

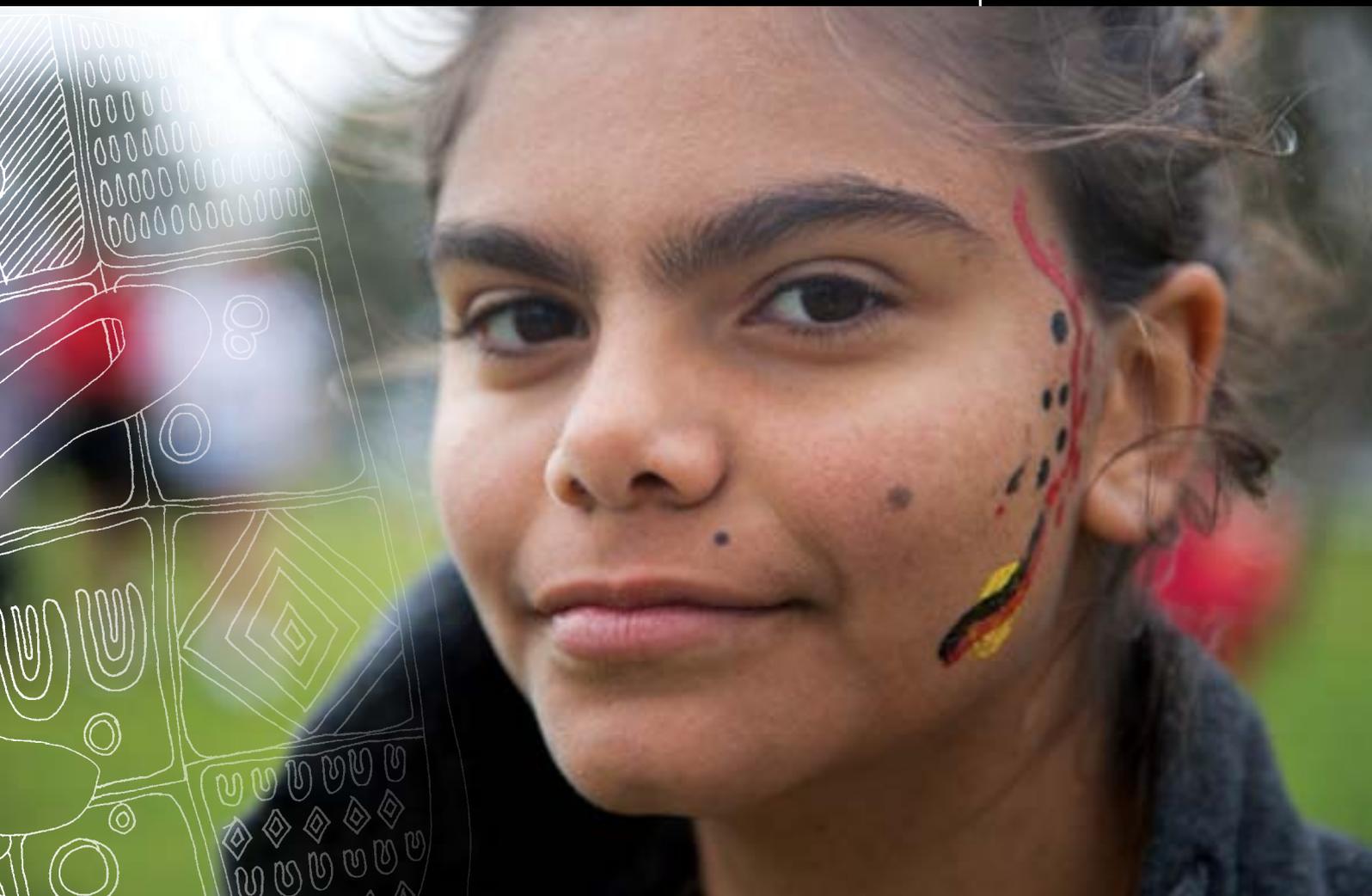
Department of Health

health

# Koolin Balit

Victorian Government strategic  
directions for Aboriginal health  
2012–2022

*Koolin balit* means healthy people in the Boonwurrung language







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**Please note:**

*Throughout this document, the term Aboriginal is used to refer to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.*

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# Foreword

This is a critical time for Aboriginal health in Victoria.

There is a high level of good will, commitment and community expectation.

In March 2011 the Victorian Premier, Ted Baillieu, committed the Victorian Government to reducing the life expectancy gap between Aboriginal and non-Aboriginal Victorians at a ceremony in Queen's Hall. This reaffirmed a commitment made by a broad range of peak organisations in 2008. He acknowledged that there is much to be done.

The Premier outlined four principles that will inform the government's Aboriginal affairs policy intentions and delivery: aspirations (every Victorian should have the opportunity to reach their full potential); accountability (government has a responsibility to be accountable to all Victorians); engagement and inclusiveness (genuine engagement with Aboriginal people across this state); and partnership (a whole-of-community approach).

The *Victorian Health Priorities Framework 2012–2022: Metropolitan Health Plan* identifies the development of strategic directions in Aboriginal health as a priority in Victoria's response to Closing the Gap, with a particular focus on increasing life expectancy and reducing child mortality. These strategic directions also sit within the context of the *Victorian Indigenous Affairs Framework*, which the government is reviewing in order to strengthen.

There has been progress, but we are committed to do better in the coming years.

The time is right to take stock of what we are doing and how we are doing it, pull together the strands of work, and set out clear directions for the future.

The Victorian Government understands that efforts to improve Aboriginal health in Victoria must be community led and respectful of culture, while ensuring accountability and an evidence-based approach. Improving health outcomes also takes a long time and change can be slow. We are committed to making a sustained effort for the long term.

Achieving better health outcomes for Aboriginal people requires action across all life stages. It requires attention not only to medical factors but also the social, emotional and cultural wellbeing of the whole community. The government has identified three areas where there is a particular need for improvement: smoking rates, school retention rates, and over-representation in the child protection system. The first is a core issue for the Department of Health. The other two are interrelated with health outcomes and require an integrated approach.

The priorities and enablers in this document reflect what evidence tells us is important, and where we can make a difference. They are also the areas the Aboriginal community and other stakeholders have told us are important through a number of consultation processes over the last several years, and directly in the development of this document.

We are committed to working with the Victorian Aboriginal community to achieve the outcome we want: *koolin balit* – healthy people.



**Hon David Davis MP**  
**Minister for Health**

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# Introduction

## By the Victorian Aboriginal Community Controlled Health Organisation

The Victorian Aboriginal Community Controlled Health Organisation welcomes the publication of *Koolin Balit*.

In an environment where the health system is changing both in the hospital sector and in primary healthcare, and from emergency and acute care to prevention, this strategic directions document outlines the Victorian Department of Health's commitments in Aboriginal health.

Metropolitan, regional and infrastructure plans are currently being developed and implemented so it is timely to see the specific commitment to and focus on Aboriginal health across the health system and across the stages of life.

*Koolin Balit* incorporates the holistic definition of health used by the Aboriginal community-controlled sector. This acknowledges that there are broader social determinants of health and that addressing Aboriginal disadvantage is also a priority health issue.

The enduring support of the Victorian Government was demonstrated by the Premier's re-signing of the *Statement of intent to close the gap on Aboriginal health inequality* within months of the government's election. This reinforces not only the commitment they made when in opposition and the links to the Commonwealth Government commitments in the same statement, it endorses a commitment to partnership with community.

At every level, we see there is a commitment to supporting the Aboriginal community-controlled sector, a commitment to partnership with the Aboriginal community and a commitment to making the health of Aboriginal people everyone's responsibility.

*Koolin Balit* gives direction, stability and predictability to the government's commitment to addressing Aboriginal health. This greatly assists the community with planning and strategic development. It assists the health system with building relationships and developing improved practices in meeting the health needs of Aboriginal Victorians.

Based on extensive research and conversations with community, this document outlines the key areas where further implementation plans will be developed. It enables the department and community to focus effort on and to develop localised strategic approaches and targets to improve health outcomes for Aboriginal people in Victoria.



Jill Gallagher  
CEO, Victorian Aboriginal Community Controlled Health Organisation

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# Executive summary

*Koolin Balit* outlines the Victorian Government's strategic directions for Aboriginal health over the next 10 years.

It sets out what the Department of Health, together with Aboriginal communities, other parts of government and service providers, will do to achieve the government's commitment to improve Aboriginal health.

Broader, whole-of-government strategies are outlined in the *Victorian Indigenous Affairs Framework*.

*Koolin balit* means 'healthy people'. The department will work with Victorian Aboriginal communities to achieve this, and to meet the government's commitment to improve outcomes for Aboriginal people in Victoria.

We aim to make a significant and measurable impact on improving the length and quality of the lives of Aboriginal Victorians in this decade.

The government's objectives are to:

- close the gap in life expectancy for Aboriginal people living in Victoria
- reduce the differences in infant mortality rates, morbidity and low birthweights between the general population and Aboriginal people
- improve access to services and outcomes for Aboriginal people.

The department is working towards achieving these objectives by implementing the *National partnership agreement on closing the gap in Indigenous health outcomes* and a range of other initiatives and service development work. We are doing this in partnership with Victoria's Aboriginal communities, service providers, other government departments, professional, philanthropic, research organisations and others, to ensure that Aboriginal health is everyone's responsibility. The Commonwealth is also an important partner, particularly in primary health.

The department is also reviewing ongoing programs to ensure they achieve their aims and contribute to the improvement of the health and wellbeing of Aboriginal people.

The statistics for health outcomes tell us there is a lot of work to do. Victoria's history has left its legacy. While Aboriginal Victorians as a group continue to experience disadvantage in many aspects of life, Victoria's Aboriginal communities have emerged as strong voices and vibrant cultural advocates. Strong culture and heritage is a source of resilience.

Victoria's Aboriginal population is young and growing, especially in comparison with the rest of the population. This reinforces the importance of ensuring a good start in life, a healthy childhood and a healthy transition to adulthood. At the same time, the rapid rate of increase in Victoria's older Aboriginal population means that caring for older Aboriginal people is becoming a more significant issue.

We will focus our efforts on six key priorities over the next decade. The first four focus on key stages of life and the remaining two focus on the continuum of healthcare.

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The **key priorities** are:

1. a healthy start to life
2. a healthy childhood
3. a healthy transition to adulthood
4. caring for older people
5. addressing risk factors
6. managing illness better with effective health services.

These are the areas that Aboriginal communities have told us are important through a number of consultation processes in recent years, and the data and evidence confirm their importance. They are areas where we can make a difference.

Three **enablers** provide a foundation for the key priorities, and support their achievement. They are based on our commitment to achieving best practice that is evidence based, supports strong and vibrant Aboriginal communities, and ensures Aboriginal health is everyone's business.

The enablers are:

1. improving data and evidence
2. strong Aboriginal organisations
3. cultural responsiveness.

Critical to achieving the priorities, and sitting behind the enablers, is ensuring a system in which all service providers deliver high-quality health services for all Aboriginal people in Victoria.

*Koolin Balit* provides strategic directions to guide actions and targets that the department, both centrally and in each region, will implement to improve Aboriginal health building on Closing the Gap initiatives already underway. More detail will be outlined in action plans developed under the *Koolin Balit* strategy to ensure we can measure the impact.

The department will work with Aboriginal Victorians, other parts of government, the Commonwealth and service providers to reduce health disparities and to support Aboriginal people to reach their full potential through good health and strong community.



Figure 1: *Koolin Balit* summary

### Vision

Within a decade, the length and quality of life of Aboriginal people in Victoria will have improved significantly and measurably

### Objectives

1. Close the gap in life expectancy for Aboriginal people living in Victoria
2. Reduce differences in health outcomes between the general population and target groups for infant mortality rates, morbidity and low birthweights
3. Improve access to services and outcomes for Aboriginal people

### Priorities

Key stages of life	A healthy start to life	<ul style="list-style-type: none"> <li>• Reduce the rate of Aboriginal perinatal mortality</li> <li>• Decrease the percentage of Aboriginal babies with a low birthweight</li> <li>• Reduce smoking in pregnancy by mothers of Aboriginal babies</li> <li>• Increase breastfeeding rates for mothers of Aboriginal babies</li> </ul>
	A healthy childhood	<ul style="list-style-type: none"> <li>• Increase the proportion of Aboriginal children attending maternal and child health services at key age milestones</li> <li>• Reduce the proportion of Aboriginal children and young people living in households with a current daily smoker</li> <li>• Improve the oral and nutritional health of Aboriginal children and increase their physical activity</li> <li>• Improve ear health to ensure it does not provide a barrier to educational achievement</li> </ul>
	A healthy transition to adulthood	<ul style="list-style-type: none"> <li>• Reduce the take-up of high-risk behaviours such as smoking, excessive alcohol consumption and use of illicit drugs</li> <li>• Reduce the rate of Aboriginal young people with sexually transmitted diseases</li> <li>• Reduce the rate of presentations of young Aboriginal people to emergency departments for injury and self-harm</li> <li>• Improve access to mental health services earlier for young Aboriginal people</li> </ul>
	Caring for older people	<ul style="list-style-type: none"> <li>• Enable all older Aboriginal people to access the information, support and culturally appropriate service responses that will maximise their health and wellbeing</li> </ul>

Continuum of care	Addressing risk factors	<ul style="list-style-type: none"> <li>• Reduce the proportion of Aboriginal adults who are smokers</li> <li>• Reduce the proportion of Aboriginal adults who are obese</li> <li>• Reduce the rate of emergency department presentations due to alcohol consumption among Aboriginal people</li> <li>• Reduce the proportion of Aboriginal Victorians drinking at risky and high-risk levels</li> <li>• Reduce the prevalence of oral diseases, including tooth decay and gum disease, among Aboriginal adults</li> </ul>
	Managing illness better with effective health services	<ul style="list-style-type: none"> <li>• Improve Aboriginal people's access to the range of health, mental health and other support services</li> <li>• Reduce preventable hospitalisation rates for chronic conditions for Aboriginal people</li> <li>• Reduce preventable hospital readmissions for Aboriginal people</li> <li>• Reduce the rates of Aboriginal patients leaving hospital against medical advice</li> <li>• Improve the coordination and integration of services for Aboriginal people accessing and moving between health care settings</li> </ul>

### Enablers

Improving data and evidence	<ul style="list-style-type: none"> <li>• Increase the range and quality of research and information to develop evidence-based interventions to improve the health of Aboriginal people in Victoria</li> <li>• Improve health service planning and delivery for Aboriginal people through comprehensive and consistent information monitoring and management for data relating to Aboriginal health and service provision</li> </ul>
Strong Aboriginal organisations	<ul style="list-style-type: none"> <li>• Provide opportunities for community leadership in program design and decision making</li> <li>• Support the strengthening of capacity and skills among ACCHO employees</li> <li>• Support ACCHOs in positioning themselves for the future and in meeting the health needs of Aboriginal people in Victoria through quality governance and management</li> <li>• Strengthen and simplify Aboriginal organisations' accountability to government</li> </ul>
Cultural responsiveness	<ul style="list-style-type: none"> <li>• Increase the number of Aboriginal people in the mainstream health workforce</li> <li>• Increase the cultural responsiveness of mainstream health and mental health providers so that Aboriginal people receive respect and high-quality care as a matter of course</li> <li>• Increase the capacity of mainstream health providers and their workforce to meet the health needs of Aboriginal people in Victoria</li> </ul>



# 1. Introduction

## Purpose

*Koolin Balit* outlines the Victorian Government's strategic directions for Aboriginal health in Victoria over the next 10 years.

It sets out what the Department of Health, together with Aboriginal communities, other parts of government and service providers, will do to achieve the government's commitment to improve Aboriginal health.

It outlines a vision and sets objectives for improving Aboriginal health. It details six key priorities for work to achieve these objectives and three enablers to support these priorities. For each priority and enabler, specific aims and a set of actions regarding these aims are identified.

The strategic directions outlined in this document provide the basis for action plans and targets to be developed and implemented to ensure accountability.

## Policy context

### Closing the gap

The *National Indigenous reform agreement* (NIRA) agreed by the Council of Australian Governments (COAG) is the lead national agreement supporting efforts to close the gaps between Aboriginal and non Aboriginal Australians within a decade. The NIRA initially in 2008, and as reaffirmed in 2011, established six targets to close gaps.

In February 2011 COAG reaffirmed 'Closing the gap on Indigenous disadvantage' as one of five areas of strategic national importance requiring coordinated action from governments (COAG 2011), reflecting an earlier agreement to six targets to close the gap (COAG 2008). The NIRA focuses on changing the circumstances that give rise to the gaps in outcomes between Aboriginal and non Aboriginal Australians.

Two of these six targets are to close the gap in life expectancy within a generation and to halve the gap in mortality rates for children aged under five within a decade. Other targets focus on improving education and employment outcomes; both are key factors in reducing disadvantage.

The *National partnership agreement on closing the gap in Indigenous health outcomes* commits Australian governments to a \$1.6 billion contribution over four years to contribute to closing the gap in life expectancy within a generation. Victoria has earmarked \$57.97 million over the four years to 2013. The Commonwealth is contributing through new Medicare Benefits Schedule items, pharmacy rebates, social marketing campaigns, Indigenous outreach workers for some general practitioner (GP) practices, and healthy life style workers.

The child mortality target is also part of the *National partnership agreement on Indigenous early childhood development*.



While recognising achievement of the life expectancy target is contingent on delivering many measures outside the formal health domain, COAG agreed on five priority health measures that would contribute to closing the gap on life expectancy. These are:

- tackling smoking
- primary healthcare services that can deliver
- fixing the gaps and improving the patient journey
- healthy transition to adulthood
- making Indigenous health everyone's business.

In Victoria there are many statewide, regional and local initiatives funded as part of the 'Closing the Gap' national partnership. Many build on existing programs and services. The initiatives are kick-starting programs that are intended to become self-sustaining and continue as part of an expanded and improved service system for Aboriginal people.

### **Victorian Indigenous Affairs Framework**

The *National Indigenous reform agreement* (NIRA) sets out the policy principles, objectives, performance indicators and specific steps governments are taking to meet the Closing the Gap targets. The *Victorian Indigenous Affairs Framework* (VIAF), Victoria's whole-of-government framework underpinning efforts to raise life expectancy and quality of life for Aboriginal Victorians, is aligned with the NIRA and is incorporated into a bilateral plan between Victoria and the Commonwealth for the delivering the NIRA.

The VIAF includes areas for action regarding improving Aboriginal health and provides the platform for major Victorian strategies to close the gaps in areas such as education, employment, economic development and justice. The government is strengthening the VIAF in 2012.

### **Victorian statement of intent**

In March 2011 the Premier, on behalf of the Victorian Government, signed the *Statement of intent to close the gap in life expectancy between Aboriginal and non-Aboriginal Victorians*. In doing so he recommitted the government to a number of actions including ensuring that health services are available, appropriate, accessible, affordable, and of good quality.

The statement of intent includes a commitment to develop a long-term plan of action to achieve equality in health status between Aboriginal and non-Aboriginal Australians. *Koolin Balit*, as a 10-year strategic directions document, is this long-term plan.

### **Victorian Health Priorities Framework 2012–2022**

The *Victorian Health Priorities Framework 2012–2022: Metropolitan Health Plan* includes a commitment to 'progress the Strategic Directions in Aboriginal health as part of Victoria's response to Closing the Gap, with a particular focus on increasing life expectancy and reducing child mortality rates for children under five as a critical focus of Victoria's future health planning' (Department of Health 2011d, p. 50). *Koolin Balit* meets this commitment.

