



WAPHA
WA Primary Health Alliance

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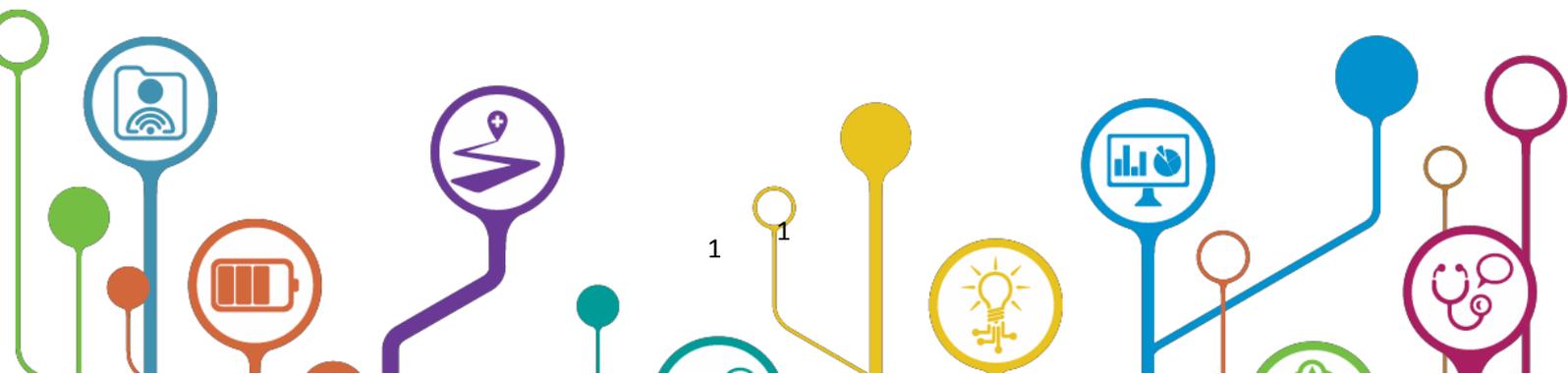
PERTH NORTH, PERTH SOUTH,
COUNTRY WA

An Australian Government Initiative

Closing the Gap Refresh

WA Primary Health Alliance Submission

April 2018



1.0 Background

The WA Primary Health Alliance (WAPHA) is the organisation that oversees the commissioning activities of WA's three Primary Health Networks (PHNs) – Perth North, Perth South and Country WA PHN. PHNs were established by the Australian Government in 2015 with the key objective of increasing the efficiency and effectiveness of medical services, particularly for those in our community who are at risk of poor health outcomes, and improving coordination of care to ensure people receive the right care in the right place at the right time.

The alignment of WA's three PHNs under one organisation (WAPHA) affords a once in a generation opportunity to place primary care at the heart of the WA health system and create the mechanism for integrating services across organisations and across boundaries. WAPHA's vision is improved health equity in WA and our mission is to build a robust and responsive primary health care system through innovative and meaningful partnerships at the local and state-wide level.

WAPHA believes strongly in an integrated health care system that has a collective focus on delivering care in the most appropriate setting through formalised, cohesive relationships between all elements of the health system. WAPHA is committed to improving access to primary health care services for older people which is crucial in reducing hospitalisations and can contribute to the early diagnosis and management of chronic health conditions.

Aboriginal Health is one of six Commonwealth agreed priority areas for PHNs, providing guidance for WAPHA to improve health outcomes and experiences for Aboriginal Western Australians. WAPHA is committed to commissioning efficient and appropriate services where they are needed most in the community.

WAPHA supports progressive implementation of health care reform in Western Australia over the next decade; working collaboratively and in a coordinated manner with all levels of government, community, consumers, industry and the private sector to deliver person-centred, best practice care for the people who live in our community.

WAPHA recognises that the Closing the Gap approach incorporates articulation of the rights to self-determination and health as recognised in the United Nations Declaration on the Rights of Indigenous Peoples¹. It is important to ensure adherence to these international, non-discriminatory human rights standards. Furthermore, recognition of the importance of inter-cultural mix of both customary and other social norms and values that interplay for Aboriginal people must be recognised.

WAPHA accepts the founding premise of the Closing the Gap approach which recognises that population health outcomes are fundamentally the result of underlying structural factors such as social determinants, racism, safe housing and access to primary health care. Achieving sustainable health outcomes necessarily requires action in these areas to help address cause as well as symptoms.

¹ UN General Assembly, United Nations, United Nations Declaration on the Rights of Indigenous Peoples A/RES/61/295

WAPHA is pleased to provide the following submission to the Closing the Gap Refresh. The submission has been informed through consultation with key stakeholders including:

- WA Department of Health
- Department of Communities
- South West Aboriginal Medical Service
- Mercy Care
- Community representatives

Quotes and recommendations from community members and stakeholders have been included throughout the submission.

1.1 WAPHA's Approach

WAPHA recognises that long-term sustainable solutions to address health and social problems inclusive of chronic disease, alcohol and drug use and mental health issues requires action on system wide issues. WAPHA is focused on addressing multiple morbidities, avoiding potentially preventable hospitalisations and intervening early in the continuum of care.

To achieve this, we are committed to working collaboratively, and in a coordinated manner, with all levels of government, community, consumers, industry and the private sector to collectively address health and social needs. We are focused on addressing regional priorities, and commissioning integrated, evidence-based and best practice solutions to improve future health outcomes.

WAPHA commissions dedicated services for Aboriginal people as well as promotes and supports provision of culturally secure services for the broader population.

