WA Country Health Service Aboriginal Health Strategy 2019–24

IMPROVING ABORIGINAL HEALTH OUTCOMES BY MAKING ABORIGINAL HEALTH EVERYBODY’S BUSINESS
ACKNOWLEDGEMENTS

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

USING THE TERM—ABORIGINAL

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

USING THE TERM—ON COUNTRY

For the purposes of this document, on country represents a term used by Aboriginal people referring to the land to which they belong and their place of Dreaming.

DEFINITION OF CULTURAL SECURITY

Cultural security is the provision of programs and services offered by the health system that will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. To be culturally secure, programs and services need to:

• identify and respond to the cultural needs of Aboriginal people

• work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community

• recognise and reflect on how these factors affect health and wellbeing.

GLOSSARY OF TERMS

Definitions of a number of health terms used in this document are in the glossary on page 22.

Please note: Aboriginal people should be aware that this publication may contain images or names of deceased persons in photographs or printed material.
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Despite improvements in life expectancy for Aboriginal people over the past decade, the life expectancy gap is widening between non-Aboriginal and Aboriginal people in WA, hence the importance of making Aboriginal health everybody's business across WACHS.
The WA Country Health Service Aboriginal Health Strategy 2019–24 (the Strategy) outlines our organisation’s approach to improve health outcomes for country Aboriginal people in WA by making Aboriginal health everybody’s business.

The Strategy aligns with the WA Country Health Service Strategic Plan 2019–24 priorities of addressing disadvantage and inequity, building healthy and thriving communities in collaboration with our partners, and providing a safe and secure workplace.

It also adopts the Strategic Directions of the WA Aboriginal Health and Wellbeing Framework 2015–2030, the guiding policy for Aboriginal health across WA. It identifies strategic directions and priority areas to be addressed to ensure Aboriginal people have access to equitable and high quality healthcare that is responsive to their needs. It highlights culture as a key determinant of Aboriginal health and wellbeing.

In 2018, the WA Country Health Service (WACHS) developed an Action Plan 2018–2020 to implement priority actions identified in the Framework.

While WACHS is the primary provider of health services in country WA, it is critical we continue to work in close partnership with non-government health organisations, particularly with the Aboriginal Community Controlled Health Services (ACCHS) sector to provide comprehensive health services.

WACHS will promote a ‘no wrong door’ approach to ensure all Aboriginal people receive appropriate services that address their needs, regardless of where they enter the healthcare system.

Significant improvements have been made in the health of WA’s Aboriginal people over the past two decades, including:

- A 48 per cent decline in deaths from circulatory diseases between 1998 and 2015.
- A decline in death rates for Aboriginal children aged 0–4 years from 273 per 100,000 in 1998 to 190 per 100,000 in 2015.
- A decrease in the infant death rate, from 17.1 per 1,000 live births in 1998–2000 to 5.7 in 2013–2015.
- Substantially increased rates of Medicare Aboriginal-specific health checks claimed, from 42 per 1,000 in 2006–07 to 254 per 1,000 in 2014–15.
- Reduced rates of trachoma infection in regional Aboriginal communities from 24 per cent in 2006 to 2.6 per cent in 2015.

However, the burden of disease for country Aboriginal people remains unacceptably high and largely preventable. Inequitable access to timely, culturally safe and secure quality health services remain critical issues for our service to address.

The WACHS Aboriginal Health Strategy 2019–24 provides a five year vision to improve health outcomes by providing culturally safe and secure services that are accessible, high quality and evidence-based. The Strategy seeks to influence the way in which other WACHS strategies are developed and implemented across country WA to ensure that improving the health of Aboriginal people is everybody’s business.

WACHS is supported in this by the continued State Government investment in Aboriginal health, for programs currently funded under the Aboriginal Health Programs (formerly Footprints to Better Health Strategy). Importantly, following 2019–2020, funding for Aboriginal Health Programs is planned to be embedded within the WA health system’s mainstream funding.

By working collaboratively with key Aboriginal health stakeholders, strengthening our Aboriginal workforce and supporting sustainable community engagement, WACHS will continue to improve health outcomes for Aboriginal people in country WA.

PROFESSOR NEALE FONG
BOARD CHAIR
WA COUNTRY HEALTH SERVICE

Message from the Board Chair

Nearly 40 per cent of the burden of disease for Aboriginal people in Australia is preventable.
Key concepts to understanding Aboriginal health

To improve the health and wellbeing of Aboriginal people in regional and remote WA, it is critical that we understand the following key concepts.

