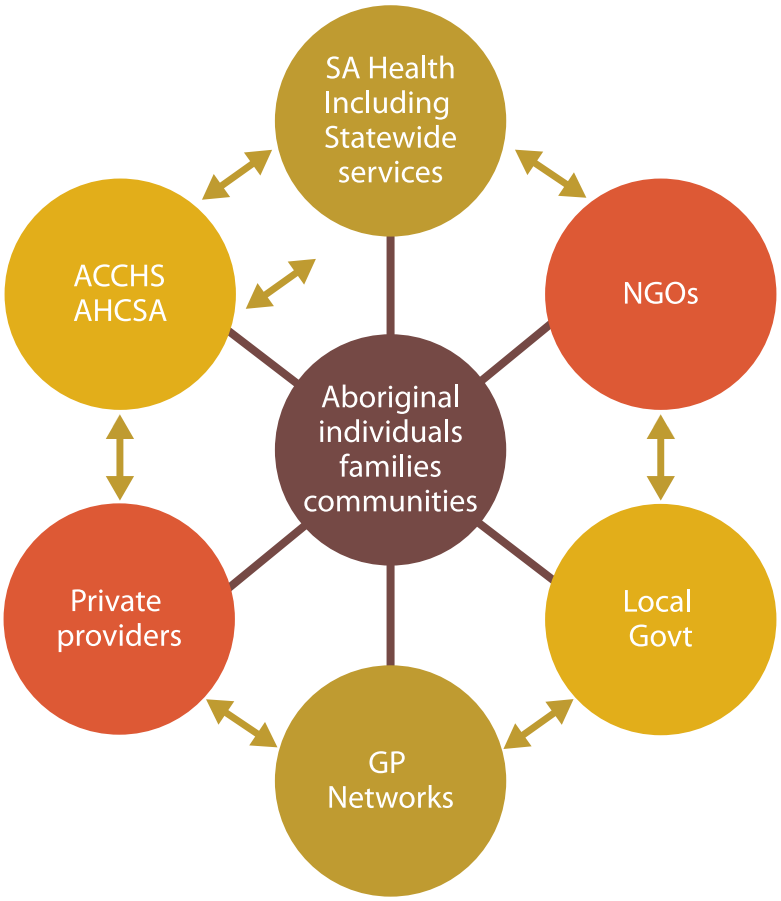
What will be different – an example:

All Aboriginal adults and children in a particular region have easy access to an annual health check as a result of the AHIPP which describes how, when and where regional health services, General Practitioners and/or ACCHSs are providing health checks. The role of different providers such as Aboriginal Outreach or Health Workers is defined with minimal duplication. Clear protocols are in place for referrals and the provision of allied health and more specialised care through SA Health, or other partners where available; the priorities in this Plan have been the initial focus for this work. Medicare data provides feedback on success rates. Should additional funding be available (for example, for trachoma screening), this is slotted onto the integrated approach through both state and ACCHSs. SA Health ensures an integrated approach at the state level to tertiary care and provides overarching health promotion support.

Key partners will include Aboriginal individuals and community members; Aboriginal Health Advisory Committees where they exist; Aboriginal Community Controlled Health Services and the Aboriginal Health Council SA; the Australian Government Department of Health and Ageing; Rural Doctors Workforce Agency; General Practice Divisions and Networks, as well as specialist providers and peak bodies; non-government organisations, many of whom provide extensive services (for example, Fred Hollows Foundation) statewide services such as CYWHS, the SA Dental Services, Drug Alcohol Services of South Australia and Local Government.

Figure 9

Collaborative Planning for Better Aboriginal Health



SA Health Priority Initiatives:

- Ensure regional health services and departmental divisions develop Aboriginal Health Improvement Plans aligned to this Plan and submit annual reports on progress; this will form part of each Health Performance Agreement
- Implement an annual Aboriginal Health Integrated Planning Process at the state level and through Country Health SA and Adelaide Health Service; ensuring that COAG reform directions and programs are well integrated into planning; review annually and set targets.

Priority action areas and key enablers

The other key components of the model relate to ensuring action on priority issues through primary health care services and also ensuring a series of key enablers are in place. These are described in the next section.

4. Priority action areas

The demographics and health status data, consultations and evidence suggest there are a number of priorities which should be the focus of attention and investment in order to make the best gains in Aboriginal health. These are:

- Child health – a healthy start in life
- Youth health and safety
- Chronic diseases
- Oral, ear and eye health
- Social and emotional health and mental illness
- Preventable injuries.

This Plan provides guidance on the types of services and programs that should be easily accessible for Aboriginal people, provided in a way which encourages and supports their use.

The details of how these will be provided will vary from region to region depending on currently available services and will be the subject of the detailed regional planning and consultation processes.

All priority initiatives will be progressed in partnership with the Aboriginal Health Council of SA, ACCHS, the Australian Government, Divisions of General Practice, relevant clinical networks, other government agencies such as Department of Education and Children's Services and Department for Families and Communities, and Aboriginal people themselves.

Child health – a healthy start in life

Child health is a fundamental priority for SA Health. Better access to child and maternal primary health care services and healthier social and physical environments, have the potential to improve the trajectory of outcomes for Aboriginal people.

There is clear evidence that "giving every child the best start in life is crucial to reducing health inequalities across the life course"[64]. Ensuring that Aboriginal children are safe, healthy, have a stable positive caring relationship with a parent/s, low family stress and strong cultural pride, will contribute to building functional and resilient individuals and communities[65]. Recognition needs to be given to the specific needs of the high number of children living in out-of-home care.

COAG has set the target to halve the gap in mortality rates for Aboriginal children under five years of age, within a decade[66].

What we need

SA Health will work collaboratively with key partners to ensure the following best practice core programs and services are prioritised for all Aboriginal children and families:

- Supports for a healthy pregnancy, safe birth, postnatal and parenting programs and services, including a priority focus on smoking cessation, healthy diet (including breastfeeding), preventing drug and alcohol issues, mental health and child safety
- Systematic approaches to provision of comprehensive child health checks linked with appropriate referral and provision of follow up care
- Multidisciplinary teams, including Aboriginal Health Workers, providing integrated prevention programs, treatment and management services, as well as ensuring clear patient pathways to acute care
- Access to clinical services for acute and chronic health needs and disabilities either available locally or as visiting programs from regional centres or Adelaide
- Access to child mental health promotion and treatment services
- Safe and healthy housing and broader environments including access to healthy food
- Better protection of children from harm.

The best practice approach to child health rests on the provision of culturally safe services available to all Aboriginal children and families, combined with progressively more intensive support for those with higher needs.

With the assistance of COAG funding, SA Health is expanding the reach of core programs including the Aboriginal Regional Birthing, and Maternal and Infant Care programs, parenting support, child protection programs, and smoking cessation during pregnancy. Preventing smoking during pregnancy is arguably the single most important health measure required and this is reflected in SASP targets on smoking, Aboriginal healthy life expectancy and early childhood birthweight. There are currently no specific annual targets on this. It is suggested that a target of halving the gap in the rates of smoking in pregnancy between Aboriginal and non-Aboriginal pregnant women by 2018, is set. This requires an annual reduction of 2.19 percentage points to reach 41 per cent by 2016[h]. This would be beneficial in providing a clear deliverable, to help focus attention on this population group and to help influence other stakeholders who are critical to actually achieving such a target.

SA Health will ensure comprehensive primary health care services are available to provide regular systematic child health checks and follow up to all Aboriginal children.

The review of core health promotion programs outlined earlier, prioritises child and maternal health and will inform good practice in this area.

Oral, ear and eye health are particular priorities for child (and adult) health and wellbeing outcomes – see page 28.

In line with this Plan's focus on stronger prevention, primary health care and better regional planning, regional health services need to develop more integrated approaches to the provision of child and maternal health across the region and across the state. CYWHS has a major role in supporting the approach and programs such as *Healthy for Life* through the non-government sector.

More than any other area, child health requires collaborative partnerships with other sectors to address the social determinants and to ensure coordinated service delivery. Schools and preschools offer an opportunity for more integrated approaches to improving health and learning outcomes and further exploration of potential is required. More integrated service planning and delivery between health services and child protection initiatives, domestic violence prevention programs, and safe housing, would assist in improving health outcomes.

SA Health Priority Initiatives:

- Ensure all Aboriginal women have access to best practice core antenatal, birthing, postnatal and parenting programs and services, as near as possible to where they live
- Regions to report on progress in achieving the target of 2.1 per cent annual reduction in smoking during pregnancy for Aboriginal women
- Ensure all regions establish and support core child and family programs and services, prioritising Aboriginal children and families
- Increase the number of child health checks of both rural and urban Aboriginal children up to age 14 years, by ensuring a proactive, coordinated screening; and ensure comprehensive follow-up services. Attention will be given to oral, ear and eye health needs. Each area to set clear targets
- Work with the Department of Education and Children's Services and key stakeholders to identify opportunities to maximise health, education and wellbeing outcomes through integrated prevention, treatment and management programs and services.

Youth health and safety

In 2006, there were around 9000 Aboriginal people aged between 10 and 24 years old living in South Australia. The demographics of the Aboriginal population with relatively high numbers of young people, indicate the need for SA Health to play a significant role in improving the health and wellbeing of Aboriginal young people and supporting them to become future leaders in the community. Leadership in the area of population health and clinical services approaches to Aboriginal youth health would support this direction.

[h] Percentage points refer to the arithmetic difference between percentages, as opposed to the proportional or ratio difference. Level suggested by DASSA.

The health and wellbeing of young people is largely determined by broad social determinants of health, as well as lack of access to information, education, youth friendly health services and opportunities to learn and maintain health and wellbeing. Young people at risk often have clusters of risk factors including offending, alcohol and drug misuse, poverty, homelessness, poor diets and risky sexual practices.

There are positives to build on. Enrolments in years 11 and 12 have increased steadily over the past 10 years from 301.6 Full Time Equivalent in 1999 to 726.8 Full Time Equivalent in 2008. Around 53 per cent of Aboriginal 16 year olds participate in secondary education, though the proportionate rate is lower in country regions.

