Government of **Western Australia**
Department of **Health**

Build the foundations

An evaluation of the first five years of the WA Aboriginal Health and Wellbeing Framework 2015–2030

Transcendence © Nellie Green 2002

About the artist

Jonelle (Nellie) Green was born in Morawa, Western Australia. Nellie's people are the Badimaya people (Yamatji mob) of the Central Wheatbelt area, WA. She has three sisters and two brothers.

Nellie has a professional background in Indigenous higher education and is a keen activist involved in social justice and the human rights of Aboriginal people. Nellie was the 2000 NAIDOC Aboriginal Artist of the Year in the ATSIC Noongar (Perth) Region awards. She has a Bachelor of Applied Science (Honours) in Indigenous Community Development and Management from Curtin University, WA.

About the artwork – Transcendence

Transcendence captures all the ways we transcend those things that can drag us down. Instead, we link-up and stay connected to those important things that are all interconnected – like a blanket of spirit from our Country and Ancestors that wraps us up and keeps us safe.

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Contents

Executive summary 5

Chapter 1: Overview of the evaluation 6

1.1 Outline of the document 7

Chapter 2: Background 8

2.1 The WA Aboriginal Health and Wellbeing Framework 2015–2030 8

2.2 Policy context 10

Chapter 3: Key initiatives progressed by the AHPD 13

3.1 The Framework's companion documents 13

3.2 Initiatives progressed by the AHPD over the first five years 15

Chapter 4: The evaluation structure 18

4.1 Scope 18

4.2 Evaluation questions and methods 18

4.3 Theory of change 18

Chapter 5: Changes in the health and wellbeing of Aboriginal Western Australians 20

5.1 Overarching Measure 1: A reduction in the gap in life expectancy 20

5.2 Overarching Measure 2: A reduction in the gap in mortality rates for Aboriginal children 21

5.3 Supporting Measure 1: A reduction in potentially avoidable mortality 22

5.4 Supporting Measure 2: A reduction in potentially preventable hospitalisations 23

5.5 Supporting Measure 3: A reduction in rates of Discharge Against Medical Advice 25

5.6 Supporting Measure 4: A reduction in hospitalisations due to injury or poisoning 26

5.7 Supporting Measure 5: An increased number of Aboriginal people employed in selected health-related disciplines in WA 27

5.8 Supporting Measure 6: Increased access to hospital procedures 27

Chapter 6: Evolution of the health system in response to the Framework 29

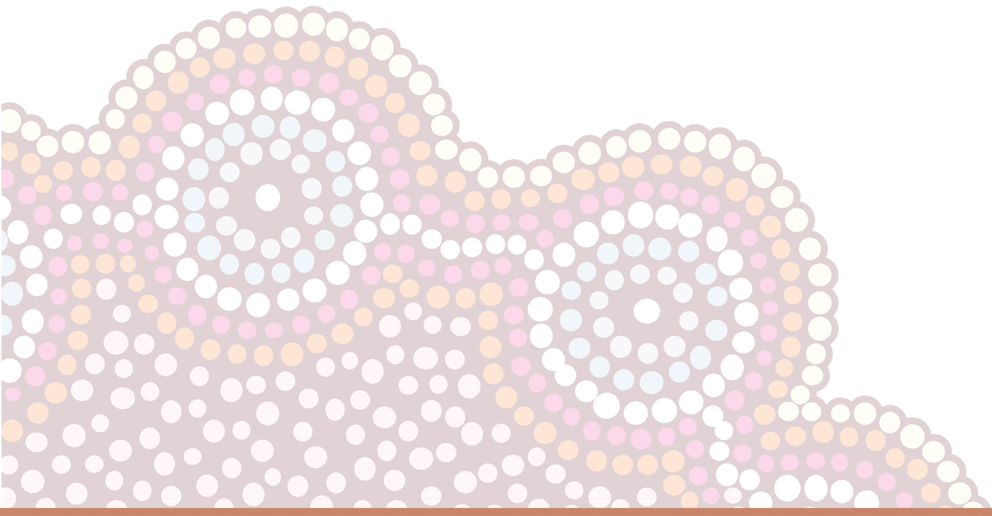
6.1 Results/Findings 29

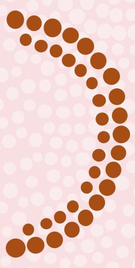
Chapter 7: Priorities for the next five years 35