CULTURAL GOVERNANCE

Cultural governance embeds Aboriginal cultural knowledge and beliefs into governing policies and mechanisms. Cultural governance includes cultural awareness, respect, competency, responsiveness, capability, safety and security.

CULTURAL SAFETY

Cultural safety is the provision of care by a health professional who has considered power relations, the legitimacy of diversity and difference, and patients' rights. Cultural safety is not defined by the health professional, but is defined by the health consumer's experience, the individual's experience of care they are given and the ability to access services and to raise concerns.

CULTURAL SECURITY

Cultural security is the provision of programs and services offered by the health system that will not compromise the legitimate cultural rights, values and expectations of Aboriginal people.

To be culturally secure, programs and services need to:
- Identify and respond to the cultural needs of Aboriginal people.
- Work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community.
- Recognise and reflect on how these factors affect health and wellbeing.
- Work in partnership with Aboriginal leaders, communities and organisations.

CULTURALLY COMPETENT WORKFORCE

Continuing to grow and support our Aboriginal health workforce in all areas, including professional streams, is a critical cornerstone to building a culturally competent, skilled and sustainable workforce that is competent to support Aboriginal patients and the broader Aboriginal community.

WACHS is a leader in this area and recognises that employing more Aboriginal people makes good business sense to improve health outcomes for Aboriginal people. Our strong organisational leadership is an important way of incorporating and embedding Aboriginal cultural perspectives in our health service, and facilitates the cultural competency of non-Aboriginal staff.

Fostering a workplace culture that supports and respects the knowledge of its Aboriginal staff, and a non-Aboriginal workforce that understands and responds to the needs of Aboriginal people, is paramount.

HOLISTIC APPROACH TO HEALTH AND WELLBEING

The Aboriginal concept of health extends beyond the physical wellbeing of an individual to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential.

DIVERSITY OF ABORIGINAL PEOPLES

Aboriginal people and communities are diverse, including across gender, age, language, geographic location, sexual orientation, religious beliefs, family responsibilities, life experiences and educational levels.

Aboriginal people view health in a holistic way, which includes not just physical wellbeing, but also the social, emotional and cultural wellbeing of the individual and the community.

Adapted from the National Aboriginal Community Controlled Health Organisation (NACCHO).
CULTURAL DETERMINANTS OF HEALTH

This concept recognises that multiple factors contribute to the health of different groups of people. For Aboriginal people, cultural determinants originate from and promote a strengths-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health. Cultural determinants include self-determination, freedom from discrimination, connection to country, protection and promotion of traditional knowledge and language, and cultural practices.3

SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

The social and environmental determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources, and include income security, living conditions, employment, education, food, shelter, and political determinants of health and health experiences. Many of these issues have their origin in historical policies and practices.

STOLEN GENERATIONS

The Stolen Generations are Aboriginal children who were forcibly removed from their families as a result of past government policies, from the late 1800s to the 1970s. The removed children were separated from their culture, family, language, land and identity and sent to institutions or adopted to non-Aboriginal families.2

INTERGENERATIONAL TRAUMA

Intergenerational trauma is a form of historical trauma transmitted across generations. Survivors of the initial experience who have not healed may pass on their trauma to further generations. In Australia, intergenerational trauma particularly affects the children, grandchildren and future generations of the Stolen Generations.2

TRAUMA INFORMED CARE

Trauma-informed care is a strengths-based approach to healing that:
• emphasises physical, psychological, and emotional safety for people seeking help and for the helpers
• creates opportunities for people affected by trauma to rebuild a sense of control and empowerment.

It recognises the prevalence of trauma and is sensitive to and informed by the impacts of trauma on the wellbeing of individuals and communities.2

THE PATIENT JOURNEY

The patient journey describes all the steps, both clinical and non-clinical, before, during and after a patient’s care. For Aboriginal patients, the need to travel often vast distances, experience unfamiliar surroundings and customs as well as isolation from family and social supports can make the journey emotionally and physically difficult.

PROMOTING ABORIGINAL HEALTH THROUGH THE ARTS

For Aboriginal people, the arts can develop community connections and positive cultural identity that build resilience against difficult life circumstances, while improving physical and mental health and wellbeing. WACHS supports Aboriginal communities to strengthen and present their art and culture through a number of recognised methods, including but not limited to, Aboriginal art work, NAIDOC activities, Welcome to Country and National Sorry Day. Aboriginal art in WACHS health services contributes to the cultural security and accessibility of our services.