Universal health promotion programs need to be complemented by culturally specific programs and materials where required, as well as progressively more targeted services for those young people at greater risk. Priority issues include but are not limited to: health literacy, sexual health, alcohol, tobacco and drug issues, healthy living, mental health and social relationships, and violence prevention. However, all programs need to be Aboriginal youth friendly. Health care also needs to be readily available. Some of these programs and services are available in some locations, provided by a range of providers at various times.

Engaging young Aboriginal people is of primary importance to support more effective use of health and other services. This will require flexible community development approaches, through primary health care services, to attract young people as well as ensuring all SA Health services are youth friendly health services.

Collaboration with other agencies (including youth services, local government, education, sport, mental health, drug and alcohol, families and communities, and police) is essential to ensure 'joined up' approaches to the complex problems facing many young people.

A Vulnerable Youth Framework is being developed to address the needs of young people who through a combination of their circumstances and adolescent risk taking behaviour, are at risk of not realising their potential to achieve positive life outcomes. Aboriginal young people are over-represented in this category. Suggested responses are likely to include: prevention and early identification, education, training and employment, local planning for youth services, tailored responses for particular groups (likely to be particularly important for SA Health) and ensuring services are effective. Mental health services, sexual health and alcohol and drug programs, will all need to provide appropriate responses for Aboriginal young people. The high number of Aboriginal young people in juvenile detention makes this group a priority for attention through provision of culturally relevant, family inclusive and effective transition programs for young offenders.

What we need

The core components of a SA Health response to the needs of Aboriginal young people should include:

- Access to youth friendly, well coordinated primary health care services (for example, timely, flexible, locally provided and youth workers)
- Appropriate universal health literacy and health promotion programs and initiatives, particularly focusing on preventing risk factors and building protective factors
- Early identification of vulnerable young people
- Access to more targeted responses, including the ability of allied health teams to provide more intensive services for complex needs of vulnerable and high need young people
- Safe and healthy environments
- A commitment to working closely across government on programs which enhance school retention, provide training and employment options and address other risks.

SA Health Priority Initiatives:

- Create a clinical/population health leadership position in Aboriginal youth health at CYWHS
- Identify how SA Health will best provide the targeted responses for vulnerable and high need Aboriginal young people and progressively implement responses
- Expand the mental health and wellbeing supports for young people exiting the juvenile justice system.

Chronic diseases

Aboriginal South Australians have a higher prevalence of many chronic diseases, biomedical risk factors, such as high cholesterol, obesity and high blood pressure, and behavioural risk factors, such as smoking, high-risk alcohol consumption, lack of physical activity and psychological distress, compared with the non-Aboriginal population.

Other potentially preventable and manageable conditions are also more prevalent in Aboriginal communities, including oral, ear and eye health conditions.

The majority of care required for chronic diseases is ongoing and requires management through the primary health care sector as the underlying condition itself is permanent and not episodic. Regional primary health care services need to be equipped to treat and manage chronic disease at all stages of disease progression, in active partnership with patients, to allow continuity of care across different services and settings, including during admission to a hospital setting. Studies have shown that every hour spent managing and controlling chronic conditions saves three hours of reactive care to treat uncontrolled conditions[67].

Good practice chronic care management is based on proactive and planned cycles of care, where services and strategies vary at different stages of disease progression according to the level of need. This approach should be formalised by the consistent use of general and disease specific evidence based practice guidelines, while valuing patient views on treatment options to inform decisions. Care for all chronic diseases should include a best practice care plan which provides:

- Goal setting and self management support
- Monitoring at determined intervals
- Recall and review at determined intervals
- Referral and team based care as appropriate
- Web-based information sharing.

In addition, the management of many chronic diseases including diabetes, coronary heart disease, rheumatic heart disease, some cancers and renal disease, may benefit from the development of a single population register.

Poor oral and eye health impose particular burdens on Aboriginal adults and require good primary health care systems to be well integrated with statewide services and programs through South Australian Dental Service and other initiatives, such as the Trachoma eradication program.

Primary health care services that can deliver is a COAG Closing the Gap priority to improve the primary health care response for Aboriginal people, especially in relation to chronic disease, and provides significant new investment for service improvement. Rolling out these new programs, positions, payments and opportunities, as well as ensuring integration with current programs and services will be a priority for SA Health over the first few years of this Plan and is consistent with the SASP target implementation directions. This includes integration with general practice based initiatives, such as the Practice Incentive Payments.

Health promoting programs, services and environments are a core component of the SA Model for Aboriginal Health and should include a focus on the prevention of chronic diseases to complement good management.

SA Health will work collaboratively with key partners to ensure the following core programs and services are available to prevent and better manage chronic diseases:

- Programs and services to address key risk factors at both the individual and population level for adults and families
- A comprehensive primary health care approach to the prevention, early detection, early intervention and management of chronic diseases, including provision of health checks, effective follow up care and chronic disease self management programs
- Improved patient pathways to specialist care and acute care services for those with chronic conditions.

SA Health Priority Initiatives:

- Increase the number of adult health checks of both rural and urban Aboriginal people by ensuring a proactive, coordinated screening and follow-up system in primary health care, as well as support for people to adopt and maintain healthy lifestyles, with a focus on alcohol, diet and physical activity through culturally appropriate services. Each area to set clear targets
- Ensure the integrated roll out of the comprehensive suite of COAG Closing the Gap initiatives to 2013
- Explore the feasibility of integrating multiple disparate registers including population based ‘disease and risk registers’ and those with links to communicable disease.

Oral, ear and eye health

Ensuring good oral, eye and ear health will assist Aboriginal people to lead healthier lives and participate more fully in the community. An integrated approach with a strong focus on health promotion, better primary health care for the early identification, treatment and management of these conditions, as well as access to appropriate and affordable acute care, should result in improved outcomes.

All three conditions are strongly influenced by broad social and environmental determinants, such as the availability of cool fluoridated drinking water, affordable fresh fruit and vegetables and cold storage of food; access to toothbrushes and fluoride toothpaste; and access to swimming pools (to assist with ear health). Overcrowding and lack of hygienic conditions for washing and sleeping, as well as environments characterised by excessive dust and flies remain problematic in remote locations.

What we need

SA Health will work collaboratively with key partners to ensure the following core programs and services are available to improve oral, ear and eye health:

- Oral, ear and eye health promotion and prevention strategies aimed at the whole population and targeted at groups at risk
- Safe and healthy housing and broader environments, including access to healthy food
- Systematic approaches to provision of regular, comprehensive child and adult health checks linked with appropriate referral and provision of follow up care with particular attention to integrating screening for oral health, ear health checks and eye health checks
- Multidisciplinary teams, including Aboriginal Health Workers, providing integrated prevention programs, treatment and management services, as well as ensuring clear patient pathways to acute care
- Defined patient pathways to general and specialist clinical services for acute and chronic oral, ear and eye health needs, either available locally or as visiting programs from regional centres or in Adelaide.

Poor oral health has an adverse impact on chronic and other conditions, such as diabetes and cardiovascular disease, as well as having an impact on people's lives and wellbeing more generally. An integrated approach with a strong focus on health promotion, priority access to primary health care for the early identification, treatment and management of poor oral health, as well as access to appropriate and affordable acute care, should result in improved outcomes. Specific strategies to advance oral health have been set out in *South Australia's Oral Health Plan 2010-2017* [i].

Ear problems are particularly problematic for children. Young children under five are a priority for action, especially given the adverse impact on education. SA Health will establish a statewide ear and eye health program for Aboriginal children led by an Aboriginal oral, ear and eye health coordinator position (based in Country Health SA) and a project support position to:

- Work with regions to ensure significant increases in the rate of Medicare funded Aboriginal child health checks, in line with recommended screening intervals where required, complemented by additional screening specifically for ears, eyes and oral health
- Work with regions to ensure appropriate treatment occurs in clinically acceptable time frames for all ear and eye health problems, prioritising children under five, through the provision of locally tailored clinical service response teams in priority locations (Ceduna, Port Augusta, APY Lands, Murray Bridge, metropolitan Adelaide). Dependent on locally available resources, this is likely to comprise ENT surgeon, Anaesthetist, Nurse, Aboriginal Health Worker, Audiologist, Optician, and General Practitioner for additional checks. Trachoma will also be treated through this response

[i] This includes: seek to ensure healthy food supplies, cold (fluoridated where possible) tap water and affordable toothbrushes and toothpaste; provide oral health information in general health promotion programs; extension of the Aboriginal Liaison Dental Program to make mainstream public dental programs more accessible and affordable; develop sustainable targeted programs for small rural and remote communities in collaboration with ACCHS and the Australian Government based on the pilot remote Aboriginal dental program was established in the Umoona Tjutagku Health Service at Coober Pedy.

- Liaise with key partners (for example, Aboriginal Community Health Services, Non-Government Organisations, Department of Education and Children's Services, Department for Families and Communities) including communities, to ensure services match community needs and support increased community understanding of the significance of ear and eye health
- Develop a database to ensure better recording of ear and eye health status and child health checks with potential to expand to other child health issues, as well as options to improve access to medical specialist advice from remote locations (for example, video-otoscopy) and supportive advice for clinicians
- Integrate, wherever possible, related services, programs and funding for oral, ear and eye health services and programs for children and their parents (for example, health promotion programs)
- Report regularly to Portfolio Executive on regional progress against regional targets identified for this program.

For adults, poor eye health is also a specific concern that requires attention and routine care through primary health care services as well as expansion of the statewide eye health treatment and management program. Trachoma eradication is a particular priority, given the high levels in adults and its preventable nature. Whilst the initial priority for the Aboriginal oral, ear and eye health coordinator position is to set up the program and focus on ear and eye health for children, there is considerable opportunity to develop more coordinated responses and this provides a model on which additional oral, eye and ear health initiatives can be built.

SA Health Priority Initiatives:

- Implement the recommendations set out in *South Australia's Oral Health Plan 2010-2017* (draft) for Aboriginal people
- Fund Country Health SA (estimated $1.7million per annum) to establish a statewide oral, ear and eye health program prioritising ear and eye health for young Aboriginal children in the first instance through the appointment of a state coordinator and project support to ensure development of an integrated, locally appropriate response involving increased timely screening, early detection, treatment and follow up specialist care; development of a data base and IT solutions and liaison with key partners. Report regularly against regional targets
- Implement a coordinated trachoma eradication program across South Australia.