Appendicies 38

Figures and tables

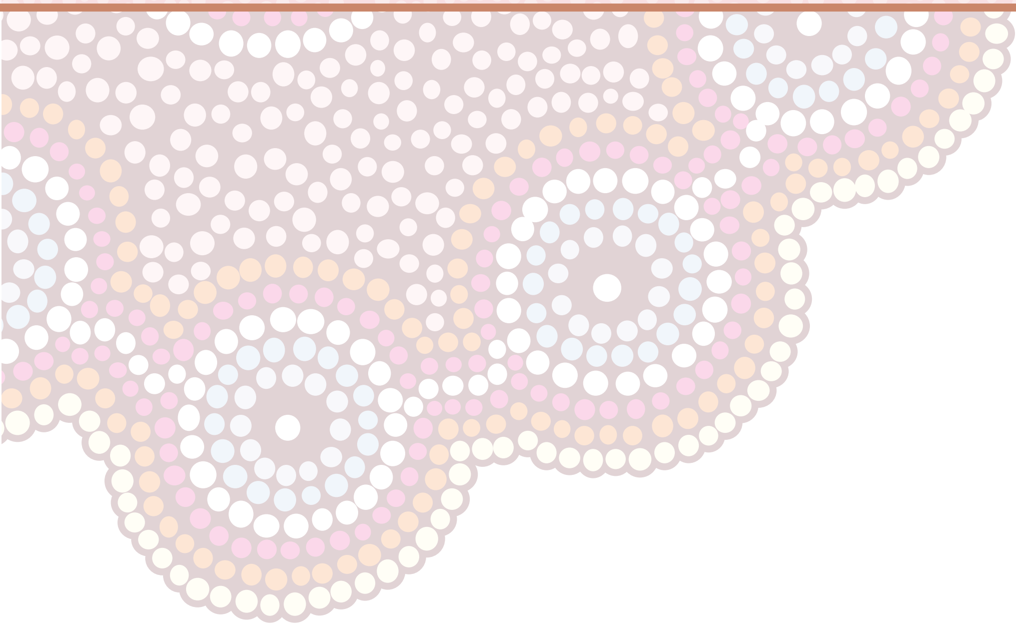
Figure 1. The WA Aboriginal Health and Wellbeing Framework 2015–2030 guiding principles, strategic directions and priority areas guiding principles, strategic directions and priority areas 8
Figure 2. The Framework's strategic directions and intended outcomes 9
Figure 3: The WA Aboriginal Health and Wellbeing Framework companion policy documents and other intitiatives 14
Figure 4: Theory of Change 19
Table 1: Gap in life expectancy between Aboriginal and non-Aboriginal Western Australians, 2005–2007 to 2015–2017 20
Table 2: All causes infant mortality rate per 1,000 live births by Aboriginal status, Western Australia, 2007–2011 to 2015–2019 21
Table 3: All causes child mortality rate per 100,000 population for children aged 0–4 years, by Aboriginal status, Western Australia, 2007–2011 to 2015–2019. 21
Table 4: Age-standardised avoidable mortality rate, by Aboriginal status, Western Australia, 2011–2015 to 2015–2019. 22
Table 5: Age-standardised rate for potentially preventable hospitalisations for acute conditions, by Aboriginal status, Western Australia, 2014–2015 to 2018–2019. 23
Table 6: Age-standardised rate for potentially preventable hospitalisations for all conditions, by Aboriginal status, Western Australia, 2014–2015 to 2018–2019. 24
Table 7: Age-standardised rate ratio for potentially preventable hospitalisations, by preventable conditions and Aboriginal status, Western Australia, 2014–2015 to 2018–2019. 24
Table 8: Age-standardised percentage of admitted patients who were discharged against medical advice, by Aboriginal status, Western Australia, 2013–2015 to 2015–2017. 25
Table 9: Age-standardised hospitalisation rate per 1,000 for a principal diagnosis of injury and poisoning, by Aboriginal status, Western Australia, 2014–2015 to 2016–2017. 26
Table 10: Aboriginal employment headcount and rate per 10,000 population in the WA health system workforce, 2014–2015 to 2019–2020 27
Table 11: Aged-standardised proportion of hospitalisations with a procedure recorded by Aboriginal status, Western Australia, 2013–2015 to 2015–2017. 28





