



# our footprints

**A Traveller's Guide to the  
COAG Implementation Process in Western Australia**





### Our Footprints

The original artwork featured in this publication was produced by Aaron Hayden. It depicts the unsung Aboriginal people and leaders working within communities who pave the way for Aboriginal people to follow and work toward a brighter future.

Aaron's home town is Merredin. He is a descendant of the NjakiNjaki, Balardong, Mirning and Kkotha peoples.







## Foreword

Improving Aboriginal health is a national priority and a major focus for the Western Australian Government. Although accounting for only 3.4% of the state's population, Aboriginal people have the worst health outcomes of any group in our community and existing risk factors indicate that this poor health will continue without special attention.

WA Health recognised the Council of Australian Governments' (COAG) landmark Closing the Gap initiative as an opportunity to develop a new approach to addressing Aboriginal health issues. For the first time, a "grass roots" approach based on shared understanding of health priorities and service gaps has led to agreed Aboriginal health plans in nine regions across Western Australia.

In conjunction with WA Health, Aboriginal community members and government and non-government organisations united to translate the Council's agenda into meaningful actions in these metropolitan and country regions that would bring benefits to Western Australia's Aboriginal population.

*Our footprints – A Traveller's Guide to the COAG Implementation Process in Western Australia* details the extensive and sustained work to cement a shared understanding, commitment and partnership between all service providers to focus and harness their collective effort to address the health of Aboriginal Western Australians now and in the future.

We extend our thanks to all involved for contributing to the success of this significant project.

Hon Colin Barnett MLA  
PREMIER

Hon Dr Kim Hames MLA  
DEPUTY PREMIER  
MINISTER FOR HEALTH



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## List of Acronyms

<b>AACC</b>	<i>Aboriginal Affairs Coordinating Committee</i>
<b>AHIU</b>	<i>Aboriginal Health Improvement Unit</i>
<b>AHPs</b>	<i>Aboriginal Health Plans</i>
<b>AHPFs</b>	<i>Aboriginal Health Planning Forums</i>
<b>AHPG</b>	<i>Aboriginal Health Partnership Group</i>
<b>CtG</b>	<i>“Closing the Gap”</i>
<b>IECD</b>	<i>Indigenous Early Childhood Development</i>
<b>MAHPFs</b>	<i>Metropolitan Aboriginal Health Planning Forums</i>
<b>NPA</b> s	<i>National Partnership Agreements</i>
<b>RAHPFs</b>	<i>Regional Aboriginal Health Planning Forums</i>
<b>SAHPF</b>	<i>Statewide Aboriginal Health Planning Forum</i>
<b>WACHS</b>	<i>WA Country Health Service</i>
<b>WAIIB</b>	<i>WA Indigenous Implementation Board</i>



## The journey begins

In 2007 the Council of Australian Governments (COAG) acknowledged that continuous and genuine partnership of government, service providers and the Aboriginal community was essential to effectively addressing Aboriginal disadvantage. The active engagement of government with Indigenous communities to better coordinate services and funding underpinned the subsequent landmark “Close the Gap” (CtG) reforms to address disadvantage in health, housing, education and employment.

The WA Country Health Service (WACHS) was subsequently tasked with delivering on commitments made under the Western Australian Implementation Plans to “Close the Gap” in Indigenous health outcomes.

Of great significance is that this journey was not undertaken by WACHS in isolation. Rather, for the first time, it travelled side-by-side with government and non-government health service providers and the Aboriginal community to promote genuine engagement and partnership. Working together, their collective efforts, knowledge and expertise created an innovative model combining community development principles with a commitment to Aboriginal ownership and cultural safety:

***Engaging at a regional level  
to develop locally identified solutions  
for locally identified issues***

While the journey was not without its challenges, it also presented unexpected successes, and at its completion many valuable lessons had been learnt.

### Tips for travellers

- Developing and maintaining effective channels of communication is key to success.
- Don't surrender in the face of adversity – acknowledge the challenge and work towards a solution.
- Be true to your word – beware of making promises you can't keep.

This Traveller's Guide details their shared journey towards improving the lives of Aboriginal Australians and providing a more promising future for their children.

***“This groundbreaking partnership between Aboriginal people and the State Government signals a new way for WA Health to plan and develop health services with Aboriginal communities.”***

*Kim Snowball, Director General, WA Health.*

*Footnote:* The use of the term “Aboriginal” within this document refers to Australians of both Aboriginal and Torres Strait Islander descent.

## Taking it one step at a time

**Figure 1 – The COAG Implementation Process in Western Australia**





# Surveying the environment

## Understanding the challenge

The first step taken in this journey was to fully understand the issues impacting on Aboriginal health in Western Australia.

There is no denying the substantial health gap that exists between Aboriginal people and mainstream Australians. Aboriginal people experience considerably poorer health outcomes and lower life expectancies than non-Aboriginal Australians<sup>1</sup> including disproportionately higher rates of long-term health conditions such as:

- cardiovascular disease
- respiratory disease
- kidney disease
- diabetes
- eye and ear problems.

The outcome of these health issues is a higher rate of hospitalisation, disease, and poorer self-assessed health status compared with non-Aboriginal people.

A range of issues impede Aboriginal people accessing both mainstream and targeted Aboriginal health services. This reduced access to preventative health programs and primary health care is a major contributor to the gap in Aboriginal health outcomes.

While improving the health status of Aboriginal people is a complex and challenging task, it is not simply dependant upon the delivery of relevant health services. Long-lasting and effective change will only be achieved when planned collaborative and culturally secure services are also delivered across the areas of housing, education, employment and economic development.

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<sup>1</sup> ABS & AIHW, 2003. Health and Welfare of Australia's Aboriginal and Torres Strait Islander People.





## Snapshot: The burden of disease in Aboriginal Australia

The term “burden of disease” identifies the health conditions and risk factors most responsible for a population’s decreased health and wellbeing.

Considerable disparity exists between the burden of disease for Australian Aboriginals and the larger population, with the burden of disease two and a half times higher among Aboriginal people. Young and middle-aged Aboriginal people also experience higher rates of illness and mortality.

The leading causes of disease burden, including cardiovascular disease, mental health disorders, chronic respiratory disease, diabetes and injuries, are similar for Aboriginal and non-Aboriginal people. The impact of these conditions on health and wellbeing, however, are significantly greater for Aboriginal people.

As illustrated by Figure 2, a broad range of interacting factors outside of an individual’s control may impact upon their health, including:

- socioeconomic factors such as their level of education, employment opportunities, income and social status. These factors are often closely related and interact with a wide range of other health determinants. Low levels of education can limit both employment and income opportunities as well as negatively influence health seeking behaviours and lifestyle choices. The low socioeconomic status of many Aboriginal Australians results from lower levels of educational attainment, higher rates of unemployment and lower levels of paid employment.<sup>2,3</sup>
- infrastructure and environmental factors including essential services, housing, sanitation, clean water, the physical environment and factors such as overcrowding. Over half of WA’s Aboriginal population resides in outer regional, remote or very remote areas, where in addition to harsh environmental conditions access to services and infrastructure are often problematic.<sup>4</sup>
- social, cultural and community networks, which are linked to improved social and emotional wellbeing. Understandably the legacy of past practices such as removal from traditional lands, loss of traditions, family separation and discrimination has impacted significantly upon Aboriginal Australians.<sup>5</sup>
- individual attributes such as age, sex, and genetic predisposition as well as behavioural and lifestyle factors.<sup>6</sup> The development of chronic diseases such as type 2 diabetes and heart, respiratory and renal disease are largely attributed to these individual level factors. Many Aboriginal Australians experience chronic illnesses at a younger age than non-Aboriginal people and this accounts for a large proportion of the differences in life expectancy.<sup>7</sup>

2 Southern Public Health Unit Network. Social Determinants of Health Fact Sheet, Aboriginal and Torres Strait Islander Health. Downloaded from <http://www.health.qld.gov.au/ph/Documents/saphs/20400.pdf>

3 AIHW, 2008. Health and Welfare of Australia’s Aboriginal and Torres Strait Islander People.

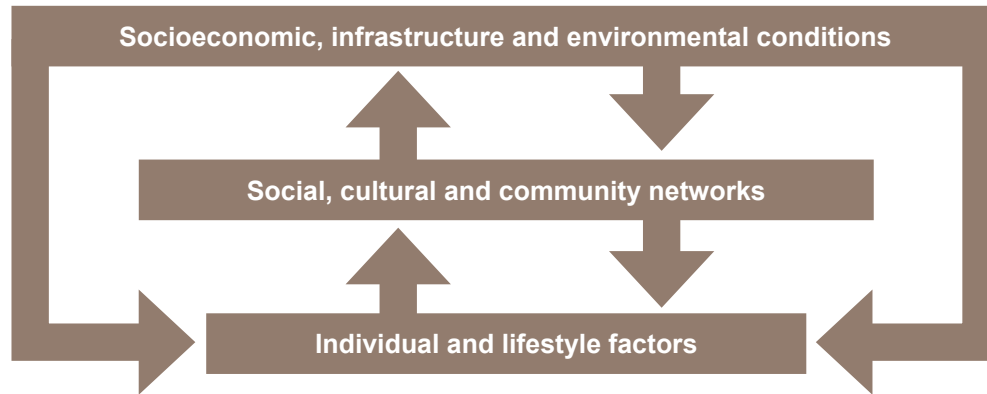
4 COAG Reform Council, 2010. National Indigenous Reform Agreement: Baseline performance report for 2008-09, COAG Reform Council, Sydney.

5 Southern Public Health Unit Network. Social Determinants of Health Fact Sheet, Aboriginal and Torres Strait Islander Health. Downloaded from <http://www.health.qld.gov.au/ph/Documents/saphs/20400.pdf>

6 Department of Health, Hong Kong. Basic Principals of Health Cities: Health Determinants. Downloaded from [http://www.chp.gov.hk/files/pdf/health\\_determinants04.pdf](http://www.chp.gov.hk/files/pdf/health_determinants04.pdf)

7 AIHW, 2008. Health and Welfare of Australia’s Aboriginal and Torres Strait Islander People.

**Figure 2: Health determinants**



## Heading in a new direction

*The target of Closing the Gap in Indigenous disadvantage is a national challenge. The necessary transformation of communities will take many years, but the alternative is to do nothing. Australian Governments are prepared to act.*

*The disadvantage Indigenous Australians have suffered for more than two centuries has placed great obstacles in our way. Governments are prepared to work together with Indigenous Australians to achieve change for the better.*

*National Integrated Strategy for Closing the Gap in Indigenous Disadvantage, COAG*

In 2007, COAG agreed to a number of ambitious targets to “Close the Gap” in Indigenous disadvantage by improving outcomes in the areas of life expectancy, health, education and employment.

This landmark agreement recognised that a cooperative and sustained approach by state, territory and federal governments, health service providers and the Aboriginal community would be necessary to translate the following goals into a reality:

- Closing the life expectancy gap within a generation (by 2033)
- Halving the gap in mortality rates for Indigenous children under five within a decade (by 2018)
- Halving the gap in reading, writing and numeracy within a decade (by 2018)

The following six Indigenous specific National Partnership Agreements were developed by COAG to achieve these and a range of targeted goals:

- Indigenous Early Childhood Development
- Remote Service Delivery
- Indigenous Economic Participation
- Remote Indigenous Housing
- Closing the Gap in Indigenous Health Outcomes
- Remote Indigenous Public Internet Access.

### Snapshot: The journey in Western Australia

Each State and Territory was tasked with developing Implementation Plans detailing their respective CtG initiatives. The Implementation Plans for Western Australia committed the State Government to a process that required genuine engagement and partnership with the Western Australian Aboriginal community.

The WACHS COAG Implementation Team (subsequently renamed the Aboriginal Health Improvement Unit, or AHIU) undertook responsibility for the two health-specific National Partnership Agreements (NPAs), these being Closing the Gap in Indigenous Health Outcomes and Elements Two and Three of the Indigenous Early Childhood Development. This involved engaging with new and existing Aboriginal Health Planning Forums in order to develop localised solutions to address the:

- Five priority areas identified within the Closing the Gap in Indigenous Health NPA
    - tackling smoking
    - healthy transition to adulthood
    - making Indigenous health everyone's business
    - primary health care services that can deliver
    - fixing the gaps and improving the patient journey
- and
- Elements Two and Three of the Indigenous Early Childhood Development (IECD) NPA
    - increased access to antenatal care, pre-pregnancy and teenage sexual and reproductive health
    - increased access to, and use of, maternal and child health services by indigenous families.