1.2 Key initiatives to improve the health and wellbeing of Aboriginal people

Improving Aboriginal health in Western Australia is a critical concern for WAPHA. Western Australia is home to over 69,000 Aboriginal people, with 27,278 living in the metro area and 41,970 living in more regional and remote areas². WAPHA has a key role in addressing access barriers such as fragmentation by building a health and social care system that integrates care and is focused on improving health outcomes for Aboriginal people.

In developing strategies and approaches, WAPHA supports the definition of health and wellbeing for Aboriginal people to be inclusive of “not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community”³.

For those living in regional and remote communities, WAPHA recognises that many communities also need adequate infrastructure and opportunities to build resilience to improve living conditions and provide a sustainable future.

² Australian Indigenous HealthInfoNet, 2014, *Summary of the health of Indigenous people in Western Australia, 2013*. Perth: Australian Indigenous HealthInfoNet

³ National Aboriginal Community Controlled Health Organisation, 2017, *Aboriginal health*. Accessed at: <http://www.naccho.org.au/about/aboriginal-health/definitions/>

The *Overview of Aboriginal and Torres Strait Islander Health Status 2016*⁴ shows that the health of Aboriginal and Torres Strait Islander people continues to improve slowly across a broad range of physical, social and emotional health and wellbeing indicators.

WAPHA acknowledges there are distinctive ethnic and cultural differences within Aboriginal and Torres Strait Islander societies, with historical determinants of health still influencing current health experiences and outcomes. Negative health outcomes have been associated with deep underlying causes such as; racism and discrimination; forced removal of children and its impact on children, families and community; changing of identity across Aboriginal and non-Aboriginal cultural 'worlds'.⁵

WAPHA endorses the approach outlined in the *Implementation Plan for the National Aboriginal and Torres Strait Islander Plan 2013-2023*⁶ and the *WA Aboriginal Health and Well Being Plan 2015-2030*⁷, WAPHA is committed to supporting and working with Aboriginal people, communities and service providers to galvanize the strengths, goals and progress for self-determination and strong community leadership for culturally determined 'health protecting factors' including connection to land, culture, spirituality and ancestry.

WAPHA uses the development of Population Health Needs Assessments⁸ as an evidence base for where the service needs exist, with a need to share and link data across agencies to strengthen the full understanding of barriers. WAPHA recognises the importance of building capacity in the use of data to support planning and robust evaluation to guide ongoing improvement of services and high quality care.

In addition to this, WAPHA seeks to hear from Aboriginal people and communities such as at the recent WAPHA funded *Aboriginal Integrated System of Care* community consultation sessions where communities named barriers including employment, service design and delivery, pathways and referral processes.

In light of the feedback, WAPHA encourages service providers to design and deliver integrated services in collaboration with the people intended to access them. WAPHA's emerging approach to outcomes-based commissioning is supported by a set of tools including resources such as the Quadruple Aim that can be used as a framework underpinning both activities for the PHN and the activities identified in contracts with commissioned organisations. The Quadruple Aim consists of the Triple Aim⁹ developed by the US Institute for Healthcare Improvement and an added fourth dimension advanced by Thomas Bodenheimer and Christine Sinsky¹⁰.

Below is a summary of some of WAPHA's key initiatives to improve the health and

⁴ Australian Indigenous HealthInfoNet, 2017, *Overview of Aboriginal and Torres Strait Islander health status, 2016*. Perth, WA. Accessed at: <http://www.healthinonet.ecu.edu.au/uploads/docs/2016-overview.pdf>

⁵ Australian Indigenous HealthInfoNet, 2017, *Overview of Aboriginal and Torres Strait Islander health status, 2016*. Perth, WA. Accessed at: <http://www.healthinonet.ecu.edu.au/uploads/docs/2016-overview.pdf>

⁶ *Implementation Plan for the National Aboriginal and Torres Strait Islander Plan 2013-2023*

⁷ WA Aboriginal Health and Well Being Framework 2015-2030 . Accessed at http://ww2.health.wa.gov.au/~/_media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/12853_WA_Aboriginal_Health_and_Wellbeing_Framework.pdf

⁸ WA Primary Health Alliance, 2017, *Primary Health Network (PHN) Population Health Needs Assessments* for Perth North PHN, Perth South PHN and Country PHN can be accessed at: <http://www.wapha.org.au/phn-population-health-needs-assessments-published/>

⁹ Berwick D. *The triple aim: care, health and cost*. Health Affairs, 2008; 27: 3: 759-769.

¹⁰ Bodenheimer T. & Sinsky S. *From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider*. *Annals of Family Medicine*. November/December 2014; 12:573-576. November/December 2014; 12:573-576

wellbeing of Aboriginal people.