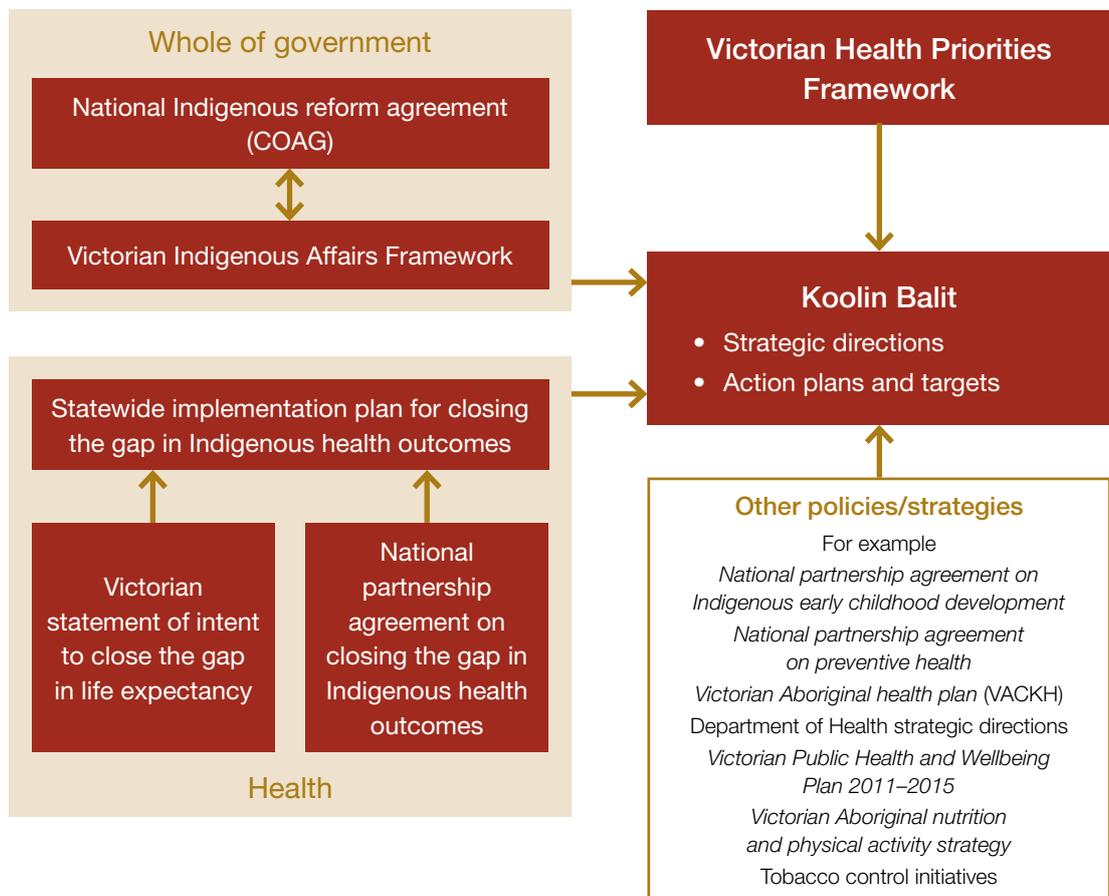
## Other health policies and plans

*Koolin Balit* draws on the content and consultations leading up to the publication of:

- the *Victorian Aboriginal health plan*, produced in 2009 by the Victorian Advisory Council on Koori Health (VACKH)<sup>1</sup>
- the *Victorian implementation plan – National partnership agreement on closing the gap in Indigenous health outcomes*<sup>2</sup>
- a range of publications produced by the departments of Health, Human Services, Planning and Community Development (DPCD) and Education and Early Childhood Development (DEECD). These are identified in the reference list at the back of this document.

*Koolin Balit* also links in with a range of other national partnerships and Victorian policies and plans, including the *National partnership agreement on Indigenous early childhood development*, the *National Partnership Agreement on Preventive Health*, the *Victorian Public Health and Wellbeing Plan 2011–2015*, the *Victorian Aboriginal nutrition and physical activity strategy* and a range of tobacco control initiatives (see Figure 2).

**Figure 2: Policy context**



1 VACKH consists of VACCHO, the Victorian Department of Health and the Australian Government Department of Health and Ageing.

2 <http://docs.health.vic.gov.au/docs/doc/Victorian-Implementation-Plan---National-Partnership-Agreement-on-Closing-the-Gap-in-Indigenous-Health-Outcomes>

## Scope

*Koolin Balit* is a comprehensive strategy to improve Aboriginal health in Victoria, encompassing work funded as part of the 'Closing the Health Gap' national partnership, as well as all other work aimed at improving Aboriginal health in Victoria.

*Koolin Balit* acknowledges an Aboriginal definition of health that is broad and inclusive, and in which health is: linked to all aspects of life; impacted by history; and inclusive of social relations, economics and the social, emotional, and cultural wellbeing of the whole community (Department of Health & VicHealth 2011; OATSIH 1989).

From this understanding it is important that efforts to improve Aboriginal health in Victoria are community led and that government involvement is undertaken in the context of a bigger picture.

The Department of Health has responsibility for: hospital care; subacute care; primary health; prevention and population health; alcohol and other drugs; mental health; and aged care. But good healthcare focuses on the whole person. Therefore, communities, service providers, all levels of government, many government departments and programs, as well as the Commonwealth Government have a role in addressing the key priorities outlined in this document. Our aims can only be achieved if we act in partnership with these groups and entities. The department will continue to do so.

For example, a core health issue is the creation of a culturally responsive environment in hospitals to ensure they provide high-quality care that Aboriginal people are willing to access. This cannot be done without also going beyond hospital walls and working with local Aboriginal communities and other non-health players, such as social and family support services, to ensure all service providers understand the importance and value of being culturally responsive.

So while this is a Department of Health document, it acknowledges the essential contribution of others and the need to work in partnership with them.

## The task ahead

Achieving better health outcomes for Aboriginal people requires action across all life stages.

It also requires action to improve:

- not just individuals' health but also health at the population level, including promotion and prevention
- the determinants of health, such as socioeconomic and environmental factors, as well as community capacity and health behaviours
- health system performance, including effectiveness, accessibility, responsiveness, coordination and workforce capacity.<sup>3</sup>

*Koolin Balit's* priorities align with the VIAF, which sets an ambitious program for improving health and wellbeing outcomes for Aboriginal people.

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<sup>3</sup> These three points are the basis of the three-tiered structure of the *Aboriginal and Torres Strait Islander health performance framework* (DoHA 2011): health status and outcomes; determinants of health; and health system performance.



The existing gaps in health outcomes make it clear that Victoria hasn't done well enough in the past in improving Aboriginal health. The department's program guidelines now typically include requirements for service design and delivery to be aware of the need for cultural responsiveness, respect and inclusiveness. Despite the best intentions and many successes, these program guidelines have not always been actively or effectively translated into action to make a difference. But now, as a result of greater investment, commitment and partnership, we are seeing real changes in the way we do business – starting with listening to the community and supporting local initiatives. And we are seeing results, as the case studies throughout this document illustrate.

## What the Department of Health will do: actions and targets

The 10-year strategic directions in this document will guide actions and targets in two-year action plans to be documented and implemented by the department, both centrally and in each region.

Regions will review their Closing the health gap plans to ensure they are consistent with and address *Koolin Balit's* strategic directions. In addition, integrated planning will occur across the departments of Health and Human Services, and other departments where appropriate, to reflect the connections between health and social factors, and a commitment to work collaboratively.

## Delivering high-quality health services to Aboriginal people

Aboriginal Victorians deserve high-quality services where the best interests of the client come first.

When Aboriginal people in Victoria have a health problem they go to an Aboriginal community-controlled health organisation (ACCHO), a private GP or a hospital (ABS 2006b; DoHA 2008).

In recent decades ACCHOs have emerged as important providers of a broad range of healthcare and support services to Aboriginal people. They provide a focus for continued community strengthening, as well as directly addressing health issues. Community control is an important part of the value they add to the health and wellbeing of Aboriginal communities. The department provides around \$19 million per year to 29 Aboriginal community-controlled organisations to deliver health services across Victoria. They also receive funding from the Commonwealth, the Department of Human Services and other sources.

Private GPs are also very important providers of health services. Aboriginal people may visit private GPs out of preference; because they do not live close to an ACCHO; or because the local ACCHO may offer only limited or no GP services, or may not operate on weekends or after hours.

Community health services are also important primary health providers, being located in every local government area in Victoria and operating from about 400 sites. The Aboriginal Health Promotion and Chronic Care (AHPACC) program supports ACCHOs and community health services to work in partnership to improve health outcomes for Aboriginal people in Victoria with or at risk of chronic disease.

Hospital emergency, inpatient and outpatient departments provide the other critical component of the healthcare system. Overall hospital admission rates for Aboriginal people in Victoria are one and a half times those for non-Aboriginal people while rates of presentation to hospital emergency departments are double. More effective prevention and community-based primary healthcare are essential to improving those ratios.



It is important to recognise that some aspects of service delivery require expertise and understanding of the Aboriginal community and family networks, which is most often found in ACCHOs. It is therefore essential that the Victorian service system has high-quality ACCHOs and mainstream services to meet the needs of Aboriginal people, particularly vulnerable children and families, and that where appropriate they have a choice of provider.

Regardless of who provides the services, they must meet high-quality standards that are inclusive of the needs of all Aboriginal people. Aboriginal people, families and communities should be treated in a way that affords them the same rights as other members of the community. The department, all agencies and service providers have a duty of care to clients and others who may be reasonably likely to be affected by their actions. Actions must be made with care, attention, caution and prudence otherwise those actions can be considered negligent.

Aboriginal health is everyone's business. All service providers, both mainstream and ACCHOs, need to fulfil their duty of care to clients by:

- providing equal and equitable access to services that respond to clients' needs and requirements
- being culturally responsive through providing a safe and welcoming environment that is professional, courteous, inclusive, respectful and non-judgemental

Education in cultural responsiveness will assist service providers to deliver the best possible outcomes.

Effective and high-quality service providers and systems:

- are informed by an understanding of local circumstances and cultural context
- foster and promote meaningful engagement with the community
- facilitate and promote client responsibility through informed decision making and choice
- are transparent and accountable
- meet or exceed prescribed service standards
- strive for continuous improvement, including through effective coordination and collaboration, and through rigorous monitoring, reporting and evaluation against the agreed standards and required outcomes.

Services should be provided by those organisations that demonstrate specialist expertise and effectiveness in providing the required service and delivering the required outcomes for Aboriginal people and communities. This includes recognition of the unique contributions that ACCHOs can make to the overall system. For people with complex or chronic conditions this may require ACCHOs and mainstream services to work in partnership to provide the required suite of coordinated services.

Improving healthcare for Aboriginal people must involve developing the expertise of general practitioners and hospitals in Aboriginal health, as well as supporting ACCHOs. For most Victorian GPs and hospitals, Aboriginal people make up a small proportion of their patients. This provides a challenge in providing culturally responsive care. Improving the cultural responsiveness of GPs and other mainstream health providers is a key part of Victoria's approach to improving the health of Aboriginal people.



Given the complex social and health challenges experienced by many Aboriginal people, health services need to work closely with other sectors to provide coordinated and integrated care. This may include: aged care; children, youth and family; mental health and disability services; education training and employment; and housing. Joint planning and coordination can improve prevention, early identification, timely referrals and support.

The priorities, enablers and strategies outlined in *Koolin Balit* seek to embed reform aimed at improving outcomes for Aboriginal people across service systems. This includes consideration of the role and capacity of ACCHOs and how to best utilise their strengths and expertise.

### High-quality health services for Aboriginal people

High-quality services for Aboriginal people, regardless of who provides them, should:

- be inclusive of the needs of all Aboriginal people
- afford Aboriginal people the same rights as other members of the community
- provide equal and equitable access to services that respond to clients' needs and requirements
- be culturally responsive, providing a safe and welcoming environment that is professional, courteous, inclusive, respectful and non-judgemental
- foster meaningful engagement with the community and understand local circumstances and cultural context
- provide client-centred services and promote client responsibility through informed decision making and choice
- work in partnership with other service providers to provide the required suite of coordinated services to meet the needs of clients and potential clients
- meet or exceed any prescribed service standards
- be transparent and accountable
- strive for continuous improvement.

### How we work

The Victorian Government is committed to working together with Aboriginal Victorians to reduce health disparities. Aboriginal people need to be supported to reach their full potential through good health and strong community.

We know that when people are empowered their health outcomes are better. There is strong evidence that the level of control people have over their lives within their society is a major factor in determining health outcomes, as are the effects of income, education and risk factors such as smoking (Marmot 2004).

More specifically, evidence shows that positive health outcomes are more likely where Aboriginal people have decisive input into research and service delivery (Cooperative Research Centre for Aboriginal and Torres Strait Islander Health 2010).

The Victorian Government's *Aboriginal inclusion framework* (DPCD 2010) recognises that inclusion and respect for Aboriginal culture, values and practices is central to successful engagement with Aboriginal people and partnership with Aboriginal organisations. All departments are now required to prepare departmental action plans detailing among other matters how they will carry out their business and how access to services will be improved. This includes ensuring that mainstream services provided or funded by government are delivered in a manner that is culturally inclusive.

Consistent with the government's *Aboriginal inclusion framework*, the Productivity Commission's analysis of the 'things that work' (Productivity Commission 2007, pp. 7–8), and the Closing the Gap Clearinghouse report on 'what works to overcome Indigenous disadvantage' (Australian Institute of Health and Welfare (AIHW) & Australian Institute of Family Studies 2011), the department is guided by the principles set out below in all its work relating to Aboriginal health.

Working with these principles and ensuring community involvement in program design and decision making may be slower than a top-down approach, but it is an essential foundation for long-term success.

## Principles for work in Aboriginal health

- **Cultural respect** in the design and delivery of client-centred, culturally responsive health services
- **Consultation with Aboriginal community** members, Aboriginal organisations and representative structures to ensure all policy and activity has their support, and that they have input into the design, monitoring and evaluation of initiatives, programs and services
- **A holistic approach** to health and recognition that health promotion and illness prevention are core strategies in improving health and wellbeing
- **Accountability for Aboriginal health** as a core responsibility for all in the health sector
- **Working in partnership with ACCHOs** as key providers of a wide range of services to members of Victoria's Aboriginal communities
- **Localised decision making** through regional committees defining local community health needs and priorities and informing implementation strategies
- **Building the capacity of health services and communities** to respond to health needs and take shared responsibility for health outcomes
- **Accountability** of government, Aboriginal and mainstream organisations
- **Evidence-based** decision making, policy and program design to ensure strategies and services are appropriate and effective, and have the best chance of achieving the desired outcomes.

## 2. Background

### Looking back, looking forward

It is estimated that traditional economies supported more than 60,000 Aboriginal people across Victoria at the time of European contact. Colonisation in Victoria was particularly rapid. People were dispossessed of their land and its resources and removed from country; many communities were relocated to missions. Traditional practices were actively discouraged and traditional economies eroded, replacing economic independence with welfare (Boyce 2011; Broome 2005; Poulter 2011).

The forced breaking up of families began soon after colonisation and continued up until at least 1969. A greater proportion of Aboriginal people are impacted by the Stolen Generations in Victoria than in any other Australian state or territory (DPCD 2010).

History has left its legacy. Today Aboriginal Victorians are more likely to be involved in the justice system and less likely to finish school, attend university and have a sustainable job than non-Aboriginal Victorians. As a group, their health status is poorer across virtually all measures, as outlined below, and ultimately, they are more likely to die younger (ABS 2009b).

While many Aboriginal people have experienced discrimination, neglect, inadequate services and policy failures, in recent decades Victoria's Aboriginal communities have emerged as strong voices and vibrant cultural advocates. Communities continue to celebrate traditional customs and practices. The majority of Aboriginal people in Victoria identify with a clan, tribal or language group, and are involved in cultural events, ceremonies or Aboriginal organisations (ABS 2009b). Strong culture and heritage is a source of resilience and pride.

The empowerment of Victoria's Aboriginal communities is the overarching strategy for better Aboriginal health. The Victorian Government will continue to assist Aboriginal communities to build on their strengths, knowledge and leadership to improve health outcomes.

### Population

Victoria's Aboriginal population is young and growing. This is due to both a high birth rate and continued net migration from other states.

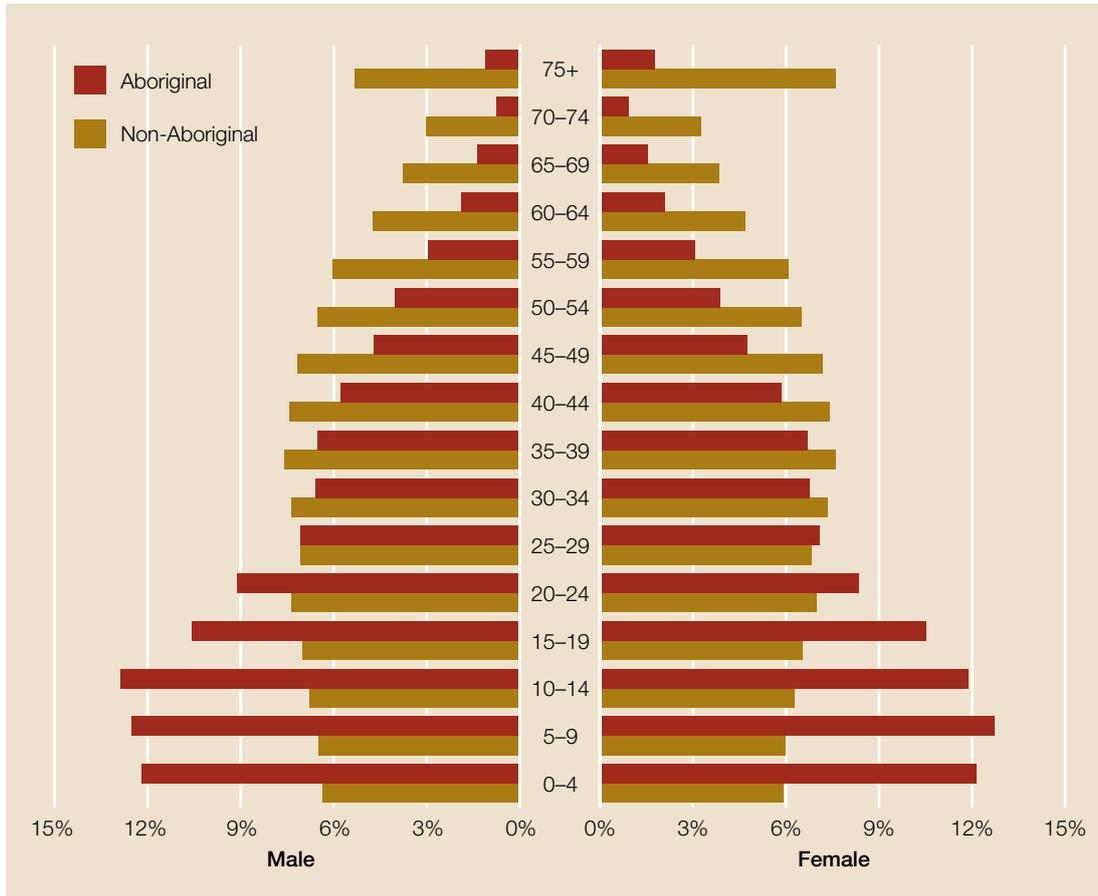
In contrast, Victoria's overall population is ageing and its rate of growth is half that of the Aboriginal population, and is declining. Victoria's current Aboriginal population is estimated to be 37,600 (approximately 0.65 per cent of the total population), with almost half aged 18 or under (ABS 2010).<sup>4</sup>

A good start in life and a healthy transition to adulthood are vital. The age profile of Victoria's Aboriginal community presents a powerful rationale for focusing our efforts on issues and opportunities associated with young people that assist them in establishing positive health behaviours.