Social and emotional health and mental illness[j]

Poor mental, physical, social, spiritual and emotional health and wellbeing, is a central health issue for Aboriginal people in South Australia and is interconnected with historical and contemporary experiences of trauma, loss, discrimination, social dislocation and isolation. Poor mental health is frequently associated with substance misuse, poor physical health, illness, poverty, unemployment, educational underachievement, family and community violence and incarceration.

Individuals, families and communities want improved social and emotional health, individually and collectively, to support stronger communities. This requires improved mental health services across the continuum of care; assistance to communities to help overcome barriers including fear, stigma and lack of knowledge about the mental health services available; and improved cultural awareness and competency among service providers.

Aboriginal people are less likely to access primary mental health care and more likely to use emergency mental health services and to be hospitalised for severe mental illness. An action plan based on the Summary Report: *Statewide Aboriginal Mental Health Consultation July 2010* arising from community consultations on mental health, identifies a comprehensive set of actions to be led by the SA Health Mental Health Unit with the proposed Mental Health Leadership Group and the Mental Health Clinical Network.

Many of the actions for improving mental health are consistent with those described throughout this plan including:

- Supporting policies and programs to increase protective factors that support more resilient individuals, families and communities, including positive parenting and care, safe and secure environments, education, employment, connections with culture, physical activities, and justice, as well as removing risk factors, including racism, stigma, marginalisation, alcohol, drugs, violence and abuse
- Provision of culturally appropriate comprehensive and integrated primary health care services for the promotion of good mental health and prevention, early identification and management of mental health issues and co-morbidities for children, young people and adults, provided as near to where people live as possible

[j] This section draws primarily on the *SA Health Mental Health Unit Summary Report: Statewide Aboriginal Mental Health Consultation February 2009* based on consultations through SA in late 2008.

- Development or enhancement of culturally appropriate services for clients with unstable or more complex conditions requiring intermediate level and more specialised care, assertive engagement in secondary and tertiary care settings to support people to access and remain in care for mental health problems and a focus on recovery
- Improved consumer or patient journey and better coordinated care
- Collaborative partnerships, communication and working relationships between mental health and other service providers through consistent policy, procedures and targeted programs, as well as clear roles and responsibilities for case management of the illness and emotional wellbeing, management of lifestyle issues and re-integration into families and communities
- Provision of culturally appropriate resources and materials about mental health, social and emotional wellbeing
- Active involvement of consumers, family, carers and the community in mental health care, as well as advocacy for Aboriginal mental health
- Valuing, respecting and utilising cultural and traditional ways of healing in partnership with mainstream and other therapies, including use of Ngangkaris
- Wherever possible, providing services where people feel comfortable, such as in the home or local community venues.

Issues related to governance, partnerships, policy, planning, leadership, workforce, data, research and coordination, are addressed in more detail in other sections of this Plan but relate equally to the mental health area.

The Aboriginal Mental Health Team within Rural and Remote Mental Health Services (RRMHS) provides leadership around the complex issue of providing mental health services for Aboriginal consumers. Services include well established outreach clinics in rural and remote settings that are supported by visiting specialist staff and the use of audiovisual conferencing where available and appropriate.

Country Health SA has developed a Model of Care for mental health and its implementation across country South Australia is well underway. Country Health SA is also working closely with Nganampa Health Council and Northern Territory Health to develop and implement a Mental Health Plan for the APY Lands.

Country Health SA is also working with Nganampa Health to improve the ICT infrastructure at Umuwa in the first instance, which will allow for better remote clinical service links to the Distance Consultation Service with the RRMHS.

The new Model of Care for Adult Community Mental Health Services specifically emphasises the importance of mental health for Aboriginal people, along with the Business Rules that support this approach in metropolitan environments.

What we need

SA Health will work collaboratively with key partners to ensure the following core elements for the model of care are in place to address mental illness and improve social and emotional health.

- Engaging people in care to receive assertive and culturally responsive services at first presentation
- People remaining in care through choice, advocacy, cultural and family support
- Acknowledging the itinerant nature of Aboriginal people through flexibility of service boundaries and care plans that follow the individual
- Where possible, provide care in the community to reduce anxiety related to institutional care
- Re-orienting services to understand the centrality and importance of family and community in recovery, and access to traditional cultural healing and care
- Connecting people with family, community, culture and country to promote a sense of self and community value
- Improving the collaborative partnerships, communication and working relationships between individuals, families, communities and service providers.

SA Health Priority Initiatives

- Implement the recommendations arising from the Summary Report: *Statewide Aboriginal Mental Health Consultation July 2010*
- Implement the model of care for country South Australia
- Develop and implement, in conjunction with Nganampa Health, a Mental Health Plan for the APY Lands.

Preventable Injuries

Prevention of unintentional injury requires a strong public health approach to both changing environments and behaviour. It is also vital that emergency care is available for rapid responses to injuries and trauma.

The COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes funded Indigenous Environmental Health Workers Project is based on the Nganampa Health Council UPK nine Healthy Living Practices, one of which is the reduction of hazards leading to injury and trauma.

Local Implementation Plans developed for Mimili and Amata under the National Partnership Agreement for Remote Services Delivery include Safe Communities as a priority area. This includes strategies for addressing alcohol and other substance misuse, violence prevention, youth engagement and road safety. This component of the Local Implementation Plans will potentially provide a transferable model for comprehensive and integrated delivery of injury prevention strategies that respond to local community needs.

What we need

SA Health will work collaboratively with key partners to ensure the following core programs and services are available to better prevent injuries:

- Whole of government partnerships to address priority causes of injury
- Programs designed to address targeted hazards, prioritising areas with a high likelihood of success
- Local environmental and social audits to identify hazards.

SA Health Priority Initiatives

- Apply the Health in All Policies approach to reducing the impact of road traffic accidents on Aboriginal people
- Create specific, culturally appropriate health information about the risks associated with hot fluids in the home, safety around campfires and appropriate first aid for burns into programs and services for families of young children
- Incorporate the identification and reduction of hazards in the home and living areas into planning and implementation of the Closing the Gap Indigenous Environmental Health Workers project.

5. Enablers for action

Leadership

Improving Aboriginal health and closing the gap requires leadership at all levels. Better outcomes require senior managers in partnership with Aboriginal health teams to implement a systemic and targeted approach to prioritising the needs of, and funding for, Aboriginal people and ensuring the service complies with the Cultural Respect Framework at all levels. There are many good examples where this is occurring.

SA Health Priority Initiative

> Ensure all senior staff are providing leadership and support for organisations to become more culturally respectful and a culturally competent services.

Aboriginal health workforce requirements

In order to effectively implement this health care plan, SA Health must develop a culturally responsive health workforce by:

> Employing more Aboriginal people across all levels of the health workforce so that Aboriginal people play a key part in the design and delivery of health services
> Developing the cultural competence of the wider health workforce (this is dealt with more fully in the next section).

This is consistent with the broad Government commitment as expressed in SASP Target 6.24 Aboriginal employees: increase the participation of Aboriginal people in the South Australian public sector, spread across all classifications and agencies, to 2 per cent by 2010 and maintain or better those levels through to 2014.

The *Aboriginal Health Workforce Reform Strategy 2009-2013* outlines key areas of action for SA Health to build a larger, more dispersed Aboriginal health workforce. The Strategy will ensure that we both recruit and retain Aboriginal people across a range of classifications and levels in the health sector and that SA Health services are more culturally responsive. These changes are fundamental to improving Aboriginal health outcomes and the successful implementation of this and other plans (for example, clinical service plans, the COAG National Partnership Agreement). The COAG Indigenous Health National Partnership agenda provides a significant opportunity to increase the number of Aboriginal people working in SA Health with many new positions to be created in South Australia over four years.

SA Health requires a highly skilled health workforce. However, the South Australia Aboriginal community still faces significant educational and employment disadvantages. Therefore, SA Health will use a range of strategies to build a sufficient workforce supply in the Aboriginal community and to better connect with and engage Aboriginal job seekers. These include:

> Undertaking culturally appropriate recruitment and selection practices
> Using the Department of Further Education, Employment, Science and Technology Aboriginal Employment Register for direct recruitment of Aboriginal employees
> Using pre-employment programs to develop a suitable pool of Aboriginal job applicants
> Using traineeships, cadetships and scholarships to help build the skill level of Aboriginal participants, while at the same time providing employment opportunities
> Promoting SA Health as an employer of choice for young people and men
> Expanding the Aboriginal learning centre model into targeted communities in South Australia.

SA Health must also provide ongoing support and development opportunities for its Aboriginal workforce including:

> Identifying individual training or development needs for all Aboriginal employees
> Providing mentoring for new Aboriginal employees
> Promoting participation on leadership programs, such as Health LEADS
> Assisting with career planning
> Providing career pathway opportunities.

Aboriginal Health Workers are a very important component of the workforce. Nationally, work is underway in relation to the registration of Aboriginal Health Workers and this will address issues, including career paths, conditions of employment including wage parity and work exchanges. Supporting the health of this workforce is also important, and smoking cessation has been an initial priority.

SA Health Priority Initiatives:

- Increase the employment of Aboriginal people in line with SASP Target 6.24 of South Australia's Strategic Plan 2007
- Implement the Aboriginal Workforce Reform Strategy and report on outcomes annually.

Safety and Quality

Building cultural responsiveness into services and systems is the primary means by which we can strengthen commitment to Aboriginal Health as a priority for all. A culturally competent workforce will enable SA Health to flexibly respond to the needs of Aboriginal people, regardless of whether services are delivered through mainstream or Aboriginal specific health services.

Consideration of the health and social issues facing many Aboriginal people indicates that whilst providing best practice clinical care is absolutely essential, it will not be sufficient if we are to close the gap in health outcomes. Our approach needs to recognise and respond to the different needs and socio-cultural factors for Aboriginal people and deliver culturally appropriate care. The table below includes examples of the components of quality care that need to be in place.

The active participation of Aboriginal people in all aspects of SA Health services will assist in improving both the quality of services and the health of the participants. The *Cultural Respect Framework* sets out strategies to achieve this end.

The *ABCDE Audit program* funded through COAG provides a means of assisting quality improvement of primary health care services for Aboriginal people. The program will fund health services to engage in Quality Improvement cycles to improve chronic disease management (diabetes, renal and coronary heart disease), maternal and child health, and preventive health.