- **Cultural Respect Framework** - All WAPHA commissioned services are required to ensure alignment with the Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health.
- **WAPHA Reconciliation Action Plan** - Development of the WAPHA Reconciliation Action Plan (due for release in May 2018).
- **WAPHA Governance** - WAPHA staff training includes mandatory completion of an Aboriginal and Torres Strait Islander Cultural Competence Course. Aboriginal representation on the WAPHA board and as part of clinical commissioning committees and community engagement committees.
- **Integrated Team Care** - The Integrated Team Care (ITC) program is a national program providing dedicated care coordination teams to support general practice in the care of Aboriginal and Torres Strait Islander people with a chronic condition and complex care needs according to their GP Management Plan.
- **Community Health** - WAPHA provides funding to almost all Aboriginal Community Controlled Organisations in WA. This includes chronic disease nurses in three ACCHOs in the Pilbara, two Aboriginal Suicide prevention programs, a range of AOD and mental health service either operated by ACCHOs or provided in collaboration between ACCHOs and non Aboriginal providers.
- **Kimberley Suicide Prevention Trial** - A strong collaboration between sectors, with WAPHA promoting Aboriginal leadership.
- **Integrated approaches to mental health, suicide and alcohol and drugs** - WAPHA has commissioned a range of health and social care services across mental health, alcohol and other drugs and suicide prevention¹¹, including the establishment of an Aboriginal Integrated System of Care, where a number of community consultation sessions attended by Aboriginal people provided comment on their local community needs to improve the health and wellbeing outcomes of Aboriginal people living with co-occurring conditions¹². WAPHA's Integrated Primary Mental Health Care approach focuses upon co-designing local service activity that are community driven to assist vulnerable people to access mental health support at the right level and at the right time, wherever they are in WA¹³.
- **Country to City Project** – The project is focused on improving health outcomes for Aboriginal people travelling from regional and remote areas to metropolitan Perth and intra-regionally for health care.
- **Aboriginal Health and Wellbeing Advisory Group** - Establishment of the Advisory Group to inform the commissioning of services for Aboriginal people and communities.
- **Suicide prevention** - WAPHA is guided by recommendations from the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) in commissioning suicide prevention activities.
- **Workforce development** – Includes Cultural competence support and training for primary care practitioners working with Aboriginal clients with mental health and alcohol and drug problems. Support also provided to

¹¹ WA Primary Health Alliance, 2017, *Media Release: Funding boost for Integrated Mental Health and Drug & Alcohol Treatment Services*. Accessed 13/12/2017 at: http://www.wapha.org.au/wp-content/uploads/2015/12/170530_Media-Release_Investment-in-new-services-to-support-people-impacted-by-drugs-and-alcohol-mental-health-v2.pdf

¹² Aboriginal Integrated Systems of Care reports Accessed 18/4/2017 at <http://www.wapha.org.au/about-wapha/our-projects/aboriginal-integrated-systems-of-care-aisc/>

¹³ WA Primary Health Alliance, *Integrated Primary Mental Health Care*. Accessed at: <http://www.wapha.org.au/primary-health-networks/mental-health/ipmhc/>

Aboriginal Health Workers to prepare for placement with mainstream primary care practices.

- **Community capacity building** – Includes Aboriginal Mental Health First Aid Instructor and First Aider Training for community members, natural helpers and service providers.
- **HealthPathways** - HealthPathways WA has developed information on referral and management pathways to help clinicians navigate Aboriginal patients through the complex primary, community and acute health care system in Western Australia.
- **Needs Assessments** - WAPHA works with key partners both in government and non-government, and other stakeholders to collectively address health and social needs and regional priorities to commission integrated approaches to best practice models of care and evidence-based solutions to improve future health outcomes. WAPHA is required to analyse the health needs of their populations through formal planning processes to enable better targeting of available resources and services. A WA Aboriginal specific Needs Assessment has been developed by WAPHA which is available publicly.
- **Rainbow Tick** - Achieving Rainbow Tick Accreditation is a priority for WAPHA. WAPHA is committed to inclusion and diversity both within the organisation and in all engagement and commissioning activities.

Further information on WAPHA initiatives can be found at www.wapha.org.au

2.0 Overview of recommendations on the Closing the Gap Discussion Paper

- **Continue commitment to targets** - Without continued specific focus on improving outcomes for Aboriginal people, it is unlikely that Aboriginal health inequalities will be redressed. WAPHA supports a continued focus on what has already been achieved coupled with a refocus, renewed inter-agency commitment and rethink given the apparent lack of progress in some areas.
- **Commit to policy and strategy continuity** - Given the complex nature of the issues to be solved, it is imperative that a long-term plan be agreed, inclusive of a shared commitment on what and how progress will be achieved and measured. WAPHA is committed to advocating and supporting work with key partners on shared health priority areas to improve equity, access and health outcomes.
- **Agree a plan, take action and ensure accountability** - Progress towards achieving health equity, including provision of a health system that is safe, secure and responsive to the needs of Aboriginal people requires tangible and sustained commitment and investment. Agreement to a holistic and intersectoral action plan that clearly defines accountability inclusive of interagency targets is essential. Furthermore, the approach must be supported by jointly developed, needs based and community focused planning and commissioning.
- **Empower and develop capacity in the Aboriginal community**- Aboriginal people must be supported and enabled to lead what is required in their families, and communities and must be part of the decisions that affect their health and wellbeing. Prioritise working with Aboriginal led organisations and building capability of Aboriginal people and communities to improve the health and wellbeing people through leadership and representation at all levels. Given the importance of local control, the diverse aspirations and circumstances of Aboriginal people must be recognised and responded to.

- **Ensure authentic, inclusive and diverse engagement** - It is critical that the diverse voice of Aboriginal people is represented at all levels. Responding only to the views of a few, those with a particular interest and those who do not represent the broader community is problematic.

3.0 Summary of responses to Closing the Gap Refresh

Question 1: How can governments, Aboriginal and Torres Strait Islander people, and businesses work more effectively together? What is needed to change the relationship between government and community? To help close the gap, what is needed to support Indigenous community leadership and decision-making?

“Empowering our own people, also asking our people what we think not assuming what’s right for one community is right for all.”