At the same time, the rate of increase in Victoria's Aboriginal population aged over 55 years is three times the rate in the non-Aboriginal population (ABS 2007). This means that caring for older Aboriginal people is becoming a more significant issue.

<sup>4</sup> The Torres Strait Islander community in Victoria is small and data is not disaggregated for purposes of privacy and confidentiality. Aboriginal identification has three levels: Aboriginal and Torres Strait Islander descent; identification as an Aboriginal and/or Torres Strait Islander person; and acceptance by the Aboriginal/ Torres Strait Islander community. Health services only ask whether their clients identify as Aboriginal or Torres Strait Islander.

Figure 3: Age profile of Victoria's Aboriginal and non-Aboriginal population



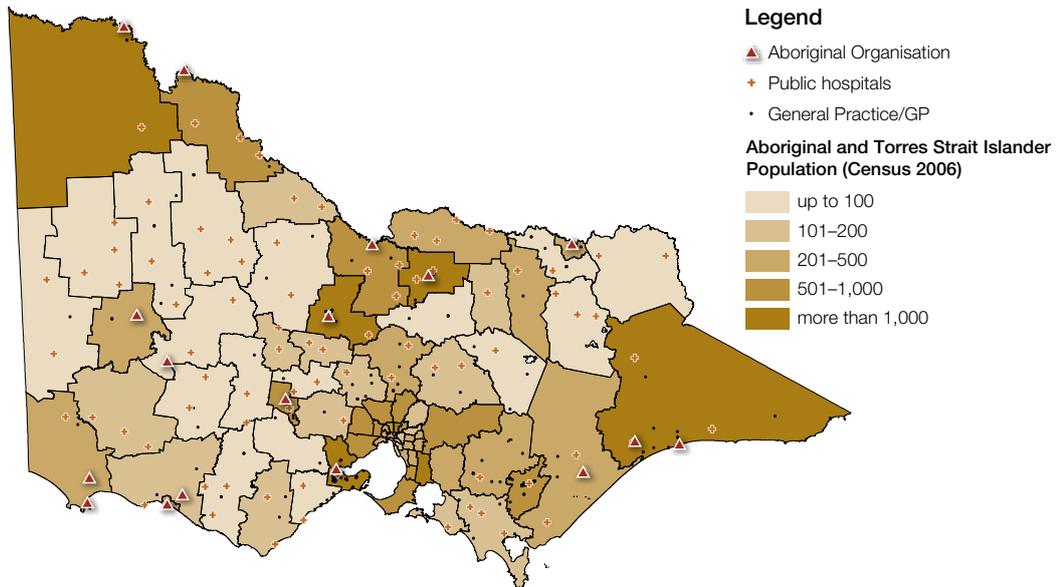
Source: ABS 2006a

Aboriginal Victorians are more likely to have a disability than non-Aboriginal Victorians, and national data indicate that a higher proportion are caring for an older person and/or a person with a disability than in the non-Aboriginal population (ABS 2009b).

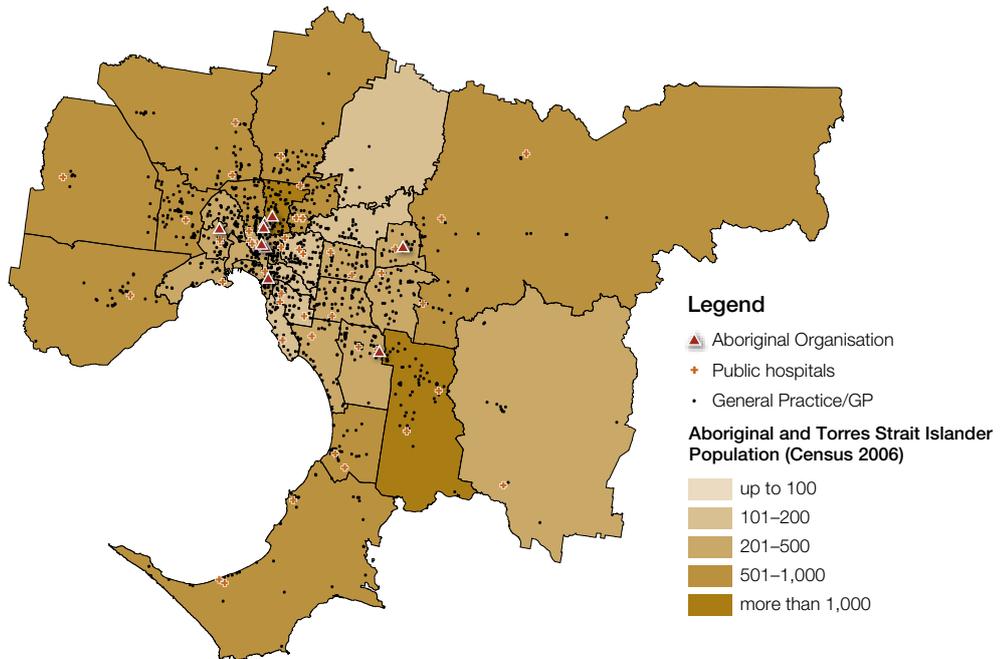
Nearly half of Victoria's Aboriginal population lives in metropolitan Melbourne. The local government areas of Darebin and Casey have Aboriginal populations of more than 1,000, as do Shepparton, Mildura, Geelong, East Gippsland and Bendigo in rural Victoria (ABS 2007).

In general, the areas of Victoria that have higher Aboriginal populations have good availability of a range of health services (see Figures 4 and 5).

**Figure 4: Where Victoria's Aboriginal population lives and where health services are located (rural)**



**Figure 5: Where Victoria's Aboriginal population lives and where health services are located (metropolitan)**



**Data source:** Aboriginal and Torres Strait Islander population – Census of Population and Housing: Indigenous profile – table 102, ABS (2006), Aboriginal Organisation locations – provided by Aboriginal Health, Department of Health, Public hospital locations – Health Information, Hospital and Health Service Performance, Department of Health (29 October 2010) and General Practice locations – sourced from the Human Services Directory (October 2010).

## What we know

At the population level there is a significant gap between the health status of Victoria's Aboriginal population and the general population. However, many Aboriginal Victorians do enjoy good health, with almost three-quarters assessing their health as excellent or very good (Department of Health 2012).

### Snapshot<sup>5</sup>

- **The perinatal mortality rate** of babies of Aboriginal mothers in Victoria is approximately twice that of babies of non-Aboriginal mothers.
- **Birthweight:** The rate of low-birthweight babies born to Aboriginal mothers in Victoria is approximately twice that of non-Aboriginal mothers.
- **Child mortality** in Victoria for Aboriginal children aged under five years is more than double the non-Aboriginal rate.
- **Tobacco use** by Aboriginal people in Victoria aged over 18 years is more than one and a half times the rate for non-Aboriginal people.
- Rates of **alcohol-related harm** are higher for Aboriginal Victorians than the general population as evidenced in both emergency department and hospital admission data.
- **Hospitalisation rates** for most causes are higher for Aboriginal people in Victoria. Overall rates are one and a half times those for non-Aboriginal people. Rates are more than double for several clinical specialities including dental, dialysis, psychiatry, neonatology and antenatal care.
- **Potentially preventable hospitalisations**<sup>6</sup> of Aboriginal people in Victoria are more than three times higher than for non-Aboriginal people.
- **Presentations to hospital emergency departments** for Aboriginal people in Victoria are double the rate for non-Aboriginal people.
- **Mental-health-related admissions** are significantly higher than non-Aboriginal admission rates in Victoria.
- Aboriginal people are 2.4 times more likely to have a **disability** than non-Aboriginal people.
- **Life expectancy** figures are not available for Victoria at this stage. Nationally, life expectancy is considerably less for Aboriginal people than non-Aboriginal people, with a gap of 9.7 years for women, and 11.5 years for men.

<sup>5</sup> Throughout this document Victorian figures are provided and identified as such where adequate data exist. Where this is not the case, national figures are used and identified as such.

<sup>6</sup> See glossary.

## 3. Our vision and objectives

### Vision

Within a decade, the length and quality of life of Aboriginal people in Victoria will have improved significantly and measurably.

### Objectives

To reach this vision the government has the following objectives:

- to close the gap in life expectancy for Aboriginal people living in Victoria
- to reduce differences in health outcomes between Aboriginal people and the general population for infant mortality rates, morbidity and low birthweights
- to improve access to health services and improve health outcomes for Aboriginal people.

As part of a whole of government effort, the Department of Health is working towards achieving these objectives through our implementation of the *National partnership agreement on closing the gap in Indigenous health outcomes* and a range of other initiatives and service development work.

Good physical and mental health are both affected by and contribute to the broader wellbeing of Aboriginal people in Victoria, including educational achievement, employment and economic development. This is why we are working in partnership with Victoria's Aboriginal communities, service providers, other government departments, the Commonwealth, professional bodies, philanthropic groups, research organisations and others, to ensure that Aboriginal health becomes everyone's responsibility.

We will measure our achievements towards this vision and these objectives through a set of indicators with clear and measurable targets in the action plans referred to in the introduction section of this document.



## 4. Key priorities 2012–2022

The department will focus its efforts on six key priorities over the next decade.

### Key priorities

#### Key stages of life

1. A healthy start to life
2. A healthy childhood
3. A healthy transition to adulthood
4. Caring for older people

#### Continuum of care

5. Addressing risk factors
6. Managing illness better with effective health services

These priorities have been chosen because:

- they are the areas that Aboriginal communities have told us are important through a number of consultation processes in recent years
- the data and evidence confirm they are important – they are areas where we can make a difference
- they reflect and encompass the key policy documents identified in Figure 2.

The first four priorities focus on key stages of life – points at which certain targeted actions can make a difference to health and wellbeing outcomes. The earlier stages of life present strong opportunities to establish positive health behaviours, and improvements here can carry on throughout life. A focus on older people recognises their growing numbers and their importance in Aboriginal communities.

The remaining two priorities address the ‘continuum of care’ – from preventing the development of conditions with health promotion, screening and other methods, through to managing chronic disease and palliative care.

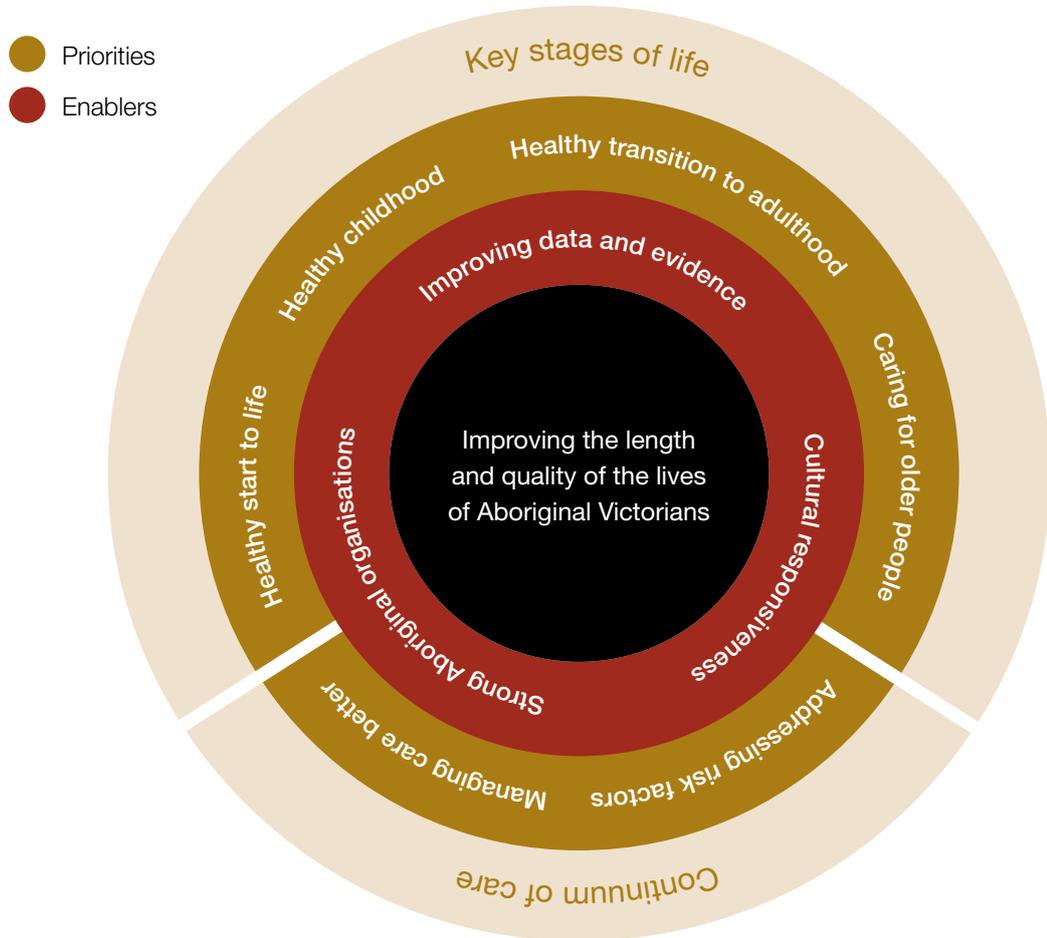
Three key enablers, outlined in the next section, provide a foundation for the key priorities, and support their achievement.

### Key enablers

1. Improving data and evidence
2. Strong Aboriginal organisations
3. Cultural responsiveness

The enablers support evidence-based best practice, empowerment of Victoria’s Aboriginal community, and a service system in which Aboriginal health is everyone’s business.

Figure 6: Key priorities and enablers



Hawthorn Football Club's Aboriginal players want to see the health gap closed between Aboriginal and non-Aboriginal Victorians.



# Key priority 1: A healthy start to life

## We aim to:

- reduce the rate of Aboriginal perinatal mortality
- decrease the percentage of Aboriginal babies with a low birthweight
- reduce smoking in pregnancy by mothers of Aboriginal babies
- increase breastfeeding rates for mothers of Aboriginal babies.

### Because:

We know that a healthy start to life sets up good health throughout life. Sixteen per cent of the burden of disease for people up to the age of 24 is due to neonatal conditions (AIHW 2010a). Victoria's young and rapidly growing Aboriginal population makes it especially important to ensure good health from the start of life.

A high perinatal mortality rate<sup>7</sup> is a human tragedy in itself, as well as contributing to lower life expectancy rates. The perinatal mortality rate of babies of Aboriginal mothers in Victoria is approximately twice that of babies of non-Aboriginal mothers.<sup>8</sup>

The VIAF sets out the Victorian Government's goals to significantly reduce the rate of Aboriginal perinatal mortality in Victoria.

A baby's birthweight is a key indicator of health status. 'Low-birthweight' babies (under 2,500 grams) are at greater risk of poor health, disability and early death. Low birthweight is a risk factor not only for infant mortality and morbidity, but also for adult development of cardiac disease, diabetes and kidney failure. The rate of low-birthweight babies born to Aboriginal mothers in Victoria is approximately twice that of babies born to non-Aboriginal mothers (Department of Human Services 2008b).<sup>9</sup>

The VIAF sets out the Victorian Government's goals to significantly reduce the rate of low-birthweight Aboriginal babies.

Factors contributing to both lower birthweight and perinatal mortality include socioeconomic disadvantage, poor nutrition, poor oral health, smoking, alcohol intake and illness during pregnancy. More broadly, perinatal mortality reflects the health status of the population.

Perinatal mortality also reflects access to quality healthcare (ABS & AIHW 2008; Vergnes & Sixou 2007; Vos et al. 2007; Xiong et al. 2006), which is critical to better outcomes at birth (Eades 2004; Panaretto et al. 2007). The department will release data on access to antenatal care for the first time in 2012.

In 2010–11 the reported smoking rate in the last month before delivery by Aboriginal mothers in Victoria was around 37.9 per cent (VAED 2011), compared with 6.4 per cent for non-Aboriginal mothers. As well as low birthweight and perinatal mortality, smoking is a risk factor for premature birth and sudden infant death syndrome (Laws et al. 2006).

<sup>7</sup> Perinatal mortality includes stillbirths and deaths up to 28 days. It is a component of infant mortality.

<sup>8</sup> Department of Health (Victorian Perinatal Data Collection Unit) figures for 2008 show perinatal mortality for Aboriginal mothers in Victoria to be 17.9 per thousand births compared with 7.9 for non-Aboriginal mothers. In the past, babies were described by the Aboriginal status of their mother. From 2009 identification has been based instead on the Aboriginality of the baby.

<sup>9</sup> See previous footnote.

The VIAF sets out the Victorian Government's goals to significantly reduce the rate of smoking in pregnancy by mothers of Aboriginal babies.

Alcohol use during pregnancy is also associated with low birthweight, perinatal mortality and premature birth. In addition it is associated with an increased risk of cognitive and behavioural problems. Fetal alcohol spectrum disorders are a preventable cause of intellectual disability (Department of Health 2010b).

Following the birth of their babies, 32 per cent of Victorian Aboriginal mothers are breastfeeding at six months (VACCHO 2009), compared with around 50 per cent for all mothers (La Trobe University 2010). Prolonged bottle feeding and inappropriate introduction of solid foods can result in poor growth and other health problems in babies and children, including oral health issues. Interventions that support families to adopt healthy eating practices during pregnancy and in early life are highly beneficial. This is when eating habits are established that have long-term health impacts.



- increasing the number of Aboriginal mothers accessing antenatal care early in their pregnancy
- supporting programs that aim to improve positive lifestyle behaviour during and after pregnancy to help provide an optimum environment for the baby to grow
- enhancing links between programs and initiatives across departments
- supporting local initiatives focused on the physical and mental health and wellbeing of Aboriginal babies and their mothers before and after birth.

The department, in partnership with Aboriginal communities, other departments and stakeholders, is already working towards these aims. This includes a number of local initiatives progressing across the state as part of regional Closing the Health Gap implementation plans.

### **Access**

We are reviewing ways to improve access to quality antenatal care. The Koori Maternity Services program, ACCHOs and a number of mainstream hospital maternity services are working to deliver culturally responsive antenatal care, postnatal support, hospital liaison and health promotion, as well as linkage and coordination with other services to support physical and mental health. We are examining how we can do this better, particularly in the first 12 weeks of pregnancy. We are also looking at how we can extend coverage to all pregnant Aboriginal women.

### **Positive lifestyle**

The department is working with a range of partners on several initiatives to improve positive lifestyle behaviour during and after pregnancy. These include:

- Gooen Narrkwarren Ngrn-toura – Healthy Family Air, which supports the parents of Aboriginal babies to quit smoking during pregnancy
- initiatives under the *Koori alcohol action plan* to increase awareness of the impacts of risky drinking on unborn babies
- implementation of the *Victorian Aboriginal nutrition and physical activity strategy*, which includes the nutritional health of Aboriginal mothers and infants as a priority. The department is looking into ways it can support breastfeeding among mothers of Aboriginal babies.

