Draft in-confidence – not for further dissemination

National Aboriginal and Torres Strait Islander Health Plan

Health Plan Working Draft

Last updated 12 March 2021

Contents

Minister(s) Foreword 3
Foreword from stakeholder representative/s 4
Recognition Statement 5
Introduction 6
Health Plan Vision 21
Foundations for a healthy life 21
Priorities 29
ENABLERS FOR CHANGE 30
Priority 1: Genuine shared decision-making and partnerships 31
Priority 2: Aboriginal and Torres Strait Islander community control, governance and leadership of comprehensive primary health care services 34
Priority 3: Workforce 39
FOCUSSING ON PREVENTION 44
Priority 4: Health promotion 45
Priority 5: Early intervention 50
Priority 6: Social and emotional wellbeing and trauma-aware, healing-informed approaches 54
Priority 7: Healthy environments, sustainability and preparedness 59
IMPROVING THE HEALTH SYSTEM 64
Priority 8: Identify and eliminate racism across the health system 65
Priority 9: Access to person-centred and family-centred care 72
Priority Area 10: Mental health and suicide prevention 79
CULTURALLY INFORMED EVIDENCE BASE 83
Priority Area 11: Culturally informed and evidence-based evaluation, research and practice 84
Priority Area 12: Shared access to data and information at a regional level 89

Working Draft

We acknowledge and thank the many Traditional Owners and custodians of country who have contributed to the development of the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*, for their ongoing stewardship of our spirit, our lands, and our people. As the world's oldest living cultures, we recognise the gifts of strength, resilience and hope embedded in culture, cultural practices, languages, identity and connection to country.

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Minister(s) Foreword

New policy context and way of working - National Agreement/ Coalition of Peaks:

a) Shared decision-making
b) Building the community-controlled sector
c) Improving mainstream institutions
d) Aboriginal and Torres Strait Islander-led data
e) Improvements in socio-economic outcomes for Aboriginal and Torres Strait Islander people

Indigenous Voice to Parliament – recognition of role and importance.

Health Plan has been developed in partnership with, and is being led by, Aboriginal and Torres Strait Islander people. It has been informed by the *My Life My Lead* findings (culture at the centre as a protective factor; addressing racism; intergenerational trauma; place-based approaches). It builds on previous Health Plan and Implementation Plan, with an increased focus on government and mainstream accountability.

Under this Health Plan, we must address longstanding health and wellbeing issues facing Aboriginal and Torres Strait Islander people. This includes:

- Focusing on prevention and early intervention approaches targeting chronic disease – rates of cancer, diabetes, kidney disease, depression and anxiety.
- Increasing uptake of preventative health assessments and follow-up.
  Ending rheumatic heart disease and avoidable blindness and deafness.
- Maternal and child health
- Smoking cessation
- Social and emotional wellbeing and suicide prevention
- Support Aboriginal and Torres Strait Islander-led health research

The Health Plan also respond to emerging health risks over the next decade, including the need for sustainability and preparedness (as Covid-19 pandemic has highlighted) and the underlying vulnerability of many Aboriginal and Torres Strait Islander people to communicable diseases, heatwaves, floods and bushfires. The Health Plan acknowledges that the community controlled sector initiated the COVID-19 response to protect Aboriginal and Torres Strait Islander people.

This Health Plan must be forward looking – in 10 years we need must achieve:

- A stronger and better equipped ACCHS sector respected and valued by all and leading the way in delivering holistic care;
- Big improvements in the quality of culturally competent care Aboriginal and Torres Strait Islander people receive in whole of population health services.
- Better use of telehealth and new technologies to better connect people to services.

This will lead us to achieving our goal of Closing the Gap and overcoming the entrenched inequality faced by too many Aboriginal and Torres Strait Islander people, and ensuring their life outcomes are equal to all Australians.

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Foreword from stakeholder representative/s

Self-determination [Reference the speech Pat Turner gave at Australia and the world annual lecture 30.9.20]

Work of and role of ACCHSs

Uluru Statement from the Heart

Culture at the centre as an enabler

Holistic health and wellbeing

Reference the mainstream and collaboration with CTG Steering Committee

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Recognition Statement

All Australian governments recognise that the right to practice culture is central to Aboriginal and Torres Strait Islander health and wellbeing. This right is consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). As the First Peoples of Australia, Aboriginal and Torres Strait Islander peoples have always rejected the fiction of Terra Nullius—that the lands now known as Australia were unoccupied prior to colonisation. In truth, the First Peoples of Australia have never ceded their sovereignty. Despite a history of systemic discrimination and trauma, including through the Stolen Generations, the cultures of Aboriginal and Torres Strait Islander peoples across the lands of Australia have remained ever-present and dynamic. These cultures are continuing to evolve and develop in response to historical and contemporary circumstances.

Consistent with the UNDRIP, Aboriginal and Torres Strait Islander peoples have a right to culturally safe and responsive care that is free of racism and inequity. Aboriginal Community Controlled Health Services (ACCHSs) are strong leaders in providing this level of care within their communities. While Aboriginal and Torres Strait Islander people should be able to expect the same level of access to culturally safe and responsive health care from whole-of population health services, it is acknowledged that this has not always been the case.

Aboriginal and Torres Strait Islander peoples and communities are diverse, and include different genders, ages, languages, backgrounds, sexual orientations, religious beliefs, family responsibilities, marriage status, life and work experiences, abilities, and educational levels. The important contributions that all Aboriginal and Torres Strait Islander people make to generating new ideas and innovative solutions to improving health are, or should be, strongly valued across all levels of government and service settings.

Aboriginal and Torres Strait Islander peoples have long advocated for a meaningful say in the policies and programs that relate to their lives. This includes using the unique wisdom, knowledge and cultures of Aboriginal and Torres Strait Islander peoples as a driving force for change. In recognition of the inherent strengths of Aboriginal and Torres Strait Islander communities and organisations, governments have committed to a new era of partnership and shared decision-making under the new National Agreement on Closing the Gap (National Agreement). The National Agreement acknowledges that Aboriginal and Torres Strait Islander people are best able to respond to local situations and must therefore determine, drive and own the desired outcomes alongside all governments. Aboriginal and Torres Strait Islander leadership will be at the heart of driving action to improve health outcomes for all Aboriginal and Torres Strait Islander peoples.

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Introduction

This Health Plan provides a framework to inform the development and implementation of all health-related programs and policies that impact Aboriginal and Torres Strait Islander peoples. It seeks to achieve an overarching vision – that Aboriginal and Torres Strait Islander people enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focussed, culturally safe and responsive, equitable and free of racism.

The vision and framework of the Health Plan will align with, and guide the implementation of, policies and programs across governments. This underpins a consistent approach across all levels of government, including across the broader policies and programs that impact the lives of Aboriginal and Torres Strait Islander peoples. These policies and programs must consider and prioritise health and wellbeing implications.

The Health Plan is also underpinned by the commitment to a future in which all policymaking that impacts the lives of Aboriginal and Torres Strait Islander people is developed and implemented in partnership.

The new 10-year Health Plan establishes an overarching policy framework for Aboriginal and Torres Strait Islander health.

Guided by the extensive *My Life My Lead* consultations undertaken in 2017, the Health Plan recognises the cultural determinants and social determinants of health as the foundations for a healthy life. This includes the importance of healthy environments and safe infrastructure to support good health. This approach aligns the Health Plan with broader commitments of the new National Agreement, and recognises that a holistic approach is required for good health and wellbeing.

The Health Plan recognises that each Aboriginal and Torres Strait Islander community is unique, with locally relevant strengths, experiences and cultural knowledge. This means that Aboriginal and Torres Strait Islander people are best placed to determine and deliver the solutions that are best for their communities. The Health Plan includes the flexibility to be adapted to the differing needs and priorities of each jurisdiction, as well as across urban, regional, rural and remote settings.

The Health Plan recognises the leadership of ACCHSs and is committed to ensuring the ACCHS sector is sustainable and equipped to continue delivering holistic and culturally responsive care. Whole-of-population services must learn from the Aboriginal and Torres Strait Islander health services, and work with them to strengthen service delivery and realise the vision of the Health Plan.

The Health Plan includes an increased focus on whole-of-population services, policies and programs, and their responsibility to respond to the self-determined priorities of the Aboriginal and Torres Strait Islander populations across each jurisdiction. This seeks to ensure accountability across governments and whole-of-population health services on how

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well these services are responding to the needs of Aboriginal and Torres Strait Islander peoples.

The Health Plan adopts a forward looking approach, taking into account the current and projected challenges that may impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples and their communities. There are strong lessons to be learned from the bushfires in late-2019 and 2020 and the COVID-19 pandemic, noting the strength of the ACCHS sector in driving proactive responses that have provided crucial protection, support and healthcare to their communities. The Health Plan includes flexibility to continue to adapt to evolving health care innovation and changes.

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Policy Alignment

Overarching policy – National Agreement on Closing the Gap

The new National Agreement forms the overarching policy context for the Health Plan. The Health Plan gives effect to the four Priority Reforms of the National Agreement, which are changing the way governments work with, and for, Aboriginal and Torres Strait Islander people. The Health Plan will also drive progress against the four Health-specific targets:

- Close the Gap in life expectancy within a generation, by 2031.
- By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.
- Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

The Health Plan will support positive progress against broader Closing the Gap Targets, which stretch across the social determinants. Actions taken across these broader Targets will also have a positive influence on health outcomes.

Closing the Gap Priority Reform 1 – Formal Partnerships and Shared Decision Making

Building and strengthening structures to empower Aboriginal and Torres Strait Islander people to share decision-making with governments.

- Partnerships are accountable and representative.
- Formal agreements are in place.
- Decision-making is shared between government and Aboriginal and Torres Strait Islander people.

Closing the Gap Priority Reform 2 – Building the Community Controlled Sector

Building formal Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap.

- Sustained capacity building and investment.
- Dedicated and identified Aboriginal and Torres Strait Islander workforce.
- Community-controlled organisations are supported by a Peak Body, which has strong governance and policy development and influencing capacity.
- Community-controlled organisations have a dedicated, reliable and consistent funding model designed to suit the types of services required by communities.

Closing the Gap Priority Reform 3 – Transforming Government Organisations

Systemic and structural transformation of mainstream government organisations to improve accountability and better respond to the needs of Aboriginal and Torres Strait Islander people.

Governments will:

- identify and eliminate racism
- embed and practice meaningful cultural safety
- deliver services in partnership with Aboriginal and Torres Strait Islander organisations, communities and people
- increase accountability through transparent funding allocations
- support Aboriginal and Torres Strait Islander cultures
- improve engagement with Aboriginal and Torres Strait Islander people.

Closing the Gap Priority Reform 4 – Shared Access to Data and Information at a Regional Level

Enable shared access to location specific data and information to support Aboriginal and Torres Strait Islander communities and organisations achieve the first three Priority Reforms.

- Partnerships are in place to guide the improved collection, access, management and use of data to inform shared decision-making.
- Governments provide communities and organisations with access to the same data and information they use to make decisions.
- Governments collect, handle and report data at sufficient levels of disaggregation, and in an accessible and timely way.
- Aboriginal and Torres Strait Islander communities and organisations are supported by governments to build capability and expertise in collecting, using and interpreting data in a meaningful way.

The Indigenous Voice

The Australian Government has committed to the co-design of an Indigenous Voice, led by Aboriginal and Torres Strait Islander people. This is a continuation of historical and ongoing Aboriginal and Torres Strait Islander advocacy to have a mechanism to be heard on issues at both the national and regional level. The inclusion of vast and diverse Aboriginal and Torres Strait Islander experiences through an Indigenous Voice will provide for better policy outcomes, strengthen legislation and programs and, importantly, achieve greater and more sustainable outcomes for Aboriginal and peoples across a wide range of areas. It is vital that the processes of the Indigenous Voice are embedded in the implementation of the Health Plan.

The National Health Reform Agreement

The 2020-25 National Health Reform Agreement (NHRA) commits the Australian Government and all state and territory governments to improving health outcomes for all Australians. It is also the key mechanism for transparency, governance and financing of the public hospital system. The Health Plan is closely aligned with the NHRA's commitment to a long term vision for public health reform. This includes the federal and jurisdictional commitment to achieving health equity by empowering people through prevention and health literacy, as well as driving best practice and performance using data and research. The NHRA also shares the Health Plan's commitment to Aboriginal and Torres Strait Islander leadership, design and community-control as well as ensuring cultural safety across the whole health system.

Broader Cross-Jurisdictional and Cross-Portfolio Policies

The Health Plan embeds a focus on alignment with policies across child and family support, education, employment, housing, community safety and natural and cultural resource management. This includes policies targeted at Aboriginal and Torres Strait Islander peoples, as well as broader policies that are directed at the entire Australian population.

Key Policies for alignment

Prevention, promotion and primary care

- National Preventive Health Strategy 2021-2031
- National Aboriginal Community Controlled Health Organisation Core Services and Outcomes Framework
- Primary Health Care 10-Year Plan
- National Fetal Alcohol Spectrum Disorders (FASD) Strategic Action Plan 2021-2028
- National Strategic Framework for Chronic Conditions

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Mental health, trauma, healing and social and emotional wellbeing

- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and Implementation Plan
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing Framework and Implementation Strategy
- Gayaa Dhuwi (Proud Spirit) Declaration
- The Fifth National Mental Health and Suicide Prevention Plan
- Vision 2030 for Mental Health and Suicide Prevention
- National Mental Health and Suicide Prevention Agreement

Healthcare access, service standards and cultural safety

- National Health Reform Agreement
- National Safety and Quality Health Services Standards
- Australian Health Performance Framework
- Cultural Respect Framework
- Australian Charter of Healthcare Rights
- Aboriginal and Torres Strait Islander Health Performance Framework

Workforce capability and capacity

- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan
- Nursing Towards 2030
- National Disability Insurance Scheme National Workforce Plan
- National Medical Workforce Strategy
- National Mental Health Workforce Strategy
- Indigenous Aged Care Workforce Strategy

Broader determinants and service access

- National Disability Insurance Scheme Quality and Safeguards
- Aged Care Aboriginal and Torres Strait Islander Actions Plans
- National Disability Strategy 2021-2031
- Aged Care Diversity Framework
- National Aboriginal and Torres Strait Islander Early Childhood Strategy

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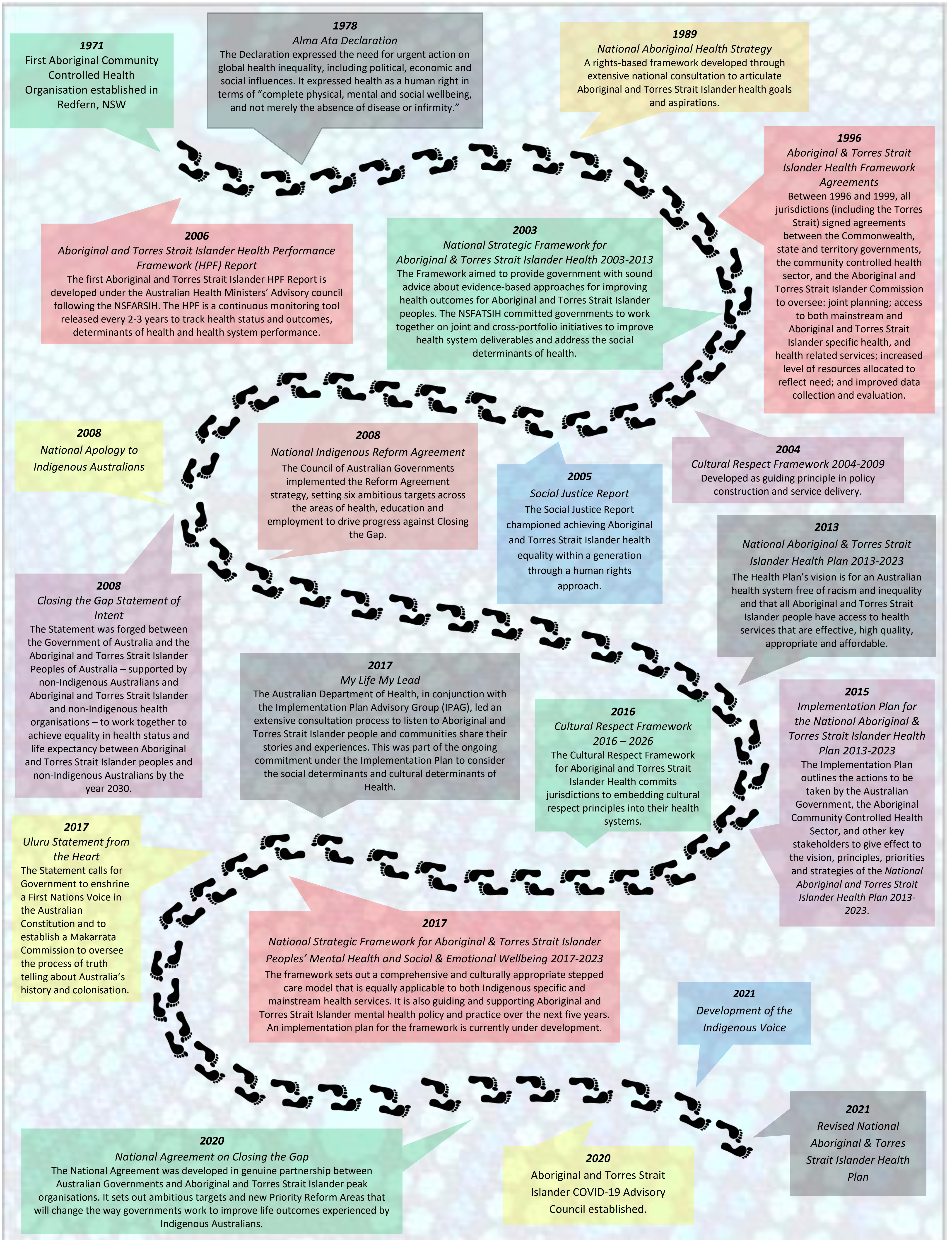
The Aboriginal and Torres Strait Islander Health Policy Journey



Implementation partners

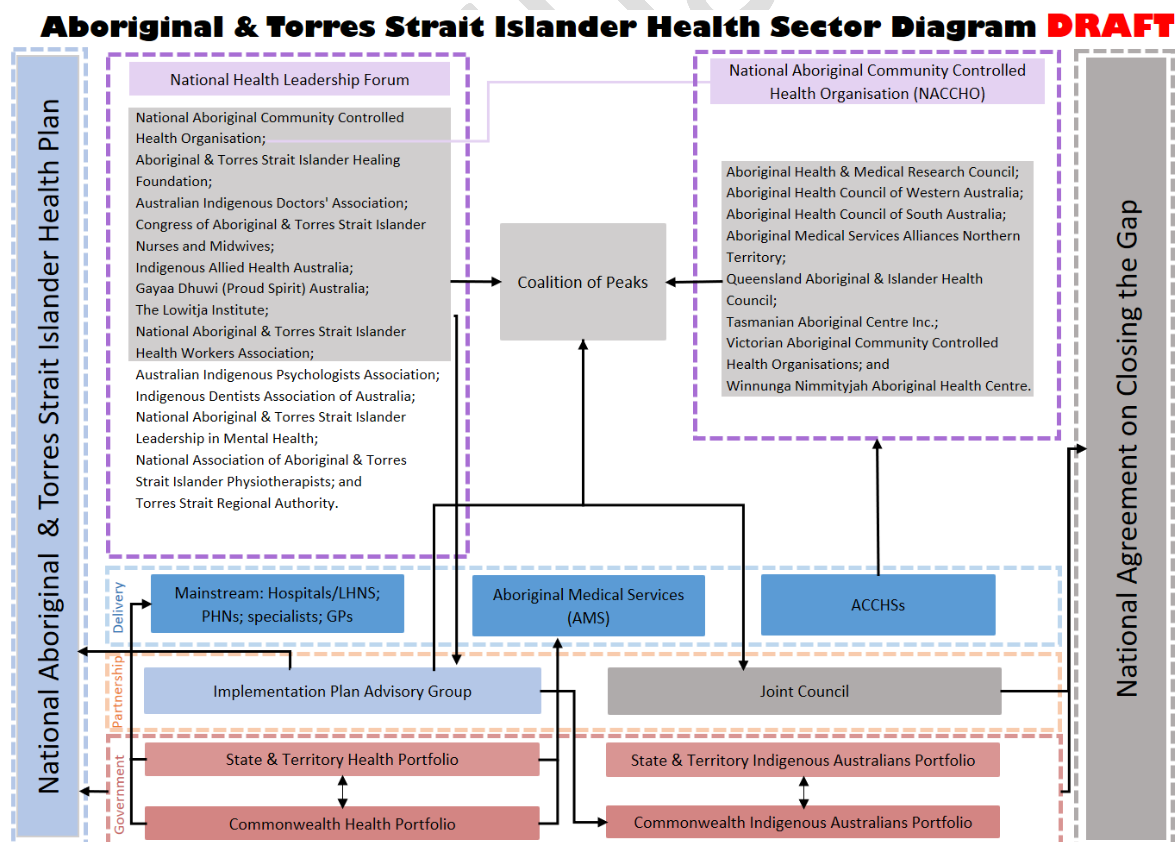
The Health Plan affirms that Aboriginal and Torres Strait Islander peoples' health and wellbeing is the responsibility of the whole community. This means collaboration and coordination between all levels of government, in genuine partnership with Aboriginal and Torres Strait Islander people, is needed to achieve the vision of the Health Plan.

[Placeholder: Will insert a visual demonstrating where the Aboriginal and Torres Strait Islander health system fits in with the broader health system]

Aboriginal and Torres Strait Islander health sector

The Aboriginal and Torres Strait Islander health sector forms a key part of the broader Australian health system. This sector plays a unique and critical leadership role in ensuring Aboriginal and Torres Strait Islander people have access to the comprehensive, responsive and culturally safe healthcare they need. In addition to ACCHSs, this sector includes other organisations and services that are led by, and provide services for, Aboriginal and Torres Strait Islander people. It also includes the Aboriginal and Torres Strait Islander-led peak leadership organisations and research bodies that are key to driving health system improvements and reforms.

The diagram below demonstrates the key components of the Aboriginal and Torres Strait Islander Health Sector and how they relate to the National Aboriginal and Torres Strait Islander Health Plan and the National Agreement.



Partnerships with whole-of-population health services must be led by the Aboriginal and Torres Strait Islander health sector, who have a primary role in decision-making, advocacy and the delivery of care that responds to the priorities of Aboriginal and Torres Strait Islander peoples and communities. This includes NACCHO, State and Territory Affiliates and ACCHSs who work to deliver care on the front line. The National Health Leadership Forum (NHLF) also has a strong partnership role to play, with strong expertise across service delivery, workforce, research, healing and mental health and social and emotional wellbeing. These partnerships will ensure that the health system is more accountable and responsive to the needs of Aboriginal and Torres Strait Islander peoples across the differing regions and communities in which they live.

What is an ACCHS?

An ACCHS is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it. ACCHS are non-government, not-for-profit organisations. ACCHSs are run by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people.

An ACCHS is:

- An incorporated Aboriginal organisation;
- Initiated by, and based in, a local Aboriginal community;
- Governed by a majority Aboriginal board which is elected by the local Aboriginal community; and
- Delivering a holistic and culturally appropriate health service to the community which controls it.

Other terms such as an Aboriginal Community Health Organisation (ACCHO) and Aboriginal Community Controlled Organisation (ACCO) often used interchangeably with ACCHS. While this Health Plan refers to ACCHSs, this is intended as inclusive ACCHOs and ACCOs.

There are also a variety of organisations that provide services specifically to Aboriginal and Torres Strait Islander people that are not community controlled. These include, but are not limited to, state and territory funded Aboriginal health services.

Aboriginal Community Controlled Health Services

Over the last 50 years, Aboriginal and Torres Strait Islander people have led development of a strong Aboriginal Community Controlled Health sector in Australia. ACCHS are working every day, taking a community strengths-based approach to improving the health and wellbeing of Aboriginal and Torres Strait Islander people across the country.

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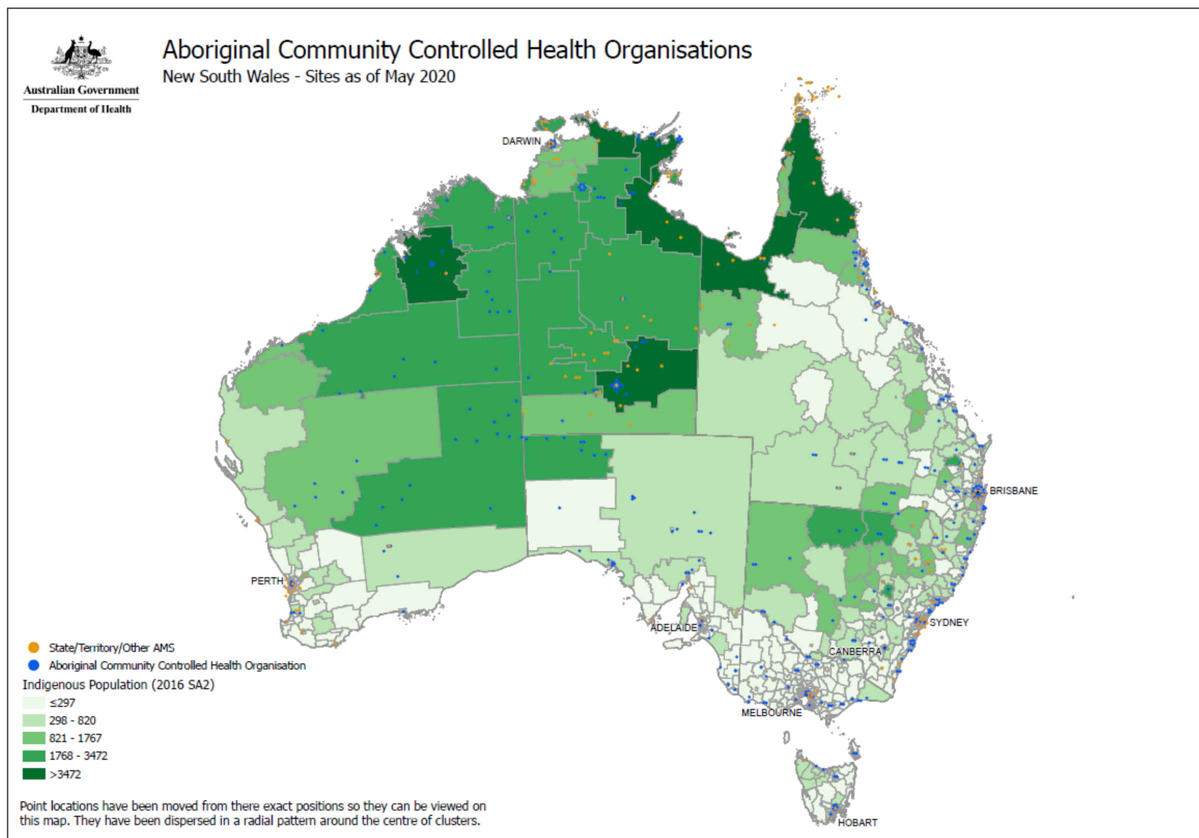
The first ACCHS, the Redfern Aboriginal Medical Service in Sydney, New South Wales, started in 1971.[1] Since then, ACCHS have grown to become a key plank of Australia's primary health care system. There are now nearly 150 ACCHS operating in over 300 clinics working to deliver holistic, comprehensive and culturally competent primary health care services across urban, regional and remote communities[2].