### Tips for travellers

- A certain degree of flexibility will contribute to credible and realistic outcomes being achieved while adhering to a top-down government agenda.
- There is more than one way to accomplish a goal.

# Who will navigate?

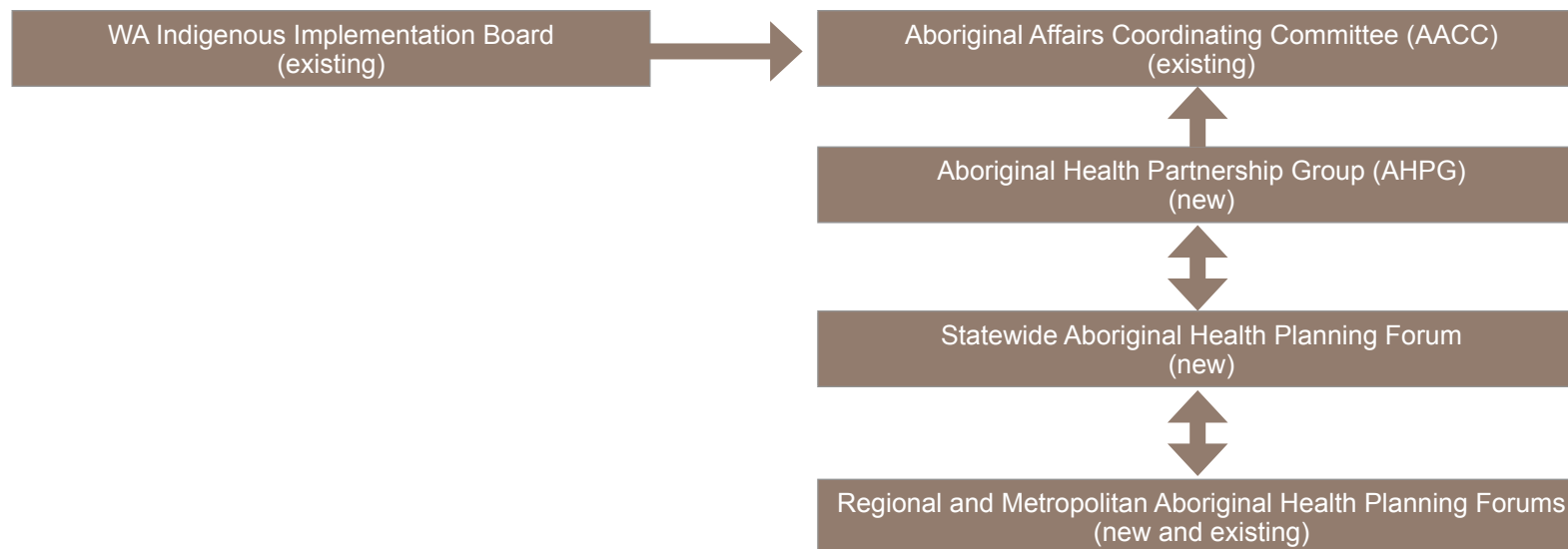
## Establishing robust governance structures

*“How is the project governed? A process is well documented and understood so that every partner knows what they are supposed to do and are accountable; and is the project flexible enough to respond to change.”*

*Aboriginal Better Health Institute (ABHI) Evaluation Report, 2010*

A four tiered governance structure was established to oversee the development, implementation and monitoring of CtG and IECD NPAs. This structure will remain operational throughout the COAG lifespan and beyond. The governance structure ensured a place at the table for all relevant stakeholders and formalised the decision making process. It was critical to creating a united vision, identifying opportunities, overcoming challenges, and monitoring and evaluating outcomes.

**Figure 3: Corporate governance structure for Western Australian COAG Implementation Process**





An outline of the role of these governing bodies in relation to the COAG Implementation Plan for Western Australia is provided below.

Throughout the COAG implementation process both the WA Indigenous Implementation Board and the Aboriginal Affairs Coordinating Committee remained informally aligned with other new and existing corporate governance bodies.

The **WA Indigenous Implementation Board (WAIIB)** works with the Aboriginal Affairs Coordinating Committee to improve the coordination and management of service delivery across WA. The Board is responsible for ensuring government agencies are aware of how their services and programs fit within the State Indigenous governance framework. It also monitors and reports on the progress of government agencies in meeting their outcomes centrally, regionally and in local areas.

The **Aboriginal Affairs Coordinating Committee (AACC)** is comprised of the Director Generals of WA state government departments. The committee ensures the coordination of strategies across these departments and that their goals and priorities contribute to achieving CtG goals.

The **COAG Aboriginal Health Partnership Group (AHPG)** was an extension of an existing tripartite group which was tasked to oversee and coordinate the delivery of the Western Australian Implementation Plan. The Partnership Group was the vehicle by which recommendations and advice was made to the state on investment and resource allocation.

Members of this group included high level representatives from:

- Aboriginal Health Council of WA
- WACHS
- North Metropolitan Area Health Service
- South Metropolitan Area Health Service
- Child and Adolescent Area Health Service
- Office of Aboriginal Health
- Department of Health and Ageing
- WA GP Network
- Mental Health Division
- Drug and Alcohol Office

In addition to reviewing Aboriginal Health Plans presented by Metropolitan and Regional Aboriginal Health Planning Forums during the COAG implementation phase, the AHPG endorsed:

- an assessment tool to determine the suitability of service proposals
- recommendations on the suitability of service proposals made by the review panel
- a resource allocation methodology to distribute funds throughout the state
- the report recommending funding proposals.

As the process continues, the AHPG will be reduced to a core membership consisting of high level representatives from:

- Aboriginal Health Council of WA
- Department of Health and Ageing
- WA GP Network
- WA Health

The ongoing function of the group will be to provide:

- leadership on contemporary national and state issues in Aboriginal health
- leadership on the best use of resources for Aboriginal health based on information provided by Metropolitan and Regional Aboriginal Health Forums
- a forum for negotiation and arbitration of decisions
- oversight and monitoring of COAG initiatives through review of six monthly progress reports provided by the Statewide Aboriginal Health Planning Forum.

**The Statewide Aboriginal Health Planning Forum (SAHPF)** was established to assist decision making on the implementation and monitoring of the CtG and IECD NPAs. Members of this group included high level representatives from:

- Aboriginal Health Council of WA
- Regional Aboriginal Health Planning Forums (Kimberley, Pilbara, Yamatji, Goldfields, South West, Great Southern and Wheatbelt)
- South and North Metropolitan Aboriginal Health Planning Forums
- WACHS
- North Metropolitan Area Health Service
- South Metropolitan Area Health Service
- Child and Adolescent Area Health Service
- Office of Aboriginal Health
- Office of Aboriginal and Torres Strait Islander Health
- Mental Health Division
- Drug and Alcohol Office
- WA GP Network



Throughout the process the SAHPF provided:

- technical advice and support to the Metropolitan and Regional Aboriginal Health Planning Forums
- feedback on service proposals for statewide initiatives
- technical advice on the criteria used to assess service proposals and the resource allocation methodology for distribution of funds
- peer review for the statewide services.

The SAHPF will continue to provide Metropolitan and Regional Aboriginal Health Planning Forums with ongoing technical support for COAG initiatives.

With Aboriginal engagement central to both service design and delivery of COAG initiatives, **Aboriginal Health Planning Forums (AHPFs)** played a critical role during the formative phase of the CtG and IECD NPAs and continue to play an ongoing role with the NPAs.

During the late 1990s Western Australia was divided into six health regions for the purpose of developing regional Aboriginal Health Plans (AHPs). These regional plans subsequently informed the development of the WA Aboriginal Health Strategy published in 2000. Membership varied across regions but typical core member organisations are shown in Figure 4 below:

**Figure 4: Typical core membership of previous Regional Planning Forums**



This core membership was supplemented by relevant local private and non-government service providers as appropriate.

The membership, agenda and timing of AHPFs reflected local needs within the regions, and while some Forums had maintained a robust presence in their region, others had a more limited existence. It was therefore identified in 2008 that to facilitate the COAG process:

- existing Forum boundaries would require amendment
- lead agencies would need to be identified to establish an AHPF in those regions lacking a recognised Forum.

The outcome of this process was the re-invigorating or formation of the following nine bodies:

- seven Regional Aboriginal Health Planning Forums (RAHPFs)
  - Kimberley
  - Pilbara
  - Mid West
  - Wheatbelt
  - Goldfields
  - Great Southern
  - South West
- two Metropolitan Aboriginal Health Planning Forums (MAHPFs)
  - South Metropolitan
  - North Metropolitan





Figure 5: Regional Aboriginal Health Planning Forum Map



Figure 6: Metropolitan Aboriginal Health Planning Forum Map



## Roadblocks navigated

*Before meaningful work could truly commence at a regional level, a number of issues had to first be addressed, including the existence and functional status of AHPFs. In some regions an AHPF was technically in existence but had been relatively inactive for quite some time. In regions without an existing AHPF, one had to be established and become functional within a short period.*

*In both instances, new group members needed to be identified and learn to work together as a cohesive group within tight timeframes. Another concern was encouraging members to manage, or at the very least be willing to put aside, prior unresolved issues for the greater good. This required a commitment on behalf of all members to the common COAG vision, with success dependent on fostering confidence in the process and the achievement of an equitable outcome for all concerned.*

The role of the AHPFs was to:

- collectively identify regional Aboriginal health priorities based on epidemiological data and community consultation to facilitate planning
- identify opportunities for regional health providers to better coordinate Aboriginal health service delivery systems to ensure more effective services and outcomes for Aboriginal people
- advocate and negotiate for better access to health resources and improved health access.

The AHPFs will have an ongoing role in governance through a peer review process of COAG funded health services. Health service providers will be required to summarise outputs and key achievements to their respective forum every six months. This will assist with program evaluation and facilitate the early identification and resolution of difficulties related to service provision.

## Lessons Learnt

- Robust governance at all levels of decision making is critical for resolving issues and moving forward.

## Snapshot: Establishing an Aboriginal Health Planning Forum

A community-led process coordinated by the South Metropolitan Public Health Unit (SMPHU) Aboriginal Health team was instrumental in the development of the South Metropolitan Aboriginal Health Plan.

Before establishing an AHPF consisting of community and health service representatives, the team first sought the approval of respected Aboriginal community members.

A series of Aboriginal community consultations followed, each led by an Aboriginal facilitator and in line with ground rules developed by Aboriginal community participants. Participants were asked, “What will it take in our local area to improve health for Aboriginal people?”, and from this discussion a priority action list was developed. Service providers were then invited to develop proposals consistent with COAG’s priorities to address these identified health needs.

These proposals were subsequently submitted to Aboriginal community members with those endorsed included in the South Metropolitan Aboriginal Health Plan.

**Figure 7: The South Metropolitan Aboriginal Health Action Groups**



One particularly positive outcome was the establishment of five ongoing District Aboriginal Health Action Groups (DAHAGs) which comprehensively represent the local community. The DAHAGs provide a mechanism for service providers and community representatives to discuss health service issues and share responsibility for service delivery improvements and future planning.

A combined higher level group, the Area Aboriginal Health Action Group (AAHAG), was also formed to make decisions on behalf of the entire south metropolitan Aboriginal community. Each of the five DAHAGs reports to this group, which comprises of two elected community representatives from each DAHAG and key services providers.



## Community engagement

***“Indigenous engagement – Engagement with Indigenous men, women and children and communities should be central to the design and delivery of programs and services.”***

*National Indigenous Reform Agreement: 2009*

Each AHPF was encouraged to engage with the community and seek input towards identifying community health priorities through a variety of methods, including:

- undertaking surveys
- organising meetings and gatherings
- using existing sources of information
- conducting workshops.

Given the tight consultation timeframe, developing effective and efficient service delivery models that best met community needs proved particularly challenging for both the AHPFs and Aboriginal communities and agencies.

The WA Implementation Plans provided a framework to guide localised project plans and strategies including costs, performance measures, evaluation methodologies and risk assessments. From this information the Forums developed overarching Aboriginal Health Plans and coordinated submissions of health service proposals to meet the CtG and IECD objectives and outcomes.