“One voice is not enough to make the choir of change”

- Aboriginal people and communities have a pivotal role to play in addressing the issues that matter to them. Priority should be given to empowering and supporting Aboriginal people to participate and represent at all levels of decision making.
- Government and its agencies must commit to co design, enabling Aboriginal leadership and fostering diverse and genuine participation in planning and decision making. This necessitates increased access to culturally appropriate information, respectful ways of working and improvements in health literacy.
- A diverse array of Government policy can have an impact on health outcomes (including housing transport, access to water, access to social and recreation space). There is considerable need to align resources through joint planning across all levels of government and communities in a coordinated and sustainable way. This cannot be achieved without reciprocity, trust, respect and empowerment of Aboriginal people. It also requires a plan which is jointly developed and agreed, and which details how governments and communities will work together to achieve a holistic approach and make progress.
- There is opportunity to promote multi-disciplinary networks to develop solutions collectively. The approach offers the chance to build capacity and capability for inter-professional learning and information exchange. Such an approach can be particularly useful for healthcare systems looking beyond conventional boundaries to identify better ways to deliver health and social care to Aboriginal people.

“We need to be working from the ground up with grass root people. Not from the top down”

- Greater engagement with community people at grass root level is required to ensure a diversity of views inform decision making. Responding only to the views of a few, those with a particular interest and those who do not represent the broader community is problematic.
- It is acknowledged that Aboriginal Community Controlled Organisations are well positioned to provide culturally appropriate and secure health services to

Aboriginal people. However, Aboriginal people must also be able to retain the right to choose who provides care, and be able to access culturally safe care where Aboriginal led services are not available locally. Therefore, continued focus on developing the cultural safety and security of services within a place is imperative.

- Increased effort is required to overcome structural barriers and system issues that make it difficult for everyone to navigate and coordinate care. For example, Aboriginal people with complex multidisciplinary care needs are likely to have a range of issues requiring multiple appointments which are not scheduled together and difficult to manage. Through It's Needs Assessments and consultation processes WAPHA has identified that there is an increased need for resources to be directed to supporting care navigation, coordination and advocacy of those with complex care needs.
- Increased emphasis on local action and place based solutions requires access to local level data (likely across sectors) to facilitate local decision making and accountability. Effective arrangements to support data sharing and linkage is important in this context.

“Large business and government should put more effort into communicating directly with community members in the regions that have high populations of Aboriginal and Torres Strait islanders people. This means talking to the people that are directly impacted by the socio-economic issues that are part of the divide between Indigenous and Non-Indigenous Australia, and then working with them to combat those issues. If it can be seen that a concerted effort is being put into trying to rectify these issues and that Aboriginal and Torres Strait are being included in the process, I believe that the relationship between all parties would improve significantly”.

Question 2. How could the Closing the Gap targets better measure what is working and what is not? What has worked well under Closing the Gap? What has not worked well?

“Targets should focus around measuring the not only the short-term effects of changes, but the long term. Too many programs only record the number of clients that access the service, but do not record how long the clients stayed with the program and how effective it was in making a change in their lives.”

Continue programs focused on chronic disease

- The Australian healthcare system is experiencing increasing demand due to numerous factors such as the changing profile of the population (ageing, longevity) and the shifting burden of disease from acute to chronic and complex conditions¹⁴. Despite improvements in recent years in Aboriginal and Torres Strait Islander health, Aboriginal and Torres Strait Islander people experience poorer health outcomes than other Australians. They have a burden of disease two to three times greater than the general Australian population and are more likely to die at younger ages, experience disability and report their health as fair to poor. The reasons for the differences include disparities in social and economic factors, in health behaviours and in access to health services. Approximately two in three Aboriginal and Torres Strait Islander people (67 per

¹⁴ Vohma, V, Shao, C, Somerford, P, 2017. Potentially Preventable Hospitalisation Hotspots in Western Australia Department of Health Western Australian and WA Primary Health Alliance, Perth, Western Australia

cent) reported that they had at least one long-term condition in 2012–13; and one-third (33 per cent) of Aboriginal and Torres Strait Islander people reported having three or more long-term conditions¹⁵.

- To have any long-lasting sustainable impact in Aboriginal health, a ‘whole-of-health-system’ approach is required that includes support from whole of population focused general practice and other health services, Aboriginal Community Controlled Health Organisations (ACCHOs), specialists, allied health providers and hospitals. To make progress, inter-agency collaboration needs to be supported by ensuring agencies share accountability for improving health outcomes. PHNs collectively have a set of guiding principles in place with NACCHOs and it is understood that some PHN are brokering local versions.
- It is imperative that there remains a continued focus on effective preventative, integrated, management and treatment services to avoid rising health costs and burden of disease. Effective treatment of chronic disease, including mental illness, can slow disease progression, enhance quality of life, increase life expectancy and save health resources¹⁶.

“The Integrated Team Care programs for patients with chronic disease needs to keep happening as we are only just touching the surface of these areas and work on this Program needs to be a holistic approach as someone with a chronic disease is not and will not engage in these services if they have no connection to land, kinship, education, employment, housing their Health is going to be the last thing on their mind.”