### **Better links**

We will continue to improve links between programs, including DEECD's Maternal and Child Health Service and In Home Support program, which assist parents to support the health, development, wellbeing and safety of their children.

## Case study: Nurturing pregnant women

Aboriginal women may be dealing with a number of issues during their pregnancy, such as issues around income and housing, domestic violence, drugs and alcohol. As a result, antenatal care may not be a priority.

Helping women to tackle their broader problems frees them to focus more on their health.

At Wathaurong Health Service in Geelong, pregnant Aboriginal women share their birth journey with a trusted maternity team. The team's holistic approach helps women make their pregnancies a priority, encouraging the birth of healthy babies.

The Wathaurong Health Service's Koorie Maternity Service team consists of an Aboriginal health worker, Renee Owen, and a midwife, Mandy McKie.

The team provides evidence-based antenatal care in a culturally safe environment, and offers support during labour, birth and early motherhood.

They photograph milestones in the woman's journey. In a ceremony at around 37 weeks they create a belly plaster cast for her to decorate. At the birth they give the mother a 'baby bundle' of essentials like nappies and baby creams.

Critically, they address the broader needs of the woman and her family, and act as her advocate at the birthing hospital and with Child Protection, Centrelink and the Office of Housing.

Antenatal care is a key to reducing the birth of low-weight babies. Such babies are at greater risk of poor health.

*'When we started our maternity program many Aboriginal women had very little antenatal care. Some presented for the first time when they were in labour. Now, most women come in the first 10 weeks of pregnancy and average 10 to 14 visits.'*

*– Mandy McKie, Koorie Maternity Service midwife*



## Key priority 2: Healthy childhood

### We aim to:

- increase the proportion of Aboriginal children attending maternal and child health services at key age milestones
- reduce the proportion of Aboriginal children and young people living in households with a current daily smoker
- improve the oral and nutritional health of Aboriginal children and increase their physical activity
- improve ear health to ensure it does not provide a barrier to educational achievement.

### Because:

We know that the childhood years lay the foundation for positive and healthy outcomes throughout life. Several key indicators of good early childhood development, growth and health (including hearing, vision, nutrition and physical activity) are linked to good outcomes in education and in later life (Productivity Commission 2007). The scope and nature of issues faced by vulnerable Aboriginal children and families require specific attention.

Childhood is a crucial period for establishing positive health and social behaviours and skills through family, social and community environments. Along with biological factors, this influences children's physical and psychological health, risk behaviours in adulthood, social development and educational achievements (AIHW 2010a). A supportive environment with secure housing and active involvement of parents in their children's development, as well as promotion of good health and safety, is directly related to improved outcomes for the child (DEECD).

Chronic and long-term conditions account for a large proportion of the burden of disease among children and can affect growth and physical, social and emotional development. Almost a quarter of the burden of disease in children is attributed to mental health issues (such as anxiety and depression) and another 18 per cent to chronic respiratory conditions (mostly asthma) (AIHW 2010a). The rate of potentially preventable hospital admissions for Victorian Aboriginal children is lower than for Aboriginal children nationally, but it is still substantially higher than for non-Aboriginal children (125.3 per 1,000 compared with 92.5 per 1,000) (Productivity Commission 2007).

Access to maternal and child health services and screening programs ensures that any health or developmental issues are identified early so that appropriate action can be taken. The proportion of Aboriginal children receiving key age and stage visits is improving, but the gap remains as visits for the total population also increase. In 2006–07 and 2007–08 the gap was around 20 per cent.<sup>10</sup>

Immunisation is critical in preventing a number of diseases. Immunisation rates for Aboriginal children in Victoria are not very different from those for non-Aboriginal children but are consistently lower at each age milestone.<sup>11</sup>

<sup>10</sup> Visits for 3.5 year age and stage visits in 2007–08 were 40.3 per cent for Aboriginal children and 60.1 for all children (DEECD 2009).

<sup>11</sup> At 12 months: 89.45 per cent (Aboriginal) 91.82 (non-Aboriginal); at 24 months: 91.08 per cent (Aboriginal) 93.48 (non-Aboriginal); at 60 months: 85.94 per cent (Aboriginal) 91.41 (non-Aboriginal); at 72 months: 91.55 per cent (Aboriginal) 92.87 (non-Aboriginal). All vaccination types, December 2010 (Department of Human Services 2010).

More than 60 per cent of Aboriginal children and young people in Victoria live in households with a current daily smoker. Of those Aboriginal household members who smoke, nearly a quarter smoke inside the house – more than four times the rate of non-Aboriginal household members (DEECD 2009).

Diet and nutrition in the early years affect childhood development, growth, functioning and health. Poor diet and nutrition are a principal cause of many of the health conditions suffered by Aboriginal people in later life. A diet high in sugar, refined carbohydrates, saturated fat and salt, for example, is associated in childhood with obesity and tooth decay, and with consequences through to adulthood of high levels of obesity, cardiovascular disease and type 2 diabetes. Consumption of fresh fruit and vegetables can protect against many of these conditions (ABS & AIHW 2008). Food insecurity (running out of food in the last 12 months and being unable to afford to buy more) is around 20 per cent in the Victorian Aboriginal population. Food insecurity affects dietary habits and is linked to obesity (VACCHO 2009).

Hearing problems have a significant association with school performance and attendance and educational outcomes, as well as language development, social interaction, employment and general health (ABS & AIHW 2008; Stenton 2007). Victorian Aboriginal children aged up to 14 years have ear or hearing problems at more than twice the rate of non-Aboriginal children; middle ear infection is one of the top 10 causes of hospitalisation for Victorian Aboriginal children.<sup>12</sup>

Poor dental health, such as tooth decay, may result in pain, infection and destruction of soft tissue in the mouth. It can affect speech and language development, as well as school attendance and performance, with implications for self-esteem, employment and social wellbeing. Hospitalisation rates in Victoria for dental-related treatment for Aboriginal children aged up to four years are approximately double those for non-Aboriginal children (Productivity Commission 2009). Aboriginal children in Victoria up to the age of 17 years have substantially more missing, filled and decayed teeth (DEECD 2009).

<sup>12</sup> These estimates have a standard error of 25 per cent to 50 per cent and should be used with caution (DEECD 2009).



We will achieve  
our aims by:

- improving access to, and care pathways between, immunisation, screening, assessment and follow-up services for Aboriginal children, including those in statutory services such as out-of-home care
- ensuring that Victorian Aboriginal communities have access to appropriate information about healthy behaviour and lifestyles, and support in acting on that information
- strengthening links between programs and initiatives across departments
- supporting local initiatives focused on the physical and mental health and wellbeing of Aboriginal children.

Many of the actions identified under the *Healthy childhood* key priority also apply to Key priority 3 (*Healthy transition to adulthood*) and vice versa.

The department, in partnership with Aboriginal communities, other departments and stakeholders, is already working towards these aims. This includes a number of local initiatives progressing across the state as part of regional Closing the Health Gap implementation plans.

### Healthy behaviour and lifestyles

We are working with communities and partner organisations on a number of initiatives aimed at improving positive lifestyle behaviour among children and their households. These include:

- initiatives (such as Smokecheck materials: booklets, poster and display card) aimed at reducing the amount of passive smoking that children will be exposed to, and increasing the proportion of role models who do not smoke
- the *Victorian Aboriginal nutrition and physical activity strategy* (VACCHO 2009), implemented through VACCHO, which includes action to improve nutrition, healthy eating and access to healthy food, and to increase the level of physical activity



- a new evidence-based oral health promotion resource that provides a solid basis for oral health promotion work (Department of Health 2011a)
- increasing the skills of the Aboriginal health workforce including the areas of nutrition, diabetes education and dental assisting.

### **Improving access and care pathways**

We are working in partnership with the community and providers to improve access and referral pathways, and to reduce barriers to care across a number of areas including the following.

- An ear health screening program led by the Royal Victorian Eye and Ear Hospital is being undertaken at a number of health services. For clinical treatment, we have funded an Aboriginal patient pathway coordinator at the Royal Victorian Eye and Ear Hospital to facilitate the patient journey in and out of hospital, and there are plans to establish two ear health treatment clinics.
- While public dental services provide Aboriginal people with priority access to care, further work is being done to increase access to both public and private dentists (see Key priority 6 for more detail).
- Both the Department of Health and DEECD are continuing with mental health prevention and early intervention initiatives for Aboriginal children, young people and their families, particularly those at risk of or already experiencing poor social and emotional wellbeing.

The department is also working and supporting work with general practice divisions and Medicare Locals, local government, schools and consumers to coordinate and strengthen ways of reaching Aboriginal communities, and to support immunisation providers including GPs, local councils and ACCHOs to develop the systems required to deliver and report timely immunisation.

To ensure the physical, developmental and mental healthcare needs of vulnerable children are identified and provided as needed, the department is working with the Department of Human Services to improve health outcomes for young Aboriginal people in contact with the child protection system, ensuring culturally responsive health assessment processes are in place and by promoting access to health services across the out-of-home care network.

### **Better links**

Along with the Department of Human Services, DEECD and communities we are working to identify health or developmental issues early, and take steps to address them. Measures include:

- increasing the proportion of Aboriginal children attending maternal and child health services at key age milestones, particularly through outreach
- increasing the number of children attending three- and four-year-old kindergarten through the reform and expansion of the Koorie education workforce
- ensuring children are 'school ready', with health checks and appropriate referrals and timely access to services if any health issues or developmental delays are identified
- ensuring primary school nurses work closely with Aboriginal families
- maximising the benefits of an integrated approach between Aboriginal health programs and the six DEECD-funded Aboriginal Best Start partnerships that support local Aboriginal communities and organisations to improve early childhood health and education outcomes.



## Case study: 'Deadly Teeth'

Winda-Mara Aboriginal Corporation held its first family oral healthcare day in August 2011. A dentist checked the mouths of a full house of children and adults, making referrals where necessary. Those waiting shared teeth-friendly food such as vegetables and fruit. They took home packs containing toothbrushes, water and culturally appropriate 'Deadly Teeth' tip cards.

Winda-Mara, in Heywood, south-west Victoria, runs the 'Deadly Teeth' health promotion, with support from Portland District Health and Dental Services Victoria.

Holding family oral healthcare days at the Aboriginal community's own health and cultural services centre encourages attendance.

Three colourful Deadly Teeth tip cards remind families of positive dental practices between check-ups. The *Eat well* family tip card promotes healthy eating ('Deadly teeth need good foods'). The *Drink well* card promotes drinking tap water instead of sugary drinks. The *Clean well* card promotes daily tooth brushing.

Delivering key dental messages to young Aboriginal people counters poor oral health that leads to pain, infection and oral soft tissue damage. Untreated oral damage can undermine speech development, school performance and self-esteem.

Winda-Mara practice manager Janice Huggers says many local Aboriginal families had not had oral health checks because of the difficulty of taking children out of school to visit Melbourne dental services. The solution? Initial checks held in a convenient, culturally appropriate setting.

*'Having the initial oral check in our own local centre means more of our community are attending and spreading the word about the 'Deadly Teeth' health promotion. Our last family oral healthcare day was booked out and we will be holding them regularly now!'*

*– Janice Huggers, Practice Manager, Winda-Mara Aboriginal Corporation*

## Key priority 3: Healthy transition to adulthood

### We aim to:

- reduce the take-up of high-risk behaviours such as smoking, excessive alcohol consumption and use of illicit drugs
- reduce the rate of young Aboriginal people with sexually transmitted diseases
- reduce the rate of presentations of young Aboriginal people to emergency departments for injury and self-harm
- improve access to mental health services earlier for young Aboriginal people.

### Because:

A healthy transition to adulthood further lays the foundation for positive health throughout life. We know that people who complete Year 12 are much more likely to undertake additional education and training and have more and better employment options. Education is also linked to a range of other social benefits, including better living conditions, better nutrition, lower rates of imprisonment and a longer and healthier life.<sup>13</sup> International research indicates that every additional year of education significantly increases health and life expectancy outcomes (Desjardins & Schuller 2006).

This is the stage of life when smoking habits often begin, increasing the risk of a large number of conditions and contributing to the burden of disease (see Key priority 6 for more detail). Almost half (43 per cent) of Victorian Aboriginal people aged 15–24 years are current smokers (ABS 2009b), which is more than double the rate of the general population for that age group (19 per cent) (ABS 2009b).

Excessive alcohol consumption accounts for the greatest proportion of the burden of disease and injury for young Aboriginal males (aged 15–34 years) nationally and the second highest for young Aboriginal females (ABS & AIHW 2008). Rates of short-term risky drinking are at their highest in the 18–24 age group (Department of Health 2010b).

The use of illicit drugs contributes to: illness and disease; accident and injury; crime and involvement with the criminal justice system; family and social disruption; and workplace problems. Along with alcohol, it accounts for the greatest burden of disease and injury among young Aboriginal Australians (ABS & AIHW 2008). Rates of illicit drug use for young people are higher among Aboriginal than non-Aboriginal Victorians (DEECD 2009).

Aboriginal Victorian males are 1.3 times more likely than non-Aboriginal males to be hospitalised for injury and poisoning, and the difference in rates commences from the teenage years (DoHA 2008).

Rates of sexually transmissible infections and blood-borne viruses among Aboriginal Victorians are significant, with relatively high levels of chlamydia and hepatitis C (Melbourne Sexual Health Centre & VACCHO 2003). While little data is available, this is consistent with national data, where rates for chlamydia, gonorrhoea and hepatitis B and C are higher for Aboriginal people than non-Aboriginal people (National Centre in HIV Epidemiology and Clinical Research 2010).

Victorian parents of Aboriginal children are more likely to report being concerned about their child's behaviour (11.9 per cent) than parents of non-Aboriginal children (4.5 per cent) (DEECD 2009).

<sup>13</sup> Indicators of the links to good health outcomes include rates of suicide and self-harm, substance use and misuse, and disability and chronic disease (DEECD 2008; Productivity Commission 2007)

Young Aboriginal people report racism, bullying and discrimination within schools and other settings, which is likely to impede their wellbeing and their educational engagement and retention (DEECD 2009).

The rate of suicide in the Aboriginal population nationally is estimated to be between two and three times higher than that of the non-Aboriginal population (Department of Health 2010d).<sup>14</sup> In Victoria the rate of emergency department presentations for self-harm for Aboriginal people in 2009–10 was three times the rate for non-Aboriginal people (VEMD 2011), with 70 per cent of self-harm presentations being in the 15–17-year age group (DEECD 2009).

The VIAF sets out the Victorian Government's goals to significantly reduce the rate of self-harm among Aboriginal young people.

Early intervention and equitable access to the full range of mental health services is critical for young people and their families in order to prevent or reduce the severity of mental illness and its life impacts. Breakdown in kin and family structures has had a significant impact on the emotional and spiritual wellbeing of some young Aboriginal people, particularly those in the child protection and youth justice systems. Research indicates that strong cultural identity and connection builds resilience and supports good social and emotional wellbeing (Department of Human Services 2009).

<sup>14</sup> National data is used in the absence of reliable Victorian data on suicides in the Aboriginal population.



- supporting initiatives that promote healthy lifestyles and reduce risks
- supporting initiatives that strengthen young Aboriginal people's connection to community, culture, positive social norms and healthy behaviours
- improving early identification, referral and access to clinical and support services
- supporting local initiatives focused on the physical and mental health and wellbeing of young Aboriginal people.

Many of the approaches identified under the *Healthy transition to adulthood* key priority also apply to Key priority 2 (*Healthy childhood*) and vice versa.

The department, in partnership with Aboriginal communities, other departments and stakeholders, is already working towards these aims. This includes a number of local initiatives progressing across the state as part of regional Closing the Health Gap implementation plans.

### Healthy lifestyle

A broad range of Victorian statewide actions in place to support healthy lifestyles include components targeted to young Aboriginal people. These include a number of tobacco control initiatives, the *Koori alcohol action plan* and a hepatitis C awareness-raising campaign.

The department is implementing these initiatives in partnership with a range of community organisations, service providers and other relevant organisations.

The department is also implementing youth-specific initiatives such as *Wulumperi*, Victoria's Indigenous Young Persons Sexual and Reproductive Health Project, which aims to strengthen sexual and reproductive health services for Aboriginal people. Another initiative is Bunjilwarra – the Koori Youth Alcohol and Drug Healing Service facility, offering residential rehabilitation for Aboriginal people aged 15–20 years.

The department is supporting an enhancement of the Centre for Behavioural Research in Cancer's national sample survey for the Australian Secondary Students Alcohol and other Drug (ASSAD) survey to provide a better understanding of Aboriginal secondary students' attitudes to smoking and current smoking prevalence rates in Victoria.

Schools play a critical role in providing young people with the skills and knowledge to make sound choices and decisions, and DEECD assists Victorian schools to develop ongoing, sustainable drug education policies and programs based on a harm minimisation approach. Secondary schools nurses are located in 193 government schools and focus on health promotion to reduce negative health outcomes and risk-taking behaviours, as well as coordinating services between schools and community-based and specialist health services.

### Connection to community and culture

Links to community and culture can play a strong role in promoting positive social norms and a healthy lifestyle. A positive cultural identity assists young people to deal with racism and the negative impacts of colonisation, to navigate the dominant culture and to maintain good mental health (DEECD 2009; Department of Human Services 2009).



The existence of gathering places can assist community development and cohesion for young people and others, and link the generations and provide role models. As well as delivering the longer term, indirect health benefits associated with strong cultural identity, they can provide the infrastructure to conduct health promotion, health checks and other activities with direct health benefits. A number of gathering places are being established as part of regional Closing the Health Gap implementation plans. In addition, several local initiatives focusing on youth are progressing across the state under Closing the Health Gap.

A large number of schools across Victoria are developing school community partnership agreements with their local Aboriginal community, working closely with the Victorian Aboriginal Education Association Incorporated (VAEAI) and the Koorie Education Workforce. By the end of 2012, 116 such agreements will be in place.

DEECD has established five Clontarf Sports and three Wannik Dance Academies that have a strong focus connecting to community and culture, catering for more than 230 students across the state.

### **Improving early identification, referral and access**

VACCHO is implementing the *Victorian Aboriginal nutrition and physical activity strategy* in partnership with a range of community organisations, such as sports clubs. In addition to its nutrition components, it identifies access to sport and recreation activities as a priority area for action. Such activities have the dual benefit of good physical health, as well as strengthening positive social norms and connection to culture.

The department will develop an injury prevention plan that will inform the design and delivery of future injury prevention initiatives. Injury data and the available evidence on injury prevention interventions will inform priorities for action. Priorities will be grouped according to population groups including Aboriginal communities, injury causes and, the settings in which injuries occur.

The department's *Aboriginal suicide prevention and response action plan* focuses on prevention through building resilience, improving access to care and support for those at risk and improving the response to crisis and to the community after suicide.

The department seeks to improve outcomes for Aboriginal children, young people and their families using culturally responsive approaches to build resilience and promote protective factors. We will explore, with Aboriginal communities, a coordinated local prevention, early identification and intervention program targeted to Aboriginal people aged 10–25 years at risk of, or already experiencing, poor social and emotional wellbeing. This work will be reinforced by DEECD's Promoting Healthy Minds for Living and Learning initiative, which supports staff in schools and early childhood education and care settings to recognise their role in promoting mental health, and to act to create environments where children and young people can thrive, learn and grow.