Ensuring the rights of service users is also important. The Health and Community services Complaints Commissioner report *Ever Felt Like Complaining?*[69] sets out a series of recommendations for regional health services to address the concerns of Aboriginal people about our health and community services.

This approach is complemented by the Australian Charter of Healthcare Rights that identifies three core principles:

- Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful
- The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health
- Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.

SA Health is developing a similar Charter which underpins the rights of Aboriginal people for health care. Individual services are also responsible for monitoring the quality of care provided.

A 2008 Patient Satisfaction survey found Aboriginal people had reasonable levels of satisfaction with services and most knew about the Aboriginal Liaison Officers.[70]

Examples of Quality Service Provision Approaches for Aboriginal South Australians

- More Aboriginal staff in the health service at all levels and in all roles, as well as setting and meeting employment targets
- Non-Aboriginal staff trained in cultural safety, building rapport and engaging in meaningful ways with Aboriginal clients, including: built into orientation training; clear communication of expectations of staff regarding interactions with Aboriginal people; zero tolerance for racism in all of its forms
- Ensuring high quality communication between service providers and Aboriginal people. This includes use of interpreters wherever possible; recognition of language and literacy barriers and appropriate responses (for example, low literacy resources), understanding the feelings of some Aboriginal people about health problems and lack of success in following advice
- Flexible service models related to appointments times, follow up, transport for patients and families and flexibility around the use of cars within reasonable guidelines; recognition of cultural requirements (for example, family business)
- Ensuring the services required are available, accessible and affordable in a timeframe that meets the needs of the individual and, in many cases, their family, and will minimise adverse outcomes and/or complications
- Using all encounters as an opportunity to support the health of Aboriginal children and adults
- Recognition of Aboriginal people as the organisational norm (for example, flying the Aboriginal flag; Kaurna or other welcome, art)
- Active involvement of the whole family in care, meetings, admission and discharge processes
- Specifically addressing barriers related to availability, affordability, acceptability and appropriateness of health care services
- Ensuring the availability of staff, skills, expertise and resources for the management of the health needs of individuals, their families and their communities in a culturally acceptable way
- Ensuring that the individual's care is provided in a facility that will best meet their specific needs
- Establishment of cultural advisor positions and cultural advocates and use of expertise of Aboriginal Health Team[k].

SA Health Priority Initiatives:

- Implement the recommendations of the *Ever Felt Like Complaining?* report within the recommended time frames
- Support a culturally responsive health system by:
  - implementing the *Cultural Respect Framework* for SA Health in 10 per cent more services each year
  - providing resources for cultural competency training and ensuring a systemic approach to its delivery across the state
  - establishing cultural security policy, protocols and standards in hospitals and health services.

Research, Evaluation and Monitoring

The agenda set out to improve Aboriginal health in this Plan needs to be underpinned by the following:

Research – this needs to be strategic, applied and user driven (rather than investigator driven), useful to the needs and concerns of Aboriginal people, and where possible conducted by and with Aboriginal people in a culturally responsible and ethical way. Research should be of high quality, use mixed methods approaches, be undertaken in partnership with Aboriginal people with outcomes made accessible to participants and be linked to the priorities in this Plan. SA Health is endeavouring to connect Aboriginal people, Aboriginal researchers and health research by building this into the COAG reform process.

As part of its role, the proposed SA Health Centre for Excellence in Aboriginal and Torres Strait Islander Health to be based in Port Augusta will contribute to this by facilitating research which meets gaps in current knowledge and practice and the transfer of research and community knowledge into best practice. It will also support quality consultation and engagement with the Aboriginal community.

[k] Debbie Martin, 2010, personal communication, Work of the Barossa Gawler Eudunda Kapunda Health Services.

Evaluation – there are excellent examples of research and evaluation in place which are informing an evidence base, as well as informing responsible approaches to working in partnership with Aboriginal people. However, much of the work in prevention and primary health care is not amenable to traditional forms of evaluation and requires new methods. Many initiatives have been short term, are revised over time and have little documented information on program design and delivery. For a variety of reasons, the quality of reporting on outcomes or processes is poor. This poses difficulties in determining the outcomes and therefore, the effectiveness of the interventions. Consultations on the Plan indicated widespread support for building capacity for more effective evaluation.

Monitoring – SA Health currently reports on a variety of indicators relating to Aboriginal health outcomes at the state and national levels, including through the *National Aboriginal and Torres Strait Islander Health Performance Framework* and the SASP process. COAG Agreements also include new targets and indicators. For example, the Health Performance Framework consists of 71 measures. For some measures (for example, Aboriginal population life expectancy), the population of South Australia is too small for reliable estimates based on current Australian Bureau of Statistics methodology.

This monitoring information will provide good evidence to track the impact of the directions set out in this Plan in terms of determinants (for example, child protection, breastfeeding), health status and outcomes (for example, disease rates, hearing loss, low birthweight infants) and health system performance (for example, antenatal care, discharge against medical advice, immunisation). Better coordination of the collection and monitoring of data would be beneficial, including coverage of data gaps.

SA Health Priority Initiatives:

- Work in conjunction with AHCSA and Universities to seek to improve the number of Aboriginal researchers in South Australia and the quality of research and evaluation, prioritising the COAG evaluations
- Develop a more systemic approach to SA Health's collection, management and reporting of data related to Aboriginal South Australians.

Health information and management systems

Information management systems are an essential component to improving patient care and health outcomes for Aboriginal people. While hospital systems are generally satisfactory, consultations indicated the need for primary health care based information management systems which are user friendly, consistent across services and maintained. A capacity for patient registers and recall systems, identifying and tracking patient outcomes, sending appointment reminders and ensuring sharing of patient information (subject to agreed protocols) across services, could all assist with patient care.

Low levels of identification of Aboriginality in some data collections remains a confounding factor in obtaining accurate and reliable information. In hospitals, the collection of Aboriginal status for all patients is mandated. A recent study showed Aboriginal status of South Australian hospital patients was correctly identified in 87 per cent of cases, just below the national average of 89 per cent[71]. Review of patient information and admissions IT systems has occurred, as well as modifications to electronic forms to conform with the national data definitions related to collecting Aboriginal status.

Anecdotal evidence suggests, however, that Aboriginal Liaison Officers in hospitals spend a significant amount of time identifying Aboriginal patients not identified as such at admission by use of informal communication networks. The Population Research and Outcomes Studies (PROS) SA Health's Emergency department survey reported that nearly 77 per cent of patients attending Emergency departments could not recall being asked a question about their Aboriginal status[72]. This is likely to be similar in other settings. This means service use data may be an under estimate of use by Aboriginal people.

SA Health has engaged the Australian Bureau of Statistics to develop a training package for Aboriginal identification for frontline staff, in both the hospital and non-hospital sectors, over the next four years.

The data that might inform a more detailed analysis of knowledge, attitudes, behaviour and service use for more targeted approaches to health promotion and primary care, is either not available in a systematic form or subject to the limitations inherent with small and geographically dispersed population. The current partnerships and work around COAG forms a good base for a statewide effort to improve this area.

Importantly the requirements related to Aboriginal health need to be incorporated into all the work underway through SA Health and its partners regarding ICT.

SA Health has provided state wide access to the Clinical Audit Tool that will allow General Practice to better identify people at risk and manage existing chronic disease. The Electronic Patient Administration System (E-PAS) offers SA Health a significant opportunity to improve the quality and integration of patient records across the service spectrum. By 2012, SA Health will have a single application that enables the connection of primary health care and hospital records. E-PAS will also enable easier communication of health information between treating clinicians in non-government and private settings, further enhancing continuity of care. E-PAS has been developed not only in recognition of the need to support information exchange at the primary care/hospital interface, but also because of the incompatibility between information systems across regions and service sectors.

SA Health Priority Initiatives:

- Provide leadership and work with key partners (for example, the Australian Government, AHCSA and Aboriginal Community Controlled Health Services, Northern Territory Department for Health and Families, Department of Education and Children's Services) in the planning for implementation of integrated IT communication systems and requirements for comprehensive data sharing and data capture through an Aboriginal Health information network by 2012
- Increase levels of identification of Aboriginality in hospital data systems.

6. Next steps

Governance and accountability

The integrated and collaborative approach to Aboriginal health described in this Plan will be based on strong working relationships with key partners.

Achieving outcomes from the increasing investment in Aboriginal specific health services and programs necessitates this collaboration and coordination. The complexity of more agency interaction, larger budgets and organisations, new funding streams and higher levels of compliance requirements from funding agencies, will require well developed and sophisticated governance policies, structures and processes.

SA Health will establish an Aboriginal Health Care Plan Monitoring Committee to report annually to the Health Portfolio Executive Committee and through them to the Health Performance Council, on the achievements of regional health services and departmental divisions in implementing the priority initiatives in this Plan.

It will also bring together information about all services for Aboriginal people, both mainstream and Aboriginal specific, provided by SA Health, as well as critical performance benchmarks, in a consolidated form, so performance can be monitored against outcomes for the whole system, as well as the component parts.

In addition, up to five priority initiatives will be monitored monthly through Portfolio Performance and Review Committee to ensure progress on top level priorities. In the first year these will be:

- Routinely monitor and report on self-discharge rates of Aboriginal people across all health services
- Ensure regional health services and departmental divisions develop Aboriginal Health Improvement Plans aligned to this Plan and submit annual reports on progress. This will form part of each Health Performance Agreement
- Implement an annual Aboriginal Health Integrated Planning Process at the state level and through Country Health SA and Adelaide Health Service; ensure COAG reform directions are well integrated into planning; review annually and set targets
- Regions report on progress in achieving the target of 2.1 per cent annual reduction in smoking during pregnancy for Aboriginal women
- Increase the number of child health checks of both rural and urban Aboriginal children up to age 14 years, by ensuring a proactive, coordinated screening; ensure comprehensive follow-up services. Attention will be given to oral, ear and eye health needs. Each area to set clear targets.

An Aboriginal Health Care Plan Working Group will be established to support the operational implementation of the directions in this Plan.