### ***Roadblocks navigated***

*Effective collaboration required that all parties be:*

- *prepared to listen and respect another’s point of view*
- *open to change and not defensive*
- *willing to negotiate on challenging issues.*

*Although they may have found it confronting, service providers had to be willing to listen to community concerns about service provision. Community members also needed to be informed about the financial, staffing, operational and geographic limitations placed on service providers.*



***“Community consultation was a crucial step in developing priority areas for action and an extremely valuable process for all parties involved. Not only for the various health service providers, who received feedback about how to improve their services, but the community was also content to have some ownership of the decision making process and the opportunity to be heard. In continuing to develop sound, accessible and comprehensive health services it is crucial that any action needs to be responsive to the community’s needs. It is as simple as that - the community know what they need, and they must be consulted and listened to.”***

*Valerie Swift-Otero, Manager of Aboriginal Health for the South Metropolitan Health Unit*

### Tips for travellers

- Just because the statistics identify a problem doesn't mean it is a priority for the community.
- Communities need to set the priorities required for change.





# The right tools for the journey

Too many travellers set out with only their final destination in mind, not pausing to consider the many twists and turns they may encounter, nor the tools needed to overcome these unexpected detours.

The AHU recognised the following tools as essential to streamlining the acquisition and assessment of submissions, the allocation of resources, and in monitoring outcomes:

- liaison with AHPFs
- a resource allocation model
- submission templates
- developing assessment criteria
- performance indicators to facilitate reporting
- standardised reporting templates for health service providers.

## Liaison with Aboriginal Health Planning Forums

Occupying around one-third of Australia's total landmass, the unique nature of Western Australia presented significant challenges to the AHU. With over half of WA's Aboriginal population residing in outer regional, remote or very remote areas, the distances travelled were far greater than those travelled in other jurisdictions within Australia. In order to successfully secure regional engagement and commitment to the COAG journey a "hands-on" presence was essential. This approach posed numerous human resource challenges for Western Australia.

### **Roadblocks navigated**

*Individual team members at times would be required to attend AHPFs on consecutive days across the state. In one instance a team member travelled to forums in the Midwest, the Goldfields and the Kimberley in just four days, equating to a 6,500km round trip.*



Between July and September 2009, the AHU outlined the COAG directives and NPAs in a series of roadshows to AHPFs across the state. This provided opportunities to:

- describe the “building blocks”, including health, supporting the reforms aimed at overcoming Indigenous disadvantage
- map out the synergies between the National Indigenous Reform Agreement, CtG and IECD NPAs, and the WA Implementation Plans providing the framework under which further strategy development would be undertaken
- briefly outline to each region the CtG and IECD NPA priority areas
- explain the difference between Western Australian Government expenditure and that of the Commonwealth

Due to the complexity of the National Indigenous Reform Agenda this information could not be communicated in just one session, requiring repeat visits as regions digested the information and more questions were posed.

These information-sharing opportunities were followed by regular attendance at AHPFs which enabled AHU members to assist with such tasks as:

- facilitation of workshops and community consultations
- provision of information and advice
- development of resources
- secretarial support
- drafting AHPs.

### **Roadblocks navigated**

*Encouraging service providers to think “outside the box” as to how best achieve an outcome proved challenging on some occasions.*

*For some service providers, this necessitated relinquishing ownership to another provider better positioned to take the lead role.*

*For other service providers, it required a willingness to negotiate to work cooperatively and share resources.*

*In developing the Healthy Transition to Adulthood proposal, the Wheatbelt Aboriginal Health Planning Forum acknowledged that building good relationships with young people was critical to encouraging them to engage with health services. Although Avon Youth, Community and Family Services did not provide clinical health services, it was recognised as the best organisation to lead this program due to its expertise in youth and community engagement.*

*The Yamatji Aboriginal Planning Forum proposal for ‘Tackling Smoking’ in the Midwest was initially submitted by two local Aboriginal Medical Services (AMSs). During the planning process it became apparent that office accommodation issues would prevent these AMSs from implementing the program. The program was subsequently offered to other AHPFs members with WACHS Midwest volunteering to lead the program and work in partnership with the AMSs.*

## Resource allocation model

A three part process was undertaken to achieve an efficient and equitable distribution of funds for statewide and regional initiatives.

A broad based review of relevant literature was initially conducted and consultation undertaken with a number of health sector experts, including the:

- Executive Director of the Public Health Division, WA Health
- Principal Epidemiologist, WA Health
- Chief Executive Officer, WACHS
- Finance and Resource Analyst, WACHS
- Director, Australian Indigenous HealthInfoNet.

Input and endorsement of the proposed model was then obtained from both the AHPG and the SAHPF.

Initial estimates for the relative distribution of funding across the two metropolitan and seven regional health service areas were based on population size and the cost of service delivery. Differences in costs of service delivery were estimated using the WACHS Regional Cost Index.

The index provided an average cost of service delivery for the nine WA Health regions across the spectrum of most urbanised and remote locations. Estimates were calculated using 80 per cent “Employment” and 20 per cent “Other Goods and Services” costs. (“Other Goods and Services” cost estimates were based on information developed by the Regional Development Commission.) These differences in the cost of regional service delivery are clearly illustrated in Appendix D: Regional Cost Index, WA Country Health Services, January 2010.

As indicated below, additional factors and an alternative model considered but not utilised included:

- a quantitative health needs measure – while the Standardised Mortality Ratio is a universal measure of health needs, its statistical reliability was inadequate on a regional basis
- adjustment for relative socioeconomic disadvantage – although Socio-Economic Index for Areas data is available for the total WA population, it was not considered representative of the WA Aboriginal population
- the Management Economic Social Human model was not applicable as the concept had yet to be operationalised or applied as a resource allocation model.

Other evidence based factors incorporated into the decision making process included:

- Funding on greatest need based on epidemiological data and regional consultation of health service providers and the Aboriginal community
- The Commonwealth’s allocation to regions for both NPA and non-NPA activities. Commonwealth input is crucial to regional planning success to improve equity of resource allocation, address workforce recruitment and retention issues, and service planning and implementation between state and Commonwealth for all providers
- Existing State and Commonwealth funds already available in regions.

***“The Kimberley AHPF in the first instance did not believe that the Regional Cost Index model adequately reflected the cost escalation required for the more remote regions. Therefore, while at first glance it might appear that the Kimberley has done well from this round of state COAG funding the fact is that the Kimberley has a very large Indigenous population and based on population alone, received less than might be expected when applying the Regional Cost Index. We do, however concede given the time constraints placed on COAG, the Regional Cost Index was the most robust model that could be applied with little or no modification and resulted in relatively equitable allocations for other areas of WA where funding for Indigenous health services is well below adequate”.***

*Vicki O'Donnell, Chair, Kimberley Aboriginal Health Planning Forum.*

## Submission templates

A standardised Aboriginal Health Plan template was created and distributed to all regional and metropolitan AHPFs (refer Appendix A). In order to develop health service proposals for closing the gap within their region AHPFs were tasked with identifying health priorities and undertaking a service gap analysis. Included in the template was a summary table in which concise key information about proposed programs was to be recorded.

A Submission for COAG Funding (Business Case) template was subsequently created to inform service providers of the information required for each program submission (see Appendix B). Key areas requested included:

- Project description
- Target group and catchment area
- Project partners
- Rationale
- Expected health outcome(s)
- Project strategies/solutions
- Project timelines
- Budget
- Evaluation methodology

It was anticipated that these Business Cases would be included as an appendix to the Aboriginal Health Plans.





## Roadblocks navigated

Although all AHPFs were provided with templates to assist in the preparation and presentation of AHPs they were not used consistently. Some service providers only provided information in the summary table of the template while others used alternate formats of their own creation. This lack of consistency made the assessment of submissions quite challenging. In future, more concise guidelines as to the use of templates would be recommended.

Other significant factors that impacted on the development of Aboriginal Health Plans included:

- the tight deadlines imposed by the AHU - although necessary to meet COAG's time and resource allocation deadlines, they also made the coordination of community and service provider consultations and the compilation of AHPs difficult
- the delayed distribution of the business case template component
- as assessment criteria for the plans had not been finalised, AHPFs were operating without a full understanding of the assessment requirements
- key performance indicators for outcomes had not been finalised
- as statewide and regional funding distributions had not been finalised the AHPFs could not be advised of the total amount of funding available within their region. As a consequence, some funding bids were significantly in excess of the available funds, making it difficult for the assessment team to tease out whether the program could be delivered in a meaningful way with reduced funding.

One significant outcome was that despite all these challenges, the majority of submissions nominated for funding were evidence-based and well aligned with COAG priorities.

**“Enormous pressure was placed on regional agency resources to respond to COAG requests by the State.”**

*Aboriginal Health Planning Forum member*



## Determining assessment criteria

To determine the eligibility of funding submissions the following guiding principles were extracted from the National Indigenous Reform Agreement:

<b>COAG priorities</b>	Did the initiative target appropriate CtG and IECD objectives and established outputs?
<b>Evidence based</b>	Was appropriate quantitative and/or qualitative information provided to support the initiative and demonstrate identified regional priorities?
<b>Genuine community consultation and Aboriginal and community partnership</b>	To improve up-take and use of services/programs, was there a genuine interest in the process by metropolitan and regional organisations and the community?
<b>Return on investment</b>	Did program expenditure seem appropriate for expected outputs? Did the program improve existing programs where possible and operate in collaboration with appropriate support and referral agencies? Did it duplicate existing services?
<b>Accountability measures and milestones</b>	Were program milestones clearly articulated, realistic and within expected outputs for CtG and/or IECD? Were goals feasible given the target area, population group, timeframe, workforce and other relevant factors? Were regular and transparent performance monitoring, review and evaluation processes in place?
<b>Service gaps</b>	Had gaps in current service provision/the continuum of service delivery been identified and addressed?
<b>Equity of access</b>	Were the services available to Aboriginal people from rural and remote settings culturally appropriate and similar to those available for people in non-remote settings?
<b>Elimination of cost shifting</b>	COAG funds were not to be used by government or non-government organisations for current core business, to backfill over-expenditure, or for budget cuts or shortfalls.
<b>Sustainability</b>	Was there evidence the service provider had the capacity to sustain the program for the NPA period, and potentially beyond?
<b>Infrastructure?</b>	Could existing infrastructure, including offices and clinical facilities, facilitate delivery of the program?

## ***“How will culturally appropriate access be determined and assessed?”***

*Aboriginal Health Planning Forum member*

Due to differences in service types, environmental and geographical settings, social influences, and local circumstances, a range of different factors could provide evidence of cultural accessibility to services. These factors included but were not limited to:

- evidence of consultation with the Aboriginal community
- working in association with relevant government and community services
- training and employment of Aboriginal people
- targeting and engaging with the Aboriginal community.

## **Assessment of submissions**

A panel comprising of relevant stakeholders was formed to ensure transparency and accountability throughout the assessment process.

The assessment panel included representatives from:

- Office of Aboriginal and Torres Strait Islander Health
- WA GP Network
- Aboriginal Health Council of Western Australia
- AHU.

The nine Aboriginal Health Plans contained over 160 health service proposals totalling \$320 million, well in excess of the \$145.8 million available. This amount also had to fund a number of statewide initiatives already committed to within the WA Implementation Plan.

Each proposal was assessed against the ten guiding principles to identify the best fit of available funds within each priority area and health region. The distribution of funds was also influenced by evidence of greatest need, the Commonwealth’s allocation for NPA and non-NPA activities and existing funding.



## Roadblocks navigated

*As the State and Commonwealth governments had already determined the amount of funding available for each CtG priority and IECD element, funding could not be moved between priority areas. The WA Implementation Plan identified a number of statewide service needs in both the CtG and the IECD NPAs. These included:*

- *Statewide Specialist Aboriginal Mental Health Service*
- *Statewide Aboriginal Prison Health Program*
- *Aboriginal Maternal Service Support Unit*
- *Child & Adolescent Community Health Policy and Workforce Program*
- *Foetal Alcohol Spectrum Disorder Prevention Program.*

*A number of proposals were subsequently submitted by organisations with a statewide mandate. Proposals were considered by the SAHPF as statewide initiatives if they:*

- *represented specialised services needing clear statewide clinical governance; and/or*
- *would have greater health impact if delivered statewide.*

*As the allocation of funds to statewide programs would result in reduced regional funding for locally considered solutions, such proposals were met with some resistance at AHPFs. For statewide services to be considered for funding, it became mandatory for the service providers to engage with regional service providers at AHPFs and identify how their services would complement regional programs and services.*

## Snapshot: **Statewide Specialist Aboriginal Mental Health Service**

In March 2010, the Director General of WA Health advised the Acting Commissioner of Mental Health that he would allocate to the Mental Health Commission \$22,470,000 in funding over four years for the development of the Statewide Specialist Aboriginal Mental Health Service (SSAMHS).