The department is working with the alcohol and drug sector including the Telkaya network to better support young people and to improve responses to existing drug use.

The department has developed the Youth Justice Mental Health initiative, a program that seeks to improve access to mental health services for clients of Youth Justice who have a mental illness. The project includes an Aboriginal youth justice mental health clinician located at the Victorian Aboriginal Health Service to assist Aboriginal clients of Youth Justice to access culturally appropriate mental health services.

Beyond the health sector, DEECD has student engagement policy guidelines in place that require each school to support the rights of every member of the school community to engage in and promote a safe and inclusive educational environment.

The department is also working with DEECD to support Aboriginal Victorians in education and training. Specifically in relation to health, the Department of Health's workforce strategy aims at improving access to, and the experience of, the health workforce for Aboriginal employees.

### Case study: Surfing for a better life

The Woorangalook Victorian Surfing Titles, which were created for Aboriginal youth by Surfing Victoria more than a decade ago, now attracts more than 200 participants to its annual event. The event, which takes place at Urquhart's Bluff on the Great Ocean Road, is run by the Wathaurong Aboriginal Co-operative Geelong in partnership with Surfing Victoria and the surf industry.

Nine young Aboriginal people and three mentors from the Urban South Local Indigenous Network participated in the titles in 2012, supported by the Inner South Community Health Service and the department's Southern Metropolitan Region.

Indigenous aquatic officer Steve Parker says the event brings young Aboriginal people together at a critical age.

'Surfing is a cool thing to do, so young Aboriginals want to attend,' Steve says. 'It's also a challenging sport which builds the skills for other challenges in life. And, while they are enjoying the healthy aspects of surfing, swimming and connecting with the ocean and coastal environment and other young people, we can deliver a whole range of other positive messages.'

Participants experience the benefits of healthy exercise. They meet peers from other parts of Victoria. They learn about connections to land, culture and family from Aboriginal surfing coaches. They make friends and networks to support them into adulthood.

The program and the Woorangalook Surfing Titles challenge high-risk youth behaviours such as smoking, alcohol and drug abuse and produces job opportunities, including for youth who have encountered the justice system. Examples include the creation of three Aboriginal surfing traineeships and 10 Aboriginal surfing coach appointments.

*'Everything is about creating opportunities for the kids. Surfing is the vehicle to allow them to feel good about themselves and participate in broader community opportunities.'*

*– Max Wells, Executive Director, Surfing Victoria*



## Key priority 4: Caring for older people

We aim to:

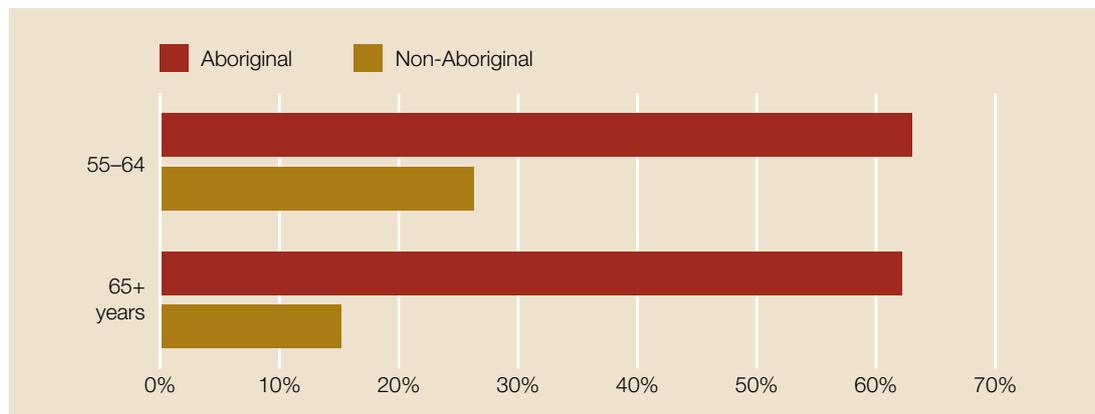
- enable all older Aboriginal people to access the information, support and culturally responsive services that will maximise their health and wellbeing

### Because:

Although Victoria's Aboriginal population is young, the rate of increase in the Aboriginal population aged over 55 years is three times the rate in the non-Aboriginal population, as indicated in Figure 7. As we close the gap and improve life expectancy for Aboriginal people, the number of older people needing services will increase.

Caring for older Aboriginal people is rapidly becoming a more significant issue.

Figure 7: Population change 2001–2006 for people aged over 55 (Victoria)



Sources: ABS 2006c

Elders play a pivotal role in Aboriginal communities in maintaining cultural connectedness and as key decision-makers, educators and role models for children and the community as a whole. This means they can be particularly important in developing health promotion messages, modelling healthy behaviour and facilitating community participation.

A holistic view of health that recognises its connection to all other parts of life must therefore acknowledge the link between providing responsive, appropriate and high-quality care to older Aboriginal people and the maintenance of strong Aboriginal culture. It also links this key priority closely with Key priorities 1, 2 and 3, which focus on the early stages of life.

As people get older they are likely to be dealing with more complex and chronic conditions, so the coordination and other issues described in Key priority 6 are particularly relevant. For older Aboriginal people the complex health issues they may be dealing with can be compounded by a range of other responsibilities. For example, many older Aboriginal people take on a major role in caring for children in their extended family as well as others' children, and may be dealing with a complex range of personal and community issues.

Victoria's 2,500 Home and Community Care (HACC) Aboriginal clients (2009–10) are younger on average than other HACC clients. Almost 84 per cent of Aboriginal HACC clients are aged under 70 years compared with 35 per cent of non-Aboriginal clients.<sup>15</sup> This reflects the general profile of Aboriginal people in Victoria, with a lower proportion in the older age groups.

The most commonly received HACC service type for Aboriginal people is planned activity groups, followed by allied health services, domestic assistance and nursing. ACCHOs are the main providers of planned activity group, domestic assistance and property maintenance, while mainstream organisations are dominant in nursing and allied health services.

With age, eyesight and hearing tend to deteriorate. Access to eye and hearing tests, and where appropriate, corrective lenses, hearing aids and clinical treatment, is important in helping to maintain independence and quality of life.

As more Aboriginal people in Victoria are living longer, the risk of developing dementia increases. In addition, a number of risk factors increase the chances of getting dementia in later life including: high rates of chronic diseases like diabetes and stroke; the burden of childhood infections such as periodontal disease; the greater risks faced by younger Aboriginal people of head injuries; and cognitive damage due to drugs and alcohol (Broe et al. 2009).

<sup>15</sup> Victorian HACC minimum data set 2009–10



- improving access to a wide range of high-quality culturally responsive services for older Aboriginal people
- improving coordination of the range of services for older Aboriginal people
- supporting local initiatives focused on the physical and mental health and wellbeing of older Aboriginal people.

The department, in partnership with Aboriginal communities, other departments and stakeholders, is already working towards these aims. This includes a number of local initiatives progressing across the state as part of regional Closing the Health Gap implementation plans.

### Improving access to services

Based on consultation, the department has identified ways to improve access to and delivery of culturally responsive aged care assessment services (ACAS)<sup>16</sup> to Aboriginal people. Together with ACAS and representatives of Aboriginal HACC providers, we are strengthening partnerships between the two service providers, developing a statewide best practice framework, developing opportunities for employment of Aboriginal staff in ACAS teams and promoting uptake of cultural awareness and respect training by ACAS staff.

As part of the department's falls prevention work, we are funding the Victorian Aboriginal Health Service to provide exercise, nutrition, hydration, continence, footwear, foot care and vision programs to HACC-eligible clients (Aboriginal people 50 years and over). We are also funding falls prevention projects to trial different intervention models with Aboriginal people including group-based exercise, home-based exercise and an occupational therapy home hazard intervention.

The Transition Care Program is a jointly funded Commonwealth and state initiative that provides extra support to older people following an episode of hospital care. The program commenced in 2006 and has since expanded, with more places and a commitment to improving access to Aboriginal people. The department is continually looking at ways to do this, including culturally responsive approaches, transport and accommodation supports for rural and remote patients and their families.

The 2012–2015 implementation plan for the *Dementia framework for Victoria* will seek to support Aboriginal people with appropriate models for diagnosing cognitive impairment, services and support. Organisations supporting Aboriginal people in care relationships will be provided with training on sensitivity to Aboriginal cultural needs, preferences and priorities.

The department funds a number of Well for Life activities targeting older Aboriginal people. Well for Life aims to improve emotional and spiritual wellbeing, nutrition, physical activity and health outcomes by preventing and assisting management of major health conditions including cardiovascular diseases, diabetes, cancer, asthma, mental health, injuries and oral health.

<sup>16</sup> ACAS are multidisciplinary teams that assist frail older people and their carers identify what kind care will best meet their needs. ACAS assess eligibility for a number of community services or aged care residential services.



The Aboriginal Palliative Care Program has recently been established following a three-year developmental project and evaluation. The number of Aboriginal people accessing palliative care has increased significantly as a result of this initiative, which provides culturally safe services. Culturally responsive clinical placements, workshops and resources to upskill Aboriginal health workers have been developed and palliative care services have received cultural awareness education. A full-time Aboriginal health worker will be employed to help communities that do not use palliative services as widely as the general community.<sup>17</sup>

### **Improving coordination and integration of services**

The HACC program has a range of approaches to support people to remain living independently in their homes. Recent developments such as the *Strengthening HACC in Aboriginal communities*, the Active Service Model and the *HACC assessment framework* all focus on a person-centred approach to service delivery and developing links between mainstream organisations such as local councils and ACCHOs.

The *Strengthening HACC in Aboriginal communities* strategy has strengthened the capacity of HACC-funded ACCHOs to provide high-quality services and work with mainstream HACC providers to improve access to the full range of community-based services to Aboriginal people. The department worked closely with ACCHOs through the Victorian Committee for Aboriginal Aged Care and Disability on two key projects under this strategy: the HACC Aboriginal Service Coordination project (to improve service coordination practices between Aboriginal and mainstream services) and the *Bridging HACC in Aboriginal communities* strategy (to develop partnerships with local mainstream agencies to ensure the needs of Aboriginal people are taken into account when those agencies are planning their service provision).

To improve access to, and coordination of, eye and ear care, the department has funded an Aboriginal patient pathway coordinator at the Royal Victorian Eye and Ear Hospital whose role is to facilitate the patient journey. There are plans to establish two rural ear health treatment clinics. We have also funded the Spectacle Subsidy Scheme. These initiatives are described under Key priorities 2 and 6.

### **Supporting Elders within community**

The department is supporting several initiatives that provide an opportunity for Elders to link in with their community, and to stay healthy physically and spiritually. A number of Closing the Gap projects have provided opportunities and new facilities where the local community can come together for cultural events and everyday interaction. HACC-funded ACCHOs and others also provide an opportunity for Elders to interact through regular planned activity groups.

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<sup>17</sup> Victorian Budget 2011–12. See also Department of Health 2011c.

## Case study: Dancing for health

Twelve committed middle-aged to elderly women from Shepparton, Mooroopna and the surrounding region make up the Rumbalara Aboriginal Cooperative line dancing group.

The group evolved from informal get-togethers for a yarn and lunch at the Rumbalara Aboriginal Cooperative in Mooroopna almost a decade ago. The women found they shared an interest in country music and line dancing.

The dancers are supported by the HACC program, a joint federal and state government initiative whose aims include keeping older Australians fit, healthy and independent.

The dancers train regularly. They have a busy schedule of performances at Aboriginal events in Victoria and beyond. These have included performing at NAIDOC week events and at the Tamworth Country Music Festival.

The women have not only gained friendship and companionship, their vibrant performances have inspired young and old Aboriginal Victorian women to undertake activities that nurture friendship, fitness and connectedness at any age. The dancers' obvious joy in performing together shows how shared physical activity can be both healthy and fun.

Encouraging the physical and mental health and wellbeing of older Aboriginal people through activities such as this has a broad positive impact. They, in turn, pass on positive messages about fitness and connectedness throughout the community.

*'The line dancers bring enjoyment to young and old wherever they perform. They engage and inspire other older Aboriginal people to join in and interact with the group and send positive messages across the broader Aboriginal community.'*

*– Bobby Nichols, Aboriginal Partnership Officer, Department of Health, Hume Region*

## Case study: Memory books

A 'memory book' records the personal journeys of older Aboriginal people and accompanies them as they move through health services, hospital and residential care, and ultimately becomes a family keepsake.

The memory book program was pioneered by Julie Hawke, who is the Elders, HACC & disability services coordinator for Gippsland and East Gippsland Aboriginal Co-operative (GEGAC). Julie observed that low numbers of older Aboriginal people, including dementia sufferers, attended the region's health services. She thought more would engage if health staff were more confident about culturally sensitive practices. Her solution was creating memory books.

Having their stories recorded by health staff helps older Aboriginal people feel safe and respected. They become confident sharing views about their future care, including when they become unable to make decisions for themselves.

The memory book captures memories before memory is lost. The process helps health providers plan and deliver better care. It informs families about issues that may not have been discussed, such as their relative's funeral wishes. The books become keepsakes that strengthen cultural connectedness.

Health staff recorded the stories of Aunty Gloria, a 69-year-old Kurnai woman, during dialysis sessions, as her memory started to fade.

*'Sitting with Aunty Gloria and recording her stories has been a beautiful experience for us and for her. We were able to share meaningful conversations ... and it prompted her to talk with us about her future care. Aunty was proud to have a booklet to capture her thoughts, and her daughter and other family members reported that it was a lovely way to keep treasured memories.'*

*– Julie Hawke, Elders, HACC & Disability Services Coordinator, GEGAC*

## Key priority 5: Addressing risk factors

### We aim to:

- reduce the proportion of Aboriginal adults who are smokers
- reduce the proportion of Aboriginal adults who are obese
- reduce the rate of emergency department presentations due to alcohol consumption among Aboriginal people
- reduce the proportion of Aboriginal Victorians drinking at risky and high-risk levels
- reduce the prevalence of oral diseases, including tooth decay and gum disease, among Aboriginal adults.

### Because:

Approximately one-third (32.2 per cent) of the total burden of disease for all Victorians is attributable to risk factors, including lifestyle (such as tobacco smoking, physical inactivity, alcohol consumption, poor diet, unsafe sex, illicit drug use and intimate partner violence) (Begg et al. 2008).

We recognise that risk factors are associated with broader issues including cultural, emotional and social wellbeing. While the aims outlined here largely involve measures of health in the narrower sense, the way to achieving them needs to acknowledge the broader context, and adopt a holistic approach. This means being community led and linking in with a range of partners involved in health and other areas.

As a community, Aboriginal people in Victoria have higher exposure to a range of risk factors than the population as a whole and have poorer health outcomes. This is best understood in the context of both the broad definition of health and the history described in the background section of this document. Colonisation has had a similar profound impact on the health and wellbeing of indigenous peoples in many countries, resulting in a similar pattern of exposure to factors that pose a risk to good health.

The *Victorian Aboriginal health promotion framework* provides a model for linking the determinants of health with risk factors, adopting a holistic approach and using evidence-based actions (Department of Health & VicHealth 2011).

Health risk factors affect the likelihood and outcomes of many chronic diseases. Research shows strong connections between a number of biomedical and behavioural factors and major chronic diseases and conditions, and that the major chronic diseases share common risk factors (AIHW 2006a). Consequently the National chronic disease strategy places a strong emphasis on health promotion and addressing risk factors (National Health Priority Action Council 2006).

**Smoking tobacco** increases the risk of numerous cancers, heart/vascular diseases, respiratory diseases and various other conditions. Tobacco was the leading cause of the burden of disease and injury for Aboriginal Australians in 2003, accounting for 12 per cent of the total burden and 20 per cent of all deaths (ABS & AIHW 2008). In Victoria the reported daily and occasional smoking rate for Aboriginal adults in 2008 was 33 per cent compared with 19 per cent for non-Aboriginal adults (Department of Health 2011e).

The VIAF sets out the Victorian Government's goals to significantly reduce the smoking rate among Aboriginal people.



**Obesity** increases the risk of developing type 2 diabetes, cardiovascular disease, high blood pressure, osteoarthritis and certain cancers. It was the second leading cause of the burden of disease (11 per cent) among Aboriginal Australians in 2003 (ABS & AIHW 2008). In Victoria in 2008, 50 per cent of Aboriginal adults were overweight or obese (Department of Health 2011e).

Poor nutrition is strongly linked to obesity, heart disease, type 2 diabetes, kidney disease and other conditions. Insufficient fruit and vegetable consumption alone accounts for 3.5 per cent of the total disease burden for Aboriginal Australians, 18 per cent of the cardiovascular disease burden, and five per cent of the health gap (Vos et al. 2007).

Healthy eating depends on having a secure supply of healthy foods and the ability to afford, physically access, store and prepare healthy foods. In 2008, 18 per cent of Aboriginal Victorians surveyed had run out of food in the preceding 12 months, compared with five per cent of non-Aboriginal Victorians (Department of Health 2011e). In the short term, food insecurity results in stress, hunger and lack of energy. In the long term it substantially increases the risk of obesity. This is because foods of poorer quality with high fat, salt and/or sugar are the lowest cost options, whereas diets based on lean meats, whole grains and fresh fruit and vegetables are more costly (Drewnowski & Spencer 2004).

Insufficient physical activity increases the risk of cardiovascular disease, and many other conditions. Being physically active improves mental and musculoskeletal health and reduces the chances of being overweight and having high blood pressure or high blood cholesterol (AIHW 2004a). Physical inactivity was the third leading cause of the burden of illness and disease for Aboriginal Australians in 2003, accounting for eight per cent of the total burden and 12 per cent of all deaths. In Victoria the proportion of Aboriginal adults who have healthy levels of physical activity is slightly lower than that for non-Aboriginal adults (Department of Health 2011e).

The VIAF sets out the Victorian Government's goals to significantly reduce the rate of obesity among Aboriginal people.

**Excessive alcohol consumption** increases the risk of chronic ill-health and premature death, and challenges the maintenance of social, spiritual and emotional wellbeing, all of which impact on health (ABS 2006b). Aboriginal people are less likely to drink alcohol than non-Aboriginal Australians; but, of those who do drink, a higher proportion do so at risky levels (ABS & AIHW 2008; Thompson et al. 2010). Episodes of heavy drinking increase the risk of injury and morbidity. In Victoria the rate of parental alcohol abuse identified in substantiated Aboriginal child protection cases is 55 per cent (Department of Health 2010b). The rate of emergency department presentations due to alcohol consumption for Aboriginal people is well above the rate for non-Aboriginal people.

The VIAF sets out the Victorian Government's goals to significantly reduce the rate of risky alcohol consumption among Aboriginal people.

**Mental health.** Many Aboriginal people have significant mental health issues linked to experiences of grief, loss and trauma. Victorian rates for hospital admissions for ‘mental disorders’<sup>18</sup> are substantially higher than rates for non-Aboriginal people.<sup>19</sup> The proportion of Aboriginal Victorians reporting that they had ever been diagnosed by a doctor with depression or anxiety, and the proportion reporting high or very high levels of psychological distress, are twice the proportions for non-Aboriginal Victorians (Department of Health 2012). Fostering cultural identity and connection to land, family and community are critical in overcoming this (DEECD 2009; Department of Human Services 2009).