Embed a focus on cultural safety and security

- Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs) fulfill a pivotal role in improving health outcomes. Their mantra of *Nothing for me without me* is acknowledged as an effective way of ensuring that culturally appropriate and secure programs and services are offered. Peak Aboriginal health bodies argue that boosting the likelihood of culturally safe clinical care may substantially contribute to Aboriginal health and wellbeing improvement.
- Many health organisations are providing culturally safe environments that are respectful of Aboriginal and Torres Strait Islander people, their families and communities and contributing to improving outcomes¹⁷. It follows that a more specific embedding of cultural safety within mandatory standards for safe, quality-assured clinical care may strengthen and improve the positive impact of health care delivered¹⁸.
- As good as the Australian healthcare system is at responding to the healthcare needs of the majority of Australians, Aboriginal and Torres Strait Islander people remain disadvantaged in accessing health services and experience significantly disparate health outcomes. The *National Safety and Quality Health Services Standards- User Guide*

¹⁵ Australian Government, 2014, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report

¹⁶ Commonwealth of Australia, 2013, National Aboriginal and Torres Strait Islander Health Plan 2013-2023

¹⁷ National Safety and Quality Health Service, 2018, *NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health*. Page 22. Accessed at: <https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf>

¹⁸ Lavery, Martin., McDermott, Dennis R., and Calma, Tom, 2017, *Embedding cultural safety in Australia’s main health care standards*. Medical Journal of Australia, (1): 15-16. Accessed at: <https://www.mja.com.au/journal/2017/207/1/embedding-cultural-safety-australias-main-health-care-standards>

*Aboriginal and Torres Strait Islander Health*¹⁹, for the first time, defined six actions that specifically meet the needs of Aboriginal and Torres Strait Islander people within the National Safety and Quality Health Service Standards. These actions were defined following a comprehensive consultation process. Their implementation will help orientate the health system to provide all Aboriginal and Torres Strait Islander people with the health care they need. This could reduce the gap in health outcomes between Aboriginal and Torres Strait Islander people and other Australians. This guide provides practical strategies for what to consider and how to bring the six actions to life in any health service organisation. It also provides practical examples from across Australia that demonstrate that these actions can be, and are being, implemented in health service organisations.

Understand the investment of Aboriginal funding for Aboriginal people

- Given the likely under reporting/representation of Aboriginal people through traditional population planning mechanisms such as the Census and health surveys, it may be assumed that appropriate allocation of funding and investment may be compromised as a consequence.
- Some stakeholders suggested division of funding amongst a multitude of agencies outside of ACCHO is not effective, particularly where funding is directed to corporate businesses without flow on to community members or facilitating community ownership. An alternate view is the engagement of non ACCHO providers enables community choice, diversification of economic opportunity and opportunity for innovation. However, underpinning any decision to invest in provision of Aboriginal services by a non ACCHO should require demonstrated capability to deliver a culturally safe and secure service, and established trusted partnerships ACCHO's and/or other Aboriginal led organisations.
- There is considerable opportunity to consolidate multiple commissioning and procurement processes across government to reduce administrative burden on organisations and support value for money and economic efficiency. Thought could also be given to how Aboriginal led organisations may incorporate efficiencies with 'back of house administrative functions', freeing up the organisation to concentrate on serving and supporting their communities.

Support education, training and employment of Aboriginal people

"Work for the Dole schemes are not working. People want real employment opportunities and real jobs and sometimes this will mean people need to move from Community. More Programs such as Many Rivers and Moorgul for people living in Community to set up their own business as there is many opportunities out there such as Tourism, Marketing of Art and Crafts, Bush Medicines just to name a few."

- Organisations should be supported and encouraged to create employment opportunities for Aboriginal people, across all levels of employment, but particularly in health, education, employment and community care roles. Particular focus should be given to building the peer support workforce and increasing the scope of the Aboriginal health workforce.

¹⁹ <https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf>

- It is imperative that organisations identify pathways for advancement and succession planning within organisations to support continual development of the Aboriginal workforce. There is considerable opportunity to increase the focus on training and skilling young leaders as well as greater recognition of the natural leaders and Aboriginal people working within communities who don't have formal qualifications but have significant life, work and cultural skills to contribute to supporting Aboriginal people. In 2017 WAPHA funded the Grow Local, a Certificate IV in Mental Health activity. WAPHA engaged the Australian Medical Association WA (AMA) training division to design and deliver the training in Kalgoorlie, Leonora and Norseman. When the participants graduate in July 2018, they will strengthen the region's existing WAPHA funded mental health workforce operating out of Kalgoorlie, Esperance and the Northern Goldfields.²⁰
- Consider provision of a platform and development of leadership and mentoring networks for Aboriginal people to work through challenges and opportunities as a collective. To encourage future leaders amongst Aboriginal and Torres Strait Islanders requires a structured progressive pipeline of opportunity to ensure young people are given every chance to build capacity and capability.

"Include programs which support aspiration with school children."

"We need a platform to shine and be heard. To demonstrate and showcase what we can do."

Support programs that are embedded in community

"Some of the Programs that are out there are really great but need to be rolled out all over Australia and more so in the remote communities where sometimes there is only visiting services for these programs. For example: Nuff of the Puff, Deadly Choices, Deadly Ears, Living Strong and FASD".

Question 3. What indicators should governments focus on to best support the needs and aspirations of Aboriginal and Torres Strait Islander peoples? Should governments focus on indicators such as prosperity, wellbeing or other areas? What do you think are the most important issues for Aboriginal and Torres Strait Islander Australians, families and communities? Why?

"The government needs to be more open minded in support in all areas of wellbeing and living."

"Education, employment, socio-economic status, racism"

"Definitely social and emotional wellbeing, housing, employment, education, training as we all know that when dealing with ATSI people it is a holistic approach"

"The most important issues for ATSI people are connection to country, where you come from and who you are, self-identity, hunting, gathering, family, housing, food and access to equal services".