A proposal for SSAMHS was developed by the Mental Health Division and presented to all Aboriginal Health Planning Forums for feedback and comment. The feedback from this initial engagement and consultation process suggested more resources would be required in the regions. To further clarify the concerns raised by Forum members the Mental Health Commission undertook further consultation through an Open Space Planning Forum.

From both the initial consultation findings and the Open Space Planning Forum the Mental Health Commission developed a discussion paper detailing the revised proposed model of service. A Closing the Gap Mental Health Reference Group was established to progress the model, roles, function and governance arrangements as well as resource allocations, consultation and engagement processes.

As part of the engagement process, further consultation with the Regional Aboriginal Health Planning Forums was undertaken to gain their views and approval of the revised proposed SSAMHS model. With the exception of one regional Aboriginal Health Forum, agreement was reached on the service provision model.

Once approval of statewide initiatives had been finalised, funding was distributed on a region by region basis, commencing with those submissions that had best met the assessment criteria. In instances where available funding was not fully utilised, remaining funds were redistributed according to greatest need and quality of the submissions.

The panel then provided recommendations to the AHPG which was responsible for endorsing recommended funding allocations.

***“The WA General Practice Network was pleased to be part of the statewide COAG Closing the Gap process and commends the AHU for its efforts.***

***The invitation to all members of the Aboriginal Health Partnership Group to participate in the assessment process encouraged a congenial, collaborative effort. The assessment tool itself was the result of a cooperative effort between all the major players within the statewide Aboriginal Health Partnership Forum and subsequently a set of robust decision-making criteria was developed.***

***In reviewing what could have been improved, we would recommend a more robust system is needed to manage the receipt of submissions, including a receipt acknowledgement process.***

***Another recommendation would be that submission criteria either need to be more stringently adhered to or not as defined to better assist the assessment team to make their determinations. Whatever the process, it needs to be more clearly outlined to applicants. Transparency also needs to be paramount so that applicants will not be disappointed that a project was funded under the area, even though they made a submission that fitted within the category.”***

*Debra Salway, Chief Executive Officer, and Samantha Dowling, Principal Policy Advisor, WA General Practice Network*



***“No Statewide proposals should be funded at the expense of a local or regional project that would achieve the same goal or provide a solution to a priority or gap.”***

*Aboriginal Health Planning Forum member*

## Establishing outputs and performance indicators

All States and Territories are expected to report to the Commonwealth on specific CtG and IECN NPA outputs for the duration of the NPAs. Standardised performance indicators and reporting tools were developed to collate information from health service providers to facilitate production of whole of WA outputs for the NPAs.

Performance indicators include:

- the types of activities or services provided
- the number of Aboriginal people participating
- the number of Aboriginal staff employed
- the location/reach of activities and programs
- the quality of services being provided.

Performance indicators were also developed to enable service providers to provide feedback on two elements highlighted as essential for the success of COAG initiatives:

- linkages and partnerships
- consultation with the Aboriginal community.

## Reporting requirements

***“There is a need to ensure a balance without overburdening agencies (government and non-government) and the community with over regulation and reporting. The Forums also need to take some responsibility for holding their regional agencies to task.”***

*Susan Powe, Manager, Aboriginal Health Service Development Unit*

In addition to the six monthly reports to the Commonwealth, the AHU also submits financial and service reports to the Western Australian Departments of Treasury and Finance, and Premier and Cabinet.

Service providers are required to detail their key outcomes and achievements to their respective Metropolitan or Regional Aboriginal Health Planning Forum every six months. This includes progress against the specified CtG and IECED outputs and additional information on key risks for service delivery, including workforce recruitment and retention, and any related infrastructure issues. The inclusion of this peer review process reflects the commitment to community engagement embedded within the NPAs.

To facilitate consistency of this appraisal process across service delivery providers and regions an assessment template has been developed to guide AHPFs in completing their review. This information will then be collated and reported to the AHPG on a six monthly basis. While service providers will be supported and encouraged to discuss any service delivery difficulties directly with their contract manager as they occur, they will also be encouraged to formally outline any barriers or difficulties in these reports. This will ensure all relevant information on service delivery is clearly documented.

***“The peer review process enables the forum to monitor and evaluate where each program is at, and if any are struggling it then enables the Forum to provide some support to the service provider. While we don’t have the power to change the funding arrangements it allows the Forum to make recommendations to WA Health if we have concerns about any of the programs in our region.”***

*Sandy Davis, Chair, Yamatji Aboriginal Health Planning Forum*

## **Recruitment - choosing the right travelling companions**

For the implementation to be truly effective an increased Aboriginal workforce is required across government providers, Aboriginal Community Controlled Organisations, and other private and non-government agencies. Approximately 75 new dedicated Aboriginal positions have been created within WACHS to implement the funded NPA initiatives. The creation of these positions provided an opportunity for innovative statewide employment strategies to be adopted, including:

- fast tracking COAG position creation through the WACHS Executive
- exemption from standard advertising requirements for all Aboriginal-specific positions to allow clear language and culturally appropriate art work
- use of pool recruitment and selection processes
- culturally appropriate induction packages
- performance development and training opportunities
- mentoring opportunities.



## Roadblocks navigated

Although the COAG initiatives injected significant funding towards service delivery operation, the lack of existing infrastructure to support these new programs was a major concern. Recruiting and appointing suitable staff was only part of the problem. As identified in the WACHS Pilbara Service Plan housing shortages, particularly in remote areas, remains a significant issue.

In those areas where housing was available, the rental costs were often prohibitive. The AHPG has identified the accommodation issue as a priority issue to be escalated to Director General and Minister level in the hope of finding an appropriate solution.

**“The housing shortage is a big problem for the Pilbara. Some local people have said they would like to work with us but can’t find proper houses or the rents are too high. Other people would rather not work than lose their Homeswest house.”**

*Rodney Monaghan, Regional Aboriginal Coordinator, Pilbara WACHS*

## Snapshot: The WACHS Aboriginal Employment Strategy

The WACHS Aboriginal Employment Strategy will deliver a culturally respectful and competent service for Aboriginal people by:

- providing opportunities for Aboriginal people to gain employment across all occupational groups, levels and locations
- providing professional development opportunities for Aboriginal employees
- increasing the cultural safety of the organisation through the provision of cultural security training opportunities for all staff.

The creation of the COAG positions has provided an opportunity for many of the actions described in the WA Country Health Service Aboriginal Employment Strategy to be fast-tracked and piloted.



# The end of the journey approaches

The first stage of this long journey was nearing its end. A total of 120 proposals were either fully or partially funded by 30 June 2010, resulting in:

- 45 contracts under the five priority areas for CtG
- 21 contracts under Elements Two and Three for IECD.

Of these 66 contracts, 41 were developed with non-government organisations and 25 with Department of Health Area Health Services.

## Contract management

State Government procurement policy required contracts to be established with service providers. To facilitate the development of these contracts:

- four new staff were recruited and trained in relevant aspects of contract management
- cash flows were developed across the term of each contract, aligned with the annual cash flow prescribed by the COAG NPA
- a service information template was developed to obtain additional contract management and service delivery details from service providers which had not been included in the original proposals.

Standard NGO contract templates were used as a basis for the NGO service providers and a special purpose Memorandum of Understanding template was developed for the Area Health Services service providers.

The AHU developed standardised sections within the contract shells including:

- standard outputs and indicators aligned with the CtG and IECD NPAs and WA Implementation Plans
- statements on quality assurance for Aboriginal cultural security
- the requirement for service providers to comply with six monthly peer reviews.

With assistance from WACHS Finance, a comprehensive spreadsheet was developed to assist with the management of budgets and payments. This enabled pivot tables to be created to provide information for sub-programs and financial years and was an excellent tool to check and cross-check contract content and monitor contract development progress.

### **Roadblocks navigated**

- *The very tight timeframe for contract development led to the potential for compromised decision making.*
- *Recruited staff had limited knowledge of WACHS contract processes and required intensive on the job training.*
- *Contract development was at times delayed when clarification of information provided by service providers was necessary.*

## our destination is in sight

The implementation of the contracted programs across the State signalled the end of one road. For the first time, Western Australia government and non-government organisations had travelled hand-in-hand with Aboriginal communities to take the first of many shared steps in reducing Aboriginal disadvantage. Despite a few stumbles along the way this part of the journey had been successfully completed. Reaching the final destination of Closing the Gap in Indigenous health outcomes, however, remains a national challenge.

It is recognised that the disadvantage Aboriginal Australians have suffered for more than two centuries has placed many obstacles on the road ahead. Improving health, education and life opportunities for Aboriginal people will take a considerable period of time as travellers navigate barriers and negotiate unexpected detours.

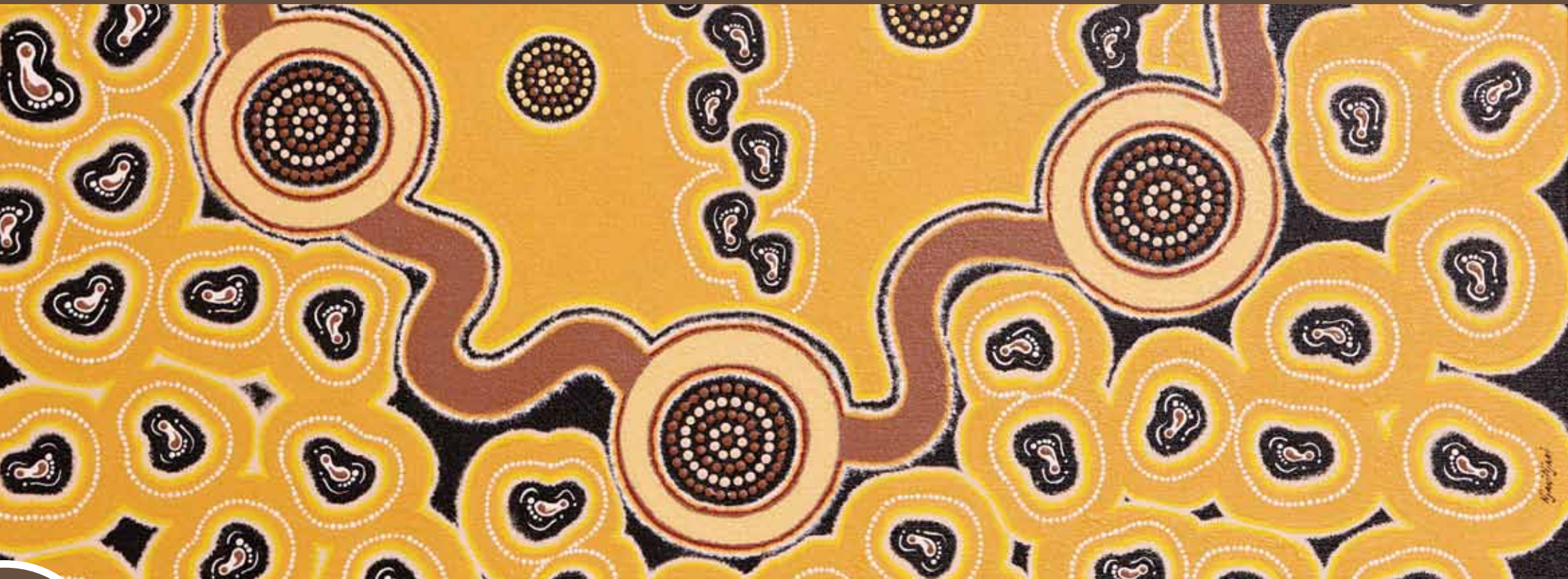
The significant financial commitment of the COAG National Partnership Agreements is an important step along this road. More important, however, is the commitment from all levels of government to travel in partnership with Aboriginal people, communities and organisations. For each traveller, their chosen path or route may vary, but it is this genuine engagement which will ensure the successful completion of the journey and arrival at a common destination.





# Appendices

- Appendix A Aboriginal Health Plan Template
- Appendix B Submission for COAG Funding (Business Case) Template
- Appendix C CtG and IECG Outputs and Performance Indicators for Health Service Agreements, 2010
- Appendix D Regional Cost Index, WA Country Health Services, January 2010
- Appendix E Summaries of Funded Programs



# Appendix A – Aboriginal Health Plan Template

## Introduction

- Why are we producing regional Aboriginal Health Plans?
- How will the plans be used?
- COAG is the start of an ongoing process to ensure joint planning for all of WA
- Commitment to partnership with community and local service providers. Cooperation and coordination of programs including joint service delivery where possible to ensure the best patient journey across the complex health system.