The below map demonstrates the distribution of ACCHSs and other AMSs across Australia.



ACCHSs range from complex multi-disciplinary services delivering a comprehensive range of health, wellbeing, early childhood, family, youth and aged care support to smaller organisations providing vital health and wellbeing services to regional and remote communities. Each one is autonomous and governed to meet the needs of their specific regions and communities, but all operate with culture, people and community at the centre, using models of holistic and culturally competent primary healthcare.

While the service model each ACCHS draws on is unique, reflecting the cultures and priorities of individual communities they serve, they share in common:

- a commitment to self-determination and community-controlled governance and service provision;

[1] Redfern Aboriginal Medical Service 2017, Our history, Redfern Aboriginal Medical Service, viewed 6 November 2019, https://amsredfern.org.au/about/.

[2] Australian Institute of Health and Welfare (2020) Indigenous primary health care: results from the OSR and nKPI collections. Cat. no. IHW 227. Canberra: AIHW. Viewed 09 July 2020, https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr- nkpi

- an Aboriginal and Torres Strait Islander workforce involved in delivering primary health care;
- recognition of the complex needs of many clients and the social determinants of health;
- the provision of a culturally safe environment where Aboriginal people feel welcome, understood and empowered; and
- a partnership approach with secondary and tertiary health systems.

Staff working in ACCHSs include Aboriginal and Torres Strait Islander health workers, general practitioners, nurses, allied health staff and broader social, family and community support workers. ACCHSs are the second biggest employer of Indigenous Australians with well over half of the 6800 staff operating across these organisations identifying as Aboriginal and Torres Strait Islander[3].

Aboriginal and Torres Strait Islander peak health organisations

Aboriginal and Torres Strait Islander peak health organisations perform a leadership role in supporting and representing their member bodies. This includes organisations who work in the delivery of health services for, and by, Aboriginal and Torres Strait Islander peoples, research institutes and workforce bodies that strengthen and support the Aboriginal and Torres Strait Islander health workforce across a range of professions. The functions may include policy, advocacy, training, research and ethics and member support, such as workforce development and health promotion. Peak organisations may also provide governments with culturally informed advice and guidance on all aspects of the health system to contribute to improved and equitable health and life outcomes, and the cultural wellbeing, of Aboriginal and Torres Strait Islander people.

ACCHSs operate in strong networks at the national, state and regional levels. At the national level, NACCHO is the national leadership body for Aboriginal and Torres Strait Islander health in Australia. It represents and advocates on behalf of its 143 members ACCHS. State and Territory Affiliates also work to represent ACCHS and support sector development in their jurisdictions. Many ACCHS also work in regional networks using hub and satellite approaches to cover large geographic distances and many small communities.

There are also a number of other Aboriginal and Torres Strait Islander health policy and leadership forums and boards each with their own mandate and functions including policy, advocacy, research and ethics and member support including training, workforce development and health promotion. NHLF and the Coalition of Peaks are playing critical roles leading the way in advocating for the role of Aboriginal and Torres Strait Islander Peoples in partnerships and shared decision-making. Many of the peak health organisations are a member of the NHLF, as well as the Coalition of Peaks.

[3] Australian Institute of Health and Welfare (2020) Indigenous primary health care: results from the OSR and nKPI collections. Cat. no. IHW 227. Canberra: AIHW. Viewed 09 July 2020, https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr- nkpi

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The NHLF has had an ongoing leading role with the Close the Gap Campaign, and provides expertise across service delivery, workforce, research, healing and mental health and social and emotional wellbeing. Its membership includes:

- Aboriginal and Torres Strait Islander Healing Foundation
- Australian Indigenous Psychologists' Association
- Gayaa Dhuwi (Proud Spirit) Australia
- Indigenous Dentists' Association of Australia
- National Association of Aboriginal and Torres Strait Islander Physiotherapists
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
- Torres Strait Regional Authority
- Australian Indigenous Doctors' Association
- Congress of Aboriginal and Torres Strait Islander Nurses & Midwives
- Indigenous Allied Health Australia
- The Lowitja Institute
- National Aboriginal Community Controlled Health Organisation
- National Aboriginal and Torres Strait Islander Leadership in Mental Health

The Coalition of Peaks (insert link to website) is made up of almost 60 members from nearly every national, state and territory Aboriginal and Torres Strait Islander community controlled peak organisation. These organisations came together to change the way Australian governments work with Aboriginal and Torres Strait Islander people, organisations and communities on Closing the Gap.

Whole-of-population health system

The responsibility for ensuring Aboriginal and Torres Strait Islander health and wellbeing extends across all services and aspects of health care delivery. The whole-of-population health system must be accountable for providing timely, accessible, high quality, effective, culturally safe and appropriate care to Aboriginal and Torres Strait Islander people.

According to ACCHS data, around 50 per cent of Aboriginal and Torres Strait Islander peoples seek their primary healthcare from an ACCHS. This means that a significant proportion of Aboriginal and Torres Strait Islander people must have access to primary care services from across the broader health system including government clinics, private general practitioners and community health services. Aboriginal and Torres Strait Islander people are also more likely to be hospitalised compared to other Australians.[4] The whole-of-population health system must therefore have the capacity to provide holistic care that is responsive to the needs of Aboriginal and Torres Strait Islander people, families and communities. This includes trauma-informed cultural determinant and social determinant approaches that will enable improved outcomes.

[4] Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Cat. no. IHPF 2. Canberra: AIHW.

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This Health Plan recognises that a long history of interpersonal and institutional racism in whole-of-population healthcare continues to impact Aboriginal and Torres Strait Islander Peoples' health and health empowerment. Identifying and eliminating this racism will be key to enabling better access across the whole health system and improving health outcomes. This systemic and structural transformation approach aligns with Priority Reform 3 of the National Agreement by improving accountability and better responding to the needs of Aboriginal and Torres Strait Islander people.

Case Study – Alice Springs Hospital (NT) to demonstrate how a cultural determinants focus can improve access and health outcomes.

Governments

Aboriginal and Torres Strait Islander health is a national priority, and the Health Plan represents the ongoing commitment across governments to improve health outcomes for Aboriginal and Torres Strait Islander peoples. As demonstrated through the new National Agreement, this means fundamentally changing the way the governments work with Aboriginal and Torres Strait Islander stakeholders, organisations, communities and individuals—shifting from a top-down approach to working in genuine partnership.

To facilitate meeting the Health Plan's vision, governments will need to work together, and with Aboriginal and Torres Strait Islander people, to implement actions to achieve the Health Plan's Strategic Outcomes. Progress will be measured through co-designed and robust accountability mechanisms.

Roles and responsibilities

[Text to be inserted consistent with accountability framework.]

[Table to be included clearly outlining roles and responsibilities across jurisdictions and sectors]

- Commonwealth Government
- State and Territory Governments
- Mainstream health services
- Community Controlled Health Sector
- Aboriginal and Torres Strait Islander peak organisations
- Peak health organisations

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Diverse Aboriginal and Torres Strait Islander populations

There is immense diversity within and between Aboriginal and Torres Strait Islander Nations communities, and groups. Ensuring better health outcomes for all Aboriginal and Torres Strait Islander populations means understanding and embracing the value and significance of this diversity. The Health Plan therefore seeks to take a strengths-based approach and embed the rights, knowledge, skills, experiences and leadership of diverse Aboriginal and Torres Strait Islander populations throughout policy and implementation. This is to ensure that all Aboriginal and Torres Strait Islander populations are enabled to self-determine health and wellbeing priorities and outcomes, and to ensure access to services that are appropriate and responsive to all experiences and circumstances.

Diverse populations include, but are not limited to:

- lesbian, gay, bisexual, trans/transgender, queer, intersex, asexual, sistergirl and brotherboy (LGBTQIA+SB) people;
- people with mental illness;
- people from lower socioeconomic backgrounds;
- people who are incarcerated;
- people experiencing homelessness;
- people with disability;
- speakers of languages other than English;
- Stolen Generation survivors;
- the ageing population; and
- the differing experiences and connection to country of people living in urban, rural, regional, remote and very remote communities.

The Health Plan acknowledges that discrimination can occur on multiple fronts. This includes both racism experienced as a result of cultural identity, as well as the social stigmas already attached to diverse populations. Such experiences are described as "intersectional",[5] which means that the positive or negative experiences of certain population groups is compounded when a person identifies with multiple groups.

Embracing and uplifting diverse populations is consistent with the approaches of Aboriginal and Torres Strait Islander culture and community. For example, Elders are central leadership figures within communities who are revered as holders of cultural knowledge, cultural practice, language and sacred knowledge.

[5] Kimberle Crenshaw (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. University of Chicago Legal Forums: Vol. 1989: Issue 1, Article 8.

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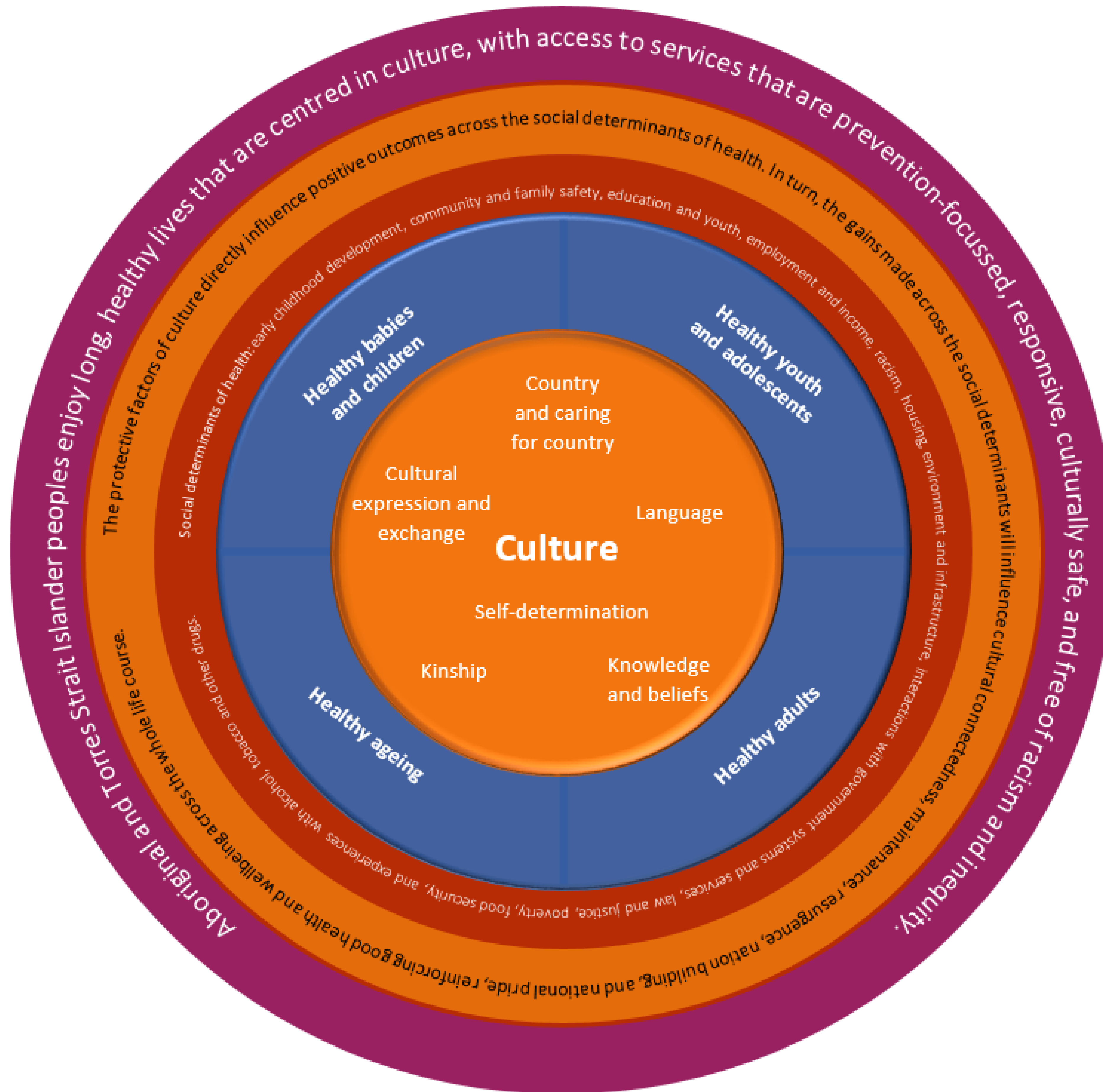
Health Plan at a glance



HEALTH PLAN VISION

Aboriginal and Torres Strait Islander peoples enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focussed, culturally safe and responsive, equitable and free of racism and inequity.

FOUNDATIONS FOR A HEALTHY LIFE

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

The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing. These include, but are not limited to, connection to country, family, kinship and community, Indigenous beliefs and knowledge, cultural expression and continuity, Indigenous language, self-determination, and leadership.

Addressing the **social determinants of health** is key to achieving health equity for Aboriginal and Torres Strait Islander peoples. This approach requires shared action across maternal health and early childhood development, community and family safety, education and youth, employment and income, racism, housing, environment and infrastructure, interactions with government systems and services, law and justice, poverty, food security and access to nutritious food, and experiences with alcohol, tobacco and other drugs.

The protective factors of culture directly influence positive outcomes across the social determinants of health. In turn, the gains made across the social determinants will influence cultural connectedness, maintenance, resurgence, nation building, and national pride, reinforcing good health and wellbeing across the whole life course.

Life Course: Aboriginal and Torres Strait Islander peoples view health and wellbeing as involving the whole community throughout the entire life course. Taking a life course approach will ensure that attention is focussed on broader factors affecting health and wellbeing at transition points and as people move through different stages of life.

Healthy babies and children (Ages 0 – 12)
Parents and carers of Aboriginal and Torres Strait Islander children can ensure that their children are provided with the foundations they need to thrive.

Healthy youth and adolescents (Ages 12 – 24)
Aboriginal and Torres Strait Islander youth grow into healthy young adults.

Healthy adults (Ages 25 – 49)
Aboriginal and Torres Strait Islander adults can manage their health and have long productive lives.

Healthy ageing (Ages 50+)
Older Aboriginal and Torres Strait Islander people remain active, healthy, independent and comfortable for as long as possible.

Enablers for change	**Priority 1 – Genuine shared decision making and partnerships:** Collaborative cross-sector approaches, shared decision making and shared partnerships, including through community-led and nation building approaches, structural reform, operate at all levels of health planning, and service delivery, including mainstream services.
	Priority 2 - Aboriginal and Torres Strait Islander community controlled comprehensive primary health care: Building the Aboriginal and Torres Strait Islander community-controlled health care sector (ACCHSs) so it is strong, sustainable and equipped to deliver high quality comprehensive primary health care services that meet the needs of Aboriginal and Torres Strait Islander peoples across the country.
	Priority 3 – Workforce: The health workforce prioritises Aboriginal and Torres Strait Islander representation and delivers culturally relevant and safe services to Aboriginal and Torres Strait Islander people. This workforce is grown and sustained across all health services, including mainstream services.
Focussing on prevention	**Priority 4 – Health promotion:** Health promotion and prevention approaches recognise culture as a protective factor and prioritise strategies that drive improved outcomes across the social determinants of health.
	Priority 5 – Early intervention: Early intervention approaches are accessible to Aboriginal and Torres Strait Islander people and provide timely, high quality, effective, responsive and culturally safe care.
	Priority 6 - Social and emotional wellbeing and healing to address trauma: Programs, policies and services prioritise social and emotional wellbeing through strengths-based approaches that embrace this holistic view and harness the protective factors of culture.
	Priority 7 - Healthy environments, sustainability and preparedness: Capacity building and development is undertaken to ensure that Aboriginal and Torres Strait Islander people have access to safe and healthy environments with sustainable housing, sanitation, water security, and food security. Communities are prepared and have the necessary infrastructure to respond to natural and other disasters.
Improving the health system	**Priority 8 - Identifying and eliminating racism:** Individual and institutional racism across all systems, including the whole health system, is acknowledged, measured and eliminated under a human rights based approach.
	Priority 9 - Access to person-centred and family-centred care: Individual and institutional racism across all systems, including the whole health system, is acknowledged, measured and eliminated under a human rights based approach.
	Priority 10 - Mental health and suicide prevention: Mental health is addressed in a holistic way that is trauma-informed, recognising the impacts of the social determinants of health and embracing the strength that Aboriginal and Torres Strait Islander people gain from culture and languages.
Culturally informed evidence base	**Priority 11 - Culturally informed and evidence-based research and practice:** Implementation is future focussed and research is Aboriginal and Torres Strait Islander led. The experiences, knowledge and expertise of Aboriginal and Torres Strait Islander people is embedded across policy and program development.
	Priority 12 - Data development and sovereignty: Partnerships are established between Aboriginal and Torres Strait Islander people and government agencies to improve collection, access, management and use of data, including identifying improvements to existing data collection and management. Communities have ownership and control over their data.

Health Plan Vision

Aboriginal and Torres Strait Islander people enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focussed, culturally safe and responsive, equitable and free of racism.

Foundations for a healthy life

The following foundations for a healthy life must be included in all Aboriginal and Torres Strait Islander health and wellbeing approaches in order to support each of the Priority Areas of this Health Plan:

- holistic health and wellbeing;
- the cultural determinants of health;
- the social determinants of health; and
- a life course approach.

The protective factors of culture directly influence positive outcomes across the social determinants of health. In turn, the gains made across the social determinants will influence cultural connectedness, maintenance, resurgence, nation building, and pride in cultural identity, reinforcing good health and wellbeing across the whole life course.

Holistic health and wellbeing

The Australian health system must embed a broader understanding of Aboriginal and Torres Strait Islander health and wellbeing, recognising the close connections and interactions that exist between the health outcomes of Aboriginal and Torres Strait Islander people, and the mental, physical, cultural, environmental and spiritual health of their communities, and with society more broadly. Holistic health and wellbeing approaches requires a breaking down of siloes to ensure comprehensive and collaborative efforts across the cultural determinants and social determinants of health.

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

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

Programs, policies and services must prioritise strengths-based approaches that embrace this holistic view, deliver comprehensive patient centred care, and harness the protective factors of culture.

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Cultural determinants of health

The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing. These include, but are not limited to, connection to Country; family, kinship and community; Indigenous beliefs and knowledge; cultural expression and continuity; Indigenous language; self-determination and leadership[6].

For Aboriginal and Torres Strait Islander Peoples, the cultural determinants are the ways of knowing, being and doing that encompass a holistic understanding of health and wellbeing.[7] Embedding a cultural determinants approach means first recognising the protective and strengthening effect that the ability to practice culture can have directly on health and wellbeing. The strengths-based approach advocates that celebration and connection to culture, community and country within Aboriginal communities will provide protective factors, which may build resilience and provide buffers or completely mitigate exposure to negative risks.[8] Cultural determinants also need to be embedded across the social determinants approaches that influence health outcomes for Aboriginal and Torres Strait Islander people.

The Lowitja Report - *Culture is Key: Towards cultural determinants-driven health policy* aims to connect policymakers and influencers with existing knowledge and resources on the cultural determinants of health. It presents a policy framework using a shared understanding of the cultural determinants of health, along with mechanisms and approaches for implementation.

A cultural determinants approach requires a recognition that historical laws and policies that disconnected Aboriginal and Torres Strait Islander people from culture have been detrimental to good health and have led to disparities in the outcomes and opportunities between Aboriginal and Torres Strait Islander and non-Indigenous Australians. This includes through child removal, disconnection from country, loss of language and racism.[9]

As the holders of cultural knowledge and practice, it must be Aboriginal and Torres Strait Islander Peoples who define how the cultural determinants of health are embedded in policy and programs. To pave the way for Aboriginal and Torres Strait Islander leadership, there must also be a recognition and shift in the current practice of policy- making and program implementation. This will require shared commitment and collaboration across all levels of government to historical truth-telling, including a recognition of the way that racism acts as a barrier to the implementation of cultural

[6] 2021 Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing - ANU.
[7] Lowitja Institute (2020). Culture is Key: Towards cultural determinants-driven health policy – Final Report. Lowitja Institute: Melbourne.
[8] O McIvor, A Napoleon and K Dickie (2009). Language and Culture as Protective Factors for At-Risk Communities. Journal of Aboriginal Health, 6:25.
[9] Arabena K. 'Country Can't Hear English': A guide supporting the implementation of cultural determinants of health and wellbeing with Aboriginal and Torres Strait Islander Peoples, Karabena Consulting, Riddell's Creek, Vic. 2020.

determinants.[10] This will require systems-thinking and shared commitment and collaboration across governments to enable:

- The embedding of cultural determinants across the whole of government (culture-in-all-policies), across all sectors, and across all level of program development, implementation and evaluation (including research);
- The aspirations and leadership of Aboriginal and Torres Strait Islander peoples, communities, peak and community-controlled organisations to maintain, revitalise and practice culture, including strengthening cultural authority through traditional community governance and nation-building;
- Rights-based approaches consistent with the key tenets of the UNDRIP.

Significant to implementing cultural determinant driven policy is the recognition that policy making does not occur in the absence of culture: it is very much informed and shaped by the culture of predominantly non-Indigenous policy makers. A cultural determinants approach must seek to balance this structural inequity by empowering Aboriginal and Torres Strait Islander communities and voices throughout the policy process.[11]

Led by Aboriginal and Torres Strait Islander academics, the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing[12] is a longitudinal exploration of the connection between cultural practices and wellbeing outcomes. It outlines six cultural domains that are anchored in Aboriginal and Torres Strait Islander culture and identity that has been passed down for tens of thousands of years through complex kinship systems, law, lore, ceremony and song.

Connection to Country	**Family, kinship and community**	**Indigenous beliefs and knowledge**
◦ spiritual connection ◦ health and traditional foods ◦ living on country ◦ land rights and autonomy ◦ caring for country	◦ family and kinship ◦ community	◦ spiritual and religious beliefs ◦ traditional knowledge ◦ traditional healing ◦ knowledge transmission and continuity
Cultural expression and continuity	**Indigenous language**	**Self-determination and leadership**
◦ identity ◦ cultural practices ◦ art and music	◦ impacts of language on health ◦ language revitalisation ◦ Aboriginal and Torres Strait islander language education	◦ cultural safety ◦ self-determination and wellbeing ◦ leadership

XX based on Cultural Determinants from Lowitja Report – Culture is key: towards cultural determinants-driven health policy

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[10] Lowitja Institute (2020). Culture is Key: Towards cultural determinants-driven health policy – Final Report. Lowitja Institute: Melbourne.
[11] Lowitja Institute (2020). Culture is Key: Towards cultural determinants-driven health policy – Final Report. Lowitja Institute: Melbourne.
[12] https://mkstudy.com.au/

Cultural determinants underscored in the UNDRIP (Sweet 2013):

- Self-determination
- Individual and collective rights
- Freedom from assimilation and destruction of culture
- Connection to, custodianship and utilisation of country and traditional lands
- Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property
- Freedom from discrimination
- Protection from removal/relocation
- Understanding of lore, law and traditional responsibilities
- Reclamation, revitalisation, preservation and promotion of language and cultural practices

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Social determinants of health

Addressing the social determinants of health is key to achieving health equity for Aboriginal and Torres Strait Islander people. This approach requires shared action across maternal health and early childhood development, community and family safety, education and youth, employment and income, racism, housing, environment and infrastructure, interactions with government systems and services, law and justice, poverty, welfare dependency, food security and access to nutritious food, and experiences with alcohol, tobacco and other drugs.

The circumstances we are born into and the conditions within which we live, grow, work and age have an impact on our health. These conditions are called the social determinants of health. Social determinants interact in a way that reinforces impacts across other determinants. For example, we know that there is access to good education, people are more likely to obtain a job, which allows them to live more comfortably and with less stress. They are more likely to live in secure housing and have access to healthy, nutritious food. This is critical to peoples' health and security.[13]

Social determinants of health explain 34 per cent of the total health gap between Aboriginal and Torres Strait Islander people and other Australians. Leading social determinants that account for the health gap include household income, employment and hours worked, and health risk factors, such as smoking and obesity.[14] In addition, one of the most impactful social determinants for Aboriginal and Torres Strait Islander peoples is racism[15,16, 17, 18].

[13] https://www.aihw.gov.au/reports/australias-welfare/indigenous-employment

[14] Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Cat. no. IHPF 2. Canberra: AIHW.

15 Paradies, Y., Harris, R. & Anderson, I. 2008, The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda, Discussion Paper No. 4, Cooperative Research Centre for Aboriginal Health, Darwin.

16 Ferdinand, A., Paradies, Y. & Kelaher, M. 2012, Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey, The Lowitja Institute, Melbourne.