²⁰ *Grow Local*. Accessed at <http://www.wapha.org.au/locally-grown-mental-health-support/>

- While challenging, development of, and commitment to, shared indicators are required and must be developed using a participatory approach.
- The Discussion Paper focuses on the concept of prosperity and states that “prosperity is about moving beyond wellbeing to flourishing and thriving.” The concept of prosperity is not clearly defined in the discussion paper, nor is there any indication of how prosperity will be measured.
- Health and wellbeing are central for Aboriginal people to prosper in education and employment. Whilst there have been improvements in Aboriginal health and wellbeing, continued efforts are critical given the connection to prosperity and broader wellbeing. Further work is needed to identify key measures related to social determinants.
- WAPHA is supportive of the existing measures addressing Life expectancy and Mortality rates for Indigenous children under five. However, suggest that existing health targets are reviewed to improve reporting and to ensure successes and limitations are accurately communicated.
- **Life expectancy** estimates for Aboriginal and Torres Strait Islanders are produced every 5 years by the Australian Bureau of Statistics. The gap between Indigenous and non-Indigenous life expectancy therefore depends not only on whether Indigenous life expectancy is increasing, but also on how non-Indigenous death rates and life expectancy are changing relative to changes in Indigenous death rates and life expectancy. The gap between Indigenous and non-Indigenous life expectancy can therefore narrow, widen or remain unchanged independent of whether or not Indigenous life expectancy is increasing.
- Although improvements have been measured in life expectancy for both Indigenous male and female, the gap between Indigenous and non-Indigenous life expectancy did not narrow because non-Indigenous life expectancy increased faster than Indigenous life expectancy.
- In addition, some health interventions which are targeted at closing the gap take time to have measurable impacts upon populations. These include interventions aimed at reductions in population level smoking rates, which take five years to impact on heart disease and up to 30 years for cancer, and improvements in educational attainment will take 20 to 30 years to impact on early deaths from chronic disease in the middle years.
- **Specific mortality rates** (e.g. children under five) provide insight into the underlying difference in life expectancy between Aboriginal and non-Aboriginal Australians and are useful in guiding policy intervention. Most deaths for Indigenous Australians occur in the middle years. Indigenous mortality rates are 4 times the non-Indigenous rate between the ages of 35–44 years.
- The leading causes of death for Indigenous Australians are circulatory disease, cancer, injury, diabetes and respiratory disease. The results signal the need for significant and concerted efforts to continue improving Indigenous health outcomes, both directly through health interventions and by addressing the cultural and social determinants of health.
- A recent report released by the AIHW²¹ shows that indigenous Australians are still more likely to die from preventable cancers such lung, liver and cervical cancer despite overall

²¹ AIHW Cancer in Aboriginal & Torres Strait Islander people of Australia.

improvements in survival. Between 2009 to 2013 indigenous Australians were 1.4 times more likely to die from cancer as non-indigenous Australians. More can be done to screen and intervene.

Improve health equity

“We need more services based in the Communities creating employment for the community. People not having access to the services they need and having to travel stops people from accessing the care that they require”.

- The *Implementation Plan for the National Aboriginal and Torres Strait Islander Plan 2013-2023*²² envisages an Australian health system that is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.
- Good health is fundamental to individual wellbeing and prosperity, but access to appropriate services is not equally shared in Australia. Inequalities in health continue to exist for many groups, including Aboriginal people, those living in rural and remote areas, and people living in lower socioeconomic areas. Food security, choice and affordability continues to be an issue for many remote communities and can have a significant impact on people’s ability to be healthy.
- It is acknowledged that to date, many health services have either been absent or inappropriate for the Aboriginal community. Increasingly however, health services recognise the need to have culturally appropriate service provision²³.
- Aboriginal people living within regional and rural Western Australia face particular challenges in accessing services with often poorer health outcomes and higher mortality rates in comparison to people living within major cities.²⁴ The *Pillars of Communities* report²⁵ laments the lack of services available within small rural towns throughout Australia. This apparent lack of access for primary health accounts for more than 60,000 preventable hospitalisations every year.
- Further work is needed to address the current socio demographic disparity in utilisation of Medicare Benefit Scheme items which has the potential to amplify disadvantage for those at risk of poor outcomes.
- There is a belief that overall the Australian Government funded Indigenous-specific primary health-care services appear to be well positioned relative to the geographic distribution of Aboriginal and Torres Strait Islander people and to the distribution of other GP services. However, there are a number of areas where Aboriginal and Torres Strait Islander people have very limited access to

<https://www.aihw.gov.au/reports/cancer/cancer-in-indigenous-australians/>

²² *Implementation Plan for the National Aboriginal and Torres Strait Islander Plan 2013-2023*

²³ Hayman., Noel E., White, Nola E., and Spurling, Geoffrey K, 2009, *Improving Indigenous patients’ access to mainstream health services: the Inala experience*. Medical Journal of Australia 2009; 190 (10): 604-606. Accessed at: <https://www.mja.com.au/journal/2009/190/10/improving-indigenous-patients-access-mainstream-health-services-inala>

²⁴ Australian Institute of Health and Welfare, 2013. Rural health: impact of rurality on health status. Canberra: AIHW.

²⁵ Bourne, K., Nash, A., Houghton, K. 2017, *Pillars of communities: Service delivery professionals in small Australian towns*

both Indigenous-specific services and GP services in general²⁶.