## Regional profiles

The local planning teams can use information and data in existing Clinical Services Plans and other health organisation documents to give a broad overview of their regions, their population demographics and document social and environmental determinants of health for Aboriginal people by region. This will improve opportunities for the health sector in intersectoral planning and collaboration.

Regions need not wait for this data to be available before commencing on the update or development of their plans as local providers are very aware of health issues and needs. The data will, in the majority of instances, provide the evidence to support what is already known.

## Identify regional Aboriginal health priorities

A data collection and analysis partnership has been formed between AHCWA, WA Country Health Service, Office of Aboriginal Health and the Epidemiology Branch of the Department of Health. This group will map out Aboriginal population profiles and mortality and morbidity patterns in the region by age and sex and Aboriginality. Primary care as well as hospital and health status data will also be gathered. Historical trends as well as disease and activity projections for each region and statewide will be undertaken.

This data will be progressively provided to regions starting with the hospitalisations and death data for key chronic diseases affecting Aboriginal people and the top 10 reasons for hospitalisation of Aboriginal people (adults and children).

## Service Gaps Identified

What is happening locally? Stocktake vs identifying gaps.

Local providers will have as existing knowledge the types of services and programs that are currently being delivered to meet the priorities issues that have been identified.

## Closing the Gap on Indigenous Health

- Priority Area 1: Tackling smoking
- Priority Area 2: Primary health care services than can deliver
- Priority Area 3: Fixing the Gap and improving the patient's journey
- Priority Area 4: Making Indigenous health everyone's business
- Priority Area 5: Healthy transition to adulthood

Strategy description	Who will deliver it?	What will be the outcome?	Milestones in delivery	How will it be evaluated?	What will it cost?

## Indigenous Early Childhood Development

- Element 2: Priority Area 1 - Adolescent sexual and reproductive health
- Element 2: Priority Area 2 - Substance use in pregnant women
- Element 2: Priority Area 3 - Increased ante-natal contact, reduced mortality and low birth weight
- Element 3: Priority Area 1 - Reduced mortality and hospital admissions of Aboriginal children 0-4 years
- Other identified Aboriginal health regional priorities - Priority Area:

Strategy description	Who will deliver it?	What will be the outcome?	Milestones in delivery	How will it be evaluated?	What will it cost?

## Appendix B – Submission for COAG Funding (Business Case) Template

Please keep your submission as succinct as possible ie 3-5 pages maximum.

<b>Health service name :</b>
<b>Service description:</b>
<b>Briefly describe your service</b> This information will be used to compile a list of current services provided in Aboriginal health in the area.
<b>Contact Officer:</b>
<b>Contact phone number:</b>
<b>Executive Officer:</b>
<b>Title:</b>
<b>Which priority does the project address?:</b> Closing the Gap Tackling smoking Providing a healthy transition to adulthood Making Indigenous health everyone's business Primary health care services that can deliver Fixing the gaps and improving the patient journey Indigenous Early Childhood Development Increased access to antenatal care, pre-pregnancy and teenage sexual and reproductive health Increased access to and use of maternal and child health services by Indigenous families or Other priority (please state):
<b>Project Title:</b>
<b>Project Description:</b>



**Target Group & Catchment Area:**

- Include if this is a district or area-wide project.

**Project Partners:**

- Detail project partners, roles and functions.

**Rationale**

- Include:
  - evidence for this project using demographic and epidemiological data and needs expressed by the community at recent consultations
  - demand for current services, service gaps, unmet needs and access issues for Aboriginal people.

**Aim - Expected Health Outcome(s)**

- Describe the aim of the project over the long term

**Project Strategies/Solutions**

- Include objectives (specific, achievable, targeted), strategies and/or proposed service models.
- State and describe if this is a new service/project or an extension/enhancement of an existing service.
- Identify roles and functions of key players.

**Project Timelines**

- Include a project management chart or timetable which identifies major milestones.

**Budget**

- Include a comprehensive budget analysis including funds and staff.

**Evaluation Methodology**

- Discuss how and when the project will be evaluated (process, impact, outcome evaluation). Consider in your evaluation
  - How will you know if your project has been successful? What increases in Aboriginal health would be demonstrated through this project?



## Appendix C - CtG and IECD Outputs and Performance Indicators for Health Service Agreements, 2010

Tackling smoking	
Outputs	Indicators
<ul style="list-style-type: none"> <li>Regular monitoring and review of the state-wide tobacco strategy</li> </ul>	<ul style="list-style-type: none"> <li>Establish Steering Group &amp; TORs, communication strategy developed, service directory developed</li> </ul>
<ul style="list-style-type: none"> <li>Culturally secure community or health service based education/health promotion/social marketing activities to promote smoke-free environments</li> </ul>	<ul style="list-style-type: none"> <li>Number, type, location, participation and major achievements or key results</li> <li>Number, type and distribution of educational resources</li> </ul>
<ul style="list-style-type: none"> <li>Health system workforce trained to deliver culturally secure smoking reduction and cessation interventions including brief intervention programs, NRT etc</li> </ul>	<ul style="list-style-type: none"> <li>Number, models, locations and major achievements/key results</li> <li>Number of health system workforce who have delivered smoking interventions within 3 months of receiving training</li> </ul>
<ul style="list-style-type: none"> <li>Provision of culturally secure tobacco reduction/cessation interventions for the health system workforce</li> </ul>	<ul style="list-style-type: none"> <li>Number, type, location and major achievements/key results</li> </ul>
<ul style="list-style-type: none"> <li>Regulatory efforts or policies or protocols to encourage smoking reduction/cessation</li> </ul>	<ul style="list-style-type: none"> <li>Type, location</li> </ul>
Healthy transition to adulthood	
Outputs	Indicators
<ul style="list-style-type: none"> <li>Health professionals (including drug/alcohol/mental health/outreach teams) recruited and operational</li> </ul>	<ul style="list-style-type: none"> <li>Number (including Aboriginal), type and location</li> </ul>
<ul style="list-style-type: none"> <li>Culturally secure, community based sexual health screening and treatment programs and services with a focus on Aboriginal youth</li> </ul>	<ul style="list-style-type: none"> <li>Number, type, location, participation and major achievements/key results</li> </ul>
<ul style="list-style-type: none"> <li>Culturally secure, community based social and emotional well being programs and services with a focus on Aboriginal youth</li> </ul>	<ul style="list-style-type: none"> <li>Number, type, location, participation and major achievements/key results</li> </ul>
<ul style="list-style-type: none"> <li>Culturally secure, community based Aboriginal men's health programs and services</li> </ul>	<ul style="list-style-type: none"> <li>Number, type, location, participation and major achievements/key results</li> </ul>
Making indigenous health everyone's business	
Outputs	Indicators
<ul style="list-style-type: none"> <li>Provision of Aboriginal health in-reach and through care programs at the interface between prison and community health services</li> </ul>	<ul style="list-style-type: none"> <li>Number, type, location, participation and major achievements/key results</li> </ul>
<ul style="list-style-type: none"> <li>Culturally secure training in drug and alcohol, mental health &amp; chronic disease</li> </ul>	<ul style="list-style-type: none"> <li>Number, type, location, participation and major achievements/key results</li> </ul>
<ul style="list-style-type: none"> <li>Develop communication protocols and care pathways to improve care coordination, referral and recall for Aboriginal people</li> </ul>	<ul style="list-style-type: none"> <li>Protocols/referral pathways developed (including self-management programs)</li> </ul>

<b>Primary health care services that can deliver</b>	
Outputs	Indicators
<ul style="list-style-type: none"> <li>• Provision of culturally secure primary health care services, including MBS-funded service</li> </ul>	<ul style="list-style-type: none"> <li>• Measures, locations, number of Aboriginal people who have received the child/adult health check, care plans</li> </ul>
<ul style="list-style-type: none"> <li>• Culturally secure, multi-disciplinary chronic disease management services to provide screening, education/promotion and management</li> </ul>	<ul style="list-style-type: none"> <li>• Number and type of health professionals employed (including Aboriginal people), number, type, locations, participation, care plans and major achievements key results</li> </ul>
<ul style="list-style-type: none"> <li>• Develop communication protocols and care pathways to improve care coordination, referral and recall</li> </ul>	<ul style="list-style-type: none"> <li>• Protocols/referral pathways developed (including utilising ICT systems and e-health), number of Aboriginal patients with shared care plans</li> </ul>
<ul style="list-style-type: none"> <li>• Minimum service standards in place for all organisations providing care services for Aboriginal people</li> </ul>	<ul style="list-style-type: none"> <li>• Provide details of reference service standards / protocols / policy &amp; procedures and date of implementation of standards</li> </ul>
<b>Fixing the gaps and improving the patient journey</b>	
Outputs	Indicators
<ul style="list-style-type: none"> <li>• Health system Aboriginal Liaison Officers provided to coordinate and follow up care transitions</li> </ul>	<ul style="list-style-type: none"> <li>• Number, location, activities and major achievements/key results</li> </ul>
<ul style="list-style-type: none"> <li>• Transport and accommodation support for rural and remote patients and their families</li> </ul>	<ul style="list-style-type: none"> <li>• Number, type, locations</li> </ul>
<ul style="list-style-type: none"> <li>• Provision of culturally secure services and practices across the health system</li> </ul>	<ul style="list-style-type: none"> <li>• Programs implemented, number and proportion of Aboriginal staff employed</li> </ul>
<ul style="list-style-type: none"> <li>• Facilitate access to acute and sub-acute care</li> </ul>	<ul style="list-style-type: none"> <li>• Type, location, participation and major achievements/key results</li> </ul>
<b>Indigenous early childhood development - Element 2</b>	
Outputs	Indicators
<ul style="list-style-type: none"> <li>• Provision of clinical advice, support and education to services delivering antenatal care to Aboriginal women</li> </ul>	<ul style="list-style-type: none"> <li>• Number, locations, activities and major achievements/key results</li> </ul>
<ul style="list-style-type: none"> <li>• Provision of education and support to reduce harm associated with alcohol use during pregnancy for Aboriginal women</li> </ul>	<ul style="list-style-type: none"> <li>• Number, type, location, participation and major achievements/key results</li> </ul>
<ul style="list-style-type: none"> <li>• Provision of antenatal care services targeted at young Aboriginal women</li> </ul>	<ul style="list-style-type: none"> <li>• Type, location, participation and major achievements/key results</li> </ul>
<ul style="list-style-type: none"> <li>• Provision of sexual and reproductive health services to young Aboriginal women</li> </ul>	<ul style="list-style-type: none"> <li>• Type, location, participation and major achievements/key results</li> </ul>

<b>Indigenous early childhood development - Element 3</b>	
Outputs	Indicators
<ul style="list-style-type: none"> <li>• Provision of clinical policies, guidelines and standards of practice, and work force support and development to maternal and child health services delivering care to Aboriginal women</li> </ul>	<ul style="list-style-type: none"> <li>• Major achievements/key results</li> </ul>
<ul style="list-style-type: none"> <li>• Delivery of postnatal services and outreach programs with a focus on adolescent mother</li> </ul>	<ul style="list-style-type: none"> <li>• Location, and number of postnatal services delivered</li> </ul>
<ul style="list-style-type: none"> <li>• Provision of child and development assessment including MBS-funded services</li> </ul>	<ul style="list-style-type: none"> <li>• Location, and number of child health services delivered</li> </ul>
<ul style="list-style-type: none"> <li>• Provision of immunisation services through community bases and outreach services</li> </ul>	<ul style="list-style-type: none"> <li>• Location, and number of child immunisations delivered</li> </ul>
<b>Partnerships</b>	
Outputs	Indicators
<ul style="list-style-type: none"> <li>• Partnerships with other agencies/stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Terms of Reference endorsed</li> <li>• Number of meetings held</li> <li>• Partnership agreements established</li> <li>• Working arrangements</li> </ul>
<b>Community consultation</b>	
Outputs	Indicators
<ul style="list-style-type: none"> <li>• Community consultations</li> </ul>	<ul style="list-style-type: none"> <li>• Number, location, participation, results</li> </ul>



## Appendix D - Regional Cost Index, WA Country Health Services, January 2010

Region	Employment Costs	Other Goods and Services	Composite Cost Index		
<i>Base</i>	<i>100.00</i>	<i>100.00</i>	<i>80.00</i>	<i>20.00</i>	<i>100.00</i>
Perth Metropolitan	100.00	100.00	80.00	20.00	100.00
Goldfields	109.43	104.50	87.54	20.90	108.44
Great Southern	100.55	98.10	80.44	19.62	100.06
Kimberley	117.75	116.90	94.20	23.38	117.58
Midwest	104.47	105.60	83.58	21.12	104.70
Pilbara	121.28	120.10	97.02	24.02	121.04
South West	100.27	106.30	80.22	21.26	101.48
Wheatbelt	102.44	106.40	81.95	21.28	103.23



## Appendix E – Summaries of Funded Programs

### WESTERN AUSTRALIAN PROGRAMS -

#### *Closing the Gap and Indigenous Early Childhood Development*

This document provides information of the regional and statewide programs funded through the COAG Closing the Gap and Indigenous Early Childhood Development National Partnership Agreements. The information only pertains to State initiatives and does not include Commonwealth initiatives.