HEALTH LITERACY AND HEALTH PROMOTION

The majority of health conditions experienced by Aboriginal people are preventable. It is essential that there is culturally safe and secure support and information for Aboriginal people to develop the knowledge and skills to pursue healthy lifestyles, promote healthy environments and address risk factors.
The need to improve health services delivered to Aboriginal people

**BURDEN OF DISEASE**

Aboriginal people experience highest rates of disease burden. The top 5 diseases contributing to this are:

- mental disorders and substance use disorders
- injuries including suicide
- cardiovascular diseases
- cancer
- respiratory diseases.

Most of these conditions are preventable, and highlight the need to focus on prevention and health promotion to reduce risk factors including poor environmental health conditions, tobacco and alcohol use, physical inactivity, weight, poor diet and high blood pressure.

**MATERNAL AND CHILD HEALTH**

There are associations between accessibility to services, maternal behaviour during pregnancy, and birth outcomes. The health disparity between Aboriginal and non-Aboriginal children starts before birth.

Aboriginal babies are more likely to be exposed to tobacco smoke in utero as around 49 per cent of country Aboriginal women smoke during pregnancy. They are also more likely to be born pre-term, and are 2.6 times more likely to be born with low birth weight than non-Aboriginal babies. The Aboriginal country perinatal mortality rate in WA is 18.5/1000 births, compared with the national rate of 14/1000 births.

The prevalence of Foetal Alcohol Spectrum Disorder is higher for country Aboriginal children as more Aboriginal mothers drink alcohol during pregnancy. Aboriginal mothers are three to four times more likely to have pre-existing diabetes and twice as likely to have gestational diabetes as non-Aboriginal mothers.

While the proportion of Aboriginal children fully immunised at five years of age has increased from 90.8 per cent in 2013 to 94.3 per cent in 2015, the immunisation rates for one year and two years age groups remain lower than those for non-Aboriginal children. Addressing ear, eye and skin conditions is critically important to enable Aboriginal children to reach their potential and reduce the likelihood of developing a chronic condition.

**CHRONIC CONDITIONS**

Aboriginal Western Australians experience significantly higher rates and earlier onset of chronic diseases, in some cases up to 20 years earlier than non-Aboriginal people. In 2011–2015 in WA, the death rate for chronic diseases for Aboriginal people was 3.8 times the rate for non-Aboriginal people. This equates to 539 deaths per 100,000 Aboriginal people compared with 143 deaths per 100,000 non-Aboriginal people.

Aboriginal people experience higher mortality and morbidity from respiratory diseases such as asthma, chronic obstructive pulmonary disease, pneumonia and invasive pneumococcal disease than non-Aboriginal people. The ability to address these diseases is often compromised by poor environmental health conditions.
CANCER
Cancer has overtaken heart disease as Australia’s biggest killer, and Aboriginal people are 1.3 times more likely to die from cancer than non-Aboriginal people, increasing to 3.4 times more likely for cervical cancer, 3.0 times more likely for liver cancer and 1.7 times more likely for lung cancer.9 Aboriginal people:

• have high incidence of cancers that are preventable but are also more likely to be fatal
• have higher levels of modifiable risk factors relevant to cancer
• are less likely to participate in cancer screening programs
• are more likely than other Australians to be diagnosed when cancer is at an advanced stage of development
• are less likely to receive adequate treatment or be hospitalised for cancer.10

KIDNEY DISEASE
Kidney disease is a major factor in the health and life expectancy gap between Aboriginal and non-Aboriginal people. Aboriginal people are four times more likely to die from chronic kidney disease (CKD) than non-Aboriginal people.1 Nearly one in five Aboriginal people have signs of CKD, and those in remote areas are five times more likely to have CKD than non-Aboriginal people. Typically, end stage kidney disease (ESKD) occurs 10 to 15 years earlier in Aboriginal people.

SEXUALLY TRANSMISSIBLE INFECTIONS (STIs)
Rates for chlamydia, gonorrhoea and non-congenital syphilis for Aboriginal people in WA are high compared with non-Aboriginal people. In 2013–15 in WA, the notification rate for chlamydia for Aboriginal people was three times the rate for non-Aboriginal people, and for non-congenital syphilis, it was 5.3 times the rate. The notification rate for gonorrhoea in WA for Aboriginal people was 16 times the rate for non-Aboriginal people and for Aboriginal females it was 29 times the rate for non-Aboriginal females.11

MENTAL HEALTH, ALCOHOL AND OTHER DRUG USE
Aboriginal people experience disproportionate rates of mental health issues, distress and high rates of substance misuse compared to non-Aboriginal people, particularly for those people who live in remote and very remote areas. For example:

• The substance abuse rate is 5.6 times higher for WA Aboriginal people than non-Aboriginal people (2006–2015).12
• The suicide rate is 3.2 times higher for WA Aboriginal people than non-Aboriginal people (2006–2015).12
• In country WA, it is estimated that 48 per cent of Aboriginal people over 18 are smokers.12

Aboriginal people are four times more likely to die from chronic kidney disease (CKD) than non-Aboriginal people.
Snapshot: Aboriginal health in WA

**Life expectancy 2015-2017**

<table>
<thead>
<tr>
<th></th>
<th>Aboriginal people</th>
<th>Non-Aboriginal people</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>71.6yrs</td>
<td>80.2yrs</td>
<td>8.6 years less</td>
</tr>
<tr>
<td>Females</td>
<td>75.6yrs</td>
<td>83.4yrs</td>
<td>7.8 years less</td>
</tr>
</tbody>
</table>

- **12.9%** of country Aboriginal women have babies with a low birth weight.
- **2.7x** Aboriginal infants are 2.7 times more likely to die in the first 12 months than non-Aboriginal children.
- **3.5x** Aboriginal children (0–4 years) are 3.5 times more likely to die than non-Aboriginal children.
- **55%** of Aboriginal people had three or more chronic conditions (2014-15).
- **88%** of Aboriginal people aged 55+ have a chronic condition.
- **4.7x** higher The potential preventable hospitalisation rate for Aboriginal people in country WA is 4.7 times higher than the rate for non-Aboriginal people.
- **5x** Cancer death rate
  - The death rate from cancer for country Aboriginal people is 1.3 times higher than for metropolitan Aboriginal people.
- In remote areas, Aboriginal people are 5 times more likely to have Chronic Kidney Disease than non-Aboriginal people.
- **5x** Chronic Kidney Disease
- **3.3x** higher In country WA, Aboriginal people are 3.3 times more likely to die from suicide than non-Aboriginal people.
- **48%** of country Aboriginal adults smoke.
- **5x** Country deaths from self-harm are 5 times higher for Aboriginal people than non-Aboriginal people.

12.9%

of country Aboriginal women have babies with a low birth weight.

The potential preventable hospitalisation rate for Aboriginal people in country WA is 4.7 times higher than the rate for non-Aboriginal people.

4.7x higher
Aboriginal population profile in WACHS regions

**POPULATION PROFILE**

In 2015, Aboriginal people made up 10 per cent or 55,712 of the WACHS population, ranging from 45 per cent in the Kimberley, 12 to 15 per cent in the Pilbara, Midwest and Goldfields, six per cent in the Wheatbelt, three per cent in the South West and five percent in the Great Southern.\(^{13}\)

For Aboriginal people in WA, the burden of disease, social determinants of health and provision of health services are also impacted by the additional challenges of the geographical size and population density of the State.

The Aboriginal population of WA has a significantly younger age profile than the non-Aboriginal population. While WA’s Aboriginal population is young relative to the non-Aboriginal population, it is also gradually ageing. With the continuous fall in infant and childhood mortality rates, there will likely be a shift to an older Aboriginal population, a factor that will contribute further to an oncoming surge in the chronic disease case load.

**SOCI-ECONOMIC STATUS**

Aboriginal people are more likely to experience socio-economic disadvantage than non-Aboriginal people. The 2011 Census indicated that almost half (46.2 per cent) of Aboriginal people in WA were in the highest quintile of socially disadvantaged, while only 5.6 per cent were in the quintile of the most socially advantaged. The corresponding proportions for non-Aboriginal people were 10.9 per cent and 27.7 per cent respectively.\(^{4}\)

Low socio-economic status is associated with poor health and higher burden of disease. The links between different forms of socio-economic disadvantage such as poverty, unemployment, poor education, trauma and consequent social dysfunction, stress, social exclusion, racism and poor health are well documented.\(^{4}\)
Alignment of the Strategy

The WA Aboriginal Health and Wellbeing Framework 2015–2030 is the guiding policy for Aboriginal health across the State’s health system.

The Framework identifies a set of guiding principles, strategic directions and priority areas to improve the health and wellbeing of Aboriginal people in Western Australia to 2030. Mandatory policy (MP 0071/17) requires WACHS and other health service providers to implement the Framework.