**Illicit drugs.** There is limited data on the consumption rates of illicit drugs among Aboriginal people at the Victorian state level, but proxy measures point to substantially higher levels of consumption of illicit substances than in the general population.<sup>20</sup>

**Oral health.** Poor oral health is associated with poor diet and a number of chronic and other conditions (Department of Health 2011a). Nationally, Aboriginal adults have, on average, twice the amount of untreated tooth decay and higher rates of gum disease than non-Aboriginal adults (Roberts-Thomson & Do 2007)<sup>21</sup>.

**Gender.** Health promotion is more effective if informed by gender (Department of Health 2010c)<sup>22</sup> and this can be a significant consideration in Aboriginal communities. The development of approaches, programs and settings specifically targeted to men or women can deliver beneficial outcomes.

There are indications that Aboriginal women and men can have different health needs. In Victoria more males than females are admitted to hospital for injuries and skin diseases, and males are being admitted for renal dialysis and circulatory diseases at younger ages than women (VAED 2011). Males in all age groups are more likely to report high-risk use of alcohol than females (ABS 2009b). While Victorian life expectancy figures are not available, at the national level, Aboriginal men’s life expectancy is 5.7 years lower than that of Aboriginal women and 11.5 years below that of non-Aboriginal men (ABS 2009a).<sup>23</sup> The data also indicates that Aboriginal men, and non-Aboriginal men, tend to seek treatment later in the progression of a condition (DoHA 2002).

The nature and impact of chronic disease and other conditions can be different for women in contexts where caring and community responsibilities should to be factored into treatment, and where there may be contributing factors such as violence against women and children.

18 This is the official term of the National Centre for Classification in Health classification of diseases and related health problems (see National Centre for Classification in Health 2009).

19 The 2008–09 rates per 1000 are 21.5 for Aboriginal people and 8.2 for non-Aboriginal people (non-age standardised). Sources: ABS 2007; VAED 2011.

20 The Australian Bureau of Statistics provides a proxy measure, both indicating that around 25 per cent of Aboriginal Australians used illicit substances in the previous 12 months (ABS 2006). The comparable figure for non-Aboriginal Australians was 15 per cent (AIHW 2004b). However, care needs to be taken in making comparisons between data sets. According to national data, (2004–2005 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS); 2007 National Drug Strategy Household Survey (NDSHS)), for both the Aboriginal population and the general Australian population cannabis was the most commonly used illicit drug. For the Aboriginal population cannabis was followed by amphetamines, analgesics (painkillers) and then ecstasy.

21 The study did not have a large enough sample size to provide valid Victorian Aboriginal adult data.

22 At the time of publication the *Men’s health strategy* and *Women’s health strategy* were being reviewed.

23 Life expectancy figures are not currently available for Aboriginal people in Victoria.

We will achieve  
our aims by:

- supporting the implementation of planned, evidence-based health promotion initiatives in partnership with Aboriginal communities and local government in relation to smoking and other risk factors
- improving Aboriginal people's access to culturally relevant information about healthy behaviour and lifestyles in relation to smoking and other risk factors, and improving support to act on that information
- identifying and developing ways to address health issues that are impacting specifically on Aboriginal men and Aboriginal women
- supporting initiatives that foster emotional wellbeing within Aboriginal communities and promote individual and community resilience
- strengthening service delivery and links across services and programs
- supporting local initiatives focused on physical and mental health promotion for Aboriginal people.

The department, in partnership with Aboriginal communities, other departments and stakeholders, is already working towards these aims. This includes a number of local initiatives progressing across the state as part of regional Closing the Health Gap implementation plans.

### Supporting planned, evidence-based health promotion

Experience has shown that to be effective, strategies and actions to address risk factors in Victorian Aboriginal communities need to recognise the historical, social and cultural context. They need to be community owned and driven, built on strengths to address community-identified priorities, and be flexible and accountable.

The department and VicHealth have jointly published an Aboriginal evidence-based health promotion resource, *Life is health is life* (Department of Health & VicHealth 2011), which reviews the evidence supporting health promotion interventions in the Victorian context, including case studies. It incorporates the *Victorian Aboriginal health promotion framework*, which summarises relevant determinants of health and themes, principles and settings for action. In partnership with VicHealth and VACCHO, we are providing support to assist all workers and managers who are responsible for delivering health promotion to Aboriginal people and communities to use the evidence and framework in their health promotion planning and work.

The strategic plan for public dental health services and oral health, *Improving Victoria's oral health* (Department of Human Services 2007a), includes support for local planners and service providers to develop oral health promotion approaches in partnership with Aboriginal communities. The department's regions are implementing this approach. The release of the *Evidence-based oral health promotion resource* (Department of Health 2011a) has added further support to this process.

The *Victorian Public Health and Wellbeing Plan 2011–2015* includes a number of directions in the areas of health protection, health promotion and preventive health that are relevant to improving the health of Aboriginal people in Victoria. The department's guidelines for developing municipal public health and wellbeing plans (MPHWPs) will be refreshed to align with the strategic directions and priorities of the *Victorian Public Health and Wellbeing Plan 2011–2015*, and will make specific reference to Victorian councils working in partnership with local Aboriginal organisations, networks and communities.



Local governments have the potential to lead and influence positive changes in Aboriginal health and wellbeing at the local level. *Life is health is life* identifies municipalities as a priority setting for action in addressing the key determinants of Aboriginal health. MPHWP present a formalised mechanism to embed Aboriginal health and wellbeing into local government policy and action.

### **Healthy behaviour and lifestyles**

Smoking reduction is a key focus of action for the Victorian Government due to its status as a leading cause of disease burden for Aboriginal people.

As part of our Closing the Health Gap efforts the department is implementing a number of initiatives to reduce smoking among Aboriginal people, in partnership with organisations including VACCHO, Quit Victoria, the Centre for Excellence in Indigenous Tobacco Control and sporting clubs. We are coordinating tobacco control initiatives to complement Commonwealth Government activities under Closing the Gap and the National Indigenous Tobacco Control Initiative, including teams of tobacco and health lifestyle workers, as well as employing Aboriginal Quitline counsellors. VACCHO is also working with ACCHOs to implement smoke-free policies, to help all staff quit smoking. Some early successes have already been achieved. VACCHO is also developing a 'Smokefree Air' interactive website utilising findings from the Gorean Narkwarren Ngn-toura – Healthy Family Air project.

The department is also continuing work to reduce risk in a number of other areas. These include the *Victorian Aboriginal nutrition and physical activity strategy*, in partnership with VACCHO and others, and the *Koori alcohol action plan 2010–2020*. These share a focus on prevention and education, working with community, strengthening individual and community capacity and being culturally supportive. We are also working in partnership with the Commonwealth Healthy Lifestyle Workers program.

In recognition of the differences between Aboriginal men and women in health outcomes and exposure to risk factors, we will work with VACCHO to identify health issues that have a gender-specific impact and develop ways to address them.

### **Strengthening service delivery**

The AHPACC program supports staff in ACCHOs and mainstream health providers to identify risk factors early and encourages and assists individuals to change behaviours to reduce their personal risk factors while also engaging with local communities to promote healthy lifestyle changes more broadly. We have recently reviewed AHPACC and are strengthening the program by clarifying the role of workers and managers and reporting requirements, enhancing integration and connection with other programs including GPs and Medicare Locals, and ensuring access to support and networking opportunities across all sectors.

The government will seek to improve outcomes for Aboriginal Victorians with respect to alcohol and drug issues under the Victorian alcohol and drug strategy. Aboriginal people in Victoria may access health services to treat alcohol and other drug (AOD) problems through both general and Aboriginal-specific services depending on their needs, location and preferences. The Koori alcohol and drug worker program provides case management and support to clients in their communities while accessing and undergoing alcohol and drug treatment. The Koori Drug Diversion program works in partnership with Koori Courts to divert people from the criminal justice system, to provide support and to link them with treatment. A Melbourne-based ACCHO is funded to provide a Koori alcohol and drug resource service, offering an alternative to potential incarceration.

The department works to support efforts that foster social and emotional wellbeing within Aboriginal communities and promote community resilience. The department encourages culturally based social and emotional wellbeing services and interventions, developed and delivered by Aboriginal organisations in partnership with local mental health services with the aim of promoting self-determination, intervening earlier to optimise recovery outcomes and more effectively engaging Aboriginal people in mainstream mental health and social support services.

### Case study: Butting out

A year-long quit smoking program resulted in a 100 per cent smoke-free workplace at the Njernda Aboriginal Community Controlled Organisation in Echuca.

Medical clinical practice manager Anne Munzel and health promotion officer Kelli Bartlett established a smoking reference group through the Closing the Gap partnership group, working with the Echuca Regional Hospital and the Campaspe Primary Health Care Partnership.

Anne and Kelli formed a smoke-free workplace committee supported by the Njernda board of management and declared Njernda's building and grounds smoke-free. This was a challenge, as 59 of the 63 staff members smoked. After an eight-week struggle, Anne and Kelli allowed staff to smoke in designated areas.

Disappointed but not daunted, they offered staff a mix of counselling, hypnotherapy, nicotine patches and medication. 'It also helped when we explained to our colleagues that over a 10-year period an average smoker would spend \$45,000 on their addiction!' Kelli said.

The workplace policy is now locked in. Through Kelli, now a qualified 'Quit' counsellor, the smoking reference group delivers group courses and individual counselling to the broader Aboriginal community. They also use a smoke-alyser to measure levels of addiction among smokers and levels of carbon monoxide ingested through passive smoking. This powerful tool has helped health promotion delivery to pregnant Aboriginal women.

Anne is confident that the change is real and lasting. 'Everyone here at Njernda used to smoke and it was part of the culture but there's been a real change. People are not happy smoking and they want to change, we're here to support them to do that.'

*Elder, Uncle Norman, had chain-smoked for nearly 40 years. He decided to quit after hearing the health messages and seeing the staff at Njernda stop smoking at work. He said he was sick of being short of breath and needed to give tobacco away. 'That was over six months ago and he hasn't taken up smokes again – we're very proud of him!'*

*– Kelli Bartlett, Health Promotion Officer*

## Key priority 6: Managing care better with effective services

### We aim to:

- improve Aboriginal people's access to the range of acute, mental health and primary health services
- reduce preventable hospitalisation rates for chronic conditions for Aboriginal people
- reduce preventable hospital readmissions for Aboriginal people
- reduce the rates of Aboriginal patients leaving hospital against medical advice
- reduce the proportion of Aboriginal people leaving hospital emergency departments before receiving treatment

### Because:

In addition to addressing risk factors, it is important to provide accessible, responsive, high-quality and appropriate care and treatment where it is needed, and at the earliest possible stage.

The seven national health priority areas (cardiovascular disease, cancer, mental health, injury, diabetes, asthma and musculoskeletal disorders) account for almost 70 per cent of the total burden of disease and injury for all Victorians (Department of Human Services 2005). These have strong potential to be either prevented or managed in settings and modes other than bed-based hospital care, and in their later stages, to be better managed.

In Victoria hospital admission rates among Aboriginal people for preventable conditions are double the rate for non-Aboriginal people (Productivity Commission 2010). Preventable conditions are those where hospitalisation would have been avoidable with preventive care and early disease management. Admission rates for a range of chronic diseases clearly show that Aboriginal Victorians are developing such conditions at an earlier age.<sup>24</sup>

Hospital admissions for diabetes-related conditions are two to four times higher (depending on age and gender) in the Victorian Aboriginal population than the non-Aboriginal population, and more than double for renal dialysis (Department of Health 2011b).

This also has an impact on eye health. Rates of diabetes and diabetes-related eye disease are slightly higher in the Victorian Aboriginal population than nationally (The University of Melbourne 2009).

Better prevention and early management of chronic conditions will reduce preventable hospitalisations and increase the age at which they occur.

Once in hospital, equitable treatment is important. It does not always occur at the moment. Nationally, when admitted to hospital, Aboriginal patients are only two-thirds as likely to have a procedure recorded. For some categories it is as low as half (AIHW 2005). Compared with other Australian patients, Aboriginal patients hospitalised with coronary heart disease have a 40 per cent lower rate of angiography, more than twice the in-hospital coronary heart disease death rate, a 40 per cent lower rate of coronary angioplasty or stent procedures, and a 20 per cent lower rate of coronary bypass surgery. Aboriginal patients also access pre and post cardiac care at a significantly lower rate (AIHW 2006b). Research indicates similar disparities between Aboriginal and non-Aboriginal patients in Victoria (The University of Melbourne 2010).

<sup>24</sup> See Department of Human Services 2008a: pp. 69–70 (respiratory diseases); pp. 74–75 (circulatory diseases); pp. 79–80 (diabetes); pp. 81–83 (renal diseases).

Access to dental services is a significant barrier to good oral health for Victorian Aboriginal people. In one survey approximately 50 per cent of all Victorian Aboriginal people aged 15 years and over reported difficulty accessing dental services (DEECD 2009).

Access to mental health services is also an issue, with Aboriginal people living in metropolitan areas often experiencing difficulty accessing responsive mental healthcare and psychosocial support (Department of Human Services 2009). It is important that universal services, such as general practice, are culturally responsive given their key role in the early identification, support and referral of Aboriginal people with emerging social and emotional problems.

Aboriginal people in prison have higher rates of chronic disease, mental illness, communicable diseases and substance use than those in the community. The post-release period is a crucial time in breaking the cycle of incarceration and addressing health and social needs (AIHW 2010b; Grace et al. 2011; Krieg 2006). Recent research in Western Australia showed that released Aboriginal prisoners have an almost 10 times greater risk of death than the general population and an almost three times greater risk of death compared with their Aboriginal peers in the community (Hobbs et al. 2006). To achieve significant health gains for Aboriginal people, there is a need to develop a broader collaborative approach to primary healthcare, incorporating social health and justice perspectives.

For people with chronic conditions, it is very important to ensure the various service providers involved in their care communicate and work together to provide seamless care. The Aboriginal community and service providers have told us there needs to be assistance in navigating not only between health services but also a range of follow-up care, support and other services. There needs to be high-quality and culturally responsive referrals, treatment, discharge and care planning.



- developing and implementing culturally responsive ways to improve Aboriginal people's access to high-quality screening, assessment and treatment services
- developing and implementing culturally responsive ways to improve the coordination and integration of services for Aboriginal people accessing and moving between health care settings
- supporting local initiatives focused on chronic disease management, coordination and service delivery improvement.

The department, in partnership with Aboriginal communities, other departments and stakeholders, is already working towards these aims. This includes a number of local initiatives progressing across the state as part of regional Closing the Health Gap implementation plans.

### **Improving access to services**

Improving access to services means making Aboriginal health everyone's business, so that Aboriginal people feel safe and confident seeking and receiving services from any provider.

The Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program supports health services to improve access, identification and culturally responsive care for Aboriginal patients.

The Koori Mental Health Liaison Officers (KMHLO) program supports health services in rural areas to pursue these goals for Aboriginal clients experiencing mental health problems.

As a result of a 2011 joint review of both programs we are supporting hospitals to build on best practice with initiatives to provide better access, quality and more appropriate and responsive care to Aboriginal people and to reduce the rates of Aboriginal patients leaving hospital against advice. Through a set of key result areas for ICAP, we will be making health services more accountable for addressing disparities in care, employing more Aboriginal staff and strengthening the transition to community-based care, among other things. (See Enabler 3 for more detail.) We plan to develop a set of key result areas for the KMHLO program that are consistent with those for ICAP.

We are working with clinical networks to raise awareness and encourage innovative thinking to address disparities in care and health outcomes. By 2012 we will have developed projects with seven clinical networks.

Improving access to services includes facilitating physical access. The Victorian Patient Transport Assistance Scheme (VPTAS) subsidises the travel and accommodation costs incurred by rural Victorians who have to travel a long distance to receive approved medical specialist services. A VPTAS Koori pilot has been implemented, providing up-front assistance at a small number of metropolitan hospitals in Melbourne. The pilot was found to have assisted Koori patients with access and may have led to some health improvements. The department is reviewing these findings with a view to increasing access for Aboriginal patients.

We have commenced work that will develop practical steps to improve Aboriginal people's access to health independence programs, such as subacute ambulatory care services, post-acute care services and the Hospital Admission Risk Program (HARP).



VACKH is developing a statewide Aboriginal eye health strategy with the aim of eradicating preventable blindness for Aboriginal Victorians. Initiatives already in place include the Aboriginal Spectacle Subsidy Scheme, which gives Aboriginal Victorians access to frames and the prescribed lenses for \$10. The scheme also provides an opportunity for screening and referral to appropriate services. Uptake across the state has been rapid. In addition VACCHO's Aboriginal eye health statewide coordinator fosters relationships between mainstream eye care providers and ACCHOs to improve access to eye care for Aboriginal Victorians, improve community awareness of the importance of eye health, and build the capacity of the Aboriginal health workforce. The Royal Victorian Eye and Ear Hospital has employed a patient pathways coordinator to establish referral pathways for Aboriginal patients and reduce barriers to tertiary care.

The Victorian Government has committed to specific actions, targets and milestones around reducing risk factors and maximising screening for Aboriginal people. These include developing systems to measure participation rates and increasing screening participation rates by 10 per cent between 2008 and 2013.

The department is seeking to identify and address issues and gaps in the mental health system, developing local, culturally responsive services and building on the strength, expertise and resilience of Aboriginal organisations and communities. We intend to develop a new metropolitan-wide social and emotional wellbeing service model in partnership with VACCHO, the Victoria Aboriginal Health Service (VAHS) and relevant ACCHOs and mental health services. It will also promote and support integrated approaches to care for Aboriginal people with mental health needs, physical health needs and/or problematic substance use, promoting access to screening, assessment and follow up services.

The *Koori alcohol action plan 2010–2020* includes nine specific actions to strengthen the range of services and programs that seek to prevent and respond to alcohol misuse and related health and social harms for Aboriginal communities. These actions aim to improve responses and services with proactive and partnership approaches.

Improvements in alcohol and drug service delivery and treatment are described under Key priority 5.

### **Improving coordination and integration of services**

There are many initiatives underway and planned to continue improving coordination of care.

Primary Care Partnerships (PCPs) include a range of health and human service providers within a geographical area. Several of Victoria's 30 PCPs have identified Aboriginal health as a key priority and are working to improve access to and coordination of services for Aboriginal people. Where PCPs have prioritised Aboriginal health, they have a role to play in implementing referral and care pathways for people with chronic disease, which include Aboriginal people. This work aims to improve access to early intervention, improve the delivery of client oriented care planning, and improve the coordination of services.

To improve care coordination across the service system we are changing Victoria's *Service coordination tool templates* (SCTT) to meet the needs of Aboriginal people and to include information for service providers in the *Service coordination practice manual* about culturally responsive service provision.

In primary healthcare we have been trialling, evaluating and implementing improvements to programs designed to provide more coordinated, responsive and appropriate care to Aboriginal people.



The AHPACC program has been reviewed and is being strengthened (see also Key priority 5). The review found a significant increase in access to primary healthcare at AHPACC partner organisations for Aboriginal Victorians at risk of chronic disease, including a five fold increase in Aboriginal clients in three participating community health services. Learnings from innovative models of care coordination, community engagement and partnership will be shared. Fifteen new local projects have been funded.

Two large ACCHOs, one rural and one metropolitan, are developing and trialling systems to strengthen primary healthcare by improving care planning, information management, treatment protocols, patient recall, referral pathways and access to Medicare-funded services. Following the evaluation of these demonstration projects we will work with VACCHO to transfer the best practices across the state.