- There remains a reliance on overseas trained doctors and Locum medical practitioners in rural and remote areas, many of which lack connection and networks of support.
- The Grattan Institute's Report Access All Areas: new solutions for GP shortages in rural Australia²⁷, underscored the need for GPs to be better supported by Pharmacists and other health professionals. WAPHA is working collaboratively across the primary care sector to develop models of care that incorporate and recognise a multidisciplinary approach. WAPHA further supports new models of GP led after hours care and telehealth services are developed and trialed in the specific context of rural and remote areas.
- In addition, WAPHA is working within a partnership approach including with WA Country Health Service, WA Health, Western Australian General Practice Education and Training and Rural Health West to support skills shortages in rural and remote areas. WAPHA understands from a GP education and training provider that an increasing number of GPs who train in a particular community do return once qualified.

Improve health literacy

- WAPHA supports a focus upon improving health and health awareness for all Aboriginal people throughout the entire lifecycle. Health literacy amongst Australians is often poor. It is estimated that about 60 per cent of Australians have inadequate health literacy and that this rate is likely higher for Aboriginal people.²⁸
- Raising people's health literacy gives people information that allows them to be participants in their own care. This includes a capacity to self-manage, provides opportunities to empower communities to make healthy lifestyle choices and manage their health, and shifts the balance of power from providers.²⁹ However within this context, it must be recognised that lifestyle choices are considerably compromised in some regional areas and that more must be done to address these factors in addition to health literacy.

Question 4. Should Aboriginal and Torres Strait Islander culture be incorporated in the Closing the Gap framework? How?

"Yes most definitely, in order for strategies to be appropriate and relevant to our needs. Ask each community... as speaking to people who are leaders don't always mean that they speak on behalf of the broader ATSI community".

"Yes, because our culture is running out and being lost and we need to keep it alive and going to keep passing onto our generation and stay strong."

²⁶ Australian Government, 2015, *Spatial variation in Aboriginal and Torres Strait Islander people's access to primary health care*. Australian Institute of Health and Welfare. Accessed at: <https://www.aihw.gov.au/reports/indigenous-australians/spatial-variation-to-access-primary-health-care/contents/table-of-contents>

²⁷ Duckett, S., Breadon, P. and Ginnivan, L., 2013, *Access all areas: new solutions for GP shortages in rural Australia*, Grattan Institute, Melbourne

²⁸ Productivity Commission, 2017, p.20

²⁹ Productivity Commission, 2017, *Integrated Care, Shifting the Dial: 5-year Productivity Review, Supporting Paper 5*, Canberra

“Yes, unless the problem is tackled from all angles, then it can’t be resolved. Including acknowledgement of traditional customs and practices is important, as well as educating Non-Aboriginal/ Torres Strait Islander peoples about these customs and why they are important to the Social and Emotional wellbeing of Indigenous people.”

- Support young Aboriginal people to ‘lift their gaze’ and believe in their own potential.
- Shift the paradigm from the constant media coverage of negative stereo-types of Aboriginal people to promoting and role modelling the thousands of successful Aboriginal people across Australia and in their communities.
- Ensure Aboriginal people are offered as many opportunities in their own communities and/or supported to reach their full potential/aspirations beyond their own worldview and encourage them to extend their development.

Question 5. What do you think are the key targets or commitments that should be measured in a refreshed Closing the Gap agenda? What resources, including data or information, are needed to help communities and develop and drive local action?

“Measure what is important and what matters. Nothing too lofty”.

- Ensure prioritization of an agenda that’s shaped by evidence and data, particularly at a local level.

Increase use of qualitative data to measure outcomes

- A pillar of Aboriginal culture is storytelling. Yet often efficiency and effectiveness of services are determined on quantitative data. A greater focus on the role of qualitative storytelling is needed to capture the often intangible yet legitimate aspects of social and emotional wellbeing. It is critical that we articulate and value the stories that people tell of how services have made a difference to their lives.

Commit to a plan of action

“The brand of Closing the Gap is a good one. People understand what it means. But what is missing is the mechanism. The intent is for joint action on health and social determinants to support the wellbeing and positive outcomes for a whole person. What is missing is the plan of action and funding to work through this as a team.”

- Progress towards achieving health equity, including provision of a health system that is safe, secure and responsive to the needs of Aboriginal people requires tangible and sustained commitment and investment. Agreement to a holistic and intersectoral action plan that clearly defines accountability for delivery is essential.

Ensure accurate data collection

- For integration and consistency throughout State and Commonwealth health planning, a coordinated approach in the collection and measurement of a person’s health status is needed. It is acknowledged that there is still significant work to do to improve identification of Aboriginal people in the health system to ensure availability of accurate

data. The Aboriginal and Torres Strait Islander Health Performance Framework Report (HPF) is a key document used by many other jurisdictions. The HPF monitors progress in Aboriginal and Torres Strait Islander health outcomes, health system performance and the broader determinants of health and is continuing to develop robust indicators. The HPF could be used to guide approaches to improving the health and wellbeing of Aboriginal people.

Increase commitment to prevention, screening and early intervention

“I would like to see a commitment to Suicide prevention in indigenous communities, as well as continue to focus on the targets already included in the program.”