As such, the WACHS Aboriginal Health Strategy 2019–24 adopts the six Strategic Directions of the Framework:

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

The Strategy is also aligned to:

• National Aboriginal and Torres Strait Islander Health Plan 2013–2023
• WA Health Strategic Intent 2015–2020
• WACHS Strategic Directions 2015–2018: Healthier Country Communities through Partnerships and Innovation
• WA Health Aboriginal Employment Strategy
• WA Country Health Service vision

The Strategy seeks to influence the way in which other WACHS strategies are developed and implemented across country WA to ensure that improving the health of Aboriginal people is everybody’s business.
Vision, Mission and Directions

Mission:
Through culturally safe and secure services, improve health outcomes for Aboriginal people living in country WA

Vision:
Improved health outcomes for Aboriginal people by making Aboriginal health everybody’s business

DIRECTION 1
Promote good health across the life course

DIRECTION 2
Prevention and early intervention

DIRECTION 3
A culturally respectful and non-discriminatory health system

DIRECTION 4
Individual, family and community wellbeing

DIRECTION 5
A strong, skilled and growing Aboriginal health workforce

DIRECTION 6
Equitable and timely access to the best quality and safe care
WACHS will ensure Aboriginal people have the opportunity to engage with culturally secure, evidence-based programs and services at transition points across the life course to support ongoing health and wellbeing.

**OUTCOMES**

- Aboriginal families in country WA access culturally secure health promotion and behaviour change programs before and during pregnancy.
- Aboriginal women in country WA experience timely, high quality, coordinated and culturally secure antenatal and postnatal care.
- Country Aboriginal children access culturally secure child health and development programs and services to meet key health and developmental milestones.
- Aboriginal people of all ages in country WA access culturally safe and secure mental health and wellbeing programs and services, including suicide prevention.
- Aboriginal adults from country WA have the healthcare, support and resources required to manage their physical and mental health and live long and productive lives, and older Aboriginal people remain culturally connected and live healthy lives.
- Culturally appropriate aged care models, including palliative care and end-of-life decision making for individuals, their families and carers allow Aboriginal people to stay culturally connected.

One in five Aboriginal people have signs of chronic kidney disease and those in remote areas are five times as likely to have chronic kidney disease as non-Aboriginal people.

*WACHS Kidney Health Strategy 2019–24.*
Direction 2
PREVENTION AND EARLY INTERVENTION

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

OUTCOMES

• Country Aboriginal people access culturally secure communicable disease control, prevention and detection initiatives and programs.

• Aboriginal people from country WA receive information and services that improve their knowledge and practice of healthy lifestyle behaviours.

• Living environments in Aboriginal communities are improved through a range of environmental health initiatives and healthy living practices.

• Country Aboriginal people receive culturally secure, responsive, coordinated continuous care and a seamless transition between services and across healthcare settings.

• Country Aboriginal people access timely and appropriate detection, diagnosis, and intervention to prevent, delay or minimise the progression of chronic conditions, and ensure fewer complications and multi-morbidities.
WACHS recognises racism is a key social determinant of health for Aboriginal people. Healthcare, whether government or community provided, will be free of racism and discrimination.

"It is important to understand that Aboriginal people’s experience and understanding of the health system is very different and separate to that of other cultures in our society."

Russell Simpson, Area Director, WACHS Aboriginal Health Strategy.

OUTCOMES

- WACHS has collaborative and sustainable partnerships with Aboriginal Community Controlled Health Services that support systematic and ongoing two-way communication.

- WACHS governance arrangements reflect and demonstrate a whole-of-organisation approach to improving cultural competency and responsiveness.

- WACHS services are flexible, responsive and identify and respond to barriers to access for country Aboriginal people.

- Systemic racism and discrimination is better identified, addressed and prevented across WACHS.
Direction 4

INDIVIDUAL, FAMILY AND COMMUNITY WELLBEING

Well communities support strong culture and good health and wellbeing through a strong network of healthy relationships between individuals, their families, their kin and community. WA Health structures, policies and processes will harness individual, family and community capability and enhance their potential.

“Poor health outcomes in the Aboriginal community are directly linked to experiences of trauma. These issues are the result of both historical trauma and new instances of trauma that together can lead to a vicious cycle in Aboriginal communities.”

Russell Simpson, Area Director, WACHS Aboriginal Health Strategy.