Funding arrangements

Many of the changes outlined in this Plan require a reorientation of practice and prioritisation of existing services towards the needs of Aboriginal South Australians. Much of this can be achieved without additional funding. There is new funding available through a number of COAG agreements including but not limited to the Closing the Gap Agreement. Sustainability is important, however, and many initiatives will require longer than the four years to consolidate. Current work to set up evaluation mechanisms of the COAG funded initiatives will inform future directions post June 2013 with appropriate revised targets

SA Health Priority Initiatives:

Undertake a comprehensive review of achievements of COAG funded initiatives in 2012-13 and identify resources to ensure a planned approach to the continuation of successful programs and maintenance of the momentum.

Appendix 1: Key Principles

The *Aboriginal Health Care Plan* is underpinned by the following principles, which are threaded throughout the Plan. These are well established and well accepted principles that are generic to a number of longstanding national and state, Aboriginal planning and policy documents:[I]

Cultural Respect – Respecting the cultural diversity, views, values and expectations of Aboriginal and Torres Strait Islander people within the planning and development of health and wellbeing programs and services.

Community Control – Acknowledging Aboriginal and Torres Strait Islander communities' right to control the health and wellbeing approaches and services in their local community and/or region.

Holistic Approach – Attending to the physical, spiritual, mental, cultural, emotional and social wellbeing and their role in contributing to health outcomes for Aboriginal and Torres Strait Islander peoples; including the environmental determinants of health such as food, water, housing and unemployment; including the social determinants of health and wellbeing, such as racism marginalisation, history of dispossession and loss of land and heritage.

Local Planning – Aboriginal and Torres Strait Islander people's central involvement in planning, development and implementation of strategies for better health and wellbeing. Planning takes place at the local level to develop local responses to local needs and priorities, as determined by the local Aboriginal and Torres Strait Islander population/community.

Partnerships – Combining the efforts of government, non-government and community controlled sectors and working in partnership with communities to provide the best method in improving the broader determinants of health.

Recognition of Diversity – Recognising the diversity within and between Aboriginal communities in the development of programs and services; supporting the provision of differing approaches according to region, age and gender.

Resources – Ensuring that resources are sufficient to improve the health and wellbeing of Aboriginal and Torres Strait Islander people; sustainable resource building for communities through strengthening community expertise and capacity building of health services and communities.

Capacity Building – Providing information, skills development and/or knowledge acquisition to assist and support individual change; building the capacity of a community, families or individuals to manage change and/or maintain resilience.

Accountability – Supporting the effective use of funds by community controlled and mainstream health services and programs; ensuring accountability for effective resource application through long term funding; establishing genuine and meaningful planning and services development partnerships with communities; government maintaining responsibilities for ensuring all Aboriginal and Torres Strait Islanders have access to appropriate and effective health care.

[I] Cited in the South Australian Aboriginal Partnership Planning Documents and drawn from:

- SA Health Aboriginal Health Policy 2007.
- National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003).
- Iga Warta Principles, arising from the Department of Health 2000, Renal Summit.
- SA Aboriginal Health Partnership (?2005) Aboriginal Health – Everybody's Business
- Principles for Better Practice in Aboriginal Health Promotion (the Sydney Consensus Statement, NSW Health 2002)
- Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. National Framework of Principles for Government Service Delivery to Indigenous Australians http://www.fahcsia.gov.au/sa/indigenous/pubs/general/bilateralagreements/Pages/national_framework_principles.aspx
- Australian Government Department of Health and Ageing. Principles for Success for Primary Health Care Services http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-linkphc~health-oatsih-pubs-linkphc-local~principles

Diversity – Recognising the diversity of Aboriginal people and the impact of this on cultural and physical accessibility of programs and services, including variations in urban, rural and remote needs.

Integrating Service Delivery – Delivering services and programs that are appropriate, coordinated, flexible and avoid duplication including: fostering opportunities for Aboriginal delivered services; maximising the effectiveness of action at the local, regional and state level through whole of Government approaches; recognising the need for services to take account of local circumstances and be informed by appropriate consultations and negotiations with local representatives; joint planning of services and programs at state, regional and local levels.

Access to a Set of Core Services – Access to a core set of prevention, primary health care and acute services to every community, delivered by a range of methods including on-site, visiting service or requiring reasonable and supported travel.

Teamwork – A multidisciplinary approach, to primary health care in particular, which crucially involves the employment of Aboriginal community members, and includes continuous training and support; includes where appropriate regionally organised service delivery and outreach services to dispersed populations.

Appendix 2: Policy Context

South Australia's Health Care Plan 2007-2016 and the government commitment to health reform, highlight the need to strengthen our efforts on promoting population health and preventing illness. Of highest priority is the need to close the gap between the health of Aboriginal South Australians and the population as a whole. This is also a national priority.

The *SA Health Aboriginal Cultural Respect Framework* (the Framework) is an overarching implementation plan to be read in conjunction with the *SA Aboriginal Health Policy*, the *SA Health Statement of Reconciliation*, the *Aboriginal Health Impact Statement* and the *Aboriginal Workforce Reform Strategy*. The Framework forms the basis for the way our health policies and health services respond to Aboriginal people in South Australia. The Framework has four key result areas: policy and program development; services reform; workforce development and reform; and monitoring and evaluation.

SA Health is the lead agency for SASP Target T2.5 Aboriginal Health Life Expectancy and has developed an Implementation Plan for this target. There are also a number of other targets related to Aboriginal wellbeing and a requirement that Government, in partnership with others, works to address these targets. The results are closely monitored.

The *SA Health Strategic Plan 2008-10* identifies three key objectives:

- Reduce Aboriginal ill-health
- Develop a culturally-responsive health system
- Promote Aboriginal community health and wellbeing.

It also identifies a set of broad strategies and specific performance measures. The *National Strategic Framework for Aboriginal and Torres Strait Islander Health* sets vital directions at the national level. Furthermore, at the National Indigenous Health Equality Summit held in March 2008, State and Territory government representatives and Aboriginal health leaders signed a Statement of Intent to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Aboriginal Australians by the year 2030.

The Plan should provide further direction, based on more detailed analysis of data and service availability combined with health reform directions to inform the more specific and targeted responses required.

The *National Strategic Framework for Aboriginal and Torres Strait Islander Health* sets vital directions at the national level. Furthermore, at the National Indigenous Health Equality Summit held in March 2008, State and Territory government representatives and Indigenous health leaders signed a Statement of Intent to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by the year 2030.

COAG National Indigenous Reform Agreement commits the South Australian Government to the design and delivery of Aboriginal specific and mainstream government programs and services provided to Aboriginal people. The NPA on Closing the Gap in Indigenous Health Outcomes sets particular targets and priorities in Aboriginal health for SA Health.

Under the terms of this NPA, Federal, State and Territory governments, have committed to closing the gap in life expectancy between Aboriginal and non-Aboriginal Australians within a generation, and halving the gap in mortality rates for Aboriginal children under five, within a decade. The agreement also commits governments to achieving specific outcomes in five priority areas: smoking, healthy transition to adulthood, making Aboriginal health everyone's business, delivering effective primary health care services, and better coordination of the patient journey through the health system.

A number of other NPAs have either direct or indirect implications for Aboriginal health. In particular, the NPA on Early Childhood Development aims for service improvement and extensions around antenatal care, pre-pregnancy, and teenage sexual and reproductive health, as well as increased access to, and use of, maternal and child health services by Aboriginal families. Other agreements related to housing, disability, education, remote service delivery, economic participation and food security, which address many of the determinants of health, should also assist in improving health outcomes.

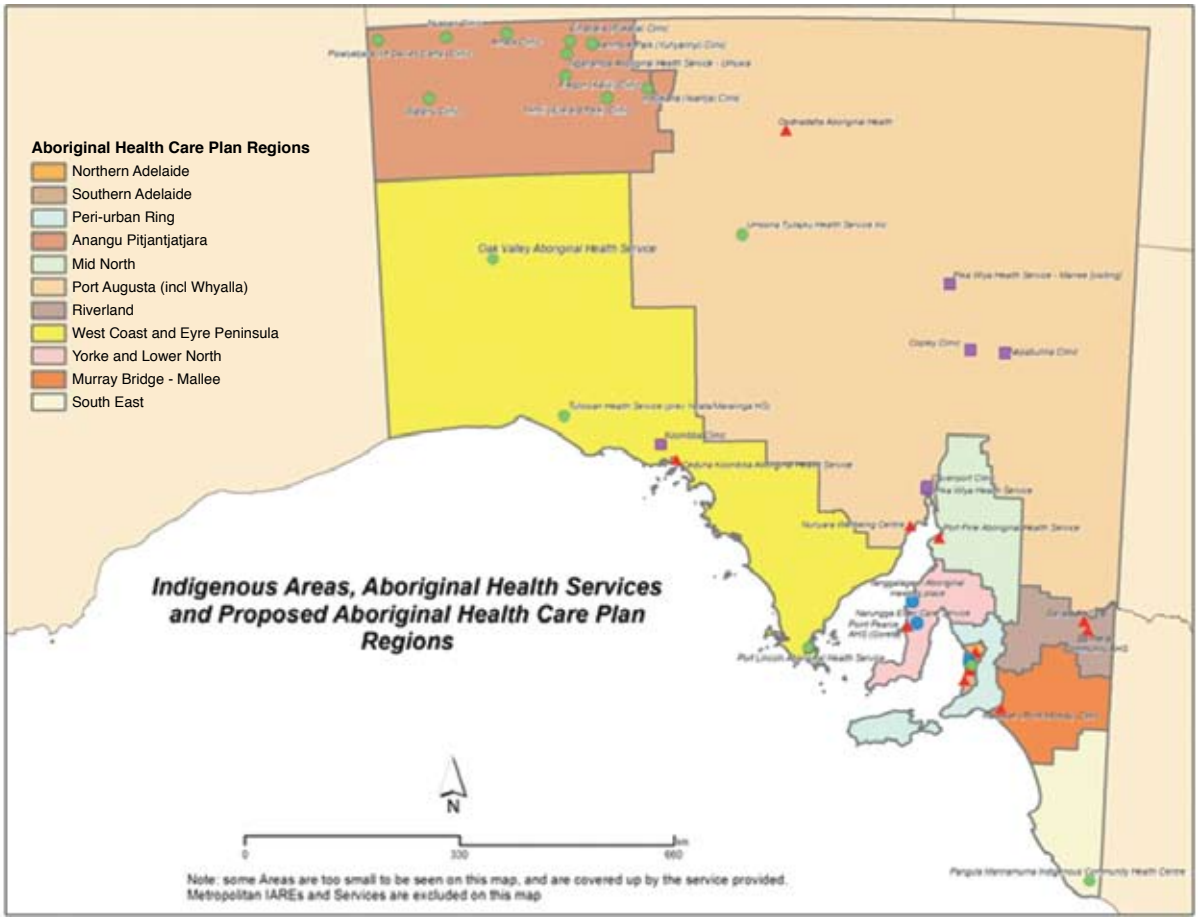
SA Health monitors Aboriginal health outcomes, reporting annually to State and Commonwealth Governments on progress towards achievement of targets in these key policy and strategic documents. The South Australian Implementation Plan for the NPA on Closing the Gap in Indigenous Health Outcomes is a key document in this process.