17 Markwick, A., Ansari, Z., Clinch, D. et al. Experiences of racism among Aboriginal and Torres Strait Islander adults living in the Australian state of Victoria: a cross-sectional population-based study. BMC Public Health 19, 309 (2019). https://doi.org/10.1186/s12889-019-6614-7

18 https://www.aida.org.au/wp-content/uploads/2017/08/Racism-in-Australias-health-system-AIDA-policy-statement_v1.pdf

For Aboriginal and Torres Strait Islander peoples to experience better health outcomes, improvements in the health system and determinants beyond the health sector are required. The ACCHSs model of delivering comprehensive primary healthcare provides a valuable example of how social determinants can be incorporated at the service level.

There is an imperative need to address the social determinants of health across all levels of government in order to see improvements in all areas of health.

Life course approach

Aboriginal and Torres Strait Islander peoples view health and wellbeing as involving the whole community throughout the entire life course. Applying a whole of life perspective recognises the different stages in life and will ensure that attention is focussed on broader factors affecting health and wellbeing at transition points and as people move through different stages of life.

Across peoples' lives, there are different periods that influence the way we engage with our families, communities and the world more broadly. A life course approach is necessary to address the intergenerational mechanisms that impact on our health. The social, environmental, economic and cultural conditions into which a child is born and lives influence their chances to be healthy. As such, this Health Plan focuses on the life course across four key stages:

- **Healthy babies and children (Age range: 0 to 12)**
- **Healthy youth and adolescents (Age range: 12 to 24)**
- **Healthy adults (Age range: 25 to 49)**
- **Healthy ageing (Age range: 50+)**

The Health Plan also recognises that death and dying are critical components of cultural and social wellbeing, reflected in Aboriginal and Torres Strait Islander cyclical conceptions of life and death. This is not limited to any single stage of life, and includes the importance of dying on and 'returning to country', ceremony, sorry business, and the cultural practices that are unique to specific Nations and communities. The practice of culture is key element of kin and family being able to deal with and recover from death.

Healthy babies and children (Age range: 0 to 12) – Parents and carers of Aboriginal and Torres Strait Islander children can ensure that their children are provided with the foundations they need to thrive.

Children are precious to Aboriginal and Torres Strait Islander families and communities. As Aboriginal and Torres Strait Islander children develop into young people, they are the future leaders. It is important that Aboriginal and Torres Strait islander children are able to have access to options that will set them up to be not just leaders; but also, to grow up to have their own children in good health and be active members of the community.

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The experiences of a child in utero, at birth, in infancy and in childhood have the potential to impact on their health throughout life, providing a crucial window to set children up to thrive. Positive, accessible, and culturally appropriate reproductive, antenatal and infant health services are critical to support improvements in birth outcomes, mortality and reduce preventable illness.

Giving children a good start also relies on taking an integrated approach to the cultural determinants of health and social determinants of health. This includes supporting structured early learning environments, positive parenting skills and stronger families and maternal and child health interventions to enhance positive and healthy early childhood development.

Using cultural knowledge and teaching enables children and their families to draw on their strengths and feel pride and strength from their culture. Providing children with safe family and community environments, nurturing homes, access to early childhood care and education, preventive health checks and immunisations, and extending to areas of health promotion such as breast-feeding, healthy eating, sleeping, hygiene and physical activity all reduce the risk factors of preventable disease.

Healthy youth and adolescents (Age range: 12 to 24) – Aboriginal and Torres Strait Islander youth grow into healthy young adults.

Aboriginal and Torres Strait Islander young people represent the future of Aboriginal and Torres Strait Islander communities and cultures. Good health and wellbeing during youth and adolescence means that the Aboriginal and Torres Strait Islanders leaders of tomorrow are empowered to navigate the challenges of adolescence and to realise their aspirations across the life course.

Young Aboriginal and Torres Strait Islander people face a number of health and wellbeing issues and challenges, such as:

- Emotional and mental health
- Relationships with family and friends
- Sexuality, sexual health and sexual orientation
- Risk taking and experimentation
- Experiences with alcohol and other drugs
- Undiagnosed disability or developmental delay
- Intergenerational trauma
- Systemic racism
- Developing identity, values, self-esteem and confidence

Aboriginal and Torres Strait Islander young people often navigate these challenges while learning what it means to walk in two worlds. Preserving and sharing culture gives young people a sense of belonging and strengthens their identity and resilience. This means that culture can be a protective factor through a time of great personal change, including

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physical development and the establishment of a sense of identity, self-esteem, confidence and values.

Policies, services and programs that target Aboriginal and Torres Strait Islander youth must be culturally appropriate and focus on key enablers for health and wellbeing at this stage in life. This includes embedding connection to culture, positive role models and leadership through family, community and Elders, as well as access to services and support for health and social and emotional wellbeing.

Healthy adults (Age range: 25 to 49) – Aboriginal and Torres Strait Islander adults can manage their health and have long productive lives.

As leaders and decision-makers, Aboriginal and Torres Strait Islander adults play a key role in shaping the health and wellbeing outcomes of families and communities. By acting as mentors, role models, and teachers of cultures, customs and cultural practices, Aboriginal and Torres Strait Islander adults pass on the knowledge and skills that foster resilience in younger generations. This includes the practice of kinship, which includes knowing and being part of the community including responsibilities, obligations and duties in extended families, community life, local initiatives and political issues[19]. By continuing this practice, Aboriginal and Torres Strait Islander health adults are building the strength and abilities of the next generation of leaders.

Good health and wellbeing is vital to ensure that adults are able to perform these roles, including through engagement with economic, cultural and social activities. Barriers to good health and wellbeing for Aboriginal and Torres Strait Islander adults can include inadequate access to services, the cumulative effects of trauma, racism, and other social determinants of health such as housing, lack of opportunities for economic participation and food security. This can impede Aboriginal and Torres Strait Islander adults from living full and healthy lives.

Policy approaches must foster an environment that empowers Aboriginal and Torres Strait Islander adults to determine their health priorities. Programs and services at the community level must be comprehensive and take a holistic approach, harnessing the protective factors of culture to support and encourage healthy lifestyle behaviours, chronic disease prevention and management, and social and emotional wellbeing. Preventive health approaches, including health checks, screenings and follow up care, must be tailored to the specific needs of Aboriginal and Torres Strait Islander people to enable a healthy transition into ageing.

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[19] Arabena, K. 2020, *'Country Can't Hear English': A guide supporting the implementation of cultural determinants of health and wellbeing with Aboriginal and Torres Strait Islander peoples,* Karabena Consulting, Melbourne.

Healthy ageing (Age range: 50+) – Older Aboriginal and Torres Strait Islander people remain active, healthy independent and comfortable for as long as possible.

Older Aboriginal and Torres Strait Islander people are knowledge holders, caregivers, Elders, leaders and teachers, and are central members of families and communities. While there is still a gap in the life expectancy between Aboriginal and Torres Strait Islander and non-indigenous Australians, Aboriginal and Torres Strait Islander peoples are living longer.

Like all ageing populations Aboriginal and Torres Strait Islander people want to age well.[20] Healthcare policies and programs must therefore ensure that older Aboriginal and Torres Strait Islander people are able to continue to participate in family, community and cultural life for as long as possible.

There are 17,150 Stolen Generations survivors across Australia. By 2023, they will all be over the age of 50 and therefore eligible for aged care.[21] Where older Aboriginal and Torres Strait Islander people come in contact with the health care system or require long term care, the services provided must be delivered in a culturally safe, appropriate and trauma-informed manner. This includes the delivery of care through aged care and disability services. The assessment of older Aboriginal and Torres Strait Islander peoples' individual needs must be done with an understanding of the historical and social circumstances that may have impacted them.[22]

Culturally responsive services and community supports must enable healthy ageing and promote social participation, including access to an integrated and culturally safe aged care system. The aged care sector, with the support of ACCHSs and other Aboriginal and Torres Strait Islander-led organisations, must play an important role in ensuring appropriate care is delivered. Working with ACCHSs and other Aboriginal and Torres Strait Islander-led organisations is key to ensuring that Aboriginal and Torres Strait Islander people receive informed and culturally appropriate end of life care, including having the option to remain on Country with family.

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[20] Wettasinghe, P.M.; Allan, W.; Garvey, G.; Timbery, A.; Hoskins, S.; Veinovic, M.; Daylight, G.; Mack, H.A.; Minogue, C.; Donovan, T.; Broe, G.A.; Radford, K.; Delbaere, K. Older Aboriginal Australians' Health Concerns and Preferences for Healthy Ageing Programs. Int. J. Environ. Res. Public Health 2020, 17, 7390.
[21] Australian Institute of Health and Welfare 2018. Aboriginal and Torres Strait Islander Stolen Generations and descendants: numbers, demographic characteristics and selected outcomes. Cat. no. IHW 195. Canberra: AIHW.
[22] Mitchell, Ivan. Doing better for First Nations peoples [online]. Australian Ageing Agenda, Sep/Oct 2019, Oct 2019: 43-45. Availability:<https://search-informit-com-au.ezproxy.uow.edu.au/documentSummary;dn=789782824100990;res=IELHEA> ISSN: 1836-7348. [cited 23 Oct 20].

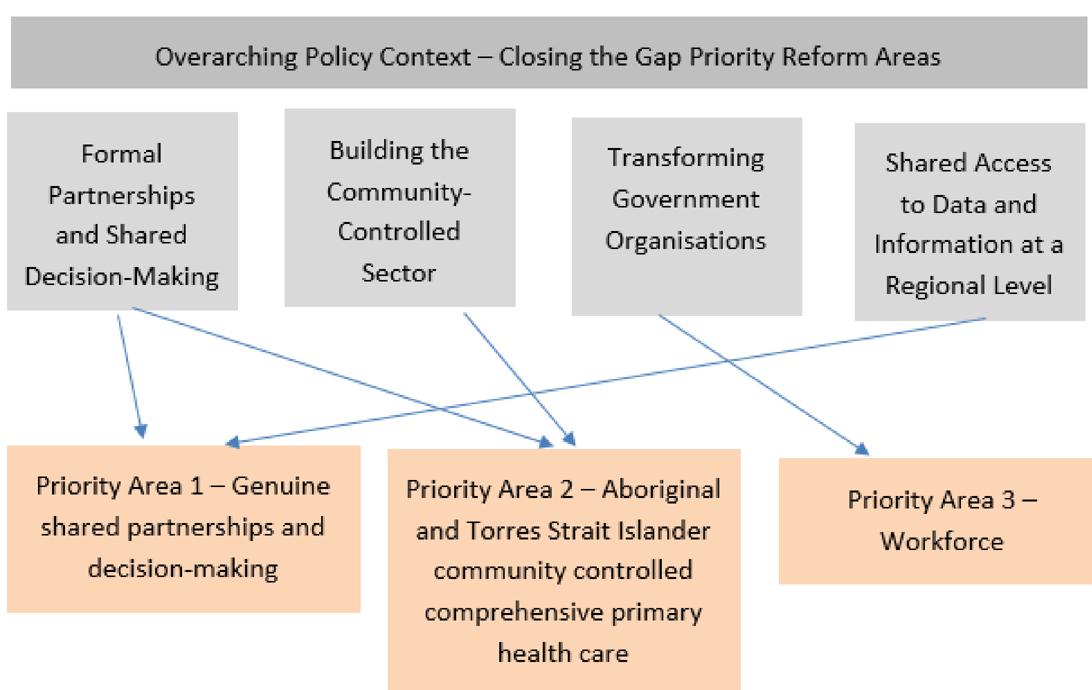
Priorities

The Health Plan framework is comprehensive and demonstrates the interconnectedness of each aspect of the policy. The social determinants and cultural determinants are foundational and are reflected across all of the Priorities, through a life course lens. The Priorities rely on a whole of system approach, with implementation to occur through genuine partnerships led by Aboriginal and Torres Strait Islander peoples.

Enablers for change	Priority 1 – Genuine shared decision making and partnerships
	Priority 2 - Aboriginal and Torres Strait Islander community controlled comprehensive primary health care
	Priority 3 - Workforce
Focussing on prevention	Priority 4 – Health promotion
	Priority 5 – Early intervention
	Priority 6 - Social and emotional wellbeing and healing to address trauma
	Priority 7 - Healthy environments, sustainability and preparedness
Improving the health system	Priority 8 - Identifying and eliminating racism
	Priority 9 - Access to person-centred and family-centred care
	Priority 10 - Mental health and suicide prevention
Culturally informed evidence base	Priority 11 - Culturally informed and evidence-based research and practice
	Priority 12 - Data development and sovereignty

ENABLERS FOR CHANGE

To enable change and achieve the vision of the Health Plan, there must be structural and systemic transformation across the whole health system to embed Aboriginal and Torres Strait Islander leadership, decision-making and self-determination. This action is in direct alignment with the Priority Reforms of the National Agreement, demonstrating how these Reforms can be brought into practice to improve access to health care that is culturally appropriate and responsive to the needs of Aboriginal and Torres Strait Islander people and communities.



Priority 1: Genuine shared decision-making and partnerships

Desired Outcome: Collaborative cross-sector approaches, shared decision making and shared partnerships, including through community-led and nation building approaches, structural reform, operate at all levels of health planning, and service delivery, including mainstream services.

Links to Closing the Gap Priority Reform 1 – Formal partnerships and shared-decision making

Context

Aboriginal and Torres Strait Islander Peoples have always known what is best for their own communities; though historically, have not been meaningfully involved in the laws and policy decisions that affect their own health and wellbeing. Governments now recognise that meaningful change is not possible without the leadership of Aboriginal and Torres Strait Islander peoples, as demonstrated through the new National Agreement and a number of existing local and regional arrangements, such as the Empowered Communities initiative. The co-design process for the Indigenous Voice also aims to articulate options for giving Aboriginal and Torres Strait Islander people a greater say on matters impacting their lives, both at the national level and in communities.

There are over 250 Aboriginal and Torres Strait Islander Nations across Australia. While some communities may share some commonalities, each Nation, and every community under each Nation, is unique. To enable true partnership and collaboration with Aboriginal and Torres Strait Islander people, all programs and policies must recognise the unique needs and differences that exist between populations, as well as the importance of communities being involved across all levels of decision-making to determine and drive locally-relevant priorities. This includes mechanisms that ensure that Aboriginal and Torres Strait Islander Nations and communities are enabled to maintain and revitalise culture in line with local aspirations.

What is self-determination?

"Self-determination requires more than consultation because consultation alone does not confer any decision-making authority or control over outcomes. Self-determination also requires more than participation in service delivery because in a participation model the nature of the service and the ways in which the service is provided have not been determined by Indigenous peoples. Inherent in the right of self-determination is Indigenous decision-making carried through into implementation".[23]

[23] Human Rights and Equal Opportunity Commission (1997). *Bringing them home: report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*. Sydney: Human Rights and Equal Opportunity Commission.

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What is Nation-Building?

Nation Building seeks to maintain and revitalise customs, practices and lore to allow Aboriginal and Torres Strait Islander people to be genuinely self-determining when it comes to economic, social and cultural outcomes. In turn, Aboriginal and Torres Strait Islander peoples' ability to self-govern will lead to improved socio-economic conditions.[24] While there is no single approach to nation-building. An example of five key elements of nation building is below.[25]

In concert with the National Agreement, some partnership and shared decision-making mechanisms are already in place at the national and jurisdictional level to guide policy development on issues that impact Aboriginal and Torres Strait Islander peoples' health and wellbeing. This includes the Joint Council on Closing the Gap, through the role of the Coalition of Peaks, and the Partnership Forums, which are underpinned by Framework Agreements that embed a partnership approach between governments and ACCHS at the jurisdictional level and facilitate regional planning and prioritisation.

However, much more needs to be done to embed shared-decision making and partnerships, particularly with respect to the delivery of services and supports across the broader whole-of-population health system. Aboriginal and Torres Strait Islander voices must hold as much weight as governments. To enable this, there must be formal agreements in place to ensure that partnerships are transparent, accountable and representative.

[24] Behrendt L, Jorgensen M, Vivian A Self-Determination: Background Concepts
Scoping paper 1 prepared for the Victorian Department of Health and Human Services
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiyiLGb-8nsAhUD7XMBHf14Co44ChAWMAV6BAgHEAI&url=https%3A%2F%2Fwww2.health.vic.gov.au%2FApi%2Fdownloadmedia%2F%257BCB5F58FE-64C1-441F-96CD-077B603D1FCF%257D&usg=AOvVaw2yWz1bttMMARedgmbQ-L8k

[25] Behrendt L, Jorgensen M, Vivian A Self-Determination: Background Concepts
Scoping paper 1 prepared for the Victorian Department of Health and Human Services
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiyiLGb-8nsAhUD7XMBHf14Co44ChAWMAV6BAgHEAI&url=https%3A%2F%2Fwww2.health.vic.gov.au%2FApi%2Fdownloadmedia%2F%257BCB5F58FE-64C1-441F-96CD-077B603D1FCF%257D&usg=AOvVaw2yWz1bttMMARedgmbQ-L8k

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Strategy 1.1. Embed regional partnerships and shared decision making across the whole health system to enable the delivery of trauma-aware, culturally responsive health care

In alignment with the National Agreement, shared decision making must be embedded at all levels of policy, implementation and service delivery. This means that regional health bodies, including LHNs and PHNs, must work with ACCHSs and other Aboriginal and Torres Strait Islander-led organisations to implement the Health Plan. ACCHS and other Aboriginal and Torres Strait Islander-led organisations will need to be supported to play a leadership role, which will drive better access and experiences across whole-of-population health services for Aboriginal and Torres Strait Islander peoples.

Full partnership and shared decision making approaches require formal agreements to be in place to ensure a shared understanding and processes to reinforce the partnership principles. Proactive partnerships will support improvements in access by better connecting Aboriginal and Torres Strait Islander peoples with the services they need. Partnerships will also support efforts to eliminate institutional racism throughout the whole health system.

Strategy 1.2. Ensure Aboriginal and Torres Strait Islander representation in health system leadership, governance and decision-making bodies across jurisdictions

Governing bodies, including PHNs and LHNs, must implement minimum requirements for Aboriginal and Torres Strait Islander representation and leadership on these bodies. This will ensure that governance and leadership mechanisms are strengthened to enable Aboriginal and Torres Strait Islander peoples and their communities to be more self-determining, and to make more efficient and effective decisions that benefit the health and wellbeing of their communities.

Strategy 1.3. Embed the leadership of Aboriginal and Torres Strait Islander peak organisations in policy-making

The leadership of Aboriginal and Torres Strait Islander peak organisations must be embedded into the development, implementation and evaluation of policies that impact the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including whole-of-population policies. This extends beyond policies specific to health to also encompass broader aspects, such as cultural safety, workforce, accreditation and standard setting,

How do we demonstrate success?

Placeholder.

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Priority 2: Aboriginal and Torres Strait Islander community control, governance and leadership of comprehensive primary health care services

Desired Outcome: Building the Aboriginal and Torres Strait Islander community-controlled health care sector (ACCHSs) so it is strong, sustainable and equipped to deliver high quality comprehensive primary health care services that meet the needs of Aboriginal and Torres Strait Islander peoples across the country.

Links to Closing the Gap Priority Reform 2 – Building the Community Controlled Sector

Context

Over the last 50 years, ACCHSs have grown to become a key plank of Australia's health care system. They have long set the benchmark for the responsive delivery of holistic and culturally appropriate care and services to Aboriginal and Torres Strait Islander peoples and communities. They work to deliver person and community centred programs, including family and community services that, in many cases, go far beyond the primary health care services currently delivered by many whole-of-population primary care providers in Australia. In 2018-19, ACCHSs provided a comprehensive range of health and social and emotional wellbeing services, such as:

- access to a doctor, nurse and Aboriginal Health Worker Team for treatment of health issues;
- diagnosis and treatment of chronic illnesses;
- mental health and counselling services;
- maternal and child health care and antenatal care;
- substance-use and drug and alcohol programs;
- group activities such as living skill sessions and chronic disease client support; and
- action on the broader social determinants of health.[26]

The ACCHS sector has been steadily growing in reach and capability over many years and the vital role ACCHSs play in the Australian health system is increasingly being understood. ACCHS have been nationally and internationally recognised for initiating the response to protect Aboriginal and Torres Strait Islander peoples from the potentially catastrophic impact of the COVID-19 pandemic on communities, with 0.5 per cent of Aboriginal and Torres Strait Islander people contracting the disease and no deaths to date[27].

[26] Australian Institute of Health and Welfare (2020) Indigenous primary health care: results from the OSR and nKPI collections. Cat. no. IHW 227. Canberra: AIHW. Viewed 09 July 2020, https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr- nkpi

[27] Cooks, K. Casey, D. and Ward, J. (2020) "First Nations peoples leading the way in Covid-19 pandemic planning, response and management", Medical Journal of Australia, 213 (4) 151-152.e1

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Despite this, the ACCHS sector still faces huge challenges meeting the health and wellbeing needs of Aboriginal and Torres Strait Islander communities. While ACCHSs provide a breadth of services, they are stretched and continue to report serious service gaps in the communities they serve[28]. There is a need for increased service coverage, workforce, infrastructure and technology enhancements to address these service gaps.

Why prioritise care through ACCHSs?

Aboriginal and Torres Strait Islander health and wellbeing is the responsibility of the whole community. However, there is evidence the delivery of health care services through ACCHSs leads to improved outcomes for Aboriginal and Torres Strait Islander peoples.

This Health Plan recognises the historic and ongoing role of ACCHSs has been vital to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples and communities. Over the last fifty years, ACCHSs have greatly expanded access to health and wellbeing services for Aboriginal and Torres Strait Islander peoples. Where ACCHSs have been established, Aboriginal and Torres Strait Islander people, many of whom were previously not receiving services, have increasingly been able to access holistic and culturally safe care. The work of ACCHSs, alongside other community and health organisations, has led to significant gains over the last decade in maternal and child health, reductions in smoking and alcohol misuse and improved management of circulatory, kidney and respiratory diseases.[29] The work of ACCCHS has also been vital in shaping the Australian Government health policy environment, including joint planning, improved data systems, increased access to healthcare through the Medicare Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS).

For all these reasons, the new National Agreement recognises that Aboriginal and Torres Strait Islander community controlled services are should be prioritised in delivering services for Aboriginal and Torres Strait Islander peoples, particularly given that they are often preferred over whole-of-population services by Aboriginal and Torres Strait Islander people. In line with National Agreement Priority Reform Area 2, this Health Plan aims to strengthen the community controlled sector to ensure that ACCHSs are well placed to sustain and build on their progress in improving Aboriginal and Torres Strait Islander health and wellbeing over the next decade.

This Plan also recognises the leadership role the ACCHS sector can play more broadly as a gateway to lifting performance of other health organisations in meeting the needs of Aboriginal and Torres Strait Islander peoples. ACCHSs are in a strong position to lead regional approaches to improving Aboriginal and Torres Strait Islander health as they can

[28] Australian Institute of Health and Welfare (2020) Indigenous primary health care: results from the OSR and nKPI collections. Cat. no. IHW 227. Canberra: AIHW. Viewed 09 July 2020, https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr- nkpi

[29] Australian Health Ministers' Advisory Council (2017) Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra.

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play a critical role in assisting other health services understand community need, establish relationships with Aboriginal and Torres Strait Islander clients and lead the way on cultural competence, cultural safety and holding mainstream health services in their regions to account.

Facts and figures

'Up to fifty percent more health gain or benefit can be achieved if health programs are delivered to the Aboriginal population via ACCHSs, compared to if the same programs are delivered via mainstream primary care services'.[30]

Within Aboriginal and Torres Strait Islander-specific primary health care in 2018-2019, around two-thirds (65%) were ACCHSs, 30% were government run organisations (many of these were Northern Territory Government-run clinics and 4% were other non-government-run organisations.[31]

Under the Indigenous Australians' Health Programme (IAHP), the Australian Government is investing around $4.0 billion over four years from 2020-21 to 2023-24 to improve access to culturally appropriate comprehensive primary health care.[32] Of this, around 83% is provided to ACCHSs.

Within Aboriginal and Torres Strait Islander-specific primary health care in 2018-2019, 498,000 clients received primary health care through 168 funded organisations (of which 137 were ACCHS) and 210 reporting sites. 79% identified as Aboriginal and Torres Strait Islander – 80% were delivered by Aboriginal Community Controlled Health Services (ACCHS).[33]

Strategy 2.1. Prioritise and recognise the community controlled health sector for delivery of programs targeted at Aboriginal and Torres Strait Islander peoples

ACCHSs must continue to be prioritised and recognised for the vital role they play as a core facet of the Australian health care system. This includes:

- prioritising and funding ACCHSs for the delivery of Indigenous-specific primary health care services;
- deliver sustained capacity building and investment in improving infrastructure and technology to address service gaps, including in the delivery of allied health and disability services;
- support transition to community control opportunities; and

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

[31] Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections. Cat. No. IHW227. Canberra: AIHW.

[32] Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections. Cat. No. IHW227. Canberra: AIHW.

[33] Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections. Cat. No. IHW227. Canberra: AIHW.

Working Draft

- address identified priority funding needs, as outlined in the Health Sector Strengthening Plan under the National Agreement.

Strategy 2.2. Extend the reach of ACCHSs into areas of unmet need

Not all Aboriginal and Torres Strait Islander people have access to an ACCHS. Where feasible and appropriate, governments must ensure that future investment and resourcing is directed towards addressing areas of unmet need, supporting the viable and sustainable growth of the ACCHS sector. This includes sustained capacity building and a future-focus on investment that improves service coverage, workforce, infrastructure and technology to address service gaps.

How do we demonstrate success?

Placeholder.

Case Study – Community led responses to COVID-19 credited for low infection rates among Aboriginal and Torres Strait Islander communities.

COVID-19 highlighted the unique capacity of Aboriginal Community Controlled Health Organisations (ACCHOs) to respond rapidly and effectively in a national health crisis.

Fears of the catastrophic effect of the virus in Aboriginal and Torres Strait Islander communities galvanised the sector and led to a response that has since been recognised internationally.

Well before the pandemic was declared by WHO, the sector had mobilised. It commenced planning locally and advocated nationally for border and community closures, access to testing, personal protection equipment, contact tracing capacity and lockdown measures.

The partnership between NACCHO and the Commonwealth Department of Health was critical in ensuring Aboriginal communities across Australia were supported to develop local plans. It built upon a pre-existing relationship that had been so effective in responding to syphilis outbreaks.