OUTCOMES

- All WACHS services, policy and program development acknowledge and incorporate an understanding of Aboriginal cultural systems of care.
- Aboriginal communities are involved in decision-making and implementation of health services.
- Culturally secure programs and initiatives, including gender specific programs, are in place across WACHS that enhance personal and community empowerment and build more responsible health service delivery.
- Family and domestic violence is identified and responded to appropriately.14
- Aboriginal communities have increasing access to culturally secure services.
- Aboriginal communities have increasing access to safe, quality care closer to home through expanded telehealth services.
Direction 5
A STRONG, SKILLED AND GROWING ABORIGINAL HEALTH WORKFORCE

WACHS will develop a strong, skilled and growing Aboriginal health workforce across all levels, including clinical, non-clinical and leadership roles and a non-Aboriginal workforce that understands and responds to the needs of Aboriginal people.

OUTCOMES
• Culturally respectful and safe workplace cultures and environments are entrenched across WACHS.
• Increased numbers of Aboriginal employees are appointed to permanent positions, rather than fixed term contracts linked to short term program funding.
• Aboriginal health workforce skills and capacity are developed in clinical and non-clinical roles across all WACHS health disciplines.
• Business planning processes shape and structure the WACHS Aboriginal health workforce to ensure there is sufficient and sustainable capability and capacity to deliver organisational objectives.
• Improved access to strategies, programs and opportunities encourage leadership and management opportunities for the WACHS Aboriginal workforce at all levels.
Direction 6
EQUITABLE AND TIMELY ACCESS TO THE BEST QUALITY AND SAFE CARE

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

OUTCOMES

• Clinical governance processes across WACHS support improvements in health system performance for country Aboriginal people.

• The National Best Practice Guidelines for Collecting Indigenous Status in Health Data Sets is implemented across all WACHS sites to inform policy development, planning and improvements to service delivery.

• Implementation of technological innovations improves access to services across vast distances and reduces the burden of travel for country Aboriginal patients.

• Social media and other technologies improve access to quality and culturally safe health promotion information.

• Standardised information exchange and care planning supports efficient health workforce communication.
Next steps

Implementing the WACHS Aboriginal Health Strategy 2019–24 will rely on collaborative efforts, active involvement and partnerships.

The development of the WACHS Aboriginal Health and Wellbeing Framework Action Plan, as required by mandatory policy, is the mechanism for implementing the rollout of the Strategy. The Action Plan is also aligned to other WACHS-wide strategies. Implementation of the Action Plan will be reviewed on an annual basis and progress reported to the WACHS Board and the Department of Health, as required by the policy.

WACHS will continue to work with:

- Regional Aboriginal Health Planning Forums to facilitate discussion and communication between stakeholders to ensure the health needs of Aboriginal people in the region are met.
- the Regional Services Reform Unit to implement the Resilient Families, Strong Communities Strategy in the 10 Aboriginal communities that have been identified as high priorities in the Pilbara and Kimberley:
  - **Pilbara**: Wakathuni and Yandeyarra.
  - **Kimberley**: Ardyaloon, Bayulu, Beagle Bay, Bidyadanga, Djarindjin, Lombadina, Mowanjum and Warmun.

“A healthy start to life builds resilience and enables Aboriginal children to reach their full potential.”

Regional Services Reform Unit 2016.
## GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Aboriginal Health Impact Statement and Declaration (ISD)</td>
<td>The ISD is a component of the WA Health Aboriginal Cultural and Learning Package, a suite of online cultural learning tools, training and resources developed for all WA Health staff. The ISD aims to ensure that the needs, interests and circumstances of Aboriginal clients and employees are incorporated into the development of new and revised health services’ policies, strategies, program practices and procedures. A completed Statement and Declaration demonstrates that Aboriginal people have been consulted and negotiated with and that the health impacts on Aboriginal people have been considered and appropriately incorporated into relevant health initiatives.</td>
</tr>
<tr>
<td>Regional Aboriginal Health Planning Forums (RAHPFs)</td>
<td>RAHPFs are operational in each WACHS Region and are responsible for facilitating discussion and communication between stakeholders to ensure that the health needs of Aboriginal people in the region are met.</td>
</tr>
<tr>
<td>WA Aboriginal Health and Wellbeing Framework 2015–2030</td>
<td>A high level, conceptual framework outlining a set of strategic directions to improve Aboriginal health and wellbeing outcomes to 2030. The Framework was developed for Aboriginal people by Aboriginal people</td>
</tr>
<tr>
<td>WA Health Clinical Services Framework 2014–2024 (WA CSF)</td>
<td>Outlines what and how clinical services at each WA health service and health site (hospital or community) should develop over time to achieve better access to safe and quality care with minimum duplication and best use of available resources.</td>
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### ABORIGINAL POPULATION 2017