- Preventative healthcare is key to avoiding illness and detecting problems before the development of disease. Early detection programs are most effective when undertaken as a systematic approach, with assessment and screening carried out at regular intervals. In Australia, this includes national breast, bowel and cervical cancer screening programs which are designed for early detection or prevention of cancer. Primary health care services have a key role to play in the early diagnosis of disease and WAPHA will continue to support mechanisms to enhance activity in this area.
- Health throughout the lifespan is influenced by peri and antenatal health and early childhood development. A focus on prevention and early childhood development and intervention should remain a focus. Improved health and health awareness needs to consider the early years and childhood period particularly around adverse childhood experiences with the impact to detrimental development, and longer-term consequences for children’s health.³⁰ The value of investing in the early years was recently highlighted in a report which found that 94% of Northern Territory inmates had hearing loss, reflecting the high rates of ear disease among Indigenous children³¹.
- A recent study in the Lancet highlighted the importance of addressing the needs of Indigenous adolescents.³² Despite Australia’s adolescents having one of the best health profiles globally, the health and wellbeing of Aboriginal and Torres Strait Islander adolescents lags behind that of their non-Indigenous peers. All-cause mortality for Indigenous adolescents was more than twice that of non-Indigenous adolescents, with about 60% of deaths due to intentional self-harm and road traffic injury. 80% of all deaths among Indigenous adolescents were considered as potentially avoidable in the current health system. Communicable diseases (particularly sexually transmitted infections) were leading contributors to morbidity. Almost a third of Indigenous adolescents aged 18–24 years reported high levels of psychological distress (twice the non-Indigenous rate).
- Furthermore, the study showed an excess burden of mental disorders and substance use, alongside emerging Type 2 Diabetes and ischaemic heart disease. Additionally, there were excess intentional and unintentional injuries. Risks for future ill-health were common; 43% of 15–24 year olds were current tobacco smokers and about 45% had high body mass (overweight or obese). Disadvantage across sociocultural health determinants also emerged, particularly around education.

³⁰ Jain, Kalpesh., Raman, Shanti., Hurwitz, Romy. & Hendry, Alex, 2013, [Improving the identification of Adverse Childhood Experiences in developmental clinics. Does it make a difference?](#) Australian Paper presented at the 13th Australasian Conference on Child Abuse and Neglect: Protecting children - new solutions to old problems, Canberra, ACT.

³¹ <http://www.abc.net.au/news/2011-07-15/major-hearing-problems-among-indigenous-inmates/2796230>

³² Health and wellbeing of Indigenous adolescents in Australia: a systematic synthesis of population data Azzopardi, Peter S et al. The Lancet, Volume 391 , Issue 10122 , 766 – 782

- The study calls for a broader and integrated view of adolescent health for Indigenous adolescents who encounter a triple burden of health problems – communicable/reproductive/nutritional disease, non-communicable diseases, and injury – that “profoundly differ” from non-Indigenous adolescents in Australia. Most Indigenous communities are young, and adolescence (age 10–24 years) provides great opportunities for population health gain.
- Given their central role in healthcare, GPs should be supported to address difficult lifestyle issues including unhealthy eating, inactivity, obesity, smoking, and alcohol and other drugs consumption, alongside community-wide campaigning, accessible programs and activities in close proximity to place of residence³³. WAPHA promotes to GPs the availability of funding under the Medicare Benefits Scheme for provision of regular health checks to Aboriginal people.

Employ Aboriginal people to undertake front line and leadership roles

“Employing Aboriginal and Torres Strait Islander people in these roles in mainstream organisations and Aboriginal Community Controlled Organisations. Most of these organisations have non-Aboriginal people working in the senior roles-need to have Aboriginal staff shadowing these staff. Aboriginal and Torres Strait Islander people need to be in frontline positions and also working on the ground with our people”.

“Training Aboriginal and Torres Strait Islander people up to be in these senior roles, also if they have the skills and life experiences be in the role and complete on the job Training”.

Adequately resource local communities

“Social and Emotional Wellbeing Programs need to be based in the Community. Kimberley for example with the high rates of Suicide in Communities such as Kalumburu, Halls Creek where most of the services that go to these communities are only visiting and most times are understaffed, staff also are non-Aboriginal clinicians which come and go all non-Aboriginal staff should have an Aboriginal staff member shadowing them so that way they can be skilled up and work in these roles as the Community people are going to be around not the FIFO workers”.

“Infrastructure such as Health Clinics, Schools, need to be built in Communities and properly resourced which would also create jobs for people in the Communities not FIFO workers.

Continue to build the primary care workforce

- WAPHA believes strongly in an integrated health care system with capacity to deliver person-centered, best practice care for the people who live in our community. An integrated system requires a collective focus on delivering care in the most appropriate setting through formalised, cohesive relationships between all elements of the health system.
- Integrated care requires system-wide change. It involves many elements of the

³³ Productivity Commission, 2017, Integrated Care, Shifting the Dial: 5 year productivity Review, Supporting Paper No. 5, Canberra

healthcare system including; general practice, pharmacy, specialist medical practitioners, pathology, carers, hospitals and extended care providers; all centered on providing the best care for people. This requires changes to governance and funding to facilitate (and incentivise) value versus volume in healthcare.

- GPs as the coordinators of care can prevent more expensive downstream health costs including visits to the emergency department and hospital admissions. High quality and safe early treatment by a GP who has an ongoing relationship with a person can circumvent a hospital visit which is likely to result in improved patient outcomes and reduce pressure on WA's public hospital system.
- WAPHA supports further capacity building amongst GPs and their multidisciplinary care teams to provide high quality care to Aboriginal people. GPs can provide substantial support and care to people in community. WAPHA supports prioritising GP cultural competence education and upskilling including use of HealthPathways.

Concluding remarks

WAPHA supports a collaborative approach to improving coordination throughout the entire health care system to enable improved health and social outcomes for Aboriginal people. WAPHA is eager to continue to work collectively to Close the Gap and appreciates consideration of our submission. [REDACTED]

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