A National Aboriginal and Torres Strait Islander COVID-19 Advisory Group was established in early March. The members included NACCHO, its members and affiliates, lead experts and the Australian Government. Its role was to provide advice on Aboriginal and Torres Strait Islander health aspects related to COVID-19 based on the principles of shared decision making and co-design. The Advisory Group quickly developed the Emergency Response Management Plan that addressed mobility issues, high visitation rates, and the need for responses that addressed continuity of health care, housing conditions, literacy and other social determinants.

The sector worked through their local communities to develop and implement local plans. Government agencies supported the introduction of comprehensive biosecurity measures, the establishment of over 140 GP Respiratory Clinics, with 21 operated by ACCHOs, to undertake testing and local preparedness to prevent and respond to

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COVID-19. NACCHO worked with the Government to develop a funding model to support the sector with over $13m committed. Affiliates provided regular updates on clinical care requirements and resources to member services about safe COVID-19 practices.

The results were compelling. By November 2020, under 150 Aboriginal and Torres Strait Islander peoples had been infected with COVID-19 and there had been no deaths. The rate of infection is six times less than that amongst other Australians. This outcome is particularly impressive given the real risks associated with high levels of co-morbidities in the Aboriginal and Torres Strait Islander population, poverty and overcrowded housing conditions.

The response to the COVID-19 pandemic by ACCHOs has demonstrated the strength of the community controlled primary health care model.

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Priority 3: Workforce

Desired Outcome: The health workforce prioritises Aboriginal and Torres Strait Islander representation and delivers culturally relevant and safe services to Aboriginal and Torres Strait Islander people. This workforce is grown and sustained across all health services, including mainstream services.

Links to Closing the Gap Priority Reforms:
Priority Reform 2 – Building the community controlled sector
Priority Reform 3 – Transforming government organisations

Context

The capacity of the whole Australian health system to be responsive to the health needs of Aboriginal and Torres Strait Islander people relies heavily on the knowledge, skills and experience of the workforce across clinical, non-clinical and leadership roles. This encompasses provision of care by the Aboriginal and Torres Strait Islander workforce through both the Aboriginal and Torres Strait Islander health sector, including ACCHSs, and whole-of-population services. The healthcare provided by non-Indigenous workers must also be underpinned by strong cultural competence.

Equitable representation of Aboriginal and Torres Strait Islander people across all roles, including clinical and non-clinical, and at all levels, is fundamental for improving health and wellbeing. The skills of the Aboriginal and Torres Strait Islander health workforce are enhanced by lived experience, cultural knowledge

The ACCHS Workforce

Those best-placed to serve communities are the local Aboriginal and Torres Strait Islander people who understand community and historical contexts. ACCHSs recognise this, and are one of the largest employers of Aboriginal and Torres Strait Islander people across Australia.[34] Aboriginal and Torres Strait Islander people occupy a range of roles across ACCHSs, including the delivery of clinical services, health promotion, care and system navigation, research and leadership.

Workers in the ACCHS setting will often encounter patients or clients outside of clinical settings, which enables them to build trust and provide the necessary assistance to overcome any cultural and communication barriers to accessing necessary care.[35] The strength of this workforce is enabled by strong cultural and strategic governance, a supportive organisational culture, funding for capacity building and professional development and strong partnerships with schools, peak bodies, registered training organisations and universities.[36]

ACCHSs are committed to fostering culturally safe workplaces where people feel valued, and where they can receive tailored mentoring and support.

[34] The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE). (2020). Aboriginal Community Controlled Health Organisations in practice: Sharing ways of working from the ACCHO sector. Wardliparingga Aboriginal Health Equity Theme, South Australian Health and Medical Research Institute, Adelaide.
[35] Lai, et al. 2018.
[36] CREATE 2020.

and local-level community connection, all of which are necessary to deliver a more culturally safe and accessible health system. Aboriginal and Torres Strait Islander representation must also be equitable across Australia's education and training sectors as a pathway to health careers and leadership positions. In nine out of ten health-related disciplines, course completion rates are higher for non-Indigenous compared to Aboriginal and Torres Strait Islander students.[37]

To ensure culturally safe and responsive healthcare, whole-of-population health services must recruit and retain Aboriginal and Torres Strait Islander people, including across primary health care, specialist and hospital services, which have fewer Aboriginal led, delivered or culturally safe services. While substantial gains have been made over recent decades in growing the Aboriginal and Torres Strait Islander health workforce, the overall size of the workforce remains too low, with growth not commensurate with the size of the Aboriginal and Torres Strait Islander population.[38] [39] In order to grow the workforce, workplace environments must be culturally safe, responsive and free of racism to eliminate the possibility of burn out and vicarious trauma.

Whole-of-population health services that value Aboriginal and Torres Strait Islander people and staff and create a culturally safe working environment are more likely to be better able to assist Aboriginal and Torres Strait Islander clients. Retaining the Aboriginal and Torres Strait Islander workforce across clinical and non-clinical roles, in the context of institutional racism, requires improvements to the quality, reach, scope, and impact of activities to strengthen cultural safety. This must be done within education and training sectors and across the health, aged care and disability workforces. These same services also need to train non-Indigenous health care professionals to deliver culturally safe and responsive health care to Aboriginal and Torres Strait Islander people.

Considerable job growth over current capacity is projected in health and related sectors over the next five years, including aged care, disability, mental health, and research. This presents an important opportunity to change systems to meet the health, education and employment needs of Aboriginal and Torres Strait Islander people and to grow the Aboriginal and Torres Strait Islander workforce across Australia's health system. The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 (National Workforce Plan) aims to harness this opportunity and create the additional momentum required to accelerate the growth of the Aboriginal and Torres Strait Islander health workforce across all health roles (both clinical and non-clinical) and locations.

[37] AIHW (2020). Aboriginal and Torres Strait Islander Health Performance Framework. Australian Institute of Health and Welfare: Canberra.
[38] Lai, GC Taylor, E Haigh, MM Thompson, S 2018, 'Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review', International Journal of Environmental Research and Public Health, vol. 15, no. 5, p. 914.
[39] Taylor, VE Lalovic, A Thompson, S. 2019 'Beyond enrolments: a systematic review exploring the factors affecting the retention of Aboriginal and Torres Strait Islander health students in the tertiary education system', International Journal for Equity in Health, vol. 18, no. 1, p. 136.

Working Draft

The National Workforce Plan sets an ambitious target for Aboriginal and Torres Strait Islander people to represent 3.43% of the national workforce by 2031. This target is based on the projected proportion of the Aboriginal and Torres Strait Islander working age population (ages 15-64) in 2031.

Facts and figures:
In 2016, Aboriginal and Torres Strait Islander peoples are under-represented in the health workforce and currently only represent1.8 per cent[40], despite being 3.3 per cent of the Australian population.
The substantial underrepresentation of Aboriginal and Torres Strait Islander peoples among the health workforce continues to exist across all health professions, including nurses, midwives, and allied health practitioners.[41]
Aboriginal and Torres Strait Islander people are more often in lower paid and less recognised roles across the workforce. Retention is also a key issue, particularly considering the continuing presence of institutional racism, which impacts the workforce, as well as patients.[42]
In 2018-19, there were 6,789 full-time equivalent positions employed across Indigenous Australians' Health Programme funded Primary Health Care services, of which 54 per cent were filled by Aboriginal and Torres Strait Islander people.[43] Most of the Aboriginal and Torres Strait Islander workforce is represented in administrative and transport roles.
The Community Controlled health sector employs almost 3,500 Aboriginal and Torres Strait Islander workers, making it one of the largest industry employer of Aboriginal and Torres Strait Islander people in Australia.[44]
ACCHSs are significantly more effective in employing Aboriginal and Torres Strait Islander people than government or mainstream NGOs, across all levels up from training positions to leadership roles such as CEOs, managers or supervisors.[45]

Working Draft

[40] Australian Bureau of Statistics, Census of Population and Housing, 2016

[41] Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Cat. no. IHPF 2. Canberra: AIHW.

[42] Lai, GC Taylor, E Haigh, MM Thompson, S 2018, 'Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review', International Journal of Environmental Research and Public Health, vol. 15, no. 5.

[43] Australian Institute of Health and Welfare 2020, Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections, <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/data>.

[44] National Aboriginal Community Controlled Health Organisation (NACCHO), Economic Value of Aboriginal Community Controlled Health Services, in Unpublished paper. 2014, NACCHO: Canberra. Http://www.naccho.org.au/resources-downloads/

[45] Australian Institute of Health and Welfare (AIHW), Aboriginal and Torres Strait islander health organisations: Online Services Report — key results 2015–16. 2017, AIHW: Canberra

Strategy 3.1. Implement the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031

An appropriately skilled, available and responsive Aboriginal and Torres Strait Islander health workforce is critical for an efficient national health system, and is essential for achieving better health outcomes for Aboriginal and Torres Strait Islander people and communities. To support the growth of this workforce, the National Workforce Plan must be implemented across governments and sectors in partnership with Aboriginal and Torres Strait Islander people. This includes implementing strategies to improve recruitment and retention, and create culturally safe workforces and workplaces.

Strategy 3.2. Increase, strengthen and streamline pathways for Aboriginal and Torres Strait Islander people across the education and health workforce sectors

Partnerships are required between the health and education sectors to ensure Aboriginal and Torres Strait Islander peoples have access to educational opportunities, including supportive pathways from school, through to higher education and into practice. This includes embedding and implementing culturally responsive Aboriginal and Torres Strait Islander-specific health education and employment programs, scholarships, apprenticeships and traineeships. This also requires health services, governing and commissioning bodies, including PHNs, LHNs, private hospitals and private practices, to ensure professional support and pathways to enable access to leadership roles and career progression once in the workforce.

Strategy 3.3. Improve cultural safety in workplaces across the health system

Cultural safety values, behaviours and standards must be embedded within the workplace culture of all health care systems and services, encompassing doctors, nurses, allied health professional, administrators and other key health professionals. Health service governing and commissioning bodies, including PHNs and LHNs, must be proactive in addressing this, including through meaningful Reconciliation Action Plans, ongoing cultural safety training and continuous quality improvement mechanisms across service settings. Workforce support must be available to support employ retention and recruitment strategies must enable Aboriginal and Torres Strait Islander leadership at all levels.

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How do we demonstrate success?

Placeholder.

Aboriginal and Torres Strait Islander Health Worker Led Model of Care

Establishing culturally safe models of care – the importance of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforces

Although health care contributes to better health outcomes for Aboriginal and Torres Strait Islander people, it is ineffective or counterproductive if it is not culturally safe. Racism and the lack of cultural safety remain barriers to health care access.

Within Australia's health care system Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are often the only culturally safe and responsive source of care for Aboriginal and Torres Strait Islander people.

Together these professions play a valuable role in connecting Aboriginal and Torres Strait Islander people to health care filling a critical gap in Australia's health care system. With a combination of clinical, cultural, and community development skills Aboriginal and Torres Strait Islander Health Workers and Health Practitioners act as cultural brokers, health system navigators and provide a high standard of culturally safe care. Their comprehensive primary health care skills, holistic understanding of health and their understanding and valuing of cultures helps them to support community members understand and navigate the cultural difference inherent with the health care system.

Unlike Allied Health Professionals who are university trained in specific disciplines of practice, the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce receive comprehensive Primary Health Care training through the vocational education and training system.[46] Importantly, this is designed to provide Aboriginal and Torres Strait Islander people with vital entrance level pathways for careers in the health sector, as well as, access to culturally safe care.

Of the two professions Aboriginal and Torres Strait Islander Health Practitioners, in particular, have a high level of clinical skills and are trained to work autonomously. To recognise this they have been required to meet practice standards and register under the Australian Health Practitioner Regulation Agency (AHPRA) national registration and accreditation scheme with the Aboriginal and Torres Strait Islander Health Practice Board since 2012.

The professional integration of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners into health care teams is critical to best practice models of care and leads to improved access and take up of services, more effective diagnosis and treatments and early intervention and prevention. Evidence directly connects the cultural care provided by this workforce to improved health outcomes across the life course and demonstrates that the provision of services to Aboriginal and Torres Strait Islander people must be shaped and guided through a cultural lens.

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[46] It is important to note that whilst Allied Health Assistants are also VET trained their courses are focused on specific disciplines of practice.

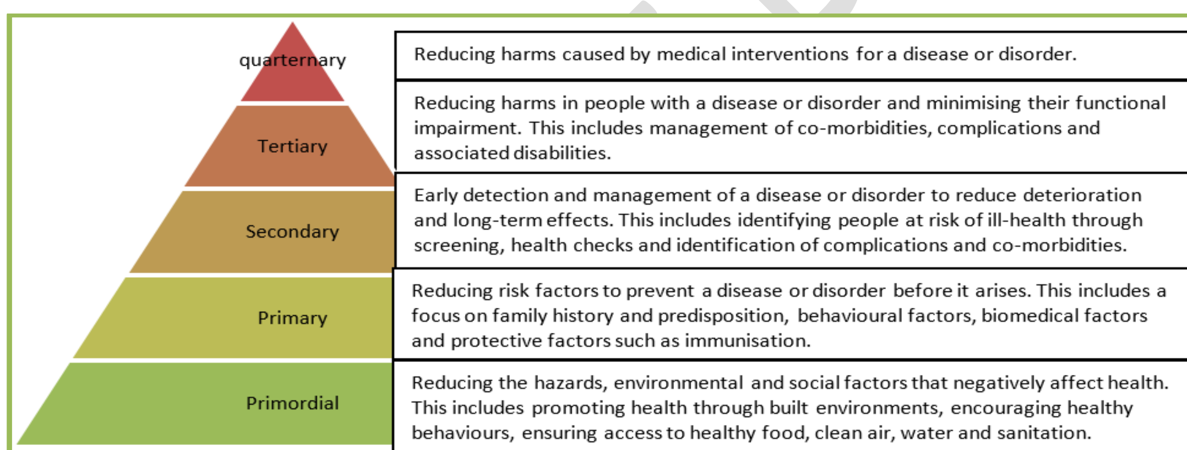
FOCUSSING ON PREVENTION

What is Prevention?

In the context of health, prevention means taking measures to keep people healthy and well to avoid the onset of illness, disease or injury. This includes through changes in environment, diet and nutrition, physical activity, reduced tobacco, alcohol and other drug intake, as well as regular health checks, immunisation and screenings for disease.

Creating an effective prevention system requires making sure that the people, processes, activities, settings and structures, and the dynamic relationships between them that can protect, maintain and promote the health and wellbeing of individuals, their families, communities and environments.

Prevention occurs on a spectrum across health care systems and service delivery. Historically, health care policy in Australia has focussed on the medical treatment of illness and management of disease. However, there is now a greater focus on targeted action around the social, cultural and environmental risk factors that influence health and wellbeing—also known as "primordial prevention".



As recognised in the new National Preventive Health Strategy (NHPS), prevention must be a key focus to ensure good health and wellbeing for Aboriginal and Torres Strait Islander people and communities. This is because effective and responsive prevention is not only about maintaining and improving the health and wellbeing of the entire population, it also focuses on reducing the health disparities that exist within populations.

Preventive approaches can embed Aboriginal and Torres Strait Islander holistic conceptions of health and wellbeing. This includes approaches that understand the historical, social, political, environmental and cultural factors that impact Aboriginal and Torres Strait Islander health outcomes at critical stages across the life course. Along with other concerted effort, preventive action is key to achieving the National Agreement target to close the gap in life expectancy within a generation, by 2031.

Priority 4: Health promotion

Desired Outcome: Health promotion and prevention approaches recognise culture as a protective factor and prioritise strategies that drive improved outcomes across the social determinants of health.

Links to Closing the Gap Priority Reform/s:
Priority Reform 1 – Formal partnerships and shared decision-making
Priority Reform 2 – Building the community controlled sector
Priority Reform 3 – Transforming government organisations
Priority Reform 4 – Shared access to data and information at a regional level

What is Health Promotion?

According to the WHO, "Health promotion is the process of enabling people to increase control over, and to improve their health" (Health Promotion Glossary, 1998). Health promotion goes beyond focusing on the treatment and cure of disease to address the root causes of ill health. This means empowering people to make the decisions that will prevent ill health before it occurs.

Context

Health promotion is about achieving equity in health by enabling people to take control of the things that determine their health and wellbeing. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. For prevention and health promotion to be responsive to Aboriginal and Torres Strait Islander peoples, all policy-making, program development and service delivery must recognise the historical, social, political, environmental and cultural factors that impact Aboriginal and Torres Strait Islander health outcomes across the life course. Health promotion that focuses on behavioural and lifestyle changes for Aboriginal and Torres Strait Islander populations must also address the ways that colonial legacies can act as barriers in the uptake of preventive health and wellbeing action.

At a systemic and structural level, there must be changes in policy and service provision to ensure Aboriginal and Torres Strait Islander peoples and communities can self-determine health and wellbeing priorities and outcomes. This will require cross-sector and cross-jurisdictional approaches, including across maternal health and childhood development, education, employment, disability, justice and incarceration, child protection, family and community safety, housing, environment and infrastructure, food security, pharmacy, and alcohol, tobacco and other drugs. Such approaches must embed the cultural determinants of health and prioritise connections to kin, country and community.

At a local level, health promotion must create the environments that enable communities to deliver place-based, evidence-informed preventive health action to meet local need. Depending on the solutions identified by communities, this may include promotion activity

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to tackle smoking, enable nutrition and physical activity, improve maternal and child health, increase uptake of immunisation and screening programs, and injury prevention. Developing and delivering this promotion activity through ACCHSs, and other community level and Aboriginal and Torres Strait Islander-led organisations, will help ensure that the experiences of local peoples are prioritised and the strengths and resilience of culture is recognised, depending on the unique needs of each community.

On a personal and family level, health promotion must ensure Aboriginal and Torres Strait Islander people have access to the tools to lead healthy lives. This first requires trauma-aware and healing-focused approaches to restore wellbeing, and to enable self-management and control in health decision-making. Health literacy must also be culturally and linguistically accessible to enable people to understand health promotion activities.

From a life-course perspective, a good start to life provides a crucial window to set Aboriginal and Torres Strait Islander children up to thrive. It is therefore important to target health promotion activities to support healthy foundations, setting up babies and children for good health later in life. For example, healthy women have healthy pregnancies, which in turn support healthy fetal development. This has long-lasting consequences for a child's physical, mental and behavioural development and wellbeing.

There is a growing body of evidence demonstrating that factors affecting babies in utero and in early life have an effect on their long-term health. Birthing on Country services can provide the best start in life for Aboriginal and Torres Strait Islander babies and their families, which supports transition to motherhood and parenting through an integrated, holistic and culturally appropriate model of care. The implementation of Birthing on Country more widely requires a redesign of health services to meet the needs of local Aboriginal and Torres Strait Islander women and continued investment in workforce to support culturally safe models of antenatal care.

Culturally appropriate reproductive and antenatal care that is both accessible and affordable, can help prevent miscarriages, stillbirths, pre-term birth, low birth weight, perinatal complications and developmental delay/vulnerability (including Fetal Alcohol Spectrum Disorder). An example of this in practice is the Australian Nurse-Family Partnerships Program (ANFPP), which is a primary prevention program that provides a nurse-led home visiting service to support women with an Aboriginal and/or Torres Strait Islander child. The majority of the sites delivering the ANFPP program are ACCHSs to enable culturally safe and community driven delivery. This mode of delivery enables ANFPP clients to receive culturally safe continuity of care maternity services. This in turn builds trust between clients and the ANFPP team, which positively impacts clients' engagement with the program, their health and well-being and that of their baby.

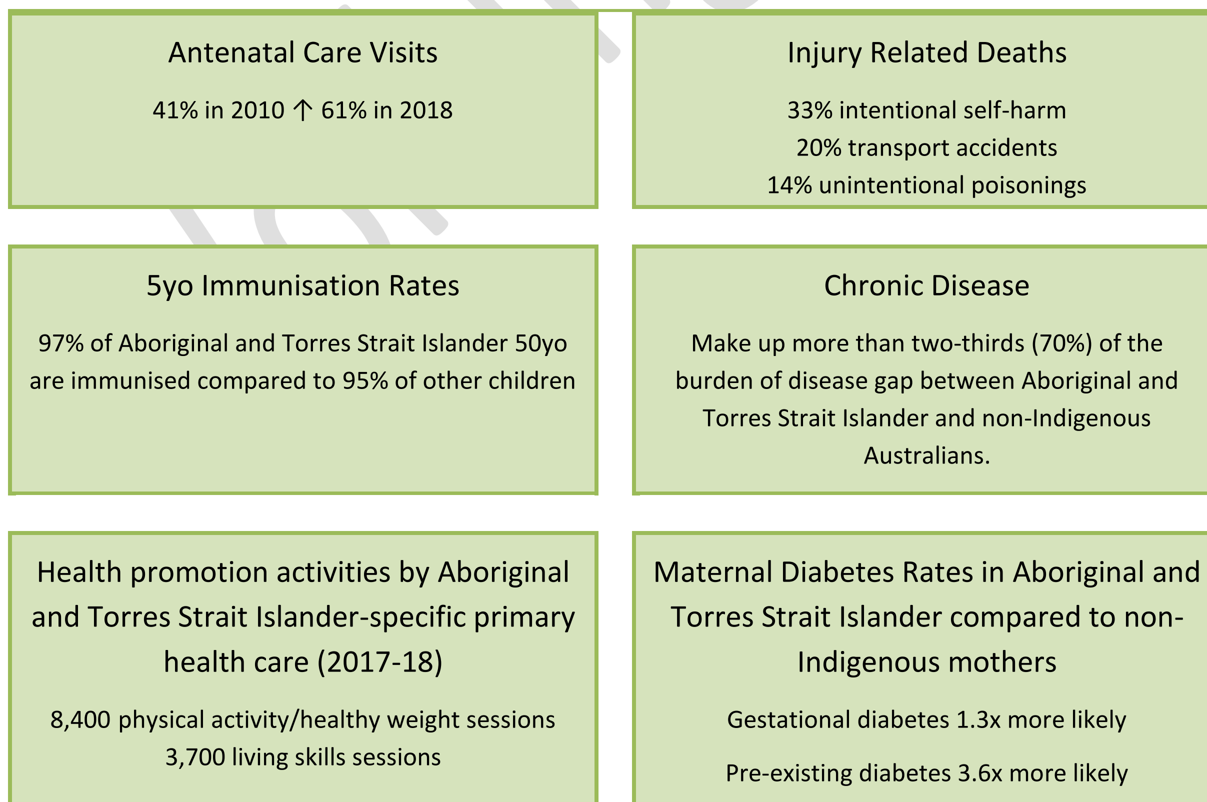
In the transition into adulthood, appropriately-targeted, culturally and linguistically responsive health promotion activities can prevent, or delay the onset of, tobacco, alcohol and other drug use, which are a major cause of harm across Australia. Tobacco use, in

particular, is a key driver for the life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. Alcohol and other drug use is linked with high rates of injury and impacts mental health and social and emotional wellbeing.[47] Culturally appropriate sexual and reproductive health care services and promotion activities are also important to provide young people with the knowledge and tools to manage their sexual and reproductive health.

Due to the close linkages between the mental health, social determinant factors, and the usage of tobacco, alcohol and other drugs, preventive activities must understand the social and historical context of colonisation, systemic racism and intergenerational trauma. To combat the impacts of the past, integrated and multidisciplinary prevention and health promotion must harness the protective aspects of cultural and social support, while addressing the physical, emotional and spiritual aspects of harm. There must also be an eye to the future, including monitoring and targeting the use of emerging products, such as e-cigarettes and vapes.

To maximise effectiveness, health promotion efforts need to be provided in the context of Aboriginal and Torres Strait Islander understandings of health and wellbeing, and in alignment with key policies approaches, including the National Preventive Health Strategy, the National Injury Strategy 2020-2030, the National Tobacco Strategy 2020 – 2030, the National Alcohol Strategy 2019-2028 and the National Drug Strategy 2017 – 2026.

Facts and figures:



47 Gray D, Cartwright K, Stearne A, Saggers S, Wilkes E, Wilson M (2018), Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people, Australian Indigenous HealthInfoNet.

4,100 tobacco-use treatment and prevention sessions	

Analysis shows that smoking causes 37% of all deaths, and 50% of deaths at age 45 years and over, in Aboriginal and Torres Strait Islander peoples[48].

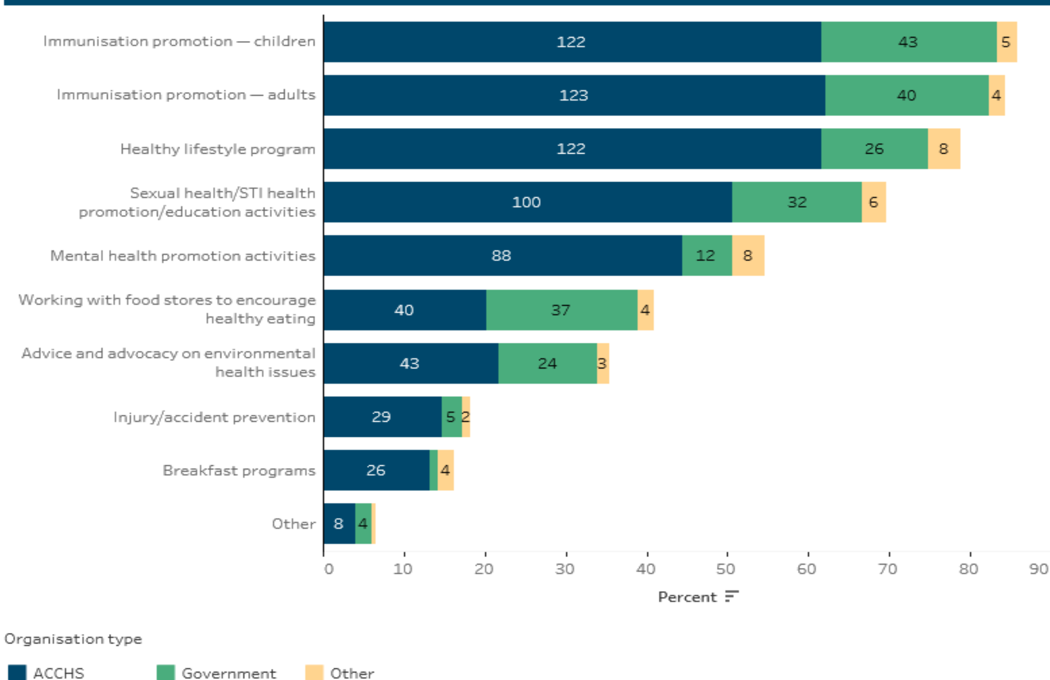


Figure XX from Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections

Strategy 4.1. Deliver targeted, needs-based and community-driven activities to support healthy babies and children

Effort must be targeted at providing positive, culturally safe, and affordable services that ensure a strong start to life, in line with locally-determined priorities. This includes services across reproductive, antenatal, infant health and family support to enable improvements in birth outcomes, reduce infant mortality and reduce preventable illness. Birthing on Country must be explored, including the potential for redesign of material health services to meet the needs of local Aboriginal and Torres Strait Islander women, as a viable option.