Planning undertaken by the clinical networks and through the service development plans, such as the *SA Health Plan for Older People, Chronic Disease Action Plan* and *Palliative Care Plan*, has typically not gone into detail on the strategies required to address the needs of Aboriginal South Australians. Therefore, there is a need to develop a specific Aboriginal Health Care Plan which both takes account of, and enhances the response of, these other plans to the particular needs of Aboriginal South Australians.

Appendix 3: Map of Regions for SA used in Aboriginal Health Care Plan

The map below illustrates the nine country and two metropolitan AHS Aboriginal Health Care Plan regions. The eleven regions are a higher level aggregation of 33 Australian Bureau of Statistics Indigenous Areas which formed the original basis of data gathering and analysis.

The regions, their coverage and name, were developed and grouped in consultation with CHSA management and seek to take into account current clustering of health services and customary patient flow patterns.



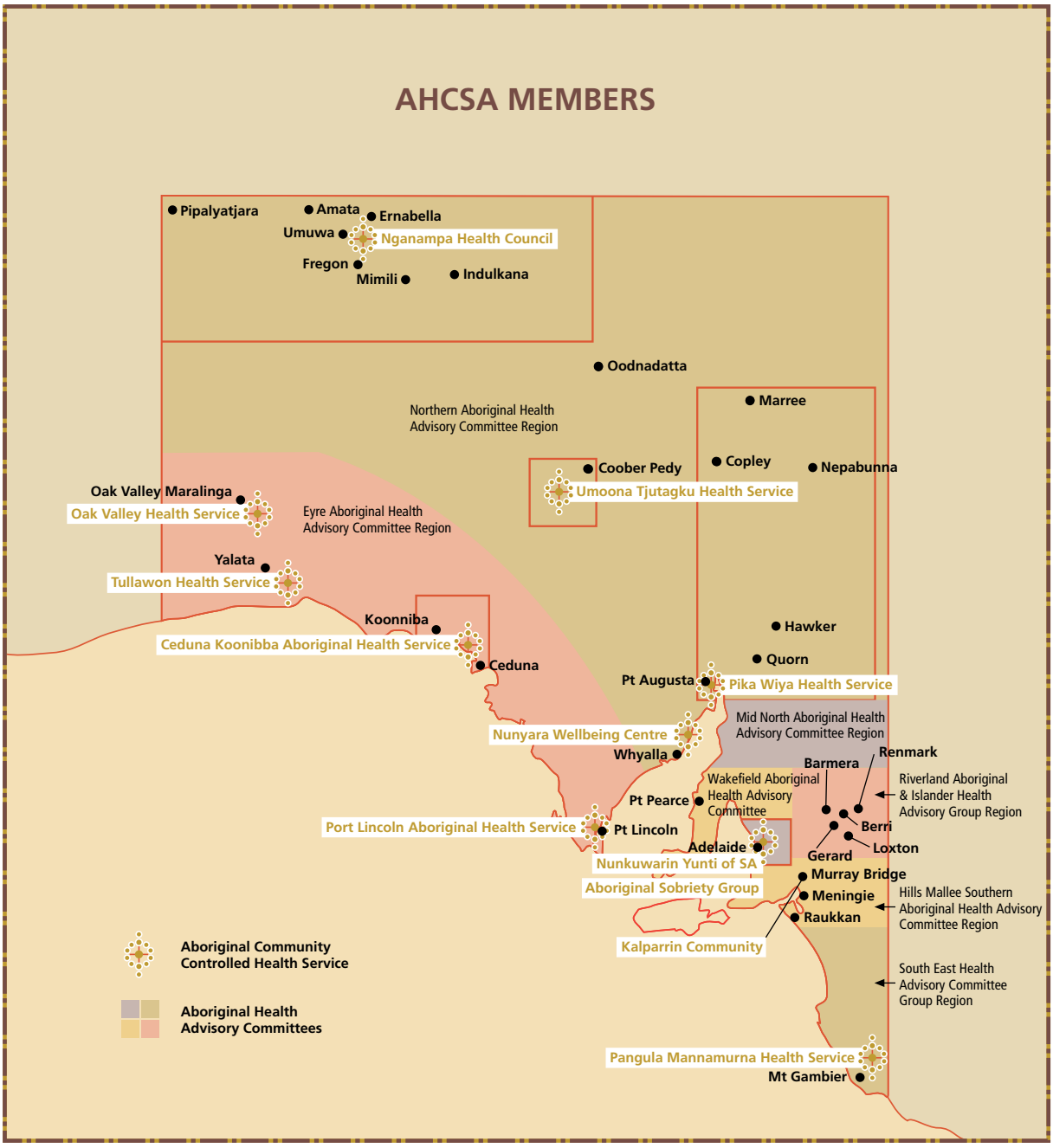
Appendix 4: An example of the core components of comprehensive primary health care[m]

People living in any community should be able to access the following components of comprehensive primary health care:

- All people should have access to appropriate information about health issues, including how to prevent health problems
- Pregnant women should have culturally safe, appropriate antenatal care, with check-ups commencing early in pregnancy and continuing at frequent intervals throughout the pregnancy
- Childbirth should occur in a safe environment with adequate social support
- Infants should be monitored regularly, initially weekly and then monthly until two years of age, with appropriate support and intervention if weight-faltering or other problems occur
- All children should be offered immunization according to national guidelines at the appropriate times
- All children under 15 years of age should have their ears checked monthly, and all children found to have ear disease should be appropriately treated and monitored closely until the disease has resolved
- All children should have audiometric screening annually, and appropriate action taken for children with hearing loss
- All children aged five to nine years, should be screened for trachoma annually, with appropriate follow-up according to national guidelines
- All adults aged 15 years and over should be offered an annual health check-up, with appropriate follow-up to manage any abnormality identified
- All women should have access to regular cervical screening, and mammographic screening if aged over 40 years
- Pneumococcal vaccination and annual influenza vaccination should be offered at the appropriate times to all people for whom it is recommended
- All teenagers and adults should have access to appropriate education about sexual health matters, and should have freely available access to condoms and to other appropriate contraception methods, when desired
- All people should have early access to appropriate and confidential advice about, and diagnosis and management of, sexually transmitted infections
- All people with addiction issues (including tobacco, alcohol, marijuana and other drugs) should have ready access to advice and support to assist in dealing with the addiction
- All people with mental health problems should have access to appropriate ongoing management and care
- All people should have access to regular dental checks, and appropriate and timely management of dental problems
- All people with chronic diseases should be reviewed at least six monthly, with appropriate action to facilitate optimal control and the prevention of complications
- All people with diabetes should have access to an ophthalmologist or optometrist, a podiatrist, and a nutritionist, at least annually
- All people with renal disease should be reviewed three monthly, with adequate preparation for dialysis if this becomes necessary
- All people with terminal disease should have access to appropriate palliative care to allow them to die with dignity in the place of their choice
- All people with disabilities should be regularly reviewed and have access to appropriate care, including specialist and allied health care when appropriate
- All people requiring specialist care should have timely access to the appropriate specialist
- All people requiring elective surgery (for example, cataracts, trichiasis, perforated eardrums) should have the opportunity to have surgery within a year of diagnosis
- All people with acute medical problems or injuries should have access to timely diagnosis and management
- All people should have access to appropriate medications required for their medical conditions, without encountering financial hardship.

[m] Dr David Scrimgeour, Aboriginal Health Council of South Australia, personal communication, 2010. Dr Scrimgeour developed these components of comprehensive primary health care for a specific Aboriginal community.

Appendix 5: Map showing the location of Aboriginal Community Controlled Health Services in SA



Appendix 6: Collated SA Health Priority Initiatives

The following initiatives have been identified as priorities for SA Health in this Plan.

Supporting Good Health

- Develop and implement an evidence informed culturally appropriate program to improve health literacy for Aboriginal people with a focus on good health and improved patient care
- In partnership with key agencies, investigate food supply and access issues for Aboriginal South Australians and plan, implement and evaluate local strategies to improve food security
- Identify a set of core good practice universal and targeted health promotion programs and services for Aboriginal child and maternal health (including breastfeeding, diet, oral health, parenting programs, physical activity, and alcohol and drug prevention) and young people, and support the progressive roll out across South Australia prioritising gaps in availability and locations with high needs.

Comprehensive Primary Health Care

- Monitor and report on the impact of changes made to ensure a more comprehensive and integrated approach to primary health services as outlined in this Plan
- Collaborate with the Australian Government and Aboriginal Health Council South Australia on any proposals to develop more appropriate primary health care services responsive to local community needs in areas where there is no access to ACCHS
- Develop and progressively test a model to increase the clinical governance support and organisational capacity of Aboriginal Community Controlled Health Services for improved integrated service delivery
- Consolidate structures, processes and protocols for effective engagement with Aboriginal communities and providers of services to Aboriginal communities.

Better Care for Those with High Needs

- Require that all hospitals and health services set and reach targets for clear improvements in completion of planned treatment regimes by Aboriginal patients
- Routinely monitor and report on self-discharge rates of Aboriginal people across all health services
- Ensure all planning for capital works programs for health facilities considers the need for local step down services
- Work with clinical networks to ensure that all evidence based care pathways developed for management of specific conditions include actions to engage and keep Aboriginal people on the care pathway
- Review ways to support greater involvement of traditional healers in the care of Aboriginal people
- Ensure access to 24 hour step down services and new Aboriginal patient pathways officers is included in discharge planning processes for Aboriginal patients
- Ensure that the development of aged care services including establishment of Acute Medical Units and Geriatric Evaluation and Management units meet cultural safety standards and include strategies for supporting ‘return to country’ for those Aboriginal people who request this.