There is evidence that following up clients after discharge from hospital results in improved health outcomes.<sup>25</sup> This should include both clinical follow-up, and an assessment of the quality of their experience. The department is examining ways to ensure such follow-up occurs with Aboriginal people.

We are working with the Peter MacCallum Cancer Centre to develop effective care pathways to support effective care coordination and integration with community-linked cancer services.

The department has a strong relationship with general practice, reflected in its *Working with general practice* position statement and resource guide (Department of Human Services 2007b). This relationship provides a solid basis for strengthening links and coordination between general practice and state-funded services. A review of the position statement is planned, which will include consideration of how to improve Aboriginal health outcomes through stronger links, and how to better promote the guide to ACCHOs.

The department is working with divisions of general practice and Medicare Locals to develop effective and appropriate referral pathways and partnerships between local general practices and Aboriginal communities.

The departments of Health and Justice are responding to the particularly high needs of Aboriginal people who have been in prison. The departments are committed to working together and in partnership with the Aboriginal community to improve the coordination of health services for Aboriginal people on release to respond to their health needs in a holistic manner.

Aboriginal people with a disability and those caring for someone with a disability can experience a range of health impacts. Chronic disease can be an outcome of a disability and can also lead to a long-term disability. Approaches that ensure Aboriginal people with a disability and their families can access health services, as well as participate in relevant prevention and health promotion action, need to be embedded within health planning. This will require integrated and coordinated action at the local level between Aboriginal communities, disability organisations and health services. Health practitioners have an important role in recognising and enabling people with a disability to access further services and supports. This may include active referral to specialist disability services. The resource *Enabling choice for Aboriginal people living with disability – promoting access and inclusion* sets out principles and case studies to support good practice when working with Aboriginal people with a disability and their families (Department of Human Services 2011).

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25 See the literature review cited in Department of Health, New South Wales (2010).

## Case study: Healthy partnerships

With Aboriginal people in Victoria being several times more likely to suffer from renal disease and three times more likely to have diabetes, Northern Health (NH) and Plenty Valley Community Health (PVCH) decided to work together to increase access to culturally sensitive medical specialist clinics in endocrinology and nephrology services in a primary care setting, supported by the Urban Specialist Outreach Assistance Program.

Medical specialists attended cultural awareness training, NH identified patients from waiting lists and community referrals, and the clinics clinic opened in 2011.

Aboriginal liaison officers at both services have worked hard to make the clinics a success. They initiate and maintain patient contact, help patients obtain referrals from their GPs, transport them to and from the clinics and may attend appointments.

Word of mouth recommendation had been a major success factor.

NH and PVCH staff have taken a flexible approach and meet regularly to discuss issues and act on feedback. This has included the need for simple, flexible appointment arrangements. For example, when people cancel their appointments they are given alternative options without longer waiting periods. An administrative support worker helps with this and makes follow-up and reminder phone calls.

The nephrology clinic is making progress, while attendance at the endocrinology clinic has been 100 per cent. This success has encouraged NH and PVCH partnerships in other Aboriginal health initiatives.

*'The appointment went for 45 minutes and it was nice as usually the doctors are rushing you.'*

*'I feel like I understand my diabetes so much better now.'*

*'I am so impressed with the service that I am going to tell all my friends.'*

*– Examples of patient feedback*

## Case study: Clearer vision

Even mild vision impairment undermines a person's independence and quality of life. Receiving new spectacles can be immediately life-enhancing. Encouraging Aboriginal Victorians to have an eye test for glasses also provides an opportunity for them to receive comprehensive eye health assessments and referrals to appropriate treatment.

Since 2010 the Department of Health, in partnership with the Australian College of Optometry (ACO), VACCHO and local ACCHOs has operated the successful Aboriginal Spectacle Subsidy Scheme. The scheme provides subsidised prescription spectacles with a wide range of quality frames selected in consultation with community Elders for an affordable \$10 contribution. All Aboriginal Victorians are eligible to receive the spectacles regardless of their pensioner or health care card status.

Eye checks for the scheme are provided by ACO optometrists within Aboriginal community-controlled health organisations and ACO-operated clinics. The scheme has been expanded to include private optometrists in rural areas.

In the first 18 months of the scheme's introduction uptake of subsidised spectacles was one and a half times the target of 1,200 pairs.

*Thirty five year old Stewart has diabetes which he has not always looked after that well. He drives and rides a motorbike. When his vision was assessed at the Victorian Aboriginal Health Service it showed some short sightedness, as well as some mild diabetes-related loss of vision. A report was prepared for his GP and he was prescribed glasses for distance vision. 'Stephen told us that \$10 was much more affordable than he had ever seen, he feels he will be able to see a lot better and be safer driving and riding; he will also use them for TV.'*

*– Optometrist, Genevieve Napper*

## 5. Enablers for action

### Introduction

The aims set out under each priority will not be achieved without:

- ensuring (where possible) that actions are evidence based, and where the evidence is inadequate, seeking to establish it
- having strong Aboriginal organisations that can serve their communities
- assisting mainstream health providers to understand that Aboriginal health is everyone's business.

These points form the basis of the three enablers outlined in the following pages.



# Enabler 1: Improving data and evidence

## We aim to:

- maximise the use of research and information to develop evidence-based interventions to improve the health of Aboriginal people in Victoria
- improve health service planning and delivery for Aboriginal people through comprehensive and consistent information monitoring and management of data relating to Aboriginal health and service provision.

## Because:

Over the years substantial resources and effort have been put into improving Aboriginal health. These have not always produced results. It is critical that we continually seek out and generate evidence so that we put our efforts into initiatives that we know have the best chance of achieving the desired results.

The Victorian Government is strengthening the VIAF. This will incorporate a strategic performance management framework. At the national level the indicators under the NIRA have been reviewed. These are welcome drivers for increased rigour.

We need to harness research and data specific to Victoria to ensure we understand and effectively respond to the experiences of Victorian Aboriginal people and communities and the issues they face. These are not always the same as in other parts of Australia.

High-quality, relevant and consistent data is critical in developing and continuously improving the evidence base.<sup>26</sup> This does not need to mean collecting more data from Aboriginal organisations. We are conscious of the burden they face in data reporting and are working to ensure that any data collected is relevant and useful.

Accurate identification of Aboriginal people within the population and when they attend a hospital or receive other health services is a critical threshold issue not only in order to provide appropriate care but also to provide a baseline for health-related data pertaining to Aboriginal people.

<sup>26</sup> All data, particularly service use data, should be interpreted with caution. For example, reported increases in rates of service use or hospitalisation may reflect an improvement in identification by service providers (asking the question), greater self-identification by community members or an actual increase in service use. Another example is that changes in service use data may be due to changes in health status, but also to service availability or willingness to use a service because of changes in the level of cultural responsiveness.

We will achieve  
our aims by:

- strengthening the evidence base around the six key priorities in *Koolin Balit* through
  - evaluating key initiatives and programs
  - building the sector’s capacity to conduct evaluations
  - improving our surveying to provide better evidence about Aboriginal health, wellbeing and connection to culture and community
- assisting the transfer of learnings from research, good practice examples and evaluations into practice
- improving the identification of Aboriginal people when they use services
- improving the accuracy and usefulness of service and workforce data that is collected, without adding to the burden of data reporting, and feeding it back to service providers in a useful way.

The department, in partnership with Aboriginal communities, other departments and stakeholders, is already working towards these aims. This includes a number of local initiatives progressing across the state as part of regional Closing the Health Gap implementation plans.

### **Strengthening the evidence base to improve practice**

The department will support research consistent with the findings of the *Social determinants of Aboriginal health report* (Edwards et al. 2010). This report found that community members are focused on day-to-day living standards and access to services, in addition to chronic disease and preventive health. We will continue to consult and work with research organisations and clinical networks to ensure we can improve the evidence base around *Koolin Balit*’s six key priorities in a way that is consistent with this approach.

We encourage best practice and continuous improvement. Evaluation is an important part of all initiatives and programs. In some cases evaluation will be undertaken or managed by the department, in other cases it is best conducted or managed by the sector. Evaluation design should be culturally sensitive, with participants clearly understanding the purpose of data collection and its use.

The ICAP, KMHLO, AHPACC, Koori Maternity Services, Aboriginal Palliative Care and Aboriginal Quitline Worker programs have been or are being reviewed, with the findings informing ongoing program implementation and development.

One of the four priority areas for action in the *Victorian Aboriginal suicide prevention and response action plan* is to improve the evidence base, data collection and analysis.

The implementation of the Closing the Gap initiative is being evaluated externally, and part of the evaluator’s task is to assist and build evaluation capacity at the local level. To assist the regional Closing the Health Gap steering committees in developing their regional plans, the department produced a baseline report in 2009, based on the *Aboriginal and Torres Strait Islander health performance framework*, with an update in 2012 to assist in measuring progress against key indicators.

A larger Aboriginal sample size of the Victorian Population Health Survey in 2008 allowed a separate analysis of the health and wellbeing of Aboriginal adults. The resulting report (Department of Health 2011a) presents valuable information on health outcomes and shows significant disparities in most of the underlying social determinants of health. This survey will be repeated every three years.

The ASSAD survey will also include higher numbers of Aboriginal students to allow for a better understanding of Aboriginal secondary students' attitudes to smoking and current smoking prevalence rates in Victoria.

In 2011 we published the Aboriginal evidence-based health promotion resource *Life is health is life* with VicHealth (Department of Health & VicHealth 2011), and the *Evidence-based oral health promotion resource* (Department of Health 2011a), which includes a section on Aboriginal people as a priority population group. In addition, as part of the Goroen Narrkwarren Ngrn-toura – Healthy Family Air project, VACCHO commissioned a literature review specifically on smoking in pregnancy (Centre for Excellence in Indigenous Tobacco Control 2010). These resources bring the best available evidence of what works to service providers and policymakers.

Sharing knowledge about what works involves qualitative as well as quantitative data. The department is collecting stories and case studies to assist in understanding and communicating important aspects of improving Aboriginal health. Some have been published (Department of Health & VicHealth 2011) and more, including digital stories, are becoming available on the department's website at <[www.health.vic.gov.au/aboriginalhealth](http://www.health.vic.gov.au/aboriginalhealth)>.

## Improving data quality

We are working with partners on a number of fronts to improve the way Aboriginal people are identified when they use services – this is the foundation of valid and reliable data quality. Strategies to improve identification of patients in hospital are being put in place as a result of the 2011 ICAP developmental review. A range of other areas in the department, the health sector (including screening and pathology services) and other sectors are implementing such strategies. We are now able to identify all Aboriginal babies, not just those with Aboriginal mothers. We are also working with Medicare Locals and divisions to assist general practices in improving their identification practices.

Other initiatives include the following.

- An audit of demographic data collected by public hospitals conducted in 2011 under the auspices of the AIHW is providing correction factors for data relating to Aboriginal people and a basis for improving future data quality.
- We are researching how to better measure, monitor and report on Aboriginal people's experience of state funded health services. We aim to analyse and report on Aboriginal data separately, if privacy and statistical considerations allow.
- Data on child mortality, life expectancy and other key indicators is being improved.
- Expanding the Aboriginal sample size in the Victorian Population Health Survey, and from 2011, including additional questions specifically for Aboriginal people, such as their experiences of the health system and cultural connectedness.
- We are identifying gaps in data quality and input, client population demographics, predicting future healthcare needs, and seeking out opportunities for clients who may benefit from services funded through the Medical Benefits Schedule via the *Practice health atlas* decision support tool.

- The department is analysing the pattern of HACC service usage by Aboriginal people across Victoria, showing the extent to which current service providers cover the local target populations. This will enable both mainstream and Aboriginal organisations to adjust their targeting according to actual local needs.
- Reporting systems are being enhanced to reflect the broad range of agency activity that supports Aboriginal clients of alcohol and other drug services (Department of Health 2010b).
- We are improving data collection and information management systems to more accurately identify and analyse the needs of Aboriginal people with social and emotional problems and track progress in addressing these needs, via culturally relevant performance measures (Department of Human Services 2009).
- Data is being collected from public hospitals on the number of Aboriginal people they employ.<sup>27</sup>

The department also recognises the importance of feeding data back to service providers in a useful way to help give an accurate picture of what they are doing as a basis for planning and developing ways to continually improve their services.

### Case study: Gathering place, healing place, pleasant place

Goranwarrabul House opened in 2011 in a building provided by Seymour Health. Goranwarrabul is a Taungurung word meaning gathering place, healing place, pleasant place. This was the first community gathering place for the Aboriginal people in the Mitchell and Murrindindi shires, covering towns such as Alexandra, Yea, Seymour, Wallan, Kilmore and Broadford.

Previously, Aboriginal people had to visit mainstream regional services where they did not necessarily feel culturally safe or welcomed. Because of this, sometimes consultations with Aboriginal families took place outside the buildings.

Goranwarrabul House arose from a Lower Hume Closing the Gap project to engage the Aboriginal community. It is a partnership between the local Aboriginal community and local health and community service providers.

Local service providers now take their services to Goranwarrabul House. In the process, local service providers have gained more understanding of Aboriginal health issues and are reviewing their service delivery and practices to ensure they are culturally appropriate.

*'Before the opening of Goranwarrabul House, the local Aboriginal community – particularly young people and Elders – were disconnected and disengaged from the mainstream health system and didn't have a voice. That has changed.'*

*– Bobby Nichols, Aboriginal Partnership Officer, Department of Health, Hume Region, and a respected Elder of the Yorta Yorta and Dja Dja Wurrung clans*

<sup>27</sup> The Victorian State Services Authority is collecting this data from 2011.

## Enabler 2: Strong Aboriginal organisations

### We aim to:

- ensure community participation in program design and decision making
- support the strengthening of capacity and skills among ACCHO employees
- support ACCHOs in positioning themselves for the future and in meeting the health needs of Aboriginal people in Victoria through quality governance and management
- strengthen and simplify Aboriginal organisations' accountability to government.

### Because:

The department supports community-based organisations and structures in working with their communities to provide opportunities for individuals and organisations to be strong, healthy and to meet their potential.

ACCHOs provide an invaluable resource to their communities, with a unique set of skills, understanding and cultural connection. In line with the principles outlined in the introduction of this document, the department will support ACCHOs to be strong, high-performing organisations with Aboriginal workers and leaders who have the skills they need to best serve all sections of the Aboriginal community. This is a key way in which the department can ensure Aboriginal people receive the best possible services.



## We will achieve our aims by:

- strengthening the community's role in planning, decision making and governance
- enhancing the capacity of the workforce in ACCHOs to undertake and manage planning and evaluation
- assisting ACCHOs to strengthen management capability, clinician retention and employee skill levels to build a flexible, competent and cohesive healthcare workforce
- implementing block funding and simplified reporting to assist ACCHOs to be accountable and flexible.

The department, in partnership with Aboriginal communities, other departments and stakeholders, is already working towards these aims. This includes a number of local initiatives progressing across the state as part of regional Closing the Health Gap implementation plans.

### **Strengthening the community's role**

Victoria has taken a genuinely 'bottom-up' approach to implementing the *National partnership agreement on closing the gap in Indigenous health outcomes*.<sup>28</sup> Decisions about priorities and what is to be done have been made by eight regional Closing the Health Gap steering committees consisting of Aboriginal health organisations, Local Indigenous Networks, mainstream providers and regional and sub-regional organisations.

The department will support regional Closing the Health Gap committees to plan and work towards locally identified health priorities for Aboriginal Victorians.

### **Enhancing planning and evaluation capacity**

Building the evidence base (Enabler 1) will be more effective and empowering if community organisations are actively engaged in conducting or managing the planning and evaluation of their programs and projects. The contract for evaluating the Closing the Health Gap initiatives includes providing support and advice to the ACCHO workforce and their partners in evaluation activities to ensure their good work is documented, understood and shared.

### **Strengthening management and the workforce**

A number of workforce initiatives are underway through the implementation of the draft *Victorian Aboriginal health workforce plan 2009–2013*. These include:

- developing and increasing the supply of competent health workers
- piloting workforce redesign to enhance service delivery
- building middle management and leadership skills
- strengthening organisational capacity and increasing the clinical placement capacity of ACCHOs
- providing training grants to increase the number of Aboriginal people trained in nursing, allied health, management and clinical supervision

<sup>28</sup> The University of Melbourne School of Population Health is undertaking the study at the time of going to print: The role of State and Territory Planning Fora in Indigenous Health Policy Reform: Planning, Implementation and Effectiveness.

- working with registered training organisations to develop course material that incorporates integrated service coordination principles into existing training packages for Aboriginal health workers.

In addition, VACCHO is:

- leading the development of, and piloting, a scope-of-practice tool for Aboriginal health workers
- working with General Practice Victoria, divisions of general practice and Medicare Locals to implement the *Practice health atlas* tool in ACCHOs
- surveying the professional development needs of ACCHO chief executives.

Several local workforce projects are being implemented through Closing the Health Gap. These include training needs analyses and plans for ACCHOs, cultural training, leadership, succession planning, mentoring, clinical supervision, peer networks, staff exchanges, clinical placements, coaching/mentoring between Aboriginal and mainstream health organisations, role and workforce redesign, and initiatives to increase Aboriginal recruitment and retention in health.

The needs of Aboriginal and non-Aboriginal mental health workers are being addressed in the *Mental health workforce strategy 2012–15*.<sup>29</sup> We support the professional development of Koori AOD workers by providing access to training opportunities and supporting Telkaya, the statewide Koori drug and alcohol network. The network provides cultural support and de-briefing opportunities for workers as well as opportunities for professional development.

### **Accountability and flexibility**

We continue to take a number of steps to provide greater flexibility and reduce the burden of reporting for ACCHOs without compromising accountability or the ability to monitor organisational performance. These steps include:

- introducing block funding as part of simplified funding and reporting for ACCHOs
- introducing roundtable reporting
- consulting with the Commonwealth Department of Health and Ageing on the development of a web-based reporting tool
- jointly conducting a project with the Department of Human Services that aims to investigate how to rationalise the data we require from Aboriginal funded organisations and how it is collected.

### **Infrastructure**

Adequate infrastructure is important for enabling ACCHOs to deliver health and other services effectively. Because ACCHOs receive funding from many Commonwealth and state government agencies, there has been a lack of clarity regarding responsibility for infrastructure projects. Aboriginal Affairs Victoria is leading the development of a strategic plan to guide the future planning of infrastructure projects.

<sup>29</sup> Not released at the time of going to print.

## Case study: Building Aboriginal skills

Rumbalara Aboriginal Cooperative services many patients with multiple chronic illnesses in the Shepparton and Mooroopna area. Their work is time-intensive and complex, requiring clinical skills and cultural understanding.

Seeking to build the skills of its Aboriginal workforce, the cooperative is supporting a young staff member, Rebecca Kelleher, in her journey to becoming a registered nurse.

Strong, high performing Aboriginal community controlled health organisations need skilled Aboriginal workers and leaders. Department of Health training grants assist health services to provide their Aboriginal workforce with training opportunities.

The department gave Rebecca a training grant which enabled her to meet her own and her family's living expenses during her 16 weeks away from her family and her job as part of her training.

At Rumbalara Rebecca received hands on supervised clinical experience. Now in the third year of her nursing degree, she spent time as an Aboriginal Health Promotion and Chronic Care (AHPACC) worker at Primary Care Connect in Shepparton before returning to Rumbalara.