[48] K Thurber, E Banks, G Joshy, K Soga, A Marmor, G Benton, S White, S Eades, R Maddox, T Calma, R Lovett. Tobacco smoking and mortality among Aboriginal and Torres Strait Islander adults in Australia. *International Journal of Epidemiology.*

Strategy 4.2. Deliver targeted, needs-based and community-driven actions to prevent tobacco, alcohol and other drug related harm

Effort to prevent tobacco, alcohol and other drug related harm must be targeted, needs-based and trauma-aware. The delivery of local level prevention and treatment activities must be delivered through partnerships that are led by local communities, including through ACCHSs, and informed by best-practice. This includes continuing to target comprehensive population level and targeted approaches to reducing tobacco use among Aboriginal and Torres Strait Islander peoples.

Strategy 4.3. Ensure the availability of locally relevant and culturally safe health information materials and programs

The delivery of health promotion and literacy information and programs must be accessible, locally locally-relevant, trauma-aware and culturally responsive. Where possible, these materials and programs must be delivered in language to enable self-management and decision-making in health and wellbeing. These should have a particular focus on reducing risk factors for disease through nutrition, physical activity, and cessation of alcohol, tobacco and other drugs.

Strategy 4.4. Deliver targeted, culturally responsive injury prevention activities

Effort is required to appropriately target injury prevention activities to embed the Aboriginal and Torres Strait Islander holistic view of health and recognise the physical, emotional, spiritual and cultural aspects of harm. This means shifting from a focus on reduced hospital bed days or years of life lost to include the safety and emotional wellbeing of individuals, families and communities, with a particular focus on the close interactions between injury, mental health and substance use.

How do we demonstrate success?

Placeholder.

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Priority 5: Early intervention

Desired Outcome: Early intervention approaches are accessible to Aboriginal and Torres Strait Islander people and provide timely, high quality, effective, responsive and culturally safe care.

Links to Closing the Gap Priority Reform/s:
Priority Reform 2 – Building the community controlled sector
Priority Reform 3 – Transforming government organisations

What is Early Intervention?
Early intervention relates to the process of identifying, diagnosing, treating and managing health and wellbeing issues to prevent their progression into more serious conditions. Early intervention occurs at the primary and secondary levels of prevention.

Context

Aboriginal and Torres Strait Islander peoples' health is impacted by ongoing and historical, social, political and environmental factors. While health promotion activities are key to addressing health concerns before they occur, there must also be an acknowledgement of the conditions that impact Aboriginal and Torres Strait Islander health outcomes at critical points across the life course. Screening for health issues should consider more broadly the historical, social, political and environmental conditions in which the Aboriginal or Torres Strait Islander person lives.

Early intervention approaches must be locally-determined and have a targeted focus on the early diagnosis, treatment and management of the conditions that disproportionately impact specific Aboriginal and Torres Strait Islander communities and populations. This means ensuring screenings and facilitation of follow-up care, when required. Key areas for better early intervention include:

- biomedical markers of kidney disease and diabetes;
- cancer screening and detection;
- acute rheumatic fever, which can progress into rheumatic heart disease;
- ear conditions (such as otitis media);
- eye conditions (such as trachoma);
- dental health; and
- sexually transmissible infections (such as syphilis).

There must also be a focus on accessible immunisation at key ages, and in whole-of-population responses to emerging health concerns, such as pandemics. Key opportunities include the MBS 715 health checks for Aboriginal and Torres Strait Islander people across

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age groups, which enables access to a comprehensive assessment of physical, psychological and social health in a primary care setting.

For young children, good dental health is important to prevent tooth decay later in life, which is both preventable and treatable. Oral health issues are also associated with a broader burden of disease, with associations with conditions such as diabetes, kidney disease and vascular disease[49]. Oral health education needs a multidisciplinary approach that reaches families before children are school-aged[50]. Partnering with communities to co-design and co-deliver these approaches will maximise the chances of success[51].

Early intervention must also focus on the management of conditions to prevent disease progression, such as the onset of rheumatic heart disease from acute rheumatic fever. Since the early 1990s, acute rhematic fever in Australia has occurred predominantly in young Aboriginal and Torres Strait Islander peoples, particularly in children aged 5-14 years–with the numbers and rate of diagnoses increasing[52]. Noting the life-course perspective, the burden of disease resulting from acute rhematic fever often lasts lifetime, often starting in childhood and progressing to rhematic heart disease, with associated heart complications as the person grows older[53].

The National Bowel Cancer Screening Program pilot of alternative kit distribution, is an example of a targeted program for older Aboriginal and Torres Strait Islander people that facilitated community-level engagement through Indigenous-specific health services, including ACCHSs, to encourage bowel screening test. While this program has delivered positive results to date, more effort is required to drive culturally safe and accessible responses to those who are most at risk, regardless of location.

In understanding the burden of disease, western and biomedical models of health tracking may be insufficient and inappropriate in Aboriginal and Torres Strait Islander cultural contexts. More data is needed that measures Aboriginal and Torres Strait Islander health in terms of holistic conceptions of health and wellbeing. This includes locally relevant cultural determinants, as outlined by Aboriginal and Torres Strait Islander people and communities. This data development must uphold the principles of data sovereignty, and include metrics to track progress.

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49 Kaye, S (2017), The effects of oral health on systemic health, Academy of General Dentistry, No.35.
50 Butten K, Dewell JW, Hall, KK, Toombs M, King N, O'Grady, KA (2019), Impact of oral health on Australian urban Aboriginal and Torres Strait Islander families: a qualitative study, International Journal for Equity in Health, No.34.
51 Dimitropoulos, Y, Holden, A, Gwynne, K, Do, L, Byun, R, Sohn, W (2020), Outcomes of a co-designed, community-led oral health promotion program for Aboriginal children in rural and remote communities in New South Wales, Australia, Community Dental Health, Vol.37, Issue 4.
52 Australian Institute of Health and Welfare. Acute rheumatic fever and rheumatic heart disease in Australia 2014-18. Cat. no: CVD 88. Australian Institute of Health and Welfare, Canberra, 2019
53 Noonan, S 2020, Burden of Disease, RHD Australia https://www.rhdaustralia.org.au/burden-disease#footnote6_bxsrsrn.

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Facts and figures:
Between 2010–11 and 2017–18, the proportion of Aboriginal and Torres Strait Islander people who had an Indigenous health check nearly tripled[54].
From 2010-11 to 2016-17 the proportion of Aboriginal and Torres Strait Islander people who had a follow service within 12 months of a 715 health check more than tripled.[55]
In 2011–2015, Aboriginal and Torres Strait Islander Australians were 1.4 times as likely to die from cancer as non-Indigenous Australians.[56]
Aboriginal and Torres Strait Islander people participate in the National Bowel Cancer Screening Program at nearly half the rate of non-Indigenous Australians (22.9% compared to 44.7%).[57]
The incidence rate for Acute Rheumatic Fever among Aboriginal and Torres Strait Islander peoples has increased from 53 per 100,000 in 2010 to 111 per 100,000 in 2017.[58]
Aboriginal and Torres Strait Islander adults are twice as likely to have chronic kidney disease that non-Indigenous Australians.[59]

Strategy 5.1. Continue to increase the quality and uptake of 715 health checks

715 Health Checks are designed to support the physical, social and emotional wellbeing of Aboriginal and Torres Strait Islander people of all ages. Work must continue to increase access to, and uptake of, health checks to ensure continuity of care and monitoring of risk factors for chronic disease, including blood pressure, blood sugar levels, height and weight. These health checks also include sexual health screening, which is an essential part of holistic healthcare. Work must also continue to ensure that health checks are of high quality, are culturally and clinically suitable to Aboriginal and Torres Strait Islander needs, are evidence-based and are generally accepted in primary care practice.

Strategy 5.2. Deliver targeted action to improve cancer screening rates and care pathways

The barriers to comprehensive cancer care for Aboriginal and Torres Strait Islander peoples must be addressed. This includes through the provision of culturally safe and responsive

[54] https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/contents/overview
[55] Australian Institute of Health and Welfare 2019. Indigenous health checks and follow-ups. Cat. no. IHW 209. Canberra: AIHW.
[56] Australian Institute of Health and Welfare 2018. Cancer in Aboriginal & Torres Strait Islander people of Australia. Cat. no. CAN 109. Canberra: AIHW.
[57] Australian Institute of Health and Welfare 2020. National Bowel Cancer Screening Program: monitoring report 2020. Cancer series no.128. Cat. no. CAN 133. Canberra: AIHW.
[58] Australian Institute of Health and Welfare 2019. Acute rheumatic fever and rheumatic heart disease in Australia, 2013-2017. Cat. no. CVD 86. Canberra: AIHW.
[59] Australian Institute of Health and Welfare 2020. Profiles of Aboriginal and Torres Strait Islander people with kidney disease. Cat. no. IHW 229. Canberra: AIHW.

screening services, improving geographical accessibility, providing culturally appropriate health risk information and community-driven awareness raising activities. This will also require continuing to implement the National Aboriginal and Torres Strait Islander Cancer Framework and the *Optimal Care Pathway (OCP) for Aboriginal and Torres Strait Islander people with cancer* as core components of providing culturally safe and responsive cancer treatment and care.

Strategy 5.3. Ensure the delivery of culturally safe immunisation responses

Aboriginal and Torres Strait Islander people must continue to have access to immunisations as a priority population. In addition to immunisations for children through the National Immunisation Program, this includes the COVID-19 vaccine. Cultural determinants and social determinants approaches to immunisation programs must be implemented, as well as recognition of Aboriginal and Torres Strait Islander peoples and communities as being disproportionately susceptible to, and impacted by, pandemics and communicable diseases.

Strategy 5.4. Implement targeted action to address ear, eye and renal health and rheumatic heart disease

Action to address ear, eye and renal health, and rheumatic heart disease, remain key priorities. This action must be implemented in line with community and jurisdictional needs and priorities, and also recognising the different circumstances across metropolitan, regional and remote areas. Action must be aimed at preventing new or recurrent cases of related health conditions and, for those already affected, supporting ongoing management and prevent subsequent progression and complications developing.

Addressing housing and other environmental health risk factors is fundamental to driving progress against these priorities. This requires cross-sectoral partnership and commitment from all levels of government and non-government organisations, as led by the priorities of communities.

Strategy 5.5. Improve access to dental health care services for Aboriginal and Torres Strait Islander people, particularly children

Access to essential dental services must be expanded to ensure Aboriginal and Torres Strait Islander people – particularly children – are receiving the dental care when and where they need it. This includes ensuring broader awareness of the Child Dental Benefits Schedule (CDBS) through targeted, culturally appropriate promotion to ensure providers are aware of the scheme and providing CDBS services where appropriate.

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Priority 6: Social and emotional wellbeing and trauma-aware, healing-informed approaches

Desired Outcome: Programs, policies and services prioritise social and emotional wellbeing through strengths-based approaches that embrace this holistic view and harness the protective factors of culture.

Trauma-aware and healing-informed approaches are strongly grounded in Aboriginal and Torres Strait Islander traditions, values and cultures, and embedded in programs, policies and services. Aboriginal and Torres Strait Islander people, families, and communities are supported and empowered to take control of their own healing.

Links to Closing the Gap Priority Reforms:
Priority Reform 1 – Formal partnerships and shared decision making
Priority Reform 2 – Building the community controlled sector
Priority Reform 3 – Transforming government organisations

Context

Social and emotional wellbeing is the foundation of physical and mental health for Aboriginal and Torres Strait Islander Peoples. It is a holistic concept that embeds the network of relationships between individuals, family, kin and community. It also recognises the importance of connection to land, culture, spirituality and ancestry, and how these impact Aboriginal and Torres Strait Islander people. The social and emotional wellbeing of Aboriginal and Torres Strait Islander people can be affected, both positively and negatively, by the social, political and historical determinants of health. This means that, despite Aboriginal and Torres Strait Islander peoples' resilience, many carry deep and lasting experiences of personal and intergenerational trauma[60] as an ongoing legacy of colonisation.

Strategies, programs and policies for Aboriginal and Torres Strait Islander health must therefore recognise trauma and the legacy of intergenerational trauma on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. This includes acknowledging the way that trauma has impacted disconnection from culture, such as cultural ecology, kinship systems

The Stolen Generations

Between 1910 and the 1970s, as many as one in three Aboriginal and Torres Strait Islander children were forcibly removed from their families under Australian Government policies of assimilation. This has left a lasting and devastating intergenerational impact on the lives and wellbeing of Aboriginal and Torres Strait Islander people, including the disconnection from culture, language, country, identity and community.

[60] Trauma is defined in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 as "experiences and symptoms associated with particularly intense stressful life events that overwhelm a person's ability to cope (pg. 10).

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and cultural practice.[61] Breaking the cycle of intergenerational trauma requires more than embedding historical, social and political determinant approaches. Strategies must also seek to orient responses around healing. This will require holistic responses that are strengths-based, with positive messaging grounded in the protective influence of culture on Aboriginal and Torres Strait Islander social and emotional wellbeing. Trauma-aware and healing informed approaches must also be tailored to respond to the specific requirements of diverse Aboriginal and Torres Strait Islander individuals, populations and communities, whose circumstances vary across life course, location, disability status and LGBTQI+SB identification. This includes ensuring that those who are impacted are empowered to determine and drive both the delivery care, and to control their social and emotional wellbeing outcomes.

Social and emotional wellbeing approaches that focus on a strong start to life are vital to ensuring Aboriginal and Torres Strait Islander health and social and emotional wellbeing across the life course. This is because the earlier that trauma occurs, the greater the chance of a negative impact on the development of a child's brain, including behaviours, understanding, attachment and relationship development.[62] Approaches that target youth and early years must focus on key developmental phases that impact resilience, relationships, behaviour, skill development and selfhood. There must also be support for the safe transition from childhood through to adolescence and into adulthood, which are key stages for cultural rites and the development of gender and sexual identity. Such approaches will require coordination across service providers, workforce, and parental education programs to embed Indigenous knowledge and holistic models that centre Aboriginal and Torres Strait Islander children within the context of culture, kinship, family and community. Such approaches are at the core of the ACCHSs model of care.

Aboriginal and Torres Strait Islander-led organisations set the benchmark for action around Aboriginal and Torres Strait Islander social and emotional wellbeing. For example, the Healing Foundation is a national Aboriginal and Torres Strait Islander organisation that partners with communities to provide policy advice, generate research, build leadership capacity, and strengthen the healing workforce to address the ongoing trauma, including trauma resulting from the forced removal of children from their families. Gayaa Dhuwi (Proud Spirit) Australia (GDPSA) is another key Aboriginal and Torres Strait Islander-led body leading the way in social and emotional wellbeing, mental health and suicide prevention. GDPSA is governed and controlled by Aboriginal and Torres Strait Islander experts and peak bodies to promote collective excellence in mental health care.

[61] The Healing Foundation and Emerging Minds (2020). Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander children.

[62] The Healing Foundation and Emerging Minds (2020). Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander children.

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The Gayaa Dhuwi (Proud Spirit) Declaration:

1. Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice.
2. Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.
3. Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples.
4. Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander people for the achievement of the highest attainable standard of mental health and suicide prevention outcomes.
5. Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.

Work

Facts and figures:

Members of the Stolen Generation (aged 50 and over) and their families are particularly impacted by trauma..[63, 64] These populations are more likely to need access to health, disability and housing services as compared to other Australians of the same age.[65, 66]

Aboriginal and Torres Strait Islander people in the later stages of life are more likely to need community and residential aged care support.[67]

Young Aboriginal and Torres Strait Islander peoples social and emotional wellbeing would be positively impacted if young people are strong in cultural identity, have access to

[63] Australian Institute of Health and Welfare, 2018, Aboriginal and Torres Strait Islander Stolen Generation aged 50 and over, Australian Institute of Health and Welfare, Canberra.
[64] Australian Institute of Health and Welfare 2019. Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over: 2019—In brief. Cat. no. IHW 207. Canberra: AIHW.
[65] Australian Institute of Health and Welfare, 2018, Aboriginal and Torres Strait Islander Stolen Generation aged 50 and over, Australian Institute of Health and Welfare, Canberra.
[66] Australian Institute of Health and Welfare 2019. Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over: 2019—In brief. Cat. no. IHW 207. Canberra: AIHW.
[67] Sivertsen, N., Harrington, A. & Hamiduzzaman, M. Exploring Aboriginal aged care residents' cultural and spiritual needs in South Australia. *BMC Health Serv Res* **19,** 477 (2019). https://doi.org/10.1186/s12913-019-4322-8

culturally appropriate services, their families are strong, education systems taught the true history of Australia. [68]

Strategy 6.1. Implement the Social and Emotional Wellbeing Framework

The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* (SEWB Framework) informs Aboriginal and Torres Strait Islander mental health and wellbeing reforms. While the SEWB Framework represents a significant step forward in framing the policy approach for social and emotional wellbeing, more needs to be done on implementation. This includes addressing the cultural determinants and social determinants of social and emotional wellbeing through strengths-based and community-driven responses.

These approaches must consider the complex interactions of broader influences across the life course, including housing security, education and employment, interactions with the justice system, and the protective factors of connection to country and culture. They must also embed the nine guiding principles of the Framework to emphasise the holistic and whole-of-life definition of social and emotional wellbeing held by Aboriginal and Torres Strait Islander peoples.

Strategy 6.2. Continue to support the work of Aboriginal and Torres Strait Islander-led organisations to provide leadership on healing and social and emotional wellbeing

Support must continue for Aboriginal and Torres Strait Islander-led organisations, such as GDPSA and the Healing Foundation, to lead in policy development on healing and social and emotional wellbeing. This includes GDPSA's core work in leading the renewal of the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and developing an implementation strategy for the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2017-2023.

Strategy 6.3. Implement training and other support across the health system for services to better understand and respond to social and emotional wellbeing

Health services across the health system must be better equipped to provide trauma-aware and healing-informed approaches. To enable this, training and other support must more readily available for non-Indigenous and whole-of-population health care professionals to identify, understand and respond to Aboriginal and Torres Strait Islander social and emotional wellbeing. Partnerships should also be forged with Aboriginal and Torres Strait

[68] Healing foundation 2017 Our Healing Our Way - Leading and Shaping our Future: National Youth Healing Forum Report, Healing Foundation, Canberra.

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Islander-led organisations at the local level, including ACCHSs, to locally-relevant approaches and solutions.

How do we demonstrate success?

Placeholder.

Case Study – Youth focussed activity in Western Australia

Working Draft

Work Draft

Priority 7: Healthy environments, sustainability and preparedness

Desired Outcome: Capacity building and development is undertaken to ensure that Aboriginal and Torres Strait Islander people have access to safe and healthy environments with sustainable housing, sanitation, water security, and food security. Communities are prepared and have the necessary infrastructure to respond to natural and other disasters.

Links to Closing the Gap:
Priority Reform 1 – Formal partnerships and shared decision making
Priority Reform 2 – Building the community controlled sector
Priority Reform 3 – Transforming government organisations
Priority Reform 4 – Shared access to data and information at a regional level

Context

What is environmental health?

Environmental health is defined by the World Health Organization (WHO) as all the physical, chemical and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behaviour not related to environment, as well as behaviour related to the social and cultural environment, and genetics.

Healthy environments, sustainable communities and the preparedness of communities to respond in times of crisis are key to improving the health and wellbeing of Aboriginal and Torres Strait Islander people. Improving and maintaining environmental health conditions in Aboriginal and Torres Strait Islander communities is central to ensuring good health outcomes. Without environmental health conditions conducive to good health, public health initiatives will continue to be undermined. These fundamental environmental health conditions include access to, and availability of, safe food, clean water and adequate sanitation, as well as and housing that supports healthy living practices, such as capacity to cook and clean.[69]

Air quality, drinking water quality, food safety, chemical use, and soil and groundwater contamination all contribute to the adverse health outcomes attributed to environmental health factors.[70] The solutions that reduce environmental health risks come from both within the health sector and beyond it.[71] Given that many of the environmental health

[69] Speech delivered by Paul Endres on behalf of Commissioner Tom Calma at the International Federation of Environmental Health World Congress, Brisbane, 13 May 2008.
[70] Smith K. R., Corvalan C., Kjellstrom T. How Much Global Ill Health Is Attributable to Environmental Factors? Epidemiology. 1999; 10: 573–84.
[71] The world health report 2013: research for universal health coverage. Online at https://www.who.int/whr/2013/report/en.

factors are managed by local and state governments, it is vital that all levels of government work with local communities and their organisations, such as ACCHSs, to identify community needs and solutions.

Housing is a key environmental health consideration for the health and wellbeing outcomes of Aboriginal and Torres Strait Islander people. Prior to colonisation, the building and design of Aboriginal and Torres Strait Islander housing structures and arrangements was not only functional, but served as a central point for community life that was responsive to location-specific health, economic, social and cultural needs.[72] However, in contemporary times, housing has become a risk factor to health and wellbeing. For example, health outcomes related to overcrowding are heavily overlayed heavily with those associated with insufficient water, sanitation and hygiene hardware and infrastructure. These health implications include acute rheumatic fever and rheumatic heart disease[73]; trachoma[74]; otitis media[75]; and post-streptococcal glomerulonephritis—linked to chronic kidney disease and caused by strains of group A streptococcus (which also causes acute rhematic fever).[76] There are also significant health implications related to housing that is not responsive to local climate, including physical, mental, social and emotional impacts.[77]

Food security is a fundamental human right, and impacts people across metropolitan, regional and remote areas. Food insecurity, including a lack of access to and the high cost of fresh food (especially in remote areas) remains a serious challenge facing Aboriginal communities in Australia.[78] This contributes to health inequalities, such as a higher mortality rate, higher rates of low-birth weight, and higher rates of diet-related chronic disease.[79]

Embedding cultural knowledge and practice is an avenue to help address aspects of food insecurity and related health challenges for Aboriginal and Torres Strait Islander peoples. For example, the collection and consumption of traditional bush foods is linked to improved diet, increased exercise and improved physical, spiritual, social and emotional wellbeing.[80] This is further enhanced by the annual accessibility and availability of traditional foods.[81]

[72] Buergelt, P.T., Maypilama, E.L., McPhee, J., Dhurrkay, G., Nirrpuranydji, S., Manydjurrpuy, S., Wunungmurra, M., Skinner, T., Lowell, A. & Moss, S.
73 AIHW, *Acute rheumatic fever and rheumatic heart disease in Australia*, Australian Government, Canberra, Australian Institute of Health and Welfare, 2019.
74 AIHW, *Australia's health 2020 data insights*.
75 AIHW, *Australia's health 2020 data insights*.
76 AIHW, *Australia's health 2020 data insights*.
[77] P Buergelt, E Maypilama, J McPhee, G Dhurrkay, S Nirrpuranydji, S Manydjurrpuy, M Wunungmurra, T Skinner, A Lowell and S Moss (2019). Housing and Overcrowding in Remote Indigenous Communities: Impacts and Solutions from a Holistic Perspective. *Energy Procedia*, 121, 270-277.
78 House of Representatives Standing Committee on Indigenous Affairs 7 December 2020, *Inquiry into Food Pricing and Food Security in Remote Indigenous Communities*.
79 Global burden of disease report.
[80] Woodward, E, Jarvis D, and Maclean K (2019). The Traditional Owner-led bush products sector: An Overview. CSIRO, Australia.
[81] M Ferguson, C Brown, C Georga, E Miles, A Wilson and J Brimblecombe (2019). Traditional food availability and consumption in remote Aboriginal communities in the Northern Territory, Australia. *Australian and New Zealand Journal of Public Health*, 41:3, pp.294-298.

Natural disasters and a changing climate are a threat to both the physical and the cultural wellbeing of Aboriginal and Torres Strait Islander peoples. Physical health can be impacted by changes in water and food quality and access, air pollution, and extreme climate events. Environmental changes to land, rivers and seas can have a devastating impact on Aboriginal and Torres Strait Islander connection to country, including disrupting relationships with the plants, animals and spiritual ancestors.[82] Aboriginal and Torres Strait Islander people's unique cultural knowledge and understanding of the natural environment is key to disaster preparedness and mitigation. The Royal Commission into National Natural Disaster Arrangements identified all governments should explore further opportunities to leverage Aboriginal and Torres Strait Islander land and fire management insights in the development, planning and execution of public land management activities across Australia[83].

What is Indigenous Land Management?

Indigenous land and sea management, also referred to as 'caring for country', includes a wide range of environmental, natural resource and cultural heritage management activities undertaken by Aboriginal and Torres Strait Islander individuals, families, groups and organisations across Australia. Indigenous land management has been found to have holistic benefits across health, economics, and environmental, cultural and social wellbeing. (CSIRO, 2013).

Healthy environments, sustainability and preparedness will require responses to be centred on Aboriginal and Torres Strait Islander peoples' perspectives, ways of living and culture. This includes ensuring that they are developed and implemented with culture as a core underlying and positive determinant. For this to occur, responses must be co-developed and co-designed through shared decision-making and led by Aboriginal and Torres Strait Islander people.

Public emergency planning and responses also need to appropriately account for the health and wellbeing needs of people with disability, which is being highlighted through experiences with bushfires and the COVID-19 pandemic. At the local level, Aboriginal and Torres Strait Islander people with disability should be consulted from the very early stages in any response, and should be included in disaster risk management discussions and related policy development.