An integrated and collaborative approach to planning and delivery

- Ensure regional health services and departmental divisions develop Aboriginal Health Improvement Plans aligned to this Plan and submit annual reports on progress. This will form part of each Health Performance Agreement
- Implement an annual Aboriginal Health Integrated Planning Process at the state level and through Country Health SA and Adelaide Health Service; ensuring COAG reform directions are well integrated into planning; review annually and set targets.

Child Health – a healthy start in life

- Ensure all Aboriginal women have access to best practice core antenatal, birthing, postnatal and parenting programs and services as near as possible to where they live
- Regions to report on progress in achieving the target of 2.1 per cent annual reduction in smoking during pregnancy for Aboriginal women
- Ensure all regions establish and support core child and family programs and services, prioritising Aboriginal children and families
- Increase the number of child health checks of both rural and urban Aboriginal children up to age 14 years, by ensuring a proactive, coordinated screening; and ensure comprehensive follow-up services. Attention will be given to oral, ear and eye health needs. Each area to set clear targets
- Work with the Department of Education and Children's Services and key stakeholders to identify opportunities to maximise health, education and wellbeing outcomes through integrated prevention, treatment and management programs and services.

Youth health and safety

- Create a clinical/population health leadership position in Aboriginal youth health at Children, Youth and Women's Health Service
- Identify how SA Health will best provide the targeted responses for vulnerable and high need Aboriginal young people and progressively implement responses
- Expand the mental health and wellbeing supports for young people exiting the juvenile justice system.

Chronic Diseases

- Increase the number of adult health checks of both rural and urban Aboriginal people by ensuring a proactive, coordinated screening and follow-up system in primary health care, as well as support for people to adopt and maintain healthy lifestyles, with a focus on alcohol, diet and physical activity through culturally appropriate services. Each area to set clear targets
- Ensure the integrated roll out of the comprehensive suite of COAG Closing the Gap initiatives to 2013
- Explore the feasibility of integrating multiple disparate registers including population based 'disease and risk registers' and those with links to communicable disease.

Oral, ear and eye health

- Implement the recommendations set out in *South Australia's Oral Health Plan 2010-2017* (draft) for Aboriginal people
- Fund Country Health SA (estimated $1.7 million per annum) to establish a statewide oral, ear and eye health program prioritising ear and eye health for young Aboriginal children in the first instance through the appointment of a state coordinator and project support to ensure development of an integrated, locally appropriate response involving increased timely screening, early detection, treatment and follow up specialist care; development of a data base and IT solutions and liaison with key partners. Report regularly against regional targets.
- Implement a coordinated trachoma eradication program across South Australia.

Social and emotional health and mental illness

- Implement the recommendations arising from the Summary Report: *Statewide Aboriginal Mental Health Consultation July 2010*
- Implement the model of care for country South Australia
- Develop and implement, in conjunction with Nganampa Health, a Mental Health Plan for the APY Lands.

Preventable Injuries

- Apply the Health in All Policies approach to reducing the impact of road traffic accidents on Aboriginal people
- Create specific, culturally appropriate health information about the risks associated with hot fluids in the home, safety around campfires and appropriate first aid for burns into programs and services for families of young children
- Incorporate the identification and reduction of hazards in the home and living areas into planning and implementation of the Closing the Gap Indigenous Environmental Health Workers project.

Leadership

> Ensure all senior staff are providing leadership and support for organisations to become more culturally respectful and culturally competent services.

Aboriginal Health Workforce Requirements

> Increase the employment of Aboriginal people in line with SASP Target 6.24 of South Australia's Strategic Plan 2007
> Implement the Aboriginal Workforce Reform Strategy and report on outcomes annually.

Safety and Quality

> Implement the recommendations of the *Ever Felt Like Complaining?* report within the recommended time frames
> Support a culturally responsive health system by:
  – implementing the *Cultural Respect Framework* for SA Health in 10 per cent more services each year
  – providing resources for cultural competency training and ensuring a systemic approach to its delivery across the state
  – establishing cultural security policy, protocols and standards in hospitals and health services.

Research, Evaluation and Monitoring

> Work in conjunction with AHCSA and Universities to seek to improve the number of Aboriginal researchers in South Australia and the quality of research and evaluation, prioritising the COAG evaluations
> Develop a more systemic approach to SA Health's collection, management and reporting of data related to Aboriginal South Australians.

Health information and management systems

> Provide leadership and work with key partners (for example, the Australian Government, AHCSA and ACCHS, Northern Territory Department of Health and Families, Department of Education and Children's Services) in the planning for implementation of integrated IT communication systems, and requirements for comprehensive data sharing and data capture through an Aboriginal Health information network by 2012
> Increase levels of identification of Aboriginality in hospital data systems.

Governance and accountability

> Undertake a comprehensive review of achievements of COAG funded initiatives in 2012-13 and identify resources to ensure a planned approach to the continuation of successful programs and maintenance of the momentum.

Appendix 7: Stakeholder consultation and acknowledgements

SA Health offers sincere thanks to the many contributors whose commitment and knowledge have informed the development of the Aboriginal Health Care Plan.

The following organisations and individuals have been consulted in the development of this Plan:

- Aboriginal Health Council of South Australia (AHCSA)
- Rural Doctors Workforce Agency
- General Practice SA Inc
- SA Health Regional Executive Directors, Aboriginal Health.
- SA Health Regional Executive Directors in Ambulatory and Acute Care
- Department of the Premier and Cabinet
- Department of Health and Ageing.

Consultations have occurred through:

- A series of individuals meetings with the above organisations and individuals
- A Data Workshop with SA Health staff and ACHSA, the purpose of which was to interpret and identify gaps in the initial collation of data for informing the development of this Plan
- Two workshops, one with ACHSA management and staff and the other with SA Health Regional Management and planners, to obtain feedback on the Discussion/Background paper prepared for the Plan.

Feedback from these consultations, meetings and workshops has been used to inform the development of the Draft Plan.

Mapping of current SA Health programs and services was an important component of the initial development of the Plan. The central role of SA Health regional staff in this process is acknowledged.

The collation and analysis of data at a sub-regional level has been a key part of the development of the Plan, and the following are acknowledged for their contribution to this process:

- Sigrid Pfaffle, Statewide Service Strategy, Department of Health
- David Banham, Strategic Planning and Policy Research, Department of Health
- Andrew Chartier, SA Dental Service
- Josephine Weekley, Drug and Alcohol Services South Australia
- Northern Territory Health for allowing access to the current data it provides for SA Health for the additional purpose of contributing to the development of the Plan
- Annabelle Chan, Pregnancy Outcome Statistics Unit, Department of Health.

SA Health also acknowledges the Plan Development Team, comprising staff from Statewide Service Strategy and the Aboriginal Health Division.

Appendix 8: Acronyms and abbreviations

ABCDE	Audit and Best practice in Chronic Disease
ABS	Australian Bureau of Statistics
AHC	Aboriginal Health Care
AHD	Aboriginal Health Division
ACCHO	Aboriginal Community Controlled Health Organisation
ACCHS	Aboriginal Community Controlled Health Service
AHCSA	Aboriginal Health Council of South Australia
AHMAC	Australian Health Ministers' Advisory Council
	Aboriginal Health Improvement Plan
APY	Anangu Pitjantjatjara Yankunytjatjara
ATSI	Aboriginal and Torres Strait Islander
BMI	Body Mass Index
BSSA	Breast Screen South Australia
CDEP	Community Development Employment Projects
CHSA	Country Health South Australia
CNAHS	Central Northern Adelaide Health Service
COAG	Council of Australian Governments
COPD	Chronic Obstructive Pulmonary Disease
CSOM	Chronic Suppurative Otitis Media
CYWHS	Children Youth and Women's Health Service
DALY	Disability Adjusted Life Years
DASSA	Drug Alcohol Services South Australia
DECS	Department of Education and Children's Services
DFC	Department of Families and Communities

Appendix 8: Acronyms and abbreviations

DPC	Department of the Premier and Cabinet
ENT	Ear Nose and Throat
FTE	Full Time Equivalent
GPSA	General Practice SA
HALE	Health Adjusted Life Expectancy
ISAAC	Integrated South Australian Activity Collection
MSOAP	Medical Specialist Outreach Program
NACCHO	National Aboriginal Community Controlled Health Organisation
NGOs	Non-Government Organisations
NP(A)	National Partnership Agreements
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OM	Otitis Media
PHCC	Public Health and Clinical Coordination Division
RDWA	Rural Doctors Workforce Agency
SADS	South Australian Dental Service
SA	South Australia
SAHS	Southern Adelaide Health Service
SASP	South Australia's Strategic Plan
SSS	Statewide Service Strategy
YLL	Years Life Lost