Acknowledgement of Country and People

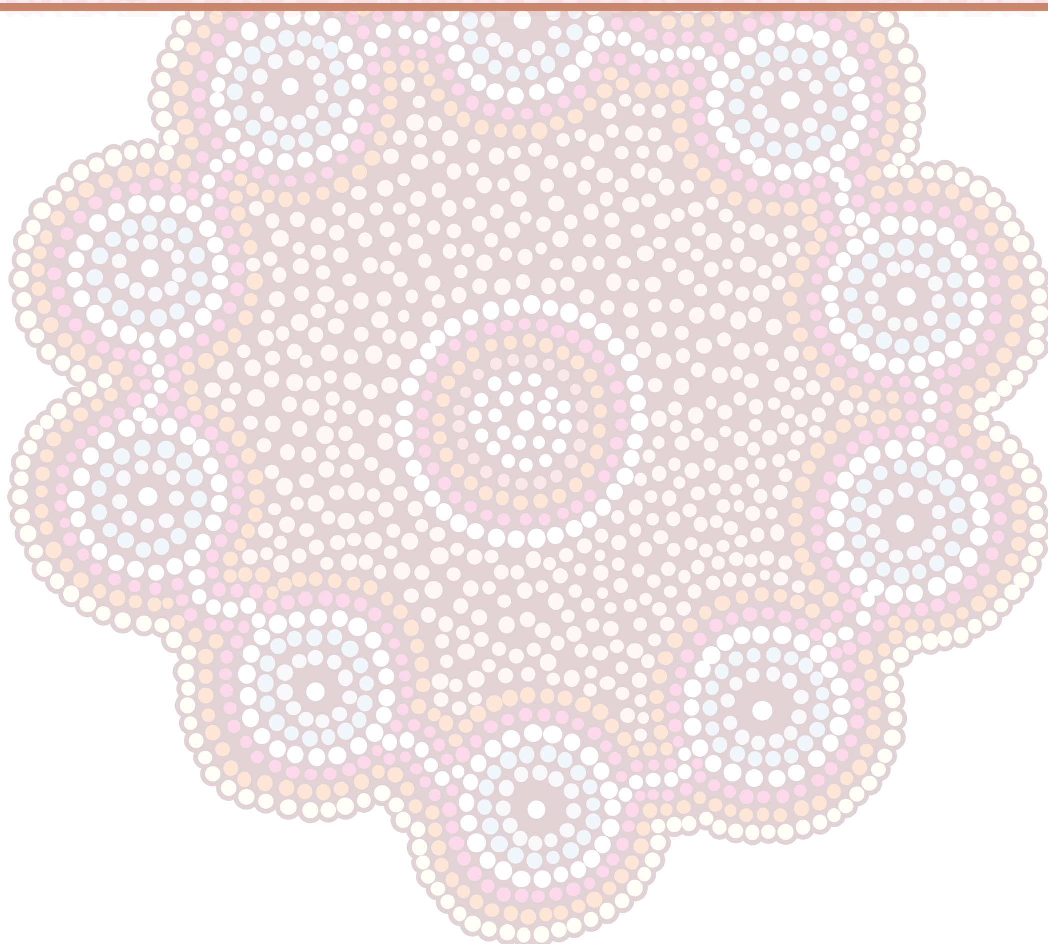
WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.



Using the term Aboriginal

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

On behalf of the Aboriginal Health Policy Directorate, a huge thank you to everyone who contributed to this evaluation. This process could not have been completed without the overwhelming cooperation of stakeholders and their willingness to meet and share thoughts and experiences in an open and constructive way. It is evident that great things are happening within WA Health and across the Aboriginal community-controlled health sector. We look forward to working with you over the next five years during which we can collaboratively *embed what works* to continue to improve the health and wellbeing of Aboriginal people.