<table>
<thead>
<tr>
<th>Region</th>
<th>Non-Aboriginal</th>
<th>Aboriginal*</th>
<th>% Aboriginal of total pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberley</td>
<td>21224</td>
<td>17577</td>
<td>45%</td>
</tr>
<tr>
<td>Pilbara</td>
<td>55783</td>
<td>10076</td>
<td>15%</td>
</tr>
<tr>
<td>Midwest</td>
<td>59054</td>
<td>8824</td>
<td>13%</td>
</tr>
<tr>
<td>Goldfields</td>
<td>51335</td>
<td>6934</td>
<td>12%</td>
</tr>
<tr>
<td>Wheatbelt</td>
<td>72543</td>
<td>4467</td>
<td>6%</td>
</tr>
<tr>
<td>South West</td>
<td>171374</td>
<td>4575</td>
<td>3%</td>
</tr>
<tr>
<td>Great Southern</td>
<td>59623</td>
<td>2809</td>
<td>5%</td>
</tr>
<tr>
<td>Country WA</td>
<td>490486</td>
<td>55712</td>
<td>10%</td>
</tr>
<tr>
<td>Metropolitan WA</td>
<td>2006450</td>
<td>37611</td>
<td>2%</td>
</tr>
<tr>
<td>WA Total</td>
<td>2496936</td>
<td>93323</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: WACHS Health Profile Summary 2017.

Note: Aboriginal population proportions are from ABS ERP 2013 (based on 2011 Census). Figures are estimates only. More accurate proportions may be available once Census 2016 is released.
Appendix 2
RELEVANT DATA AND STATISTICS

LEADING CAUSE OF HOSPITALISATIONS

Leading 15 causes of hospitalisations by principal diagnosis for WA Country Aboriginal residents (2011–2015)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
<th>ASR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialysis</td>
<td>201,482</td>
<td>65,452.50</td>
</tr>
<tr>
<td>Acute respiratory infections</td>
<td>10,946</td>
<td>1,910.30</td>
</tr>
<tr>
<td>Infections of the skin &amp; subcutaneous tissue</td>
<td>10,583</td>
<td>2,101.90</td>
</tr>
<tr>
<td>Injuries to head &amp; neck</td>
<td>10,355</td>
<td>2,031.10</td>
</tr>
<tr>
<td>Influenza &amp; pneumonia</td>
<td>9,313</td>
<td>2,326.90</td>
</tr>
<tr>
<td>Injuries to upper limbs</td>
<td>8,193</td>
<td>1,556.90</td>
</tr>
<tr>
<td>Delivery</td>
<td>6,918</td>
<td>1,134.50</td>
</tr>
<tr>
<td>Injuries to lower limbs</td>
<td>6,329</td>
<td>1,524.30</td>
</tr>
<tr>
<td>Alcohol &amp; drug disorders</td>
<td>6,251</td>
<td>1,338.70</td>
</tr>
<tr>
<td>Symptoms involving the circulatory &amp; respiratory systems</td>
<td>5,827</td>
<td>1,613.50</td>
</tr>
<tr>
<td>Certain conditions originating in perinatal period</td>
<td>5,721</td>
<td>596.6</td>
</tr>
<tr>
<td>Disorders of gallbladder, biliary tract &amp; pancreas</td>
<td>5,077</td>
<td>1,223.40</td>
</tr>
<tr>
<td>Diabetes &amp; impaired glucose regulation</td>
<td>5,009</td>
<td>1,577.50</td>
</tr>
<tr>
<td>Mood &amp; anxiety disorders</td>
<td>4,927</td>
<td>1,021.60</td>
</tr>
<tr>
<td>Ischaemic heart diseases</td>
<td>4,675</td>
<td>1,583.20</td>
</tr>
</tbody>
</table>

Source: DOH Epidemiology - Health Tracks by SA2 accessed 13/02/2018

Notes: ASRs are standardised with the Australian 2001 standard population and expressed per 100,000 person years.