Facts and figures:

In 2018–19, nearly 1 in 5 (18% or 145,300) Aboriginal and Torres Strait Islander people were living in overcrowded housing (housing that needs one or more additional

[82] AIDA (2020). Policy Statement: Climate change and Aboriginal and Torres Strait Islander people/s health. Australian Indigenous Doctor's Association, December 2020.

[83] Commonwealth of Australia, 2020. The Royal Commission into National Natural Disaster Arrangements. Commonwealth of Australia, Canberra.

bedrooms to adequately house household members). This was a lower proportion than in 2004–05 (27%)[84].

In 2018–19, 1 in 3 (33%) Aboriginal and Torres Strait Islander households were living in housing with one or more major structural problems, such as major cracks in walls or floors, sinking or moving foundations, or major electrical or plumbing problems. This was a similar proportion to 2012–13[85].

More than one in five (22%) Aboriginal and Torres Strait Islander people were living in a household that, in the previous 12 months, had run out of food and had not been able to afford to buy more. This was significantly higher than in the non-Indigenous population (3.7%)[86].

The cost of groceries in remote regions of Australian can be on average 60% higher than in metropolitan areas.[87]

Strategy 7.1. Support and grow the Aboriginal and Torres Strait Islander environmental health workforce

The Aboriginal and Torres environmental health workforce must be embedded as a key element of holistic health and wellbeing for Aboriginal and Torres Strait Islander people and communities. Effort must continue across all jurisdictions to support and grow the Aboriginal and Torres Strait Islander environmental health workforce. This includes ensuring workforce linkages across health, housing and local governments to facilitate the development of locally-responsive solutions that fix the core structural and/or environmental issues that have harmful impacts on health.

Strategy 7.2. Support disaster and pandemic planning and preparedness at the national and community level

Disaster and pandemic planning and preparedness must embed mechanisms for leadership through Aboriginal and Torres Strait Islander cultural governance groups, including advice and guidance on culturally-specific responses and communication strategies. This requires strong partnerships between all levels of government led by community-level organisations, such as ACCHSs, to embed community planning and preparedness processes and principles at the local level, and enable these organisations to deliver responses to support and protect communities. National planning must consider the community level organisations, such as ACCHSs, and consider the increasing adverse health effects of a changing climate.

[84] https://www.indigenoushpf.gov.au/measures/2-01-housing

[85] https://www.indigenoushpf.gov.au/measures/2-01-housing

[86] Australian Bureau of Statistics. Australian Aboriginal and Torres Strait Islander Health survey: Nutrition results – Food and nutrients, 2012–13. Canberra: ABS, 2015.

[87] M Furguson, K O'Dea, M Chatfield, M Moodie, J Altman and J Brimblecombe (2016). The comparative cost of food and beverages at remote Indigenous communities, Northern Territory, Australia. Australian and New Zealand Journal of Public Health, Vol. 40 (Suppl. 1).

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Strategy 7.3. Support community driven housing solutions

Efforts to improve housing require culturally safe and community driven approaches that generate solutions based on actual need. Housing solutions and design must be responsive to unique kinship and social housing aspects and implemented in partnership with Aboriginal and Torres Strait Islander communities. These approaches must also be supplemented by clear and proactive governance and accountability requirements, as well as targeted primordial intervention for housing-related medical conditions that are common to Aboriginal and Torres Strait Islander households, such as acute rheumatic fever and rheumatic heart disease, trachoma, otitis media.

Housing delivery must recognise the need to address overcrowding as an immediate priority and planning for anticipated extreme weather conditions as a result of a changing climate.

Strategy 7.4. Take action to improve food security

The 2020 House of Representatives Standing Committee on Indigenous Affairs Inquiry into food pricing and food security in remote communities, identifies a number of issues and barriers to be addressed, to ensure Aboriginal and Torres Strait Islander peoples living in remote communities have access to affordable groceries and essential items.

Solutions to food security must address factors that contribute to low intake of nutritious food in remote communities. This includes supply and access, affordability, demand and barriers to consumption. Action must support stores to act as an important community service that is pivotal to community members' health and wellbeing.

How do we demonstrate success?

Placeholder.

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IMPROVING THE HEALTH SYSTEM

The Priority Areas under Improving the Health System demonstrate the elements that are necessary to ensure that all health care is tailored to the specific needs of Aboriginal and Torres Strait Islander peoples in the context of their family, culture and community.

An effective and responsive health system for Aboriginal and Torres Strait Islander people means building a person-centred and family-centred, holistic and integrated health system. There must be a focus on improving both the quality of services and levels of access, as well as reducing inequity, both in terms of diverse Aboriginal and Torres Strait Islander populations, and in terms of broader systemic discrimination. For Aboriginal and Torres Strait Islander people with a disability, access to healthcare can be further impacted where health services do not have the appropriate equipment, training, facilities and personnel. They can also experience diagnostic overshadowing which is where a health professional ascribes the symptoms of a patient's illness to their disability, rather than a secondary, undiagnosed illness.

The Priorities below embed accountability to Aboriginal and Torres Strait Islander people in terms of the quality, safety and performance of the Australian health system. This Health Plan will be supported by a robust accountability framework that will cement this accountability. This will be complementary to other accountability mechanisms already in place, such as the Closing the Gap performance framework, the Australian Health Performance Framework and the Aboriginal and Torres Strait Islander Health Performance Framework. This will contribute to progress against Priority Reform Area 3 of the National Agreement, which aims to identify and eliminate racism and transform government organisations so they work better for Aboriginal and Torres Strait Islander peoples.

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Priority 8: Identify and eliminate racism across the health system

Desired Outcome: Individual and institutional racism across all systems, including the whole health system, is acknowledged, measured and eliminated under a human rights based approach.

Links to Closing the Gap Priority Reform 3 – Transforming government organisations

Context

Freedom from racism is a fundamental human right as enshrined in both the United Nations Declaration of Human Rights and the UNDRIP. In keeping with this, all Australian governments acknowledge the need to address racism across the whole health system. This is vital to achieving the vision of the Health Plan.

Types of Racism

Interpersonal Racism: the "interactions between people that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups".[88]

Institutional Racism: is "structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator".[89] In the Australian health system it "manifests in the exclusion of Aboriginal and Torres Strait Islander people from the governance, control and accountability of health care organisations".[90]

Unconscious Bias: describes the underlying attitudes and stereotypes that unintentionally influence how Aboriginal and Torres Strait Islander people are understood and engaged with.[91] This can occur at both interpersonal and institutional levels.

Whether intentional or unintentional, all forms of racism are illegal under the Racial Discrimination Act 1975.

Racism takes many forms and can happen in many places. It includes prejudice, discrimination or hatred directed at someone because of their colour, ethnicity or national origin. Racism is more than just words, beliefs and actions. It includes all the barriers that prevent people from enjoying dignity and equality because of their race,[92] and can intersect strongly with other experiences of discrimination faced by diverse population groups, such as people with disability and LGBTQIA+SB identifying populations.

[88] Paradies, Y., Harris, R. & Anderson, I. 2008, The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda, Discussion Paper No. 4, Cooperative Research Centre for Aboriginal Health, Darwin.
[89] Jones CP. Levels of racism: a theoretic framework and a gardener's tale. American Journal of Public Health. 2000;90(8):1212-5.
[90] Bourke, C., Truong, M., Jones, Y., Hunyor, J., Lawton, P. 2020. Addressing racism to improve healthcare outcomes for Aboriginal and Torres Strait Islander people: a case study in kidney care. Deeble Institute Perspectives Brief. No. 9, viewed 22/02/2021 https://ahha.asn.au/sites/default/files/docs/policy-issue/deeble_perspectives_brief_no._9_-_addressing_racism_to_improve_healthcare_outomes.pdf
[91] J R Marcelin, D S Siraj, R Victor, S Kotadia and YA Maldonado (2019). The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate it. The Journal of Infectious Diseases, 220:2.
[92] https://humanrights.gov.au/our-work/race-discrimination/what-racism

At a societal level, racism can deter people from achieving their full capabilities by debilitating confidence and self-worth, which, in turn, can impact health and wellbeing outcomes.[93] Within healthcare, racism can make Aboriginal and Torres Strait Islander people feel uncomfortable accessing services, and therefore less likely to seek care.[94] [95] It can also mean that a person may be treated differently or discriminated against because they are Aboriginal and Torres Strait Islander. As a result, this may result in a person receiving sub-optimal treatment, being misdiagnosed, have symptoms dismissed and not seeking or receiving the care they need. Racism also contributes to a higher rate of Aboriginal and Torres Strait Islander peoples discharging from services early.[96]

Cultural safety is a health care practice philosophy that requires the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. This includes eliminating "unconscious bias", which is influenced by broader social factors and can impact whether Aboriginal and Torres Strait Islander peoples' experiences of discrimination are believed and therefore addressed. It is about how care is provided, rather than what care is provided, and recognises the power inequity between practitioner and patient. Ultimately, cultural safety is a systems-thinking and decolonising model of practice based upon dialogue and communication, power sharing and negotiation, as well as acknowledgement of white privilege.

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities[97] and exists on a continuum that begins with cultural awareness and cultural sensitivity. It is about both understanding and applying Aboriginal and Torres Strait Islander values, principles and norms as a way of overcoming existing power imbalances.[98] Embedding cultural safety means that Aboriginal and Torres Strait Islander people are more likely to access, and will experience better outcomes from, health care services.[99]

Existing efforts are in place that are designed to improve cultural safety across the health system. This includes policies, guidelines and training requirements at the national, state and local levels. For example:

Working Draft

[93] Awofeso, N 2011, 'Racism: a major impediment to optimal Indigenous health and health care in Australia', Australian Indigenous Health Bulletin, vol. 11, no. 3

[94] Artuso, S., Cargo, M., Brown, A., & Daniel, M. 2013, 'Factors influencing health care utilisation among Aboriginal cardiac patients in central Australia: a qualitative study', BMC Health Services Research, viewed 24/08/2016, http://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-83.

[95] Coory, M. D., & Walsh, W. F. 2005, 'Rates of percutaneous coronary interventions and bypass surgery after acute myocardial infarction in Indigenous patients', Medical Journal of Australia, vol. 182, no. 10, pp. 507-512, viewed 29/11/2016, https://www.mja.com.au/journal/2005/182/10/rates-percutaneous-coronary-interventions-and-bypass- surgery-after-acute.

[96] Caitlin Shaw, "An Evidence-Based Approach to Reducing Discharge against Medical Advice amongst Aboriginal and Torres Strait Islander Patients," 2016, https://apo.org.au/sites/default/files/resource-files/2016-03/apo-nid62564.pdf.

[97] Ahpra & National Boards. The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy. Australian Health Practitioner Regulation Agency.

[98] The Australian Indigenous Doctors' Association. Position Paper: Cultural safety for Aboriginal and Torres Strait Islander doctors, medical students and patients.

[99] The Australian Indigenous Doctors' Association. Position Paper: Cultural safety for Aboriginal and Torres Strait Islander doctors, medical students and patients.

Cultural Respect Framework 2016-26	Commits all governments to a national approach to building a culturally respectful health system[100].
Cultural safety in health care for Indigenous Australians: monitoring framework	Includes measures on culturally respectful health care services, patient experience of health care and access to health care services—noting that more work is needed to increase reporting on whole-of-health system services[101].
National Health Reform Agreement – Addendum 2020-25	Commits all governments to working to achieve cultural safety in the health system with Aboriginal and Torres Strait Islander people by co-developing and co-delivering culturally safe and secure health services
Code of conduct for nurses and code of conduct for midwives	These codes set out the legal requirements, professional behaviour and conduct expectations for nurses and midwives, respectively, in all practice settings to ensure culturally safe and respectful practice.
National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025	Aims to make culturally safety the norm for Aboriginal and Torres Strait Islander patients by setting a clear direction and course of action for the Australian Health Practitioner Regulation Authority, National Boards and Accreditation Authorities, who together regulate Australia's 740,000 registered health practitioners.
National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health	Provides information for health service organisations to help them improve the quality of care and health outcomes for Aboriginal and Torres Strait Islander people based on the National Safety and Quality Health Service Standards.

While the above mechanisms are important in driving cultural safety, it is also important to understand that institutional racism is independent from healthcare staff attitudes or behaviours. This means that it can be difficult to see who it privileges and who is impacted by it. It also means that training and development on its own is insufficient to address and eliminate it.[102]

Institutional racism is less well known or understood when compared with interpersonal racism. Institutional racism is about the way organisations are governed, staffed, resourced,

[102] Bourke, C., Marrie, H., Marrie, A. 2018. Transforming institutional racism at an Australian hospital. Australian Health Review 43, 611-618.

operated and held accountable. The exclusion of Aboriginal and Torres Strait Islander peoples from these elements is the linkage with poorer healthcare outcomes for Aboriginal and Torres Strait Islander people. As institutional racism is a major driver of inequitable healthcare outcomes for Aboriginal and Torres Strait Islander people,[103] health services must have mechanisms in place with a zero tolerance policy for racism.

More needs to be done to eliminate racism to ensure equity of access, provision and treatment across all whole-of-population health care services. There must also be measures in place to ensure that cultural safety training and standards are translating into changes in the practices and behaviours of healthcare professionals. This will require implementing whole-of-system mechanisms that hold services and governing bodies to account. For example, an assessment tool has been developed and applied in Australia to measure institutional racism within healthcare settings, with a matrix of five key indicators across in governance, policy implementation, service delivery, employment, and financial accountability[104].

Obtaining a full understanding of patient information is part of safety and quality, and is a mechanism for services to consider how well they are responding to the needs of Aboriginal and Torres Strait Islander patients. Patient identification must include sensitively, correctly, and regularly asking all patients whether they identify as Aboriginal and Torres Strait Islander and recording responses accurately.[105] Improved processes for recording patient identification on all health care forms and data systems is aligned with AIHW Guidelines for best practice.

Facts and figures:
A national survey of Aboriginal and Torres Strait Islander patients found that 32.4% experienced racial discrimination in medical settings most or all of the time.[106]
Aboriginal and Torres Strait Islander patients are a third less likely to receive the same care as non-Indigenous patients with the same condition.[107]
More than 60% of Aboriginal and Torres Strait Islander medical students, doctors and specialists experienced racism and/or bullying every day, or at least once a week.[108]

[103]Elias, A., Paradies, Y. 2021. The Costs of Institutional Racism and its Ethical Implications for Healthcare. Bioethical Inquiry. https://doi.org/10.1007/s11673-020-10073-0.

[104] Matheson, A., Bourke, C., Verhoeven, A., Khan, M., I., Nkunda, D., Dahar Z.,2018 Lowering hospital walls to achieve health equity BMJ; 362 :k3597

[105] https://nacchocommunique.files.wordpress.com/2021/01/position-paper-aida-patient-identification-racism-22.1.21.pdf

[106] Cunningham J,Paradies Y. Patterns and correlates of self-reported racial discrimination among Australian Aboriginal and Torres Strait Islander adults, 2008–09: analysis of national survey data. International Journal for Equity in Health. 2013; 12:47.

[107] Australian Medical Association. AMA Indigenous Health Report Card – Institutionalised inequity. Not just a matter of money. Canberra: AMA, 2007.

[108] Australian Indigenous Doctors' Association. Report on the findings of the 2016 AIDA member survey on bullying, racism and lateral violence in the workplace. Canberra: AIDA, 2017.

Aboriginal and Torres Strait Islander doctors reported racism as a major source of stress, at nearly 10 times the rates of non-Indigenous counterparts.[109]

Nationally, 19,900 Aboriginal and Torres Strait Islander hospital patients took their own leave from hospital between July 2015 and June 2017.[110]

In 2017-18, most Aboriginal and Torres Strait Islander specific primary health care providers (95%) had a formal commitment to providing culturally safe health care[111].

50% of Aboriginal and Torres Strait Islander people reported experiences of racial prejudice in the preceding 6 months in 2020, compared to one in five non-Indigenous Australians.[112]

60% of Aboriginal and Torres Strait Islander people compared to 43% of the broader community agree that Australia remains a racist country.[113]

Both direct and indirect racial discrimination in the provision of health services are unlawful under Commonwealth, State and Territory discrimination law.[114]

Strategy 8.1. Institutional racism across all systems is acknowledged, measured, and reported.

Governments and governing bodies across the health system, including PHNs and LHNs, must implement mechanisms to eliminate racism in service delivery. This includes partnering for ACCHSs at the regional level to guide the development of, and provide feedback on, strategies to eliminate racism.

Individual and institutional racism across all systems, including the whole health system, must also be identified, measured and eliminated under a human rights based approach. Policies and processes must also be developed in a way to ensure Aboriginal and Torres Strait Islander people are not discriminated against intentionally or unintentionally. To achieve this, health services need to be publicly accountable for their actions through ongoing monitoring.

Strategy 8.2 Racism complaints procedures must be available and accessible

[109] beyondblue. National Mental Health Survey of Doctors and Medical Students. Hawthorn: beyondblue, 2013.
[110] Aboriginal Health Policy Directorate, 2018, Aboriginal Patient Take Own Leave. Review and recommendations for improvement, Department of Health of Western Australia, Perth.
[111] https://www.aihw.gov.au/reports/australias-health/culturally-safe-healthcare-indigenous-australians
[112] Reconciliation Australia, Australian Reconciliation Barometer, 2020.
[113] Reconciliation Australia (2021). 2021 State of Reconciliation in Australia Report – Moving from safe to brave. Reconciliation Australia: Canberra.
[114] Bourke, C., Truong, M., Jones, Y., Hunyor, J., Lawton, P. 2020. Addressing racism to improve healthcare outcomes for Aboriginal and Torres Strait Islander people: a case study in kidney care. Deeble Institute Perspectives Brief. No. 9, viewed 22/02/2021 https://ahha.asn.au/sites/default/files/docs/policy-issue/deeble_perspectives_brief_no._9_-_addressing_racism_to_improve_healthcare_outomes.pdf

Aboriginal and Torres Strait Islander people's experiences of racism and discrimination must be fed back into system improvement processes to ensure that whole-of-health system accountability and change. Complaints driven processes, such as race discrimination law, require monitoring and reporting mechanisms that demonstrate their effectiveness for Aboriginal and Torres Strait Islander people.

Strategy 8.3. Implement consistent requirements for cultural safety

In alignment with Strategies 1.1, 1.2 and 3.3 of this Health Plan, governing bodies across the health system, including PHNs and LHNs, must implement consistent mechanisms to improve cultural safety. This includes continuing action to implement the policies and frameworks outlined in Table X.

Training and educational bodies must support this through consistent approaches for ongoing cultural safety training, including in the development, interpretation and assessment of guidelines. This should be included in the process for meeting accreditation standards. It is noted that this training can be achieved both in formal education settings, such as TAFE, specialist medical colleges and universities, as well as though on the job training.

Ongoing training must incorporate cultural determinants and social determinants approaches, including how to provide healing-informed and trauma-aware care. Training must also take into consideration the different needs of Aboriginal and Torres Strait Islander people, including geographical differences, gender, age, culture. Consideration also should be given to the diverse needs of the ageing population, people who do not speak English, people with disability and people who belong to the LGBTQI+SB community.

Strategy 8.4. Enhance data collection to improve measurement of racism and cultural safety across the health system

Data mechanisms to collect and report on cultural safety must be developed and enhanced across the health system to improve the accountability of whole-of-population services to Aboriginal and Torres Strait Islander peoples. This will need to include the expansion and development of measurements for reporting on institutional racism, including patient experience surveys, waiting times and discharging from healthcare against medical advice. This will also need to include adhering to culturally safe best practice collection of identification data.

Consistent with the National Agreement, data should be, where possible, reportable at the regional level to track granular performance at the service and hospital level, with information on patient experiences accessible at the local level. This must also be consistent with principles of data sovereignty, must be culturally relevant and appropriate with respect to local communities and must avoid creating additional reporting burden.

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Patient identification must also be embedded in data and information collection across all health settings as a key element in providing culturally safe health care to Aboriginal and Torres Strait Islander people.

How do we demonstrate success?

Placeholder.

Case Study – Torres Strait Health and Hospital Service (QLD)

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Priority 9: Access to person-centred and family-centred care

Desired Outcome: Aboriginal and Torres Strait Islander people have access to health care that is responsive to local contexts and different population groups.

Links to Closing the Gap Priority Reform/s:
Priority Reform 1 – Formal partnerships and shared decision-making
Priority Reform 2 – Building the community controlled sector
Priority Reform 3 – Transforming government organisations

Context

Person-centred and family-centred care provides the best opportunity to ensure the health and wellbeing of all Aboriginal and Torres Strait Islander peoples and populations. Person-centred care allows for the self-determination of care preferences and priorities, and addresses geographical and physical access requirements. It is also responsive to the health literacy, language, lived experience, cultural background, sexual and/or gender identification, age, or experience of disability of all Aboriginal and Torres Strait Islander people. It requires a joined up, integrated health care system that all Aboriginal and Torres Strait Islander peoples can seamlessly navigate regardless of their health care needs. Self-determination and decision-making in care pathways is also intrinsic to person-centred and family-centred care, which require the development of trust, relationships, and clear and responsive communication.

[Placeholder for patient-centred care vs. family centred care definition]

A number of physical, systemic, cultural and social factors impact on Aboriginal and Torres Strait Islander peoples' ability to access care. For example, the Royal Commissions into Aged Care and Disability heard that Aboriginal and Torres Strait Islander people preferred services delivered by Aboriginal providers, and that whole-of-population service options can be physically inaccessible (due to geographical considerations), culturally inaccessible and/or hard to navigate for Aboriginal and Torres Strait Islander populations. This means that Aboriginal and Torres Strait Islander people often receive healthcare at a later stage and potentially in acute hospital settings, by which time the issues have become more critical. An additional issue facing many older Aboriginal and Torres Strait Islander people, and those with disability, is a reliance on transport in order to access the services and care that they need.

Taking into account the life-course approach, the whole health system must be equipped to provide flexible, culturally safe and place-based care across the continuum of life—from preconception, pregnancy, adolescence and maternal health to aged care, palliative care,

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death and dying. It is vital to note that the end-of-life stage for Aboriginal and Torres Strait Islander people also reflects holistic understandings of wellbeing, including a cyclical conception of life and death. This means that end-of-life considerations, such as palliative care, mortuaries and retention of genetic material, must embed aspects of culture such as kinship, culture and community. This includes recognising that the place of dying is culturally and spiritually significant for many Aboriginal and Torres Strait Islander people, and ingrained in this is the need to 'return to country' at the end of life.[115] Furthermore, 'advanced care yarning' practices should be adopted where patients, family and kinship networks are involved in decision-making for culturally appropriate care.[116]

Responding to the diverse experiences and backgrounds of Aboriginal and Torres Strait Islander populations requires integrated, multidisciplinary care across multiple settings and sectors. A strengths-based approach is vital to address the comorbidities, including those result from experiences of trauma. Across the Australian health system, this requires a recognition that:

- all people—regardless of race, disability, age, culture, sex, gender identity and expression, education, or the myriad of life experiences and encounters—have a right to health and social and emotional wellbeing.
- all Aboriginal and Torres Strait Islander people have unique and valuable knowledge, priorities, skills and experiences that can contribute to their own health and wellbeing, and to the health and wellbeing of their families and their communities.
- all diverse groups have inherent strengths and are resilient, and are thriving despite challenges they may face.

Both the public and the private health system have a role to play in ensuring all Aboriginal and Torres Strait Islander people have access to services they need, where and when they need them. Aboriginal and Torres Strait Islander health initiatives must adopt place-based serviced delivery, including through telehealth and point-of-care testing, as well as ensuring access to, and quality use of, medicines. Such approaches are particularly vital in the context of pandemics, such as COVID-19.

There must also be a targeted focus on Aboriginal and Torres Strait Islander people and organisations, such as ACCHSs, leading partnerships with services to improve the quality, accessibility and delivery of healthcare in line with community priorities. This will better enable the delivery of culturally safe and responsive services and linkages across broader sectors and services, such as mental health, justice, education, employment, housing, family safety, alcohol and other drugs, disability and aged care.

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[115] Palliative Care Australia. Improving access to quality care at the end of life for Aboriginal and Torres Strait Islander Australians – Position Statement.

[116] Palliative Care Australia. Improving access to quality care at the end of life for Aboriginal and Torres Strait Islander Australians – Position Statement.

The COVID-19 pandemic has demonstrated the benefits that telehealth services can provide in terms of flexibility and access to care. These include reducing barriers, such as travel time and cost, access to specialist care that may not otherwise be available, and the ability to deliver and receive care on country. This includes those who would rather attend an ACCHS, but are unable to because of distance, during pandemics and other disasters. This demonstrates ways in which digital health can enable greater access to healthcare services for Aboriginal and Torres Strait Islander peoples, as well as providing a better connected system to improve patient experience and care pathways. To be future-focussed, new and emerging technologies must be harnessed, with communities to drive how these technologies should be implemented to better service the needs of their populations.

Ensuring that Aboriginal and Torres Strait Islander people have access to appropriate and affordable prescription medicines, when and where they are required, remains a key priority. Through the Seventh Community Pharmacy Agreement, changes are being implemented to the Community Pharmacy Programs to support the Closing the Gap initiatives, including ensuring culturally responsive pharmacy services and increasing access to affordable PBS medicines and Dose Administration Aids. These efforts must continue to ensure that barriers to accessing prescription medicines, and the under-use of prescription medicines, are addressed.

Facts and figures:

Almost seven in 10 (68%) Aboriginal and Torres Strait Islander people living in remote areas usually saw a GP who was part of an Aboriginal Medical Service or community clinic, compared with almost three in 10 (29%) in non-remote areas[117].

30% of Aboriginal and Torres Strait Islander people reported that they needed to, but did not see a health care provider in the 12 months prior to the 2018-19 Aboriginal and Torres Strait Islander Health Survey (Health Survey), reasons included:

- being too busy (33%);
- decided not to seek care (28%);
- waiting time too long/service not available at the time required (16%);
- transport/distance (14%);
- dislikes service/professional or is embarrassed/afraid (11%);
- felt service would be inadequate (10%);
- cost of service (7%);
- does not trust service provider (4%);
- service not available in area (2%); and
- discrimination/not culturally appropriate/language problem (1%)[118].