Rebecca plans a career in Aboriginal health, using her skills and experience to develop programs that educate the community about health related issues, and to educate individuals in managing chronic disease.

*'Experienced Aboriginal nurses encourage Aboriginal people to seek medical treatment. They feel more comfortable when there is a familiar face. I think I can really help them because I have become more aware of what is making our people sick. I also hope that I can be a role model to others, that they can see that with hard work and determination you can achieve your goals.'*

*– Rebecca Kelleher, trainee nurse.*

## Enabler 3: Cultural responsiveness

### We aim to:

- increase the number of Aboriginal people in the mainstream health workforce
- increase the cultural responsiveness of mainstream health and mental health providers so that Aboriginal people receive respect and high-quality care as a matter of course
- increase the capacity of mainstream health providers and their workforce to meet the health needs of Aboriginal people in Victoria.

### Because:

Aboriginal health is everyone's business. All health services are responsible for providing healthcare to Aboriginal people. Aboriginal people should feel confident that they will experience a quality and culturally responsive service when they walk into any health service in Victoria.

The policy challenge lies in the fact that, because the Victorian Aboriginal population is 0.65 per cent of the total Victorian population, Aboriginal people make up a small proportion of most health services' patients. Consequently, Aboriginal health may not be seen as a significant issue. Some health service providers may feel that being responsive to the needs of Aboriginal people is not relevant for them because they see few, if any, Aboriginal people. However, this may be because they do not identify who among their clientele is Aboriginal, or it may be because Aboriginal people are not using the service because they do not feel comfortable there.

Research indicates that racism has major adverse impacts on the health of Aboriginal Australians and significantly hinders their access to effective healthcare. It also suggests that health service redesign and improving cultural sensitivity and responsiveness among health workers will improve access to healthcare (Awofeso 2011).

It is important that Aboriginal people trust those who are providing services, and know that those service providers understand their needs and culture. They should feel confident to ask questions and to seek the services and help to which they are entitled – whether the provider is a mainstream or Aboriginal community-based organisation.

The term *cultural responsiveness* refers to healthcare services being respectful of, and relevant to, the health beliefs, health practices and cultural needs of Aboriginal communities (Department of Health 2009).<sup>30</sup> Cultural responsiveness is more than cultural awareness. Awareness is only a first step. What matters is how organisations and individuals within each organisation behave as a result of that awareness. Organisations need to put processes and systems in place if they are to achieve cultural change and to embed it in everyday behaviour. Cultural awareness and sensitivity are building blocks; cultural responsiveness is the desired outcome.

Access to a quality public health system that meets their needs is particularly important for Aboriginal Victorians because they have a high reliance on these services, particularly public hospitals (inpatient and outpatient care), general practice, community health services, ACCHOs and patient transport (Department of Human Services 2008e). Many Aboriginal people in Victoria report that they usually go to a mainstream general practitioner for primary medical care (ABS 2006b; DoHA 2008). For acute and most specialist healthcare there is usually no alternative to mainstream organisations.

<sup>30</sup> The department's cultural responsiveness framework was developed for culturally and linguistically diverse groups in general, and is applicable to Aboriginal communities.



This means that if Aboriginal people are to get the healthcare they need, mainstream providers must understand their healthcare needs and the most effective way to deliver services to them. This, in turn, means that health providers must understand and be responsive to local Aboriginal people and culture, including social, spiritual, emotional and physical wellbeing, as well as gender-related health needs. Without this, Aboriginal people are less likely to access services that are critical to good health, and if they do access them, are less likely to come back, understand their treatment needs or comply with treatment regimes.

Many Aboriginal Victorians continue to see the health delivery system as untrustworthy and potentially threatening (Malcher 2009). A health service provider that is not culturally responsive may, without realising it, be providing a barrier to Aboriginal people accessing their services. When Aboriginal people do attend, they may not correctly identify issues that underlie presenting conditions and propose treatments or actions that are not feasible or appropriate.

Whether it is for hospital visits associated with acute episodes of chronic diseases and conditions, or a one-off hospital admission, it is clear that for many Aboriginal patients and their families that the social and cultural support provided by Aboriginal staff such as Aboriginal hospital liaison officers (AHLOs) and KMHLOs is important in helping them engage with their treatment and for providing an initial trusted point of contact and continuity in their care.<sup>31</sup>

For those living with chronic and complex conditions, coordination and integration of the many services required is a vital part of good care. For Aboriginal people, ensuring a culturally safe and responsive environment and appropriate care is also important in achieving the best outcomes.

A Queensland study of cultural barriers found that Aboriginal patients focused heavily on social relationships and issues of respect and trust, while most practitioners focused more on making Aboriginal people feel comfortable with changes to physical environments and systems. For Aboriginal patients, such changes were often seen as little more than token gestures if trusting interpersonal relationships are not formed between patient and practitioner (McBain-Rigg & Veitch 2011).

Aboriginal women are generally more comfortable with female health professionals who understand their differences and experiences. In certain cases their lack of availability can be a barrier to Aboriginal women receiving healthcare. Australian men in general are less likely to visit a health service and there is some evidence that Aboriginal men are resistant to seeking treatment and less comfortable talking about their health with female doctors and other health professionals (Commonwealth of Australia 2009). All health service providers should be aware of these issues.

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31 For example, one health professional at the National Health and Hospitals Reform Commission (NHHRC) consultation meeting with frontline health professionals in Geraldton, 8 July 2008 said, 'Aboriginal health workers are so important because a blackfella will go to a blackfella when they won't go to a whitefella' (NHHRC 2008).

- supporting stronger links between mainstream and Aboriginal community organisations
- supporting health related services to become more culturally responsive
- holding funded health services accountable for improving cultural awareness and responsiveness
- maximising professional development and employment pathways for Aboriginal people in mainstream and Aboriginal community organisations
- modelling good practice in the Department of Health.

The department, in partnership with Aboriginal communities, other departments and stakeholders, is already working towards these aims. This includes a number of local initiatives progressing across the state as part of regional Closing the Health Gap implementation plans.

### **Stronger links between mainstream and Aboriginal community organisations**

Victoria's regional Closing the Health Gap steering committees, described under Enabler 2, bring mainstream providers and regional and sub-regional organisations together with local Aboriginal community organisations to develop and implement projects. There are many examples of these committees developing greater mutual trust and respect, and improved service coordination and pathways, as well as being the catalyst for mainstream health services reviewing their own practices in order to become more culturally responsive. We will continue to support these committees to build on their existing role in a way that is appropriate to local circumstances.

Cultural awareness training in mainstream organisations has an important role in improving cultural responsiveness, but the development of partnerships with local Aboriginal communities is at least as important. The department therefore supports local Aboriginal organisations delivering cultural training where possible. This ensures that the cultural training and knowledge obtained is relevant, and recognises that the concept of cultural responsiveness is meaningless without responsiveness to the local community.

The department has resourced projects supporting five ACCHOs and mainstream Aboriginal teams to develop and deliver cultural training to their local health services through the Improving Cultural Awareness, Respect and Safety in Health program.

Partnerships between local community health services and ACCHOs have been the foundation of the AHPACC program from its inception, and this relationship is being strengthened through new initiatives following the 2011 review of the program.

## Supporting mainstream services to become more culturally responsive

We are proceeding with several initiatives designed to assist and encourage mainstream health services to become more culturally responsive. We are providing support to mainstream health services to improve patient identification and care coordination, workforce development and cultural competence, social marketing, and reducing barriers for Aboriginal people's participation in healthcare. Specific initiatives include:

- rolling out a program of training to improve Aboriginal cultural responsiveness to health sector staff
- allocating additional funding to health services to implement the directions of the review of the ICAP and KMLHO programs
- improving the experience of Aboriginal patients in emergency departments by disseminating the resources and learnings from initiatives developed in pilot sites, which were evaluated and achieved measurable outcomes
- conducting pilot projects to improve Aboriginal people's participation in cardiac rehabilitation, paediatrics, emergency, cancer care and other key service delivery areas.

We are working with accreditation agencies to assist them to improve their methods for rating community health services in Aboriginal cultural responsiveness. In doing this we are drawing on evidence from successful AHPACC partnership initiatives.

We are also seeking to adopt a framework that will see culturally responsive practice as the norm in specialist mental health services, to be developed in collaboration with VACCHO and including training and other capacity-building initiatives.

The *Koori alcohol action plan* contains initiatives to improve the cultural responsiveness of organisations that deliver alcohol and drug services. These include exploring the provision of clinical and nursing support to alcohol and drug programs in rural Aboriginal organisations and developing a Koori alcohol and drug workforce plan.

Under the HACC program's Diversity Planning and Practice initiative HACC services will be planned and delivered in a way that promotes wellness and being respectful of and responsive to clients' specific characteristics, with a particular focus on Aboriginal people as one of the five HACC special needs groups.

In Melbourne's east the department is supporting GP networks to develop a Royal Australian College of General Practitioners (RACGP) accredited cultural responsiveness training program for GPs and practice nurses. Follow-up funding is supporting the employment of Aboriginal health nurses who will work across participating practices to more actively support Aboriginal patients.

## Holding organisations accountable

We are taking a number of steps to strengthen the accountability of health services in providing appropriate, high-quality services to Aboriginal people. These include:

- the inclusion in the Victorian health service statement of priority guidelines of the four ICAP key result areas (including staff cultural awareness training) and the development of reconciliation action plans
- the requirement that health services report progress against the ICAP key result areas in their annual quality of care reports
- the inclusion of Aboriginal health indicators in monthly program reports for integrated service monitoring (called 'PRISM'), which are tabled quarterly with CEOs of large health services.

The AHPACC guidelines, revised in 2011, now specifically require AHPACC-funded community health services to undertake organisational change to improve cultural awareness.

## Supporting the workforce

The workforce plan described under Enabler 2 includes a number of ways to improve understanding among the non-Aboriginal workforce of Aboriginal culture and needs, and to maximise professional development and employment pathways for Aboriginal people in mainstream and Aboriginal community organisations. These steps include:

- increasing the capacity of ACCHOs to host clinical placements
- increasing Aboriginal employment in Victoria's public sector, including hospitals, through the implementation of *Karreeta yirramboi* (Department of Health 2010a)
- developing and delivering an AHLO short course
- developing clear employment pathways for AHPACC program roles to assist in recruitment and career progression, which at present are limited to entry-level roles
- piloting a nursing and midwifery cadetship program in Victoria.

The department has established 11 clinical placement networks across the state to strengthen clinical placement planning at the local level and to extend opportunities for clinical placements into expanded settings including ACCHOs.

Several regional Closing the Health Gap projects include initiatives such as staff exchanges, clinical placements, developing health career pathways, traineeships and work experience opportunities and coaching and mentoring between Aboriginal and mainstream health organisations.

Under Victoria's *Karreeta yirramboi* plan (Department of Health 2010a), public health services with more than 500 staff are required to develop an Aboriginal employment plan. The department has engaged with the Commonwealth Department of Education, Employment and Workplace Relations in a project to develop Aboriginal employment plans in 32 health services across Victoria. The plans will provide Victorian health services with structured and tailored approaches to increasing Aboriginal employment in their organisations to meet Victorian targets and improve employment and health outcomes for Aboriginal people.

## Modelling good practice

The Victorian Government's *Aboriginal inclusion framework* (DPCD 2010) provides a framework for government organisations to review their practice and reform the way they engage with and address the needs of Aboriginal people.

Together with the Department of Human Services, the Department of Health is showing leadership in cultural responsiveness through:

- conducting targeted training programs through the Building Aboriginal Cultural Competence program, which aims to build the cultural responsiveness of Department of Health, Department of Human Services and health and community sector staff
- the joint *Reconciliation action plan* and *Aboriginal recruitment and retention strategy 2010–2013*, which commits both departments to a 1.5 per cent Aboriginal employment target by 2013 with a strong focus on retention, ensuring career pathways, leadership development and succession planning.

We are also investigating ways in which we can ensure all major new policies, programs and initiatives take into account their potential impact on Aboriginal health.

### Case study: Everyone's business

The Knox Community Health Centre decided it was important to make Aboriginal people feel comfortable going for medical treatment at places used by both Aboriginal and non-Aboriginal people.

Displaying a symbol Aboriginal people can connect with, such the Aboriginal peoples' flag, makes Aboriginal people feel more confident about being at a public health centre.

Uncle Henry and his wife Susan feel comfortable going to Knox Community Health Centre to receive medical care.

This is because the centre has made Aboriginal health their business; the staff have been trained in cultural awareness and know how to treat Aboriginal people.

Uncle Henry and Susan, together with the centre's Aboriginal liaison officer, convinced their daughter Bernadette to go there for health-care.

Bernadette had bad tooth pain but was reluctant to see a dentist. She feared she would be treated differently because she was Aboriginal and it would be too expensive.

When Bernadette walked through the centre's door she saw the Aboriginal and Torres Strait Islander flags displayed.

This told her the place was safe, she knew she belonged and would be respected. She was also relieved to hear that the service was free.

Making Aboriginal health everyone's business more and more people will have a similar experience to Bernadette.

*'All the staff, from the receptionists to the dentists, take the time to listen. This is just as important as their technical skills.'*

*– Uncle Henry, Bernadette's father*

## Case Study: A family-friendly, Aboriginal hospital service

Opened in 2009 with a grant from the Royal Children's Hospital Foundation, the hospital's Wadja Aboriginal Family Place provides welcoming and accessible services to Aboriginal children and their families by offering emotional, cultural and social support.

Wadja staff ensure that children and their families have access to, and information about, mainstream healthcare. Aboriginal staff coordinate the care delivery and discharge planning using an Aboriginal model of care. They clearly and respectfully explain medical procedures and routines so that patients and their families understand what is happening. They listen to the families and advocate on their behalf.

The services at Wadja connect culture to health care by integrating social, emotional, cultural and medical care and in-hospital case management. When an Aboriginal family wants their child to be case managed, an Aboriginal case manager attends appointments and provides practical assistance, cultural translation and explanations of medical diagnoses.

Metropolitan Melbourne accounts for 60 per cent of families who use the service, with 32 per cent from rural Victoria and 8 per cent from interstate and remote communities. Aboriginal family health workers and case managers work closely with ACCHOs and other referring agencies. Financial and practical assistance such as transport can be provided after assessment.

Wadja Aboriginal Family Place is a friendly, welcoming environment for all Aboriginal people. To ensure that the service is meeting its clients' needs, yarning sessions are held with Aboriginal families and Wadja staff.

*'Thanks to Wadja Aboriginal Family Place and its staff I now have the confidence to ask questions and give my opinion. They are fantastic people who have seen my children grown into the young adults they are today.'*

*– Janine Coombs, mother of Jordan and Kyeema.*



## 6. How we will know it's working

### A process not just a document

*Koolin Balit* is intended to be part of a process for change, not just a document gathering dust on a shelf. This process commenced with consultation to contribute to the development of the strategic directions outlined in this document, and will continue with regular consultative reviews to gauge progress and to better understand how to continue to achieve the goal of *Koolin Balit* over the decade ahead.

### Actions and targets

The strategic directions in this document provide the roadmap for a statewide 2012–2014 action plan, which will include:

- targets against the aims in the six key priorities and three enablers
- details of who will do what, when and how
- a process of accountability that focuses on sharing good stories and best practice.

The action plan will include mechanisms to assist Aboriginal communities and other stakeholders to know, understand and have opportunities to provide feedback on:

- what the department is doing in Aboriginal health
- how effectively it is doing it
- how it could improve.

Through these mechanisms we intend to ensure that work to improve Aboriginal health outcomes is grounded, working towards agreed goals, and making a measurable difference.

Each region of the departments of Health and Human Services will also develop an integrated action plan consistent with the priorities of *Koolin Balit*.

Further statewide and regional action plans will be developed in subsequent years.

## List of abbreviations

ABS	Australian Bureau of Statistics
ACAS	aged care assessment services
ACCHO	Aboriginal community-controlled health organisation
ACCO	Aboriginal community-controlled organisation
AHLO	Aboriginal hospital liaison officer
AHPACC	Aboriginal Health Promotion and Chronic Care program
AIHW	Australian Institute of Health and Welfare
AOD	alcohol and other drugs
ASSAD	Australian Secondary Students Alcohol and other Drug (survey)
COAG	Council of Australian Governments
DEECD	Department of Education and Early Childhood Development
DoHA	Department of Health and Ageing (Commonwealth)
DPCD	Department of Planning and Community Development
GP	general practitioner
HACC	Home and Community Care (program)
HACC MDS	HACC Minimum Dataset
ICAP	Improving Care for Aboriginal and Torres Strait Islander Patients
KMHLO	Koori mental health liaison officer
MPHWP	municipal public health and wellbeing plan
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
NIRA	<i>National Indigenous reform agreement</i>
PCP	Primary Care Partnership
VAED	Victorian Admitted Episodes Dataset
VEMD	Victorian Emergency Minimum Dataset
VIAF	Victorian Indigenous Affairs Framework
VPDC	Victorian Perinatal Data Collection
VPTAS	Victorian Patient Transport Assistance Scheme

# Glossary

Burden of disease	Victoria's burden of disease study quantifies the amount of mortality, disability, impairment, illness and injury standardised as disability-adjusted life years (DALYs). The burden of disease therefore measures the gap between current health status and an ideal situation in which everyone lives into old age free of disease and disability.
Chronic disease	Chronic diseases are characterised by complex causes, multiple risk factors, a long latency period, a prolonged course of illness, functional impairment or disability and, in most cases, the unlikelihood of cure. They include conditions such as heart disease, cancer and arthritis. The term is usually confined to non-communicable diseases.
Continuum of care	The continuum of care refers to the range of health-related services that address health and wellness needs. The term suggests an increasing intensity of care ranging from preventative public health services and primary care to acute hospital care.
Cultural awareness	Cultural awareness is an understanding, at an individual or organisational level, of cultural differences in how people perceive and manage their health. It is the first step towards becoming culturally responsive.
Cultural responsiveness	Culturally responsive healthcare services are respectful of and relevant to the health beliefs, practices and cultural needs of the communities they service. It incorporates the concept of cultural safety, which is where people feel safe and secure, in an environment due to shared respect, meaning, knowledge and experience, ensuring dignity and truly listening (Williams 2008). It also incorporates cultural sensitivity.
Cultural sensitivity	Cultural sensitivity refers to sensitivity to cultural factors, and taking them into account.
Evidence-based approach	An evidence-based approach is one that enables people to make well-informed decisions about policies, programs and projects, developing and using the best available evidence from research, as opposed to untested views of individuals or groups, or the selective use of evidence.
Medicare Locals	Medicare Locals are the local primary healthcare organisations established in 2011 under the COAG National Health Reform agenda, succeeding divisions of general practice. They aim to help improve the integration of primary healthcare.
Patient journey	The patient journey describes people's access to and movement between hospital and other healthcare providers. This can be improved by better referral, discharge planning, patient tracking and recall, and ensuring seamless transitions for people moving between healthcare settings.



Preventable hospitalisation	Preventable hospital admissions are those considered avoidable through prevention, health promotion and early disease management. High rates of hospital admissions for certain conditions provide indirect evidence of problems with access to primary healthcare, inadequate skills and resources, or disconnection with specialist services.
Risk factors	Risk factors include the social, economic or biological status, behaviour or environments associated with increased susceptibility to a specific disease, ill health or injury (World Health Organization 1998).

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