AVOIDABLE MORTALITY

Leading cause of avoidable death for WA Country Aboriginal residents (aged 0-74 years) 2006–2015

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
<th>AAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischaemic heart disease</td>
<td>363</td>
<td>129.4</td>
</tr>
<tr>
<td>Suicide and self-inflicted injuries</td>
<td>234</td>
<td>44.7</td>
</tr>
<tr>
<td>Diabetes</td>
<td>222</td>
<td>89.4</td>
</tr>
<tr>
<td>Transport accidents</td>
<td>157</td>
<td>33.7</td>
</tr>
<tr>
<td>Selected invasive infections</td>
<td>98</td>
<td>28.7</td>
</tr>
<tr>
<td>Cerebrovascular diseases</td>
<td>87</td>
<td>31.2</td>
</tr>
<tr>
<td>Assault</td>
<td>65</td>
<td>13.6</td>
</tr>
<tr>
<td>Renal failure</td>
<td>63</td>
<td>23.5</td>
</tr>
<tr>
<td>COPD</td>
<td>53</td>
<td>24.5</td>
</tr>
<tr>
<td>Complications of the perinatal period</td>
<td>44</td>
<td>5</td>
</tr>
<tr>
<td>Rheumatic and other valvular heart disease</td>
<td>40</td>
<td>12</td>
</tr>
<tr>
<td>Accidental poisoning by and exposure to noxious substances</td>
<td>32</td>
<td>7.5</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>30</td>
<td>10.3</td>
</tr>
<tr>
<td>Hypertensive heart and renal disease</td>
<td>26</td>
<td>11</td>
</tr>
<tr>
<td>Falls</td>
<td>25</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Notes: AARs are standardised with the Australian 2001 standard population and expressed per 100,000 person years. Standardised rate ratios (SRR) are relative to the Western Australia rate. Cause of death data for 2014 (revised) and 2015 (preliminary) are subject to change until their status is flagged by the Australian Bureau of Statistics as “final”. N/A indicates that the cell content has been suppressed due to privacy policies, or to withhold an unreliable rate derived from a low count.
# Appendix 2
## Relevant Data and Statistics

### Potential Preventable Hospitalisations

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
<th>ASR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cellulitis</td>
<td>3,495</td>
<td>1,388.40</td>
</tr>
<tr>
<td>ENT infections</td>
<td>2,388</td>
<td>661.7</td>
</tr>
<tr>
<td>Convulsions and epilepsy</td>
<td>2,251</td>
<td>925</td>
</tr>
<tr>
<td>Urinary tract infections, including pyelonephritis</td>
<td>2,066</td>
<td>1,152.60</td>
</tr>
<tr>
<td>Diabetes complications</td>
<td>1,874</td>
<td>1,036.00</td>
</tr>
<tr>
<td>Dental conditions</td>
<td>1,684</td>
<td>511.2</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>1,563</td>
<td>1,150.80</td>
</tr>
<tr>
<td>Congestive cardiac failure</td>
<td>1,320</td>
<td>925.6</td>
</tr>
<tr>
<td>Asthma</td>
<td>1,153</td>
<td>474.4</td>
</tr>
<tr>
<td>Angina</td>
<td>916</td>
<td>557.8</td>
</tr>
<tr>
<td>Pneumonia and influenza (vaccine-preventable)</td>
<td>812</td>
<td>344.6</td>
</tr>
<tr>
<td>Gangrene</td>
<td>741</td>
<td>353.7</td>
</tr>
<tr>
<td>Iron deficiency anaemia</td>
<td>704</td>
<td>369.7</td>
</tr>
<tr>
<td>Rheumatic heart disease</td>
<td>378</td>
<td>111.7</td>
</tr>
<tr>
<td>Pelvic inflammatory disease</td>
<td>363</td>
<td>127.4</td>
</tr>
</tbody>
</table>

Source: DOH Epidemiology - Health Tracks by SA2 accessed 13/02/2018

Notes: ASRs are standardised with the Australian 2001 standard population and expressed per 100,000 person years.
The WACHS Aboriginal Health Strategy aligns with a number of national, state and WACHS publications that support and strengthen country health services for Aboriginal people, including:

- WA Health Strategic Intent 2015–2020
- WA Aboriginal Health and Wellbeing Framework 2015–2030
- WA Health Aboriginal Workforce Strategy 2014–2024
- WACHS Strategic Plan 2019–24
- WACHS Aboriginal Employment Strategy 2014–2018
- National Aboriginal and Torres Strait Islander Health Plan 2013–2023
- Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report.
Appendix 4

REFERENCES


10. WA Country Health Service Cancer Strategy 2017–22


15. Epidemiology Branch, Public Health Division, Department of Health WA in collaboration with the Cooperative Research Centre for Spatial Information (CRC-SI). Top fifteen causes of avoidable death for country area Aboriginal residents (aged 0-74 years). Generated using data from the Death Registrations, Registry of Births, Deaths and Marriages; Cause of Death, Australian Bureau of Statistics.
This document is available in alternative formats on request.