[117] https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release#use-of-health-services
[118] https://www.indigenoushpf.gov.au/measures/3-14-access-services-compared-with-need

Working Draft

The main service gaps reported by Aboriginal and Torres Strait Islander primary health care organisations included mental health/social and emotional wellbeing (68%), youth services (54%) and alcohol, tobacco and other drug services (45%)[119].
There was an overall increase in the number of Commonwealth funded Aboriginal and Torres Strait Islander primary health care organisations, from 108 in 1999-2000 to 198 in 2017-18[120].
Based on age-standardised rates, Aboriginal and Torres Strait Islander people reported a disability or restrictive long-term health condition in 2018–19 at 1.8 times the rate for non-Indigenous Australians[121].
In 2014-15, 66% of the Stolen Generations were aged 50 years and over, and by 2023 all of this cohort will be eligible for aged care.[122]
About two-thirds of Stolen Generation survivors were living with disability or a restrictive long-term health condition[123].
One in five Aboriginal and Torres Strait Islander children have disability (22 percent): most common is sensory disability (nearly 12 percent), cognitive disability (9 percent), physical disability (5 percent), psychosocial disability (4 percent).[124]
Almost half of all Aboriginal and Torres Strait Islander adults have a disability (48 percent): 31 percent physical disability, 20 percent sensory disability, 11 percent psychosocial disability[125].
While there is often a focus on remote settings, the majority of Aboriginal and Torres Strait Islander peoples (78%) live in urban and regional areas of Australia.
In 2018-19, Aboriginal and Torres Strait Islander-specific primary care services were delivered across 383 sites – 37% in a Remote or Very Remote Area.[126]

Strategy 9.1. Deliver culturally-safe, flexible, place-based health care based on community need

[119] https://www.indigenoushpf.gov.au/measures/3-14-access-services-compared-with-need
[120] https://www.indigenoushpf.gov.au/measures/3-14-access-services-compared-with-need
[121] https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing
[122] Commonwealth of Australian 2019. Royal Commission into Aged Care Quality and Safety – Interim Report: Neglect. Department of the Prime Minister and Cabinet: Canberra.
[123] Australian Institute of Health and Welfare 2018. Aboriginal and Torres Strait Islander Stolen Generations and descendants: numbers, demographic characteristics and selected outcomes. Cat. no. IHW 195. Canberra: AIHW.
[124] Commonwealth of Australian (2020). Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Interim Report. Attorney-General's Department: Canberra.
[125] Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*, Catalogue number 4715, 11 December 2019.
[126] Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections. Cat. No. IHW227. Canberra: AIHW.

Governments and health care services must work with communities, including through ACCHSs, to identify priorities, understand local cultural contexts and language requirements to meet the cultural, physical and social and emotional wellbeing needs of the community. This must include ensuring the flexible delivery of care, such as through care on country, point of care testing, home visits and transport.

Like ACCHSs, whole-of-population services, governing and commissioning bodies, including PHNs and LHNs, must understand and respond to the unique and intersectional needs and experiences of diverse Aboriginal and Torres Strait Islander population groups. Consistent with Strategy 1.1, partnering with ACCHSs and other Aboriginal and Torres Strait Islander-led organisations will help drive responses based on community need.

Strategy 9.2. Continuation and expansion of telehealth, digital health and other technologies for better connection to services

Policies and programs must embed telehealth, digital health and other emerging technologies to ensure that all Aboriginal and Torres Strait Islander populations are able to access care no matter where they are. This must take into account the unique needs of Aboriginal and Torres Strait Islander communities to ensure the best level of access.

Strategy 9.3. Enhance service linkages and integration for continuity and coordination of holistic care

The continuity and coordination of care across the health system must be enhanced to support interactions among multiple providers. This includes across multidisciplinary teams, the primary care sector (including General Practice, PHNs and ACCHSs), tertiary care (including hospitals and LHNs), and other support and community groups, including aged care and disability services.

Strategy 9.4. Continue and support improved access to subsidised medicines

It is vital that Aboriginal and Torres Strait Islander peoples have access to appropriate and affordable prescription medicines, when and where they are required. Barriers to accessing prescription medicines, and the under-use of prescription medicines, must be considered and addressed. These include financial barriers (despite safety net schemes), availability and location of services (primary health care, specialists and pharmacies), language barriers and the cultural safety of services.

Strategy 9.5. Enhance access to aged care services that integrate place-based, culturally safe and trauma-informed care

Embed the leadership of Aboriginal and Torres Strait Islander organisations, such as ACCHSs, in partnerships with whole-of-population aged care services, to support innovative, culturally safe aged care service models at the local level. Such partnerships

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are critical to building trusted services that understand the economic, social and cultural contexts of Aboriginal and Torres Strait Islander peoples' lives.

Strategy 9.6. Improve equitable access to responsive healthcare for people with disability

All health services, including ACCHSs, must be equipped to provide appropriate care for people with a disability. This includes ensuring appropriate physical access, equipment, training, facilities and staff training. There must be a strengths-based approach that understands and responds to the unique and intersectional experiences of Aboriginal and Torres Strait Islander people with a disability. Partnerships between health and disability services at the local level will also support better integration of care pathways and a holistic approach to care and wellbeing.

Strategy 9.7 Enhance access to place-based, culturally safe and responsive palliative care services

Aboriginal and Torres Strait Islander-led organisations must be enabled and resourced to deliver palliative care, and strategies and programs must be developed to ensure a culturally safe end-of-life workforce. This will require embedding cultural values for palliative care in education and training for healthcare workers and professionals.

Strategy 9.8. Support ICT capability for clinical management and data collection at the regional level

Aboriginal and Torres Strait Islander-led health organisations, including ACCHSs, require the resources needed to support ICT capability at the local level. This includes the ICT required to support clinical information systems and facilitate the delivery telehealth consultations.

How do we demonstrate success?

Placeholder.

Case Study - Culturally safe, community based aged care

Aboriginal Community Care SA (ACCSA) is a not for profit organisation established on the 28th July 1995. ACCSA promotes independence through the provision of community, advocacy and residential care services to older Aboriginal peoples living in metropolitan Adelaide. Community services offered include domestic assistance, home maintenance, social support, centre-based day care and transport. Residential services include personal care, nursing, physiotherapy, podiatry, pet therapy, emotional and social wellbeing, palliative care, respite care and, traditional medicine

The organisation is well regarded by the Aboriginal communities it serves, the aged care sector and its external partners. It is accredited by the Aged Care Quality Agency. It is a provider of choice for Aboriginal people. Importantly, underpinning the success of all

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ACCSA's services is their respect for Aboriginal cultures and this permeates all levels and types of care. The entire organisation is built around the principle of caring not just for the client but also Aboriginal communities. All service delivery is founded on a 'wellness approach', connecting community and country to support social, emotional and cultural wellbeing. This strong focus on cultural identity directly contributes to improvements in clients' physical health.

Leadership is central to the ACCSA model. The appointment of an experienced, visionary CEO led to increased accountability, transparency and efficiency that ensures ACCSA operates more effectively within a challenging aged care sector, and is positioned to respond to new opportunities.

The work of the CEO is supported by a stable, committed and trained Board comprised predominantly of Aboriginal people. The Board is a strong conduit between ACCSA and the Aboriginal Communities that it serves and this connection is integral to strategic planning, needs assessment and priority setting. The Board guides the strong organisational culture of ACCSA and oversees the consistent delivery of culturally appropriate and flexible care, whether delivered by Aboriginal or non-indigenous staff.

This emphasis on the provision of responsive, flexible services that respect each client's cultural connections and Aboriginal identity is supported by a strong focus on staff recruitment across all levels, from health care, administration and laundry staff to volunteers. This emphasis is reflected in staff induction and matched by numerous internal training programs, such as training on cultural awareness and evidence-based guidelines that continue to strengthen the ability of staff to deliver high-level service and genuine, quality care. Strong internal communication and relationship building across the organisation, and with external partners, further contributes to the staff stability that is a major contributor to ACCSA's achievements.

Challenges include a shortage of staff, particularly Aboriginal staff, and the ability to back-fill the staff shortage. Existing staff are faced with challenges in building genuine relationships with ACCSA clients who are from diverse Aboriginal cultures.

Caring for older Aboriginal peoples in this organisation involves much more than simply delivering services. Aboriginal Community Care SA staff demonstrate a fundamental compassion for their clients, and their willingness to ensure their clients are cared for appropriately and in accordance with the ACCSA vision.

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Priority Area 10: Mental health and suicide prevention

Desired Outcome: Mental health is addressed in a holistic way that is trauma-informed, recognising the impacts of the social determinants of health and embracing the strength that Aboriginal and Torres Strait Islander people gain from culture and languages.

Links to Closing the Gap Priority Reforms:
Priority Reform 1 – Formal partnerships and shared decision making
Priority Reform 2 – Building the community controlled sector
Priority Reform 3 – Transforming government organisations

Context

While mental health and social and emotional wellbeing are interlinked, they can also be distinctly separate concepts for Aboriginal and Torres Strait Islander people. Good social and emotional wellbeing is a protective factor for mental health, but does not guarantee it. Likewise, poor mental health is only one of a number of risk factors for suicide.

To prevent mental health from deteriorating, it is important that support is provided to mitigate the effects of social, economic, or environmental stresses[127]. Many of the protective factors for mental health, such as supportive communities, employment, housing, and reduced tobacco, alcohol and other drug use, are strongly linked to the social determinants of health. Therefore, addressing these determinants will play a critical role in promoting social and emotional wellbeing and mental health.[128]

Research shows that culture is a protective factor for Aboriginal and Torres Strait Islander people, with the cultural determinants of health influencing social and emotional wellbeing and mental health.[129]

Working Draft

[127] Productivity Commission, Mental Health, Report no. 95. 2020, Commonwealth of Australia: Canberra.
[128] https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-2-chapt-6-final.pdf
[129] https://cgscholar.com/bookstore/works/evidence-review-of-indigenous-culture-for-health-and-wellbeing

However, cultural disconnection can intersect with a range of other risk factors including intergenerational trauma, child removal, social and economic disadvantage, substandard housing, physical ill health, trauma, abuse, victimisation, discrimination and racism[130] to increase the burden of mental ill health for Aboriginal and Torres Strait Islander people. To improve mental health outcomes, these risk factors must be addressed.

The Australian Indigenous Suicide Prevention Policy Concordance: Indigenous-specific and Other Relevant Suicide Prevention measures Policies

The Policy Concordance is a resource document developed by the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention. It has been developed to assist Aboriginal and Torres Strait Islander communities, mental health and health services, PHNs, policy makers, researchers and advocates to navigate the large number of Aboriginal and Torres Strait Islander-specific and mainstream policy documents related to suicide prevention, mental health and social and emotional wellbeing.

All jurisdictions have a strong role to play in the delivery of mental health and suicide prevention services, with a broad range of services provided across governments, ACCHSs and the private sector. Most people seek mental health care from their regular medical practitioner in the first instance.[131] For many Aboriginal and Torres Strait Islander people, this will be through an ACCHS. However, not all Aboriginal and Torres Strait Islander peoples have access to ACCHS services.

The Australian Government currently funds PHNs to deliver primary mental health care. PHNs receive specific funding to link Aboriginal and Torres Strait Islander people with referral pathways between mental health care and other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services. State and territory governments deliver acute mental health services through public hospitals, which typically provide public clinical mental health treatment for people with severe and enduring mental illness. These include bed-based and community-based outpatient services. State and territory governments also deliver community-based clinical and non-clinical mental health services clinical services, such as child and adolescent services, as well forensic mental health services for prison populations and those on community-based disposition.

It is vitally important that all services across the mental health system are culturally safe and free from racism and discrimination. The presence of these barriers in service settings can significantly inhibit engagement with and adherence to treatment,[132] and contribute to poor outcomes. To better respond to the needs of Aboriginal and Torres Strait Islander people, Australia's mental health system needs to improve its cultural safety to better recognise and

[130] Healing Foundation, Inquiry into accessibility and quality of mental health services in rural and remote Australia Submission by the Aboriginal and Torres Strait Islander Healing Foundation
[131] National Suicide Prevention Adviser. Connected and Compassionate: Implementing a national whole of governments approach to suicide prevention (Final Advice). Canberra; December 2020.
[131] https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/general-practice

respond to an Aboriginal and Torres Strait Islander conception of mental health and illness, and suicide risk. This includes ensuring better access to culturally safe mental health and suicide prevention services that provide a continuum of care involving well-coordinated and person-centred services. The importance of this action is acknowledged in the Fifth National Mental Health and Suicide Prevention Plan, which commits all governments to improving Aboriginal and Torres Strait Islander mental health and suicide prevention, acknowledging the ongoing impact of racism and the role of ACCHSs in delivering culturally safe and responsive mental health care.

Access to culturally safe services is also critical for Aboriginal and Torres Strait Islander people experiencing mental health issues, such as depression, anxiety, psychosis and suicidal ideation. In these circumstances, best practice requires integrated workforces and models of care that span primary, psychological, social and cultural care. This includes continuity of care pathways through aftercare and/or postvention. Those bereaved by suicide and caregivers are at increased risk of suicide or self-harm and communities can be impacted by collective trauma.[133] Care and support can help to decrease this risk,[134] but it need to be accessible and culturally safe. Most existing postvention support is delivered by national providers with limited presence in regional and remote areas. This can leave Aboriginal and Torres Strait Islander communities without culturally appropriate supports in the wake of suicide.

Facts and figures:
Almost 1 in 3 Aboriginal and Torres Strait Islander adults (31% or 149,400) had high to very high levels of psychological distress in 2018–19 (age-standardised), a similar proportion to 2014–15. In comparison, 13% of non-Indigenous adults had high levels of psychological distress[135].
In 2018–19, among the Aboriginal and Torres Strait Islander population: an estimated 24% (187,500) reported a mental health or behavioural condition, with a higher rate among females than males (25% compared with 23%, respectively); anxiety was the most commonly reported mental health condition (17%), followed by depression[136].
When comparing intentional self-harm deaths between the Aboriginal and Torres Strait Islander and non-Indigenous populations, suicide accounted for a greater proportion of all Aboriginal and Torres Strait Islander deaths (5.5%) compared with deaths of non-Indigenous Australians (2%)[137].

[133] National Suicide Prevention Adviser. Connected and Compassionate: Implementing a national whole of governments approach to suicide prevention (Final Advice). Canberra; December 2020. p44
[134] National Suicide Prevention Adviser. Connected and Compassionate: Implementing a national whole of governments approach to suicide prevention (Final Advice). Canberra; December 2020. p44
[135] Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report
[136] Australian Institute of Health and Welfare 2020. Indigenous Health, Australia's health 2020
[137] Australian Institute of Health and Welfare 2020. Indigenous Health, Australia's health 2020

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Suicide was the fifth leading cause of death for Aboriginal and Torres Islander people in 2019[138]. Aboriginal and Torres Strait Islander people use mental health services at higher rates than other Australians[139].

Strategy 10.1 Implement the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

Implementation of the refreshed the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, across all jurisdictions, will ensure that Aboriginal and Torres Strait Islander voices are placed at the centre of mental health and suicide prevention policy development. This Strategy will focus on strengthening mental health mechanisms and supports through the inclusion of Aboriginal and Torres Strait Islander peoples with lived experience at all stages of suicide prevention activity, with a particular focus on priority population groups, particularly youth.

Strategy 10.2. Strengthen the role of Aboriginal and Torres Strait Islander organisations, including ACCHS, to deliver and coordinate culturally safe and responsive mental health and suicide prevention services

Aboriginal and Torres Strait Islander organisations are best placed to deliver culturally safe, community-focussed mental health and suicide prevention services to their communities. Their leadership must be recognised across the health system, and partnerships embedded to ensure that these organisations are enabled to deliver, or guiding the implementation of, responses specific to their communities.

Strategy 10.3. Increase access to culturally safe and community based early intervention, aftercare and postvention services

Aboriginal and Torres Strait Islander people must have greater access to culturally safe early intervention, aftercare and postvention services, no matter where they live. This is particularly the case for young people, with services requiring the capability to deliver approaches tailored to recognise the impact of colonisation and intergenerational trauma[140]. To deliver this, Aboriginal and Torres Strait Islander people with lived experience must be at the centre of all design, implementation and evaluation for strategies to improve outcomes.[141]

[138] ABS, Causes of Death Australia, 2019

[139] Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra.

[141] National Suicide Prevention Adviser. Connected and Compassionate: Implementing a national whole of governments approach to suicide prevention (Final Advice). Canberra; December 2020, Appendix 3: Summary National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

CULTURALLY INFORMED EVIDENCE BASE

A culturally-informed evidence base puts Aboriginal and Torres Strait Islander people's experience at the heart of policy, program and service accountability and is vital to achieving the Vision of the Health Plan. This means embedding the strengths of Aboriginal and Torres Strait Islander culture in all aspects related to the development, monitoring and evaluation of research and data. The evidence base can also shed light on where successes are had in improving health outcomes.

The Priority Areas under Culturally Informed Evidence Base demonstrate the systemic changes that are needed within data and research practice to ensure that they are culturally appropriate and beneficial to Aboriginal and Torres Strait Islander people and communities. Central to this is embedding Aboriginal and Torres Strait Islander leadership and decision-making at all levels and at all stages.

This approach embeds the principles of Indigenous Data Sovereignty and aligns with the National Agreement on Closing the Gap Priority Reform Area 4 on shared access to data and information at a regional level.

Indigenous Data Sovereignty Principles

A set of Australian Indigenous Data Governance protocols and principles were developed at the inaugural Indigenous Data Sovereignty Summit in 2018 by the Maiam nayri Wingara Aboriginal and Torres Strait Islander Data Sovereignty Collective. These include the rights of Aboriginal and Torres Strait Islander people to:

1. Exercise control of the data ecosystem including creation, development, stewardship, analysis, dissemination and infrastructure.
2. Data that is contextual and disaggregated.
3. Data that is relevant and empowers sustainable self-determination and effective self-governance.
4. Data structures that are accountable to Indigenous peoples and First Nations.
5. Data that is protective and respects our individual and collective interests.

Priority Area 11: Culturally informed and evidence-based evaluation, research and practice

Desired Outcome: Implementation is future focussed and research is Aboriginal and Torres Strait Islander led. The experiences, knowledge and expertise of Aboriginal and Torres Strait Islander people is embedded across policy and program development.

Links to Closing the Gap:
Priority Reform 1 – Formal partnerships and shared decision making
Priority Reform 2 – Building the community controlled sector
Priority Reform 3 – Transforming government organisations
Priority Reform 4 – Shared access to data and information at a regional level

Context

Research is key to understanding and tracking population health and wellbeing trends, to finding new ways to prevent and treat disease, and for monitoring and evaluating the progress of policies, programs and services. Building the evidence-base through research is vital to achieve health equity between Aboriginal and Torres Strait Islander people and other Australians. It is also key to demonstrating how culture affects health and wellbeing outcomes for Aboriginal and Torres Strait Islander people and communities.

Indigenous led research in particular is critically important in decolonising research agenda which have historically been predominantly determined by non-Indigenous Australians. Understanding the history of research involving Aboriginal and Torres Strait Islander people is key to ensuring that all research practice moves forward in an ethical manner that embeds the dignity, rights and welfare of people and communities. In the past, some research has not been conducted in a culturally safe manner, nor to the benefit of Aboriginal and Torres Strait Islander people. At times, past research has even been viewed by Aboriginal and Torres Strait Islander people as harmful. In recent years, there has been a greater focus on principles that ensure culturally safe, informed and beneficial research practice. For example, cultural safety is being embedded within the National Genomic Guidelines that are currently under development.

Guidelines for ethical research

Key guidelines that outline how research should be conducted with Aboriginal and Torres Strait Islander people include:

- The National Health and Medical Research Council's (NHMRC) *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders 2018*.
- The AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research.

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Progress is being made towards research being led by, or conducted in genuine partnership with, Aboriginal and Torres Strait Islander people. The Indigenous Health Research Fund (IHRF) is investing $160 million between 2018-19 and 2028-29 in Indigenous-led research to tackle health issues facing Aboriginal and Torres Strait Islander people. This includes $35 million over 2018-19 to 2020-21 to support the development of a vaccine to eliminate rheumatic heart disease in Australia. The goal of the IHRF is to improve the health of Aboriginal and Torres Strait Islander people through Indigenous-led research practice and governance; knowledge translation; and evidence-based structural change in Aboriginal and Torres Strait Islander health practice.

The draft priority areas for investment through the IHRF are:

- Ensure a health start to life.
- Ensure lifelong health.
- Implementation science – deliver what works.
- Address the root causes of inequity.

The NHMRC has developed a Roadmap for improving Aboriginal and Torres Strait Islander health through research, and has also committed investment to Aboriginal and Torres Strait Islander research across a number of areas. These include a focus on health system research, cultural and social determinants, and the burden of disease where conditions disproportionately impact, or are almost exclusive to, Aboriginal and Torres Strait Islander people. NHMRC is committed to a five per cent or more spend of the Medical Research Endowment Account (MREA) on Aboriginal and Torres Strait Islander health and medical research.

Ethical guidelines, such as those from the NHMRC and AIATSIS, require Aboriginal and Torres Strait Islander people be directly involved in research that impacts their lives. The involvement must stretch across all stages and at all levels, including the development of research proposals, the conducting of research, data collection, analysis, interpretation and write up. These guidelines also require research and practice that involves Aboriginal and Torres Strait Islander peoples to be ethical, accessible and beneficial to Aboriginal and Torres Strait Islander peoples and communities. This includes seeking human research ethics approvals from Aboriginal specific Human Research Ethics Committees (HRECS) or subcommittees of whole of population HRECSs. Researchers should also ensure that they are adhering to Indigenous Data Sovereignty Principles. This is closely aligned with Closing the Gap Priority Reform 4: Data development and sovereignty, which calls for Aboriginal and Torres Strait Islander self-determination and leadership in research.

However, there needs to be a stronger focus on implementing this guidance to promote Aboriginal and Torres Strait Islander-led research and ensure that research is undertaken in partnership with Aboriginal and Torres Strait Islander people. In line with the AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research, this includes "all research that impacts or is of particular significance to Aboriginal and Torres Strait Islander peoples,

Working Draft

including planning, collection, analysis and dissemination of information or knowledge, in any format or medium, which is about and may affect Indigenous peoples both collectively and individually. The AIATSIS Code applies to all Aboriginal and Torres Strait Islander research, regardless of whether the research intends to directly involve human participants, and specifically extends to the use of collections such as archives, datasets, collection of information or biospecimens that may not otherwise be categorised as human research".[142]

Advances in genomics research has the potential to reduce health disparities and improve health outcomes for Aboriginal and Torres Strait Islander people. This includes through predicting disease risk, finding novel diagnostics and improving treatment pathways. While genomics is at the forefront of medical research, it is rarely used in Aboriginal and Torres Strait Islander health research. Aboriginal and Torres Strait Islander confidence and willingness to participate has been impacted by previous negative experiences in genomics research.[143] Historically, genomics material collected either for clinical applications or research is mainly done without the significant consideration given to the concerns of Aboriginal and Torres Strait Islander people. This needs to be redressed to ensure greater leadership from Aboriginal and Torres Strait Islander peoples, communities and representative bodies on issues relating to genomics. This will lead to equitable access, Aboriginal and Torres Strait Islander data governance, culturally safe clinical and research, which will benefit the Aboriginal and Torres Strait Islander community as a whole.

Genomics for Person-Centred Care

The clinical and research use of genomics is ever-evolving. It has the power to change the lives of individuals from those suffering from rare conditions to preventing conditions from occurring in the first place. As with any new field, there are always emerging concerns or issues arise relating to specific groups of people in Australia, including Aboriginal and Torres Strait Islander peoples. Genomics with Aboriginal and Torres Strait Islander needs to be understood through a lens history, culture, equality and benefit.

Research must also consider the diversity of Aboriginal and Torres Strait Islander people and cultures, including mechanisms for representation in governance structures across all groups that the research impacts, including peoples with disability, LGBTQIA+SB, ageing, speakers of languages other than English and other diverse populations.

[142] AIATSIS (2020). AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research. Australian Institute of Aboriginal and Torres Strait Islander Studies: Canberra.

[143] E Kowal, L Rouhani and I Anderson (2011). *Genetic Research in Aboriginal and Torres Strait Islander Communities: Beginning the Conversation*, The Lowitja Institute, Melbourne.

Facts and figures:
In 2020, six per cent funding of the MREA s committed for Aboriginal and Torres Strait Islander research.[144]
In 2020, $57,177,976 was spent on 241 active research grants on Aboriginal and Torres Strait Islander health.
59 NHMRC active grants were led by Aboriginal and Torres Strait Islander researchers; and 150 Aboriginal and Torres Strait Islander researchers on active grants were funded by NHMRC.
As at 18 February 2021, eleven MRFF initiatives have or are providing over $44.5 million in funding for 28 Aboriginal and Torres Strait Islander health-related research projects.

Strategy 11.1. Prioritise Aboriginal and Torres Strait Islander-led research

Aboriginal and Torres Strait Islander researchers must be prioritised to lead research that focuses on Aboriginal and Torres Strait Islander populations, as well as be strongly involved in broader research where Aboriginal and Torres Strait Islander people will be over represented or are likely to present differently from the broader Australian population. This underpins the ethical approach required to ensure that research is conducted in a culturally safe and informed manner and designed to be of benefit to Aboriginal and Torres Strait Islander populations and communities.

Research must also be centred on addressing the needs of Aboriginal and Torres Strait Islander peoples and will benefiting people, families and communities into the future through achieving sovereignty over their unique data and full recognition of their cultural and linguistic history.

Strategy 11.2. Support and grow the Aboriginal and Torres Strait Islander research workforce

Consistent with the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031, the Aboriginal and Torres Strait Islander research workforce must be grown to ensure the availability of capability and cultural expertise across health research. This includes ensuring that Aboriginal and Torres Strait Islander researchers and organisations, including ACCHSs, have the capacity and infrastructure to engage with research.

This research workforce must be supported through a strategic national network, which will bolster peer engagement and workforce retention. This network will also service to facilitate

[144] NHMRC (2019). Aboriginal and Torres Strait Islander Report Card of Achievements 2019. National Health and Medical Research Council.

Working Draft

engagement across diverse Aboriginal and Torres Strait Islander communities to inform research priorities and practices.