The information provides the name of the region, a description of the program/service funded against each NPA priority area and the organisation providing the program/service.

The nine Regions are:

- Kimberly
- Pilbara
- Midwest
- Goldfields
- Wheatbelt
- Great Southern
- South West
- South Metropolitan
- North Metropolitan

In addition, programs that encompass the whole metropolitan area are grouped as Metro wide programs and these are followed by the Statewide programs.

### KIMBERLEY REGION

#### *Area 1 – Tackling Smoking:*

- ***Tobacco Control Project***

The project aim is to raise awareness of the harmful effects of tobacco by developing and adapting culturally respectful and appropriate resources through educational programs. **Broome Aboriginal Medical Service**

- ***Tobacco Control Project***

The program aims to raise awareness of the harmful effects of tobacco by developing and adapting culturally respectful and appropriate educational programs. A key aim of the project is to decrease smoking amongst Aboriginal staff. **Jungarni-Jutiya Alcohol Action Council Aboriginal Corporation of Halls Creek**



- ***Tackling Smoking***

The program will use a range of strategies to raise awareness of the harmful effects of tobacco, identify strategies to prevent uptake and support cessation of smoking throughout community, and to support promotion and education in schools. **Yura Yungi Medical Service Aboriginal Corporation**

- ***Tobacco Control Project***

A dedicated tobacco control worker will be based with Nindilingarri Cultural Health Services in the Fitzroy Valley and will become a part of a network of tobacco control workers across the Kimberley Region. **Nindilingarri Cultural Health Services Inc**

- ***East Kimberley Tackling Smoking Project***

The East Kimberley Tackling Smoking Project aims to reduce the prevalence of smoking amongst Indigenous people in the region by working with local services to increase awareness about smoking harms, supporting implementation of policy and training staff to help clients reduce or quit smoking.

**Ngnowar Aerwah Aboriginal Corporation**

## ***Area 2 – Healthy Transition to Adulthood***

- ***Kutjunka Men's Health Program***

The community-focussed program will target young men to build on existing community strengths and knowledge with the intent of attaining long term improvements in overall social and physical health, quality of life and longevity. **Kimberley Aboriginal Medical Services Council**

- ***Derby Youth Social & Emotional Wellbeing (SEWB)***

The program will focus on preventative health activities targeting a healthy transition to adulthood for Aboriginal youth. **Derby Aboriginal Health Service**

- ***KAMSC Peninsula Youth SEWB Worker Program***

This program is part of an expanded youth mental health / SEWB service across the Kimberley region and aims at reducing suicide, self harm, alcohol and drug use, excessive risk taking behaviour and future disease amongst young people. **Kimberley Aboriginal Medical Services Council**

- ***KAMSC Headspace Kimberley Youth SEWB Program***

This program is also part of the expansion of youth mental health / SEWB capacity across the Kimberley region (see above).

**Kimberley Aboriginal Medical Services Council**

- ***Alive and Kicking Goals Suicide Prevention Project***

The Alive and Kicking Goals project is a suicide prevention peer education project taking an innovative approach to address the growing suicide epidemic amongst Indigenous youth in the Kimberley. **Men's Outreach Services Inc – Broome**

- ***Fitzroy Valley Men's Health - Prevention and Early Intervention***

The Men's Health Program aims to attract and engage young males aged 16 – 25 who are not accessing health services and are at significant risk of developing mental health issues and chronic diseases later in life. **WA Country Health Service – WACHS Kimberley**

### Area 3 – Making Indigenous Health Everyone’s Business

- **Kimberley Regional Eye Program Coordinator**

The program aims to coordinate visiting optometrist teams and services provided by the ophthalmologist, liaise with regional service providers in relation to outpatient services, and support the ongoing growth and development of the Eye Health program. **WA Country Health Service – WACHS Kimberley**

### Area 4 – Delivering Effective Primary Health Care

- **Fitzroy Valley Core Primary Health Service**

This program is aimed at increasing primary health care services and improved chronic disease prevention and management services for Aboriginal people in the Fitzroy Valley. **WA Country Health Service – WACHS Kimberley**

- **Kimberley Regional Ear Health**

The program aims to improve the coordination between primary, secondary and tertiary care providers in the region in order to facilitate best practice and minimise gaps in relation to local clinics, regional audiology services, ENT surgery and hearing assistance programs.

**WA Country Health Service – WACHS Kimberley**

- **Bidyadanga Core Primary Health Care Services**

The Bidyadanga community is the largest discrete Aboriginal community in WA with a population of around 850 people. A full time GP will be based in Bidyadanga focusing on prevention, education, screening, early detection and better management of chronic illness.

**Kimberley Aboriginal Medical Services Council**

- **Ear Health Program**

This program resources an additional ear health worker who will work alongside the KAMSC Audiologist to increase front-line primary health care skills in screening, assessing and managing common presentations of ear disease. **Kimberley Aboriginal Medical Services Council**

- **Kutjunka Core Primary Health Care Services (Balgo, Mulan and Billiluna)**

This program forms part of the overall enhancement of core primary health care services to address prevention/education, screening, early detection of ill-health, and better management of chronic conditions, with the long term goal of reducing the high levels of morbidity and mortality.

**Kimberley Aboriginal Medical Services Council**

- **Yura Yungi Core Primary Health (Mardiwah Loop, Nicholson Block, Koongie Park, Lamboo and Ringer Soak communities)**

This program seeks to enhance core primary health care services in the prevention/education, screening, early detection of ill-health, and better management of chronic conditions, with the long term goal of reducing the very high levels of morbidity and mortality.

**Yura Yungi Medical Service Aboriginal Corporation**

## Area 5 – Fixing the Gaps and Improving the Patient’s Journey

- **Kimberley Integrated Health Information Systems**

The program will employ a Trainer / Developer to provide support for staff operating the electronic health record system, Medical Message Exchange (MMeX). A Data Quality Officer will also be employed to support the maintenance of data quality in the system.

**Kimberley Aboriginal Medical Services Council**

- **Kimberley Integrated Health Information System**

This program provides regional support to further develop and implement Medical Message Exchange (MMeX) across the Kimberley as the basis for an electronic patient record that can be shared between relevant providers. **WA Country Health Service – WACHS Kimberley**

- **Improving Patient Access**

The program aims to improve patient access by providing assistance to clients in their journey through the health care system.

**Broome Aboriginal Medical Service**

### IECD ELEMENT 2

- **Kutjunga Sexual Health**

The aim of the program is to address the high rates of STIs in the Kutjungka region by employing a Sexual Health Nurse to provide sexual health programs and services in Balgo and the two surrounding communities. **Kimberley Aboriginal Medical Services Council**

- **Maternal and Child Health**

This program will provide the resources and capacity to adequately coordinate and support maternal and child health services and functions across regional Aboriginal Community Controlled Health Services. **Kimberley Aboriginal Medical Services Council**

- **Kimberley Antenatal DVD**

This project will produce a culturally appropriate community resource relating to pregnancy and post-natal care for young Kimberley Aboriginal women. The DVD would be available to all pregnant women in the Kimberley through Burdekin Youth In Action Inc (Department of Child Protection) and WA Community Health Service. **WA Country Health Service – WACHS Kimberley**

### IECD ELEMENT 3

- **Yanan Ngurra – ngu Ngamayiu (Visiting Community Families)**

The *Yanan Ngurra – ngu Ngamayiu* project is a community developed initiative aimed at improving pregnancy and early childhood outcomes based on the Halls Creek Community Mothers Program (funded under the Australian Better Health Initiative 2006-2010).

**Kimberley Aboriginal Medical Services Council**

- **Visiting Community Family Program**

This program provides a range of programs for adolescents to develop awareness on sexual and reproductive health and to highlight the detrimental effects of alcohol and nicotine consumption during pregnancy to this group and the general community. The program will also support children and families affected by Foetal Alcohol Spectrum Disorder by providing individual home visits, small gatherings / groups / meetings and cultural gatherings.

**Nindilingarri Cultural Health Services Inc**

- **Maternal and Child Healthy Lifestyle Choices**

This program will work closely with the OVAHS maternal and child health team to link and coordinate services that raise awareness of healthy lifestyle choices for women and children. In particular, the program also includes community and staff education and professional development around Foetal Alcohol Spectrum Disorder. **Ord Valley Aboriginal Health Service Aboriginal Corporation**

## **PILBARA REGION**

### **Area 1 – Tackling Smoking:**

- **Pilbara Wide Tobacco Strategy**

The program will develop and implement a range of strategies for the Aboriginal population, including: social marketing strategies to challenge social smoking norms; community based education; health promotion activities; and workplace support to staff wishing to quit smoking.

**Puntuturnu Aboriginal Medical Service**

### **Area 2 – Healthy Transition to Adulthood**

- **Social and Emotional Well Being Team**

The service focuses on building youth resilience; reducing risk taking behaviours; promoting protective behaviours; providing healthy youth focused activities; counselling and support services for at risk youth; and the development of a social marketing strategy to promote healthy lifestyles, community connectedness and family values. **Mawarnkarra Aboriginal Medical Service**

- **Social and Emotional Well Being**

The program aim is to target Aboriginal young people aged 16 to 25 years with issues associated with drug and alcohol abuse, leading to loss of family, community connectiveness and subsequent loss of self esteem. Importantly, it will support young people in transitioning from detoxification and/or rehabilitation to re-engage with their communities and to access relevant health, employment, education and counselling supports.

**Puntuturnu Aboriginal Medical Service**

- **Social and Emotional Well Being**

The program aims are to support young people involved in alcohol and drug rehabilitation and provide support services for young offenders leaving the juvenile justice system. Additionally, identifying opportunities to link youth leaders with operational roles in their communities, including building youth resilience; reduce risk taking behaviours; promote protective behaviours; provide healthy youth focused activities; counselling and support services for at risk youth. **Wirraka Maya Health Service Aboriginal Corporation**

### ***Area 3 – Making Indigenous Health Everyone’s Business***

- ***East Pilbara***

The program will support the development of services and/or programs through the establishment of an Aboriginal Health Service in Newman to cater for an increase in the Aboriginal population to access to culturally appropriate primary health care services. **Puntukurnu Aboriginal Medical Service**

### ***Area 4 – Delivering Effective Primary Health Care***

- ***Improving Access to Primary Health Care***

The Pilbara Health Network currently provides primary mental health care, audiology, podiatry, dietetics and diabetes education services in collaboration with WACHS Pilbara Population Health and the three Aboriginal Community Controlled Health Organisations, including joint service mapping and planning. **Pilbara Health Network**

- ***Improving Access to Primary Health Care Services in the Pilbara***

WACHS-Pilbara, in partnership with the Primary Health Network, will support the enhancement of a range of specialist services within the primary care sector, targeting prevention and early intervention of chronic conditions. **WA Country Health Service - Pilbara**

### ***Area 5 – Fixing the Gaps and Improving the Patient’s Journey***

- ***Regional Aboriginal Patient Journey***

The program has been established to provide support for Aboriginal patients in their journey through the primary health care, hospitals, specialist services, allied health and social services. **Wirraka Maya Health Service Aboriginal Corporation**

- ***Regional Aboriginal Patient Transport Strategy***

The program aims are to ensure a collaborative approach to treatment plans, referral, transport and support are provided to clients. Additionally, the program aims is to coordinate accommodation, appointments, hospital inpatient and outpatient attendance, specialist appointments, post operative follow up and return to community. **Wirraka Maya Health Service Aboriginal Corporation**

- ***Regional Aboriginal Patient Transport Strategy***

The aim is to ensure seamless follow through of treatment plans and referral, provision of suitable transport and support to clients as well as coordinate accommodation, appointments, hospital inpatient and outpatient attendance, specialist appointments, post operative follow up and return to community. **Mawarnkarra Aboriginal Medical Service**

- ***Regional Aboriginal Patient Journey***

The program will provide support for Aboriginal patients in their journey through the primary health care, hospitals, specialist services, allied health and social services. **Mawarnkarra Aboriginal Medical Service**



- ***Regional Aboriginal Patient Journey***

The aim is to support Aboriginal patients in their journey through the hospital and health care system by providing culturally secure support to Aboriginal people hospitalised in all four hospitals in the North East Region. Further support will be provided to help ensure that patients access appropriate health care services post discharge. **Puntukurnu Aboriginal Medical Service**

- ***Regional Aboriginal Patient Transport Strategy***

The service is to ensure suitable transport is provided to transport patients between Newman and Port Hedland, and to coordinate accommodation, appointments, hospital inpatient and outpatient attendance, specialist appointments, post operative follow up and return to community.