References

1 Australian Institute of Health and Welfare (1989), *National Aboriginal Health Strategy*, AIHW, Canberra.
2 SA Health (2007), *SA Health Aboriginal Health Policy 2007*, SA Health, Adelaide.
3 COAG Reform Council (2010), *National Indigenous Reform Agreement: Baseline performance report for 2008–09*, COAG Reform Council, Sydney.
4 J Taylor (2006), *Population and Diversity: Policy Implications of Emerging Indigenous Demographic Trends*, Discussion Paper no. 283, p. 11 cited in ABS.
5 COAG Reform Council (2010), *National Indigenous Reform Agreement: Baseline performance report for 2008–09*, COAG Reform Council, Sydney.
6 Boughton B (2009), 'Popular education for adult literacy and health development in Indigenous Australia', *Australian Journal of Indigenous Education*, 38: 103 – 109.
7 Deeble J (2009), *Assessing the health service use of Aboriginal and Torres Strait Islander people*, Background paper commissioned by the National Health and Hospitals Reform Commission, p11.
8 National Health and Hospitals Reform Commission (2009), *A Healthier Future For All Australians*, final report.
9 Pregnancy Outcome Unit (2008), *Pregnancy Outcome in South Australia 2007*, SA Health, Adelaide.
10 Steering Committee for the Review of Government Service Provision (2007), *Overcoming Indigenous Disadvantage: Key Indicators 2007*, Productivity Commission, Canberra.
11 Berlyn C, Bromfield L (2009), *Child protection and Aboriginal and Torres Strait Islander Children*, Australian Institute of Family Studies, Resource sheet no. 10, Canberra.
12 SA Health, Integrated South Australian Activity Collection (ISAAC), 2007-08 & 2008-09 data, <http://www.health.sa.gov.au/isaac/>.
13 Royal Adelaide Hospital, Sexually Transmitted Diseases Services, *Sexually transmitted diseases in South Australia in 2008*, Epidemiologic Report no. 22, ISSN 1033-0607, <http://www.stdservices.on.net/publications/>.
14 *ibid*.
15 Australian Institute of Health and Welfare (2009), *Juvenile justice in Australia 2007-0*8, Juvenile justice series no. 4, cat. no. juv 5, AIHW, Canberra.
16 Harrison, J Research Centre for Injury Studies Flinders University. Undated oral presentation.
17 Australian Institute of Health and Welfare and Australian Bureau of Statistics (2008), *The Health and Welfare of Australia's Aboriginal and Torres Strait Islanders Peoples*, no. IHW 21 and no. 4704.0, AIHW and ABS, Canberra.
18 Commonwealth of Australia (2005), *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008*, Department of Health and Ageing, Commonwealth of Australia.
19 Ministerial Council on Drug Strategy (2006), *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009*, p.10.
20 National Centre in HIV Epidemiology and Clinical Research (2009), *Australian NSP Survey National Data Report 2004-2008*, National Centre in HIV Epidemiology and Research, The University of New South Wales, Sydney, NSW.
21 Mildren, P (SAPOL). 29 October 2002. Transcript of evidence given to the Select Committee on Pitjantjatjara Lands Rights, Legislative Council, Parliament of South Australia, p289.
22 Vos T, Barker B, Stanley L, Lopez AD (2007), *The Burden of Disease and Injury in Aboriginal and Torres Strait Islander Peoples 2003*, School of Population Health, The University of Queensland, Brisbane, p.6.
23 SA Health (2008), *South Australia: Our Health and Health Services*, SA Health, Adelaide.
24 Australian Bureau of Statistics (2008), *National Aboriginal and Torres Strait Islander Social Survey*, no. 4714.0, ABS, Canberra.
25 Pregnancy Outcomes Unit (2009), *Pregnancy Outcome in South Australia 2008*, <http://www.health.sa.gov.au/pehs/publications/pregnancyoutcome-operations-sahaelth-2008.pdf>.
26 Vos T, Barker B, Stanley L, Lopez A D *op.cit*.
27 Vos T, Barker B, Stanley L, Lopez A D *op.cit*.
28 SCRGSP (Steering Committee for the Review of Government Service Provision) (2007), *Overcoming Indigenous Disadvantage: Key Indicators 2007*, Productivity Commission, Canberra.
29 Council Of Australian Governments (2009), *National Strategy for Food Security in Remote Indigenous Communities*.
30 Population Research and Outcomes Studies Unit (2006), *A Chartbook of the Health and Wellbeing Status of Aboriginal and Torres Strait Islanders in South Australia*, Department of Health, South Australia.
31 Australian Institute of Health and Welfare and Australian Bureau of Statistics (2008), *The Health and Welfare of Australia's Aboriginal and Torres Strait Islanders Peoples*, no. IHW 21 and no. 4704.0, Canberra.
32 *Ibid*.
33 DASSA communication – various sources.
34 Australian Bureau of Statistics (2006), *National Aboriginal and Torres Strait Islander Health Survey 2004-05*, no. 4715.0, ABS, Canberra.
35 Armfield J M, Roberts-Thomson K F & Spencer A J (2003), *The Child Dental Health Survey Australia 1999: Trends across the 1990s*, AIHW Dental Statistics and Research Unit Series no. 27, cat. no. DEN 95, The University of Adelaide, South Australia.
36 Brennan D S, Roberts-Thomson K F & Spencer A J (2007), 'Oral health of adult public dental patients in Australia', *Australian Dental Journal*, 52 (4):322-328.

37 Richards W, Ameen J, Coll A M & Higgs G (2005), 'Reasons for tooth extraction in four general dental practices in South Wales', *British Dental Journal*, 198 (5):275-278.
38 Coates HLC (2009), 'Current management of otitis media in Australia', *Medical Journal of Australia*, 191(9):S37.
39 Morris P S, Leach A J, Silberberg P, Mellon G, Wilson C, Hamilton E & Beissbarth J (2005), 'Otitis media in young Aboriginal children from remote communities in Northern and Central Australia: a cross-sectional survey', *BMC Pediatrics*, 5:27.
40 Gunasekera H, O'Connor T E, Vijayaskearan S & Del Mar C B (2009), 'Primary care management of otitis media among Australian children', *Medical Journal of Australia*, 191 (9):S55-S59.
41 Burrow S, Galloway A & Weissofner N (2009), 'Review of educational and other approaches to hearing loss among Indigenous people', *Australian Indigenous Health Bulletin*, 9 (2):1-37.
42 Centre for Eye Health Research Australia (2009), *National Indigenous Eye Health Survey*, Indigenous Eye Health Unit, Melbourne School of Population Health, University of Melbourne.
43 *Ibid*.
44 Hansard. *Commonwealth of Australia* Feb 26 2009.
45 Vos T, Barker B, Stanley L, Lopez AD *op.cit*.
46 Australian Bureau of Statistics (2006), *National Aboriginal and Torres Strait Islander Health Survey 2004-05*, no. 4715.0, ABS, Canberra.
47 Australian Institute of Health and Welfare and Australian Bureau of Statistics (2008), *The Health and Welfare of Aboriginal and Torres Strait Islander Peoples*, AIHW and ABS, Canberra.
48 SA Health (2008) *Burden of Disease 1999-2006.*
49 Australian Health Ministers' Advisory Council (2006), *Aboriginal and Torres Strait Islander Health Performance Framework Report 2006*, AHMAC, Canberra.
50 SA Health (2008), *South Australia: Our Health and Health Services*, SA Health, Adelaide.
51 Pointer S, Harrison J & Bradley C (2003), *National Injury Prevention Plan Priorities for 2004 and Beyond: Discussion Paper*, Australian Institute of Health and Welfare, AIHW cat. no. INJCAT 55, Canberra.
52 Helps Y L M & Harrison J E (2006), *Hospitalised injury of Australia's Aboriginal and Torres Strait Islander people: 2000-02*, Injury Technical Paper Series no. 8, AIHW, AIHW cat no. INJCAT 94, Adelaide.
53 *ibid*.
54 Harrison J E & Berry J G (2008), *Injury of Aboriginal and Torres Strait Islander people due to transport, 2001-02 to 2005-06*, Injury research and statistics series no. 46, Australian Institute of Health and Welfare, cat. no. INJCAT 120, AIHW, Adelaide.
55 Helps Y L M & Harrison J E (2006), *Hospitalised injury of Australia's Aboriginal and Torres Strait Islander people: 2000-02*, Injury Technical Paper Series no. 8, AIHW, AIHW cat no. INJCAT 94, Adelaide.
56 *ibid*.
57 Scrimgeour M & Scrimgeour D (2007), *Health Care Access for Aboriginal and Torres Strait Islander People Living in Urban Areas, and Related Research Issues*, A Review of the Literature, Cooperative Research Centre for Aboriginal Health, Darwin.
58 *ibid*, p2.
59 Marmot M (2010), *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010*, Marmot Review Secretariat, University College, London, p10, <http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf>.
60 National Aboriginal Community Controlled Health Organisation (2009), *Submission to the Taskforce developing the National Primary Health Care Strategy*, <http://www.naccho.org.au/Files/Documents/PHC%20Strategy%20NACCHO%20submission%202009%20FINAL.pdf>.
61 Australian Institute of Health and Welfare and Australian Bureau of Statistics (2008), *The Health and Welfare of Australia's Aboriginal and Torres Strait Islanders Peoples*, no. IHW 21 and no. 4704.0, Canberra.
62 National Aboriginal Community Controlled Health Organisation (2005), *National guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples*, RACGP, Melbourne.
63 Wanatjura, Elsie Project Worker Ngangkari Work-Anangu Way; Ngaanytjarra Pitjantjatjara Yankunytjatjara Women's Council.
64 Marmot M, *op. cit.*, p. 22.
65 Steering Committee for the Review of Government Service Provision (2007), *Overcoming Indigenous Disadvantage: Key Indicators 2007*, page 3.83, Productivity Commission, Canberra.
66 Council Of Australian Governments, *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (2009-2013)* and *National Partnership Agreement on Indigenous Early Childhood Development (2008-2014)*.
67 Østbye T, Yarnall K S H, Krause K M, Pollak K I, Gradison M & Michener J L (2005), 'Is There Time for Management of Patients With Chronic Diseases in Primary Care?', *Annals of Family Medicine*, (3):209-214.
68 Aboriginal Health Council of Western Australia, Council of Australian Governments, Closing the Gap Indigenous Health National Partnership, <www.ahcwa.org.au/index.php?option=com_docman&task=doc_download&gid=53&Itemid=29>.
69 Health and Community Services Complaints Commissioner (2009), *HCSCC Aboriginal and Torres Strait Islander Outreach Project Ever Felt Like Complaining?*
70 SA Health, Population Research and Outcome Studies Unit (2010), *Aboriginal and Torres Strait Islander Health: Patient Evaluation of Health Services*, SA Health, Adelaide.
71 Australian Institute of Health and Welfare (2010), *Indigenous identification in hospital separations data – quality report*, Health Services Series no. 35, cat. no. HSE 85, AIHW, Canberra.
72 SA Health (2007), *Emergency patient satisfaction survey report: South Australian patient evaluation of health services*, ISBN 9780730897293, PEHS, SA Health, Adelaide.

For more information

Aboriginal Australians – Health and hygiene – South Australia
Aboriginal Australians – Medical care – South Australia
Health planning – South Australia.

Dewey Number: 362.10899915

SA Health
PO Box 287, Rundle Mall, 5000
South Australia, Australia
Phone: (08) 8226 6000
www.saheath.sa.gov.au

Non-English speaking: for information in languages other than English, call the Interpreting and Translating Centre and ask them to call The Department of Health. This service is available at no cost to you, contact (08) 8226 1990.

http://www.gilf.gov.au/

 ISBN: 978-1-74243-208-3
FIS: 11007. Printed October 2010.

Government of South Australia

SA Health