Strategy 11.3. Research is conducted in partnership with, not on, Aboriginal and Torres Strait Islander people, organisations, communities and Nations
Non-Indigenous people engaging in research with Aboriginal and Torres Strait Islander people must ensure they are working in a culturally safe way, including by identifying and following community cultural and research protocols. The research must prioritise the needs of the communities involved, and incorporate knowledge translation that benefits the impacted communities, ACCHSs and Nations.
Strategy 11.4. Develop and implement national guidelines for Aboriginal and Torres Strait Islander health genomics
Guidelines must be developed to ensure that Aboriginal and Torres Strait Islander peoples are benefiting from the advances in genomics. These guidelines must also inform application of new genomics knowledge and technology.

How do we demonstrate success?

Placeholder.

Working Draft

Priority Area 12: Shared access to data and information at a regional level

Desired Outcome: Partnerships are established between Aboriginal and Torres Strait Islander people and government agencies to improve collection, access, management and use of data, including identifying improvements to existing data collection and management. Communities have ownership and control over their data.

Links to Closing the Gap:
Priority Reform 4 – Shared access to data and information at a regional level

Context

Access to data, and especially local and disaggregated data, is necessary for Aboriginal and Torres Strait Islander organisations and Nations to make informed decision about what programs and policies would best meet the needs of communities.

Regional level data is utilised by ACCHSs to inform the delivery of their programs and services, based on community need. Other bodies such as PHNs, LHNs, research institutions and governments, also hold local level data. Mechanisms must therefore be in place to ensure that the data collected by governments and non-Indigenous people on Aboriginal and Torres Strait Islander people is not deficit based, is of benefit to communities and is undertaken with free and informed consent. There must also be mechanisms in place to ensure that Aboriginal and Torres Strait Islander people have decision-making authority over what data is collected and how it is collected, accessed, managed and used.

Ensuring leadership and self-determination in Aboriginal and Torres Strait Islander data means adhering to the principles of Indigenous Data Sovereignty. Indigenous Data Sovereignty is an international movement that seeks to ensure that all Indigenous people are able to benefit from, and make decisions about, data that involves them. In Australia, this is derived from Aboriginal and Torres Strait Islander Peoples inherent right to govern Peoples, Country (including lands, waters and sky) and resources, as outlined in the UNDRIP.

Evidence of Indigenous Data Sovereignty

Indigenous Data Network, based at the University of Melbourne, has been established to address the varying data expertise across Aboriginal and Torres Strait Islander communities and Nations. The Indigenous Data Network assists communities to strengthen their data agency with the aim of assisting them to make informed decisions about their own development. They work with Aboriginal and Torres Strait Islander communities to develop the technical capability and resources to enable them to manage their data for community advancement.

Facts and figures:

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[Placeholder: Data/evidence to be added]

Suggestion – Information/case study about the Health Data Portal and the Qlik dashboard. Roughly 90% of services are happy to share their data with others, including state bodies. We have case study words that we can provide.

The nKPI and OSR data are high quality data that are collected by ACCHSs and other Indigenous primary health care services who are funded by the IAHP.

The Health Data Portal used by these health services were co-designed with a large number of Aboriginal and Torres Strait Islander health care providers and others, and as such it suit the need of the Indigenous health services.

The nKPI data in particular are used widely as a continuous quality improvement measure, and participating health services can nominate to share their data with NACCHO and the Sector Support Organisations within the Health Data Portal. This allows for a much greater level of data availability at regional and community level.

The recently rolled out QLIK Sense Dashboard allows all health services to have timely access to their own data. This visual analytic tool is particularly useful to services where data analytic resource is an issue.

Strategy 12.1. Establish governance structures to guide how Aboriginal and Torres Strait Islander data is collected and used

Non-Indigenous health institutions collecting Aboriginal and Torres Strait Islander data must work with Aboriginal and Torres Strait Islander communities and Nations to determine what data will be collected and how it will be used. At times, data may be collected that is not specific to a community or Nation. In these instances, it is still important that the data is governed by Aboriginal and Torres Strait Islander people with appropriate expertise who are not associated with the institution collecting the data [Need guidance from NIAA and AIHW].

Strategy 12.2. Develop culturally relevant metrics to track health and wellbeing

Western and biomedical models of health tracking may be insufficient and inappropriate in Aboriginal and Torres Strait Islander cultural contexts. More data is needed that measures Aboriginal and Torres Strait Islander health in terms of holistic conceptions of health and wellbeing. This includes locally relevant cultural determinants, as outlined by Aboriginal and Torres Strait Islander people and communities. This data development must uphold the principles of data sovereignty, and include metrics to track progress.

Case Study - Mayi Kuwayu Study

Mayi Kuwayu: The national Study of Aboriginal and Torres Strait Islander Wellbeing commenced in 2018 and was created by and for Aboriginal and Torres Strait Islander people. The study aims to understand the links between Aboriginal and Torres Strait

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Islander cultures and health and wellbeing. The Mayi Kuwayu team worked with many Aboriginal and Torres Strait Islander communities and individuals across Australia to develop a survey about culture and wellbeing concepts. The research project's key aspects are that it is Indigenous-led through the investigator team and through the governance processes the Study adheres to, takes a strength-based approach (looking at what improves outcomes) , and embeds Indigenous Data Sovereignty principles – through the management, access and use of the Study data.

Indigenous-led

The Mayi Kuwayu Study is designed, controlled, and led by Aboriginal and Torres Strait Islander people. It is led by Aboriginal researchers at the Australian National University. This leadership is essential to valuing and maintaining community trust and engagement with the study, expertise, and knowledge through ways of being, knowing and doing that incorporate Aboriginal and Torres Strait Islander worldviews. Partnerships with Aboriginal and Torres Strait Islander organisations is essential to the study to engage on their terms and in their cultural contexts.

> "It's giving us a voice to discuss what issues are important to us and what things we want to be included in future policy". Mayi Kuwayu Study Ambassador

Strengths-based approach

There are three ways strength-based approaches are utilised in Mayi Kuwayu. First, Aboriginal and Torres Strait Islander data development occurred to identify good health and wellbeing. There is a need to define and understand factors of central importance, such as identity and culture, to Aboriginal and Torres Strait Islander health and wellbeing. This approach allows for a greater understanding of what improves Aboriginal and Torres Strait Islander people’s lives. Second, they look at positive health behaviours and the factors that influence those behaviours. Usual data practice identifies factors associated with or that cause illness and disease. These same methods can be used to identify factors that contribute to the absence of illness and disease. Third, they maintain a focus for reporting on Aboriginal and Torres Strait Islander people and limit their reference to the non-Indigenous population. Trends over time for the population of interest provide reliable information that things are improving or not and centres the voice and aspirations of Aboriginal and Torres Strait Islander peoples.

Indigenous Data Sovereignty

Access to any of the study data must first be approved by the Mayi Kuwayu Study Data Governance Committee. The Committee is made up of Aboriginal and Torres Strait Islander people from around Australia with expertise in ethics, research, community advocacy, policy and governance. The Data Governance Committee seeks to ensure that whoever accesses the data accurately reflect Aboriginal and Torres Strait Islander stories. The access process applied to the research team and external researchers. The assessment process is based on the five Maiam nayri Wingara Indigenous Data Sovereignty Collective data principles:

1. Aboriginal and Torres Strait Islander control of the data ecosystem.
2. Data is contextual and disaggregated.

Working Draft

3. Data is relevant and empowers sustainable self-determination and effective self-governance.
4. Data structures that are accountable to Indigenous peoples.
5. Data that is protective and respects Indigenous individuals and collective interests.

If the Committee approves access, data from the Mayi Kuwayu Study is not supplied directly to the applicant for analysis. The Mayi Kuwayu Study Team compile the analysis and provide the results. This process is in place to ensure that the data is safe, confidential and accessible.

The research teams' approach, which is considered best practice for Aboriginal and Torres Strait Islander research, demonstrates the value and strengths of Indigenous-led research and how Indigenous Data Sovereignty can be put into practice.

How do we demonstrate success?

[Placeholder.

- *Indigenous Data Sovereignty is often described as involving both Indigenous data governance and, through this, collection of data that is genuinely useful for governance by Aboriginal and Torres Strait Islanders.*
- *Demonstrating success should involve consideration of the extent to which these two elements have been delivered on. This will ensure that data sovereignty is achieved across the data lifecycle, from initial establishment of focus and methodologies, governance and consultation, through to collection, access, storage and use arrangements.]*

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Accountability Framework

Through strong leadership and governance, the whole health system – mainstream, targeted, public and private – is accountable for driving change.

[Include something here about the Health Plan being supported by a strong accountability framework]

Mainstream data collection

Indigenous data sovereignty

Reporting mechanisms

Accountable to Aboriginal and Torres Strait Islander people References

[Full framework to be included once developed]

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References

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Appendices

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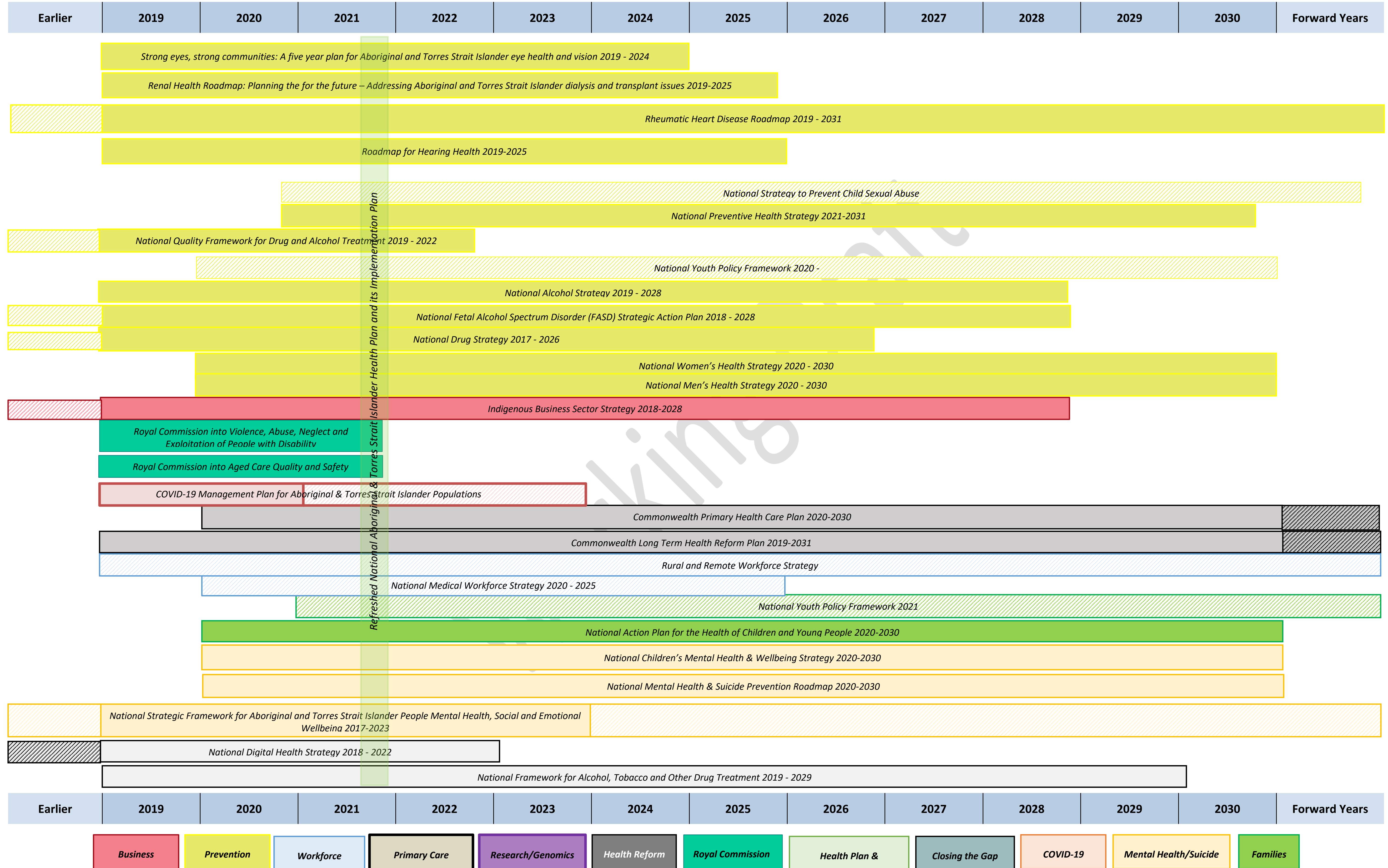
Draft in-confidence – not for further dissemination

Commonwealth Intersecting Strategies



National Intersecting Strategies

Earlier	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	Forward Years

Refresh targets, indicators and priorities.

National Closing the Gap Framework 2020 - 2031

National Health Reform Agreement 2020 - 2025

National Nursing Strategy 2021 - 2030

National Strategic Framework for Chronic Conditions 2017 - 2025

National Tobacco Strategy 2020 - 2030

National Housing and Homelessness Agreement 2018 - 2023

National Disability Strategy 2010 - 2020

National Obesity Strategy 2020 - 2030

Australian National Breastfeeding Strategy: 2019 and Beyond

Australian National Oral Health Plan 2015 - 2024

National Injury Prevention Strategy 2020-2030

Healthy, Safe and Thriving National Strategic Framework for Child and Youth Health 2015 - 2025

National Plan to reduce Violence against Woman & their Children 2010 - 2022

National Health Genomics Policy Framework and Implementation Plan 2018 - 2021

National Aboriginal & Torres Strait Islander Education Strategy 2015 - 2025

National Aboriginal & Torres Strait Islander Health Workforce Strategic Framework 2016 - 2023

National Aboriginal and Torres Strait Islander Health Workforce Plan 2021 - 2031

Mental Health Workforce Strategy 2019-2021

5th National Aboriginal and Torres Strait Islander BBV & STI Strategy 2018 - 2022

5th National Mental Health & Suicide Prevention Plan 2017 - 2022

Refreshed National Aboriginal & Torres Strait Islander Health Plan and its Implementation Plan

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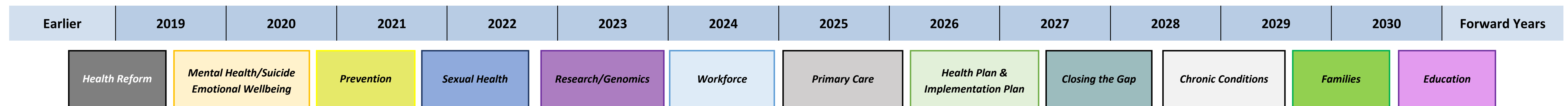
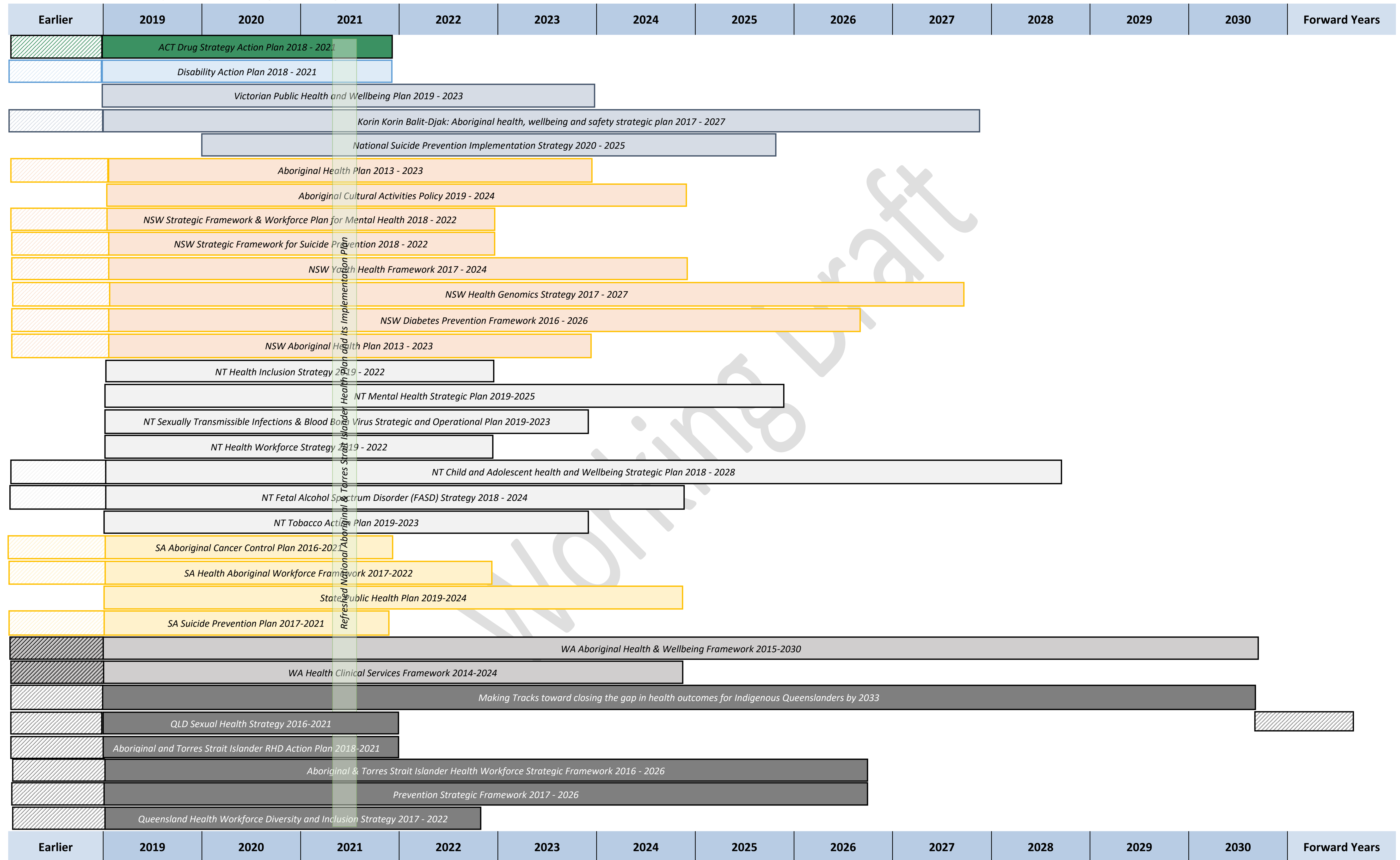


State and Territory Intersecting Strategies



Glossary

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

Aboriginal and Torres Strait Islander Peoples
Aboriginal and Torres Strait Islander Peoples refers to the collective of Aboriginal and Torres Strait Islander Nations across Australia.

Aboriginal and Torres Strait Islander people
Aboriginal and Torres Strait Islander people refers to a collective of individual people from different Aboriginal and Torres Strait Islander Nations across Australia.

Aboriginal Community Controlled Health Organisation
An Aboriginal Community Controlled Health Organisations (ACCHO) is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health care to the community which controls it, through a locally elected board of directors.

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

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

Cardiovascular Disease
Disease of the circulatory system, namely the heart (cardio) or blood vessels (vascular).

Includes heart attack, angina, stroke and peripheral vascular disease. Also known as circulatory disease.

Child Mortality
The death of a child before the age of five.

Chronic diseases
Chronic diseases are conditions that last 1 year or more and require ongoing medical treatment or limit activities of daily living or both such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes.

Closing the Gap/ National Agreement
Closing the Gap began in response to a call for governments to commit to achieving equality for Aboriginal and Torres Strait Islander people in health and life expectancy within a

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generation. It is the story of a collective journey – a shared commitment to empower Aboriginal and Torres Strait Islander people to live healthy and prosperous lives.

In 2020, there is a greater focus on partnership between governments and Aboriginal and Torres Strait Islander people. It heralds a new way forward, where Aboriginal and Torres Strait Islander people share ownership, responsibility and accountability to drive progress for current and future generations.

Close the Gap
The Close the Gap Campaign aims to close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within a generation. The campaign is built on evidence that shows significant improvements in the health status of Aboriginal and Torres Strait Islander peoples can be achieved by 2030.

The Close the Gap Campaign Steering Committee first met in March 2006. Their patrons, Catherine Freeman OAM and Ian Thorpe OAM, launched the Campaign in April 2007. The committee membership includes Aboriginal and Torres Strait Islander and mainstream organisations. To date, almost 200,000 Australians have formally pledged their support.

Closing the Gap Pharmaceutical Benefits Scheme Co-payment Program
The CTG PBS Co-payment Program was established in 2010 to reduce the cost of PBS medicines for eligible Aboriginal and Torres Strait Islander people living with, or at risk of, chronic disease. When obtaining PBS medicines at their local pharmacy, eligible general patients who would normally pay the full PBS co-payment will pay the concessional rate and those eligible patients who would normally pay the concessional rate receive their PBS medicines without being required to pay a PBS co-payment.

Cross-sectoral coordination
The cooperation and collaboration of different areas of government.

Cultural Determinants of Health
The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing. These include, but are not limited to, connection to country, Indigenous beliefs and knowledge, kinship, language, self-determination, and cultural expression.

Cultural Safety

Principles:

The following principles inform the definition of cultural safety:

• Prioritising COAG's goal to deliver healthcare free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2013-2023

• Improved health service provision supported by the Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health

• Provision of a rights-based approach to healthcare supported by the United Nations Declaration on the Rights of Indigenous Peoples

• Ongoing commitment to learning, education and training

Definition:

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Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

How to:

To ensure culturally safe and respectful practice, health practitioners must:

a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;

b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;

c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;

d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues[145]

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

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

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

Formal Partnerships
Agreed arrangements (policy and place-based) between governments and Aboriginal and Torres Strait Islander people that set out who makes decisions, how decisions are made, and what decisions are about.

Future focus

Governments
All Australian Governments, consisting of Commonwealth, states and territories, and local governments.

Health Literacy

[145] AHPRA The National Scheme's Aboriginal and Torres Strait Islander
Health and Cultural Safety Strategy 2020-2025 https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx

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

Health system

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

Immunisation
Immunisation is the process of receiving a vaccine and becoming immune to the disease as a result.

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

Life Course
The period from birth through to death.

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

Low Birth Weight
Infants born weighing less than 2500g.

Medicare Benefits Schedule Item 715 (715 Health Checks)

Nation building
Indigenous Nation (re)building is the process by which an Indigenous Nation strengthens its collective identity and capacity for effective Indigenous governance and sustained self-determined community and economic development.

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

Perinatal
Perinatal is the period of time when you become pregnant and up to a year after giving birth.

Pharmaceutical Benefits Scheme (PBS)
Today the PBS provides timely, reliable and affordable access to necessary medicines for Australians. Under the PBS, the government subsidises the cost of medicine for most medical conditions. Most of the listed medicines are dispensed by community pharmacists, and self-administered by patients at home.

Person-centred care
Person-centred care is about treating a person receiving healthcare with dignity and respect and involving them in all decisions about their health.

Primary Health Care

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The World Health Organization Alma-Ata declaration of 1978 defines primary health care as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

Primary Health Networks

Primary Health Networks (PHNs), established in 2015, are not-for-profit independent organisations limited by guarantee. Funded by the Australian Government through the Primary Health Networks Program, they have two key objectives: to improve the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and to improve the coordination of care to ensure patients receive the right care, in the right place at the right time. PHNs work to reorient and reform the primary health care system by taking a patient-centred approach to medical services in their regions. The Primary Health Networks and Aboriginal Community Controlled Health Organisations Guiding Principles (Guiding Principles) recognise the commitment of PHNS and ACCHS to work together to improve access to health services and improve health outcomes for Aboriginal and Torres Strait Islander People and provide guidance to be taken by PHNs and ACHs against six key domains: Closing the Gap; cultural competency; commissioning; engagement and representation; accountability, data and reporting; service delivery; and research.

Remote Area Aboriginal Health Services (RAAHS) Program

The RAAHS Program was established in 1999 to ensure people living in remote areas, where there may be limited access to a GP and/or community pharmacy, could access most PBS medicines. Under these arrangements, clients of approved RAAHS are able to obtain medicines directly from the AHS at the point of consultation, without a prescription and without charge.

Respiratory Disease

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

Rheumatic Heart Disease (RHD)

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

Risk Factors

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

Self determination

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Self-determination is the right of all peoples to 'freely determine their political status and freely pursue their economic, social and cultural development'.[146]

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

Sexually Transmitted Infection (STI)
An infection that can be transferred from one person to another through sexual contact.

Social and Emotional Wellbeing (SEWB)
A term used to describe the social, emotional, spiritual, and cultural wellbeing of a person. The term recognises that connection to land, culture, spirituality, family, and community are important to people and can impact on their wellbeing. It also recognises that a person's social and emotional wellbeing is influenced by policies and past events.

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

Strengths based approach
A strengths based approach views situations realistically and looks for opportunities to complement and support existing strengths and capacities as opposed to a deficit-based approach which focuses on the problem or concern.

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

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

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

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[146] Article 1 of the International Covenant on Civil and Political Rights

Acronyms

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
ARF	Acute Rheumatic Fever
AMS	Aboriginal Medical Service
ATSIC	Aboriginal and Torres Strait Islander Commission
CCSS	Care Coordination and Supplementary Services
COAG	Council of Australian Governments
CVD	Cardiovascular Disease
FASD	Foetal Alcohol Spectrum Disorder
GP	General Practitioner
HACC	Home and Community Care
ICDP	Indigenous Chronic Disease Package
IPAG	Implementation Plan Advisory Group
KPI	Key Performance Indicator
MBS	Medical Benefits Scheme
NACCHO	National Aboriginal Community Controlled Health Organisation
NAHS	National Aboriginal Health Strategy
NATSIHP	National Aboriginal and Torres Strait Islander Health Plan
NDIS	National Disability Insurance Scheme
NATSIHEC	National Aboriginal and Torres Strait Islander Health Equality Council
NHLF	National Health Leadership Forum
NIRA	National Indigenous Reform Agenda
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health
OATSIH	Office for Aboriginal and Torres Strait Islander Health
PBS	Pharmaceutical Benefit Scheme
PHN	Primary Health Network
RHD	Rheumatic Heart Disease
SAG	Stakeholder Advisory Group
SEWB	Social and Emotional Wellbeing
VET	Vocational Education and Training

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Development/partnership/consultation process

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Commonwealth Implementation Plan [supplementary]

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