**Puntukurnu Aboriginal Medical Service**

## **ELEMENT 2**

- ***Increasing Antenatal and Postnatal Care***

The program will build onto the existing multi-agency collaborative strategy that focuses on strengthening networks and resource sharing to increase Aboriginal antenatal and postnatal contact. **WA Country Health Service - Pilbara**

## **ELEMENT 3**

- ***Collaborative Child Health Program***

The service seeks to adopt a collaborative approach focusing on improved communication and partnerships between service providers targeting: immunisation; child health checks; early intervention therapies and treatments; and health promotion activities.

**Mawarnkarra Aboriginal Medical Service**

- ***Collaborative Child Health***

The program seeks to enhance communication and collaborative processes between service providers delivering immunisation, child health checks, early intervention therapies and treatments, and health promotion. **Wirraka Maya Health Service Aboriginal Corporation**

- ***Collaborative Child Health***

This program will expand upon the existing maternal and child health services to provide culturally secure care for mothers and their children aged 0 – 8 years throughout the East Pilbara Region. **Puntukurnu Aboriginal Medical Service**

## MIDWEST PROGRAMS

### *Area 1 – Tackling Smoking:*

- ***Tackling Smoking***

The program aim is to implement a range of strategies for the Aboriginal population including; detailed tobacco plan, referral pathways for treatment and support, community based education and health promotion activities. **WA Country Health Service - Midwest**

### *Area 2 – Healthy Transition to Adulthood*

- ***Increased Sense of Social & Emotional Wellbeing of Youth and Families***

(Carnarvon, Mungullah, Gascoyne Junction and Shark Bay and in the future Burringurrah).

The program aim is to develop and implement a range of strategies including resources, and activities that focuses on various issues that are faced by the local community, such as grief and loss, trauma, abuse, violence, substance misuse, physical health issues, child abuse, domestic violence, social disadvantage and family breakdowns. **Carnarvon Medical Service Aboriginal Corporation**

- ***Social and Emotional Well Being (Geraldton, Midwest and Murchison)***

The aim of the program is to engage youth and industry partners through a series of focus groups to identify and promote social and emotional wellbeing in youth, by developing and implementing a range of collaborative strategies focussing on promoting education, screening and early intervention for mental and sexual health, chronic disease prevention, alcohol and other drugs. **Geraldton Regional Aboriginal Medical Service**

### *Area 4 – Delivering Effective Primary Health Care*

- ***Chronic Disease Management and Coordination***

The program aims to ensure that the provision of chronic disease care is further integrated as part of core business. GRAMS will also focus on expanding chronic disease programs within the clinic to meet growing demand and improve services to address complex care needs.

**Geraldton Regional Aboriginal Medical Service**

- ***CMSAC Outreach (Mungullah, Gascoyne Junction and in the future in Shark Bay and Burringurrah)***

The program will expand on and provide quality primary health care services to Aboriginal residents in isolated and remote communities to overcome barriers relating to distance, communication and cultural inappropriateness of services. **Carnarvon Medical Service Aboriginal Corporation**

- ***Chronic Disease / Diabetes service / program***

The program will provide an inpatient and outreach program specialising in diabetes care and information to Aboriginal people. Additionally, the program will also implement health promotion and education strategies to prevent the onset of chronic health illnesses. **WA Country Health Service - Midwest**

- **Improved Information Management Systems**

The program aims to facilitate improved information management systems across the Midwest region by continuing the expansion of clinical management systems including MMEEx and clinical audit tools for General Practitioners and other primary health care providers.

**Midwest Division of General Practice**

### **Area 5 – Fixing the Gaps and Improving the Patient's Journey**

- **Connecting People with Services through Liaison**

The program will provide a patient liaison service which is responsive to community needs in order to support primary health care processes and increase understanding of cultural issues. **Carnarvon Medical Service Aboriginal Corporation**

- **Liaison Program**

Aboriginal patients will be supported throughout the hospital and health care system through the appointment of an Aboriginal Liaison Coordinator to facilitate a collaborative partnership between health providers in the Midwest Region and GRAMS, designed to develop capacity to deliver coordinated and culturally secure care. **Geraldton Regional Aboriginal Medical Service**

- **Liaison Program – Midwest and Geraldton Hospital**

The aim is to provide culturally secure support for Aboriginal patients and their carers to ensure Aboriginal patients receive appropriate and quality services throughout their journey through the care continuum of the hospital and health care system. **WA Country Health Service - Midwest**

### **IECD ELEMENT 2**

- **Sexual Health Murchison and Midwest**

The program will address current STI rates and increase the number of Aboriginal people being tested and treated by targeting young people 15–25 years and adults, by emphasising the link between alcohol intake, sexual behaviour and risk of STIs. **WA Country Health Service - Midwest**

### **IECD ELEMENT 3**

- **Allied Health Murchison and Midwest**

The program seeks to improve access for at risk children 0-10 years by addressing prevention, promotion and early intervention programs to increasing access to child health development services. **WA Country Health Service - Midwest**



## GOLDFIELDS PROGRAMS

### Area 2 – Healthy Transition to Adulthood

- **Social and Emotional Well Being Program (Kalgoorlie-Boulder and Coolgardie)**

The program aims are to deliver dedicated and culturally appropriate Aboriginal mental health services to Aboriginal people with low-moderate mental health issues. **Bega Garnbirringu Health Services Incorporated**

- **Social and Emotional Well Being Program (Goldfields Esperance GP region)**

The Social and Emotional Wellbeing North Team will build upon and expand the current remote mental health services provided by the GEGPN, and will target and manage low to moderate mental health conditions within the community setting.

**Eastern Goldfields Medical Division of General Practice T/as Goldfields –Esperance GP Network**

- **Provision of Mental Health Services**

This project will provide timely and culturally appropriate mental health assessment and treatment, enhance the accessibility of mental health services, support and advocacy for Aboriginal clients and families, and provide community education and training. **WA Country Health Services - Goldfields**

### Area 4 – Delivering Effective Primary Health Care

- **Mobile Services (Includes Paediatric Outreach) Program (Goldfields Region)**

The program will provide primary health care services to Aboriginal residents in regional and remote communities by providing a range of primary health and intervention strategies, including adult and child health checks, screening for diabetes, audiology tests, management of chronic diseases and obstetric care. **Bega Garnbirringu Health Services Incorporated**

### Area 5 – Fixing the Gaps and Improving the Patient's Journey

- **Aboriginal Patient Discharge**

The program aim is to provide support for Aboriginal patients in their journey through the hospital and health care system by providing culturally secure support to Aboriginal people. **WA Country Health Services - Goldfields**

- **Goldfields Chronic Kidney Disease Nursing Management**

The Chronic Kidney Disease Nursing Management Program (CKDNMP) will enhance current renal services within the Goldfields region, providing comprehensive prevention, health promotion, screening and early identification, education, case management and tertiary care for Aboriginal people within the region. **WA Country Health Services - Goldfields**

## ELEMENT 2

- **Aboriginal Community Antenatal Program**

A Community based Midwife and Aboriginal Maternal Health Support Worker will target vulnerable pregnant Aboriginal women who are not accessing existing antenatal services. **WA Country Health Services - Goldfields**

## ELEMENT 3

- **Maternal and Child Health Strategy**

The program will be an expansion of the existing maternal and child health clinical services to improve access and up-take by at risk Aboriginal women (including young women aged < 18 years) either pre-conceptually, ante-natal or post-natal, and provide ongoing clinical care for their children 0 – 8 years of age. **Bega Garnbirringu Health Services Incorporated**

## WHEATBELT PROGRAMS

### Area 1 – Tackling Smoking:

- **Wheatbelt Aboriginal Tobacco Control Project**

The project will develop and implement a multi-faceted and culturally-appropriate smoking cessation and tobacco control project for Aboriginal people in the Wheatbelt. **WA Country Health Service – Wheatbelt (Wheatbelt Aboriginal Health Service)**

### Area 2 – Healthy Transition to Adulthood

- **Indigenous Engagement Project**

The project aims to improve health outcomes to Aboriginal and Torres Strait Islander young people by creating and enhancing youth outreach networks to provide support and advice to at risk young Aboriginal people on a range of issues including alcohol and drugs, sexual health, mental health and tobacco control; and facilitate relationships with health services in the Wheatbelt. **Avon Youth Community and Family Service**

### Area 4 – Delivering Effective Primary Health Care

- **Wheatbelt Aboriginal Health GPs**

The organisation's purpose is to provide a culturally secure, affordable general practice (bulk billed) service to Aboriginal people in the Wheatbelt region focusing on services that are supported by Medicare item numbers to improve chronic disease management and link with other primary care initiatives such as Noongar Boodja Diabetes Clinics. **Wheatbelt GP Network**



## Area 5 – Fixing the Gaps and Improving the Patient’s Journey

- **Aboriginal Transport Program, Aboriginal Liaison Program**

The transport project aims to develop and establish an accessible, coordinated, culturally safe transport service to support Aboriginal people to attend specialist appointments within the Wheatbelt region and into the metro area to improve health and wellbeing. The liaison program will focus on mental health services for men in the Narrogin area. **WA Country Health Service – Wheatbelt (Wheatbelt Aboriginal Health Service)**

### IECD ELEMENT 2:

- **Maternal and Child Health Services**

The program will expand existing maternal and child health services within the Wheatbelt region to improve access and uptake of clinical services for Aboriginal women in the pre-conceptual and antenatal periods and for the development of programs targeting sexual and reproductive health in Aboriginal teenagers. **WA Country Health Service – Wheatbelt (Wheatbelt Aboriginal Health Service)**

### IECD ELEMENT 3

- **Enhanced Child Health Schedule**

The program aims to expand the provision of the proposed Aboriginal child health schedule within the Wheatbelt region by increasing the capacity to assist Aboriginal families with the development of parenting skills, coping and managing skills, improved social and emotional well-being for parents and children, increase surveillance, immunisation rates, identification of health and developmental issues and access to child development services. **WA Country Health Service – Wheatbelt (Wheatbelt Aboriginal Health Service)**

## GREAT SOUTHERN PROGRAMS

### Area 1 – Tackling Smoking:

- **The Gnum-aries Hurt Project**

The program aims are to develop and implement a Great Southern Region Tobacco Strategy and Campaign to reduce the prevalence of tobacco consumption among Noongar people in the Great Southern Region using a range of strategies. **Southern Aboriginal Corporation**



## Area 2 – Healthy Transition to Adulthood

- **Needle Syringe and Blood Borne Virus Outreach Program**

The program aim is to provide integrated sexual health and drug and alcohol interventions to Aboriginal clients of the Great Southern region including *headspace* and Albany Prison. **WA Country Health Service - Great Southern**

- **Youth Social and Emotional Wellbeing Program**

The program seeks to enhance the uptake of mainstream primary, secondary and tertiary mental health, drug and alcohol and youth services by Aboriginal young people in the Great Southern region. **WA Country Health Service - Great Southern**

## Area 4 – Delivering Effective Primary Health Care

- **Improving Access to GP Services**

Provide a culturally secure, accessible and friendly General Practitioner (GP) service including outreach, informed by community consultation, to all Noongar people throughout the Great Southern Region, particularly targeting Noongar people not accessing mainstream GP services.

**Great Southern GP Network**

## Area 5 – Fixing the Gaps and Improving the Patient's Journey

- **Patient Liaison Service**

The program will provide support to Aboriginal clients in their journey through the hospitals and health care system by providing culturally secure support to Aboriginal people hospitalised in the main regional hospitals of Albany and Katanning. **WA Country Health Service - Great Southern**

### IECD ELEMENT 2

- **Maternal and Child Health**

This program will expand on existing maternal and child health services in the Great Southern Region to build on the multi-agency collaborative strategy to increase access to pre-conceptional, antenatal and postnatal services. There will be development of resources for Aboriginal women and children at risk, particularly in relation to drug and alcohol issues and young Aboriginal women. **WA Country Health Service - Great Southern**

### IECD ELEMENT 3

- **Child Development and Women's Health**

The program expands on existing maternal and child health services to provide access to culturally secure child development and women's health services for 'at risk' Aboriginal mothers and their children aged 0-5 years throughout the Great Southern region.

**WA Country Health Service - Great Southern**

## SOUTHWEST PROGRAMS

### *Area 1 – Tackling Smoking:*

- **Regional Tobacco Program**

The program is aimed at developing and assisting to implement a tobacco cessation program for health workers.

**St John of God Health Care Inc T/as St John of God Hospital**

### *Area 2 – Healthy Transition to Adulthood*

- **Social and Emotional Wellbeing**

The project will address the needs of the young Indigenous community by providing early interventions with an optimistic recovery focus and improving the capacity of the current expertise within the SW health provider and medical communities to respond with best practice models aimed at culturally appropriate service delivery. **St John of God Health Care Inc T/as St John of God Hospital**

### *Area 3 – Making Indigenous Health Everyone's Business*

- **Protocols & Care Pathways**

This program will support the development of protocols and care pathways to provide Aboriginal people with early access to services to prevent escalation of issues around domestic violence and drug and alcohol use. **Peel South West Division of General Practice Ltd: T/as GP Down South**

### *Area 4 – Delivering Effective Primary Health Care*

- **Culturally Secure GP Service – Practice nurse clinical attachment to AMS**

This program will provide opportunities for practice nurses working within private general practice settings throughout the south west of Western Australia to gain knowledge, experience and increased understanding of the cultural differences between working in mainstream general practice and working in a setting where Aboriginal people are seeking medical assistance. **Peel South West Division of General Practice Ltd: T/as GP Down South**

- **Aboriginal Allied Health Teams**

The program will establish an Allied Health Clinic Support Team to support the SWAMS Healthy for Life program and the implementation of Management Plans. The team will take referrals from SWAMS doctors and where capacity exists, referrals from other GP clinics for Aboriginal clients in the Bunbury area. **South West Aboriginal Medical Service Aboriginal Corporation (SWAMS)**



## Area 5 – Fixing the Gaps and Improving the Patient’s Journey

- **Aboriginal Liaison Officers**

The program will employ five Aboriginal Liaison Officers in the WACHS –South West region to support Aboriginal patients in their journey through the hospital and health systems in order to facilitate the best possible health outcomes. **WA Country Health Services – South West**

### IECD ELEMENT 2

- **Strong Nyoongar Koolangkas (Strong Nyoongar Children)**

The program aims to develop and deliver culturally appropriate Protective Behaviours programs across the South West in order to protect Aboriginal children and their families residing in the south west area through increased community awareness and education.

**Milligan Community & Learning Centre**

### ELEMENT 3

- **Care Pathways for Boodjarri Yorgas**

The program seeks to map current care referral pathways and linkages to services for Aboriginal women across the South West, including access to child health services for Aboriginal infants aged 0-18 months. **WA Country Health Services – South West**

## SOUTH METROPOLITAN PROGRAMS

### Area 2 – Healthy Transition to Adulthood

- **Health Education for Young People**

The program will deliver health education, programs and resources to Aboriginal youth using culturally secure methods, holistic model of health and supportive learning environments to improve health literacy and health service awareness amongst youth. **South Metropolitan Area Health Service**

- **Aboriginal Men’s Health Group Service/Program**

The program will consist of primary health care and emotional and social wellbeing components to support and increase Aboriginal men’s health and well-being. **South Coastal Women’s Health Services Association Inc**

- **Aboriginal Men’s Health Program**

The program will provide a coordinated approach to Aboriginal men’s health programs across the region in order to reduce the excessive levels of mortality and morbidity among Aboriginal males. **South Metropolitan Area Health Service**

### Area 3 – Making Indigenous Health Everyone's Business

- **Living Is For Everyone (LIFE)**

The program will deliver a series of LIFE workshops consisting of one 2.5 hour weekly session over six weeks for people with chronic health conditions.

**Canning Division of General Practice Ltd**

### Area 4 – Delivering Effective Primary Health Care

- **Aboriginal Health Team**

This project will increase the capacity of Fremantle GP Network to provide culturally appropriate primary health care services for Aboriginal people residing in the Network catchment area. **Fremantle GP Network Limited**

- **Medina Primary School Primary Care Outreach Clinic**

A primary health care clinic will be provided at Medina Primary School to provide accessible locally focused primary care to local Aboriginal children.

**Rockingham Kwinana Division of General Practice**

- **Health and Wellness Centre**

The program will develop a specific Aboriginal Health and Wellness Centre area by providing holistic and culturally appropriate access to health information and services for Aboriginal people in the Rockingham Kwinana area. **Rockingham Kwinana Division of General Practice**

- **Mandurah Aboriginal Health and Wellness Centre**

A range of primary health care services will be delivered from a purpose-built centre in Mandurah. A multi-disciplinary team of health professionals will deliver a range of services and clinics including general practice, dental, antenatal, child and youth health, allied health, mental health and well-being, health education, health promotion and chronic disease management. **South Metropolitan Area Health Service**

### Area 5 – Fixing the Gaps and Improving the Patient's Journey

- **Aboriginal Liaison Officers**

The program will employ eight Aboriginal Liaison Officers in the South Metropolitan Area Health Service to support Aboriginal patients during their hospital admission and make it easier for patients to access appropriate health care services post discharge in order to facilitate the best possible health outcomes.

**South Metropolitan Area Health Service**

## ELEMENT 2

- **Aboriginal Maternity Group Practice**

The Aboriginal Maternity Group Practice initiative will deliver a culturally appropriate model of maternity care for Aboriginal women in the South Metropolitan Area Health Service area. This will involve the use of Aboriginal Health Workers and grannies. **South Metropolitan Area Health Service**



## ELEMENT 3

- **Aboriginal Child & Maternal Health**

The program will allow the introduction of a comprehensive Schedule of Child Health and Developmental Assessments for Aboriginal and Torres Strait Islander families with young children (0-5 years) living in the Gosnells region. This approach builds on and strengthens the existing universal child health schedule by offering services for families who need additional support. **Child and Adolescent Community Health**

## NORTH METRO PROGRAMS

### Area 1 – Tackling Smoking:

- **Tailored Smoking Cessation Service/Program**

The program will provide a smoking cessation program for Aboriginal Health Workers students and staff at Marr Mooditj Aboriginal Health Training College. **North Metropolitan Area Health Service**

### Area 2 – Healthy Transition to Adulthood

- **Aboriginal Men's Health Program**

The project will provide a coordinated approach to an Aboriginal men's health program within the Aboriginal community in the North Metropolitan health region. **North Metropolitan Area Health Service**

### Area 3 – Making Indigenous Health Everyone's Business

- **Chronic Disease Management 'Living Is For Everyone' (LIFE)**

A mobile Aboriginal Chronic Disease Self Management Team will be developed to deliver the Living Improvement for Everyone (LIFE) Program for the management of chronic conditions in the NMAHS Aboriginal community. Implementation will include the training of Aboriginal health professionals and community members in the LIFE Leaders training to deliver the LIFE course to community members. **North Metropolitan Area Health Service**



## Area 4 – Delivering Effective Primary Health Care

- **Mobile Outreach Service**

The outreach service will provide general health checks, health education and advice, brief intervention, chronic disease management, child and maternal health checks and management, sexual health and mental health management to Aboriginal community members living in Cullacabardee and the eastern hills region. **Derbarl Yerrigan Health Service**

- **Street Doctor**

The aim of this project is to build on the successful work of the Street Doctor service by providing better access to primary healthcare specifically for the Indigenous population. **Perth Primary Care Network**

## Area 5 – Fixing the Gaps and Improving the Patient's Journey

- **Aboriginal Liaison Officers**

The program will employ five Aboriginal Liaison Officers in the North Metropolitan Area Health Service to support Aboriginal patients during their hospital admission and make it easier for patients to access appropriate health care services post discharge in order to facilitate the best possible health outcomes. **North Metropolitan Area Health Service**

- **Women's Health Services for the Expanded Women's Health Service/Program**

The program aims to create opportunities for Aboriginal women to improve their own, their families and their communities' health and wellbeing through improved access to primary health care and self-care information opportunities. **Women's Health Care Association Inc**

### ELEMENT 2

- **The Swan Catchment Area Aboriginal Maternity Group Practice (AMGP) Team**

The team will operate collaboratively with existing midwifery and obstetric services to provide a dedicated community based service offering culturally appropriate Midwifery and Obstetric care to Aboriginal women in the Swan catchment area. **North Metropolitan Area Health Service**

### ELEMENT 3

- **Aboriginal Child & Maternal Health**

The program will allow the introduction of a comprehensive Schedule of Child Health and Developmental Assessments for Aboriginal and Torres Strait Islander families with young children (0-5 years) living in the Clarkson/Joondalup region. This approach builds on and strengthens the existing universal child health schedule by offering services for families who need additional support. **Child and Adolescent Community Health**

## METRO WIDE PROGRAMS

### *Area 1 – Tackling Smoking:*

- ***Yarning It Up***

This project is aimed at delivering effective interventions to reduce the incidence of tobacco smoking amongst Aboriginal people across the Perth metropolitan area. Interventions will focus on preventing people from starting to smoke, increasing the number of quit attempts and reducing smoking rates. **South Metropolitan Area Health Service**

### *Area 2 – Healthy Transition to Adulthood*

- ***Strong Spirits Strong Mind.***

The project aims is to strengthen the range of drug and alcohol service responses for Aboriginal people, their families and communities. **Drug and Alcohol Office**

### *Area 4 – Delivering Effective Primary Health Care*

- ***Podiatry & Nutrition Outreach Program***

This project will establish a new mobile podiatry service and diabetes education service within the metropolitan area for Aboriginal people.

**North Metropolitan Area Health Service**

- ***Chronic Disease Management Service***

This new service will supplement the current range of services provided by DYHS to provide culturally appropriate support to Aboriginal people in managing their chronic disease. **Derbarl Yerrigan Health Service Inc**

### *Area 5 – Fixing the Gaps and Improving the Patient's Journey*

- ***Aboriginal Liaison Officers***

The program will provide culturally secure support for Aboriginal patients of DYHS during admission to and after discharge from, hospitals in the North and South Metropolitan areas. **Derbarl Yerrigan Health Service Inc**

## STATEWIDE PROGRAMS

### *Area 1 – Tackling Smoking:*

- ***Tackling Smoking Statewide Coordination***

The program will oversee the development of a state-wide approach for the implementation and monitoring of the WA Health Closing the Gap Tackling Smoking Initiative. **Office of the Chief Medical Officer**

### *Area 2 – Healthy Transition to Adulthood*

- ***Specialist Aboriginal Mental Health Service***

The statewide program will be a clinical service model for serious mental health illnesses and include clinical service support for staff, traineeships, professional development, case management and working with existing services. **Mental Health Commission**

### *Area 3 – Making Indigenous Health Everyone's Business*

- ***Prison Health***

Aboriginal Prison Health submissions are being sought from the Regions – once finalised these will be included within the relevant regions information. **(Regional Lead Agency to be determined)**

### *Area 5 – Fixing the Gaps and Improving the Patient's Journey*

- ***Aboriginal Liaison Coordination Program***

The program has been developed to support the introduction, implementation and evaluation of the statewide Aboriginal Liaison program. **Aboriginal Health Council of WA**

- ***Aboriginal Liaison Coordination Program***

The program has been developed to support the introduction, implementation and evaluation of the statewide Aboriginal Liaison program. **WA Country Health Service – Area Office Perth**

## IECD ELEMENT 2

- ***The FASD Prevention Program***

The program will involve the development and delivery of a culturally secure Foetal Alcohol Spectrum Disorder (FASD) prevention program for Aboriginal people, their families and communities in Western Australia. **Drug and Alcohol Office**

- ***Aboriginal Maternity Service Support Unit (AMSSU)***

The program aims to assist, develop and support metropolitan and country primary and hospital based services providing care for Aboriginal families to improve the health outcomes for Aboriginal women and babies. **Women and Newborn Health Service**

## IECD ELEMENT 3

- ***Statewide Policy and Workforce Support***

This program is aimed at supporting community child and family health service providers by offering the universal child health and developmental contact schedule to all Aboriginal children and their families. **Child & Adolescent Health Service**