Executive summary

The *WA Aboriginal Health and Wellbeing Framework 2015–2030* (The *Framework*) is WA Health's principal Aboriginal health strategic policy. Through its six strategic directions and priority areas, the *Framework* leads health and wellbeing stakeholders across Western Australia (WA) in a shared agenda to achieve its vision – *Aboriginal people living long, well and healthy lives*.

The *Framework's* implementation is conceptualised as three five-year cycles:

- build the foundations
- embed what works
- inform future directions.

An evaluation of each cycle will be completed to generate findings that will be used to refine and inform priorities for the following cycle and beyond.

This evaluation was undertaken to examine the first five-year cycle – *Build the foundations* and asks two principal questions: has the health of Aboriginal people changed since its implementation; and is the health system evolving to become more responsive to the needs of Aboriginal people.

The evaluation process gathered insights and information the from Department of Health, Health Services Providers (HSPs) and other stakeholders on how they have embarked upon implementing the *Framework*. The evaluation analysed key performance indicators and captured evidence on what was working and where, as well as providing examples of local and regional innovative projects where action is underway to improve health and wellbeing outcomes and achieve system efficiencies.

The evaluation and its findings represent an important continuous quality improvement initiative necessary to maintain targeted effort over the life of the *Framework*. Eleven priorities emerged from the evaluation process and will be used to inform and guide initiatives in the next implementation cycle. These include:

1. Develop and expand culturally secure maternal, birthing and child health services.
2. Progress a renewed focus on evidence-based prevention and early intervention initiatives.
3. Continue to embed the intent and vision of *Framework* within all WA Health strategic and operational planning processes.
4. Trial new and share existing strategies to reduce Discharge Against Medical Advice/Did Not Wait.
5. Develop and implement new performance indicators to ensure equity in health care provision for Aboriginal people.
6. Monitor systemwide compliance with Aboriginal cultural learning to ensure a culturally responsive workforce.
7. Work in partnership with Aboriginal Community Controlled Health Services to support and strengthen the sector.
8. Maintain and build engagement and consultation processes with Aboriginal people and communities.
9. Apply and extend the successful suite of Aboriginal workforce initiatives and identify and develop new and emerging opportunities as they present.
10. Strengthen partnership arrangements between HSPs and the System Manager to ensure cooperative stewardship of the *Framework* towards action.
11. Develop data driven dashboards that monitor health system performance concerning equity and access to services for Aboriginal people.

Chapter 1: Overview of the evaluation

Aboriginal people collectively have some of the greatest health needs and challenges of any group in WA[1]. Importantly, Aboriginal people have a right to culturally safe and responsive health care that is free from racism and inequality. The *WA Aboriginal Health and Wellbeing Framework 2015–2030* (The *Framework*)[2] was developed to establish a shared agenda for all parts of the WA health system and other key stakeholders to work together to improve the health and wellbeing of Aboriginal people in WA. This is the first of three planned evaluations to formally assess the impact of the *Framework* over its 15-year term – *Evaluation One: Build the foundations*.

The Aboriginal Health Policy Directorate (AHPD) co-designed this evaluation in consultation and collaboratively with:

- Aboriginal people
- HSPs
- key stakeholders, such as:
  - the Aboriginal Health Council of WA (AHCWA)
  - WA Primary Health Alliance (WAPHA).

The evaluation process has been underpinned by the Guiding Principles of the *Framework*:

- Cultural security
- The health and wellbeing of Aboriginal people is everybody's business
- Partnerships
- Aboriginal community control and engagement
- Access and equality
- Accountability.

Additionally, the evaluation adheres closely to contemporary practice concerning culturally safe approaches to the evaluation of Aboriginal and Torres Strait Islander policies and programs, including: *An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health*[3] and the *Indigenous Evaluation Strategy (Productivity Commission Draft Background Paper*)[4].

[1] Australian Institute of Health and Welfare (2015). The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2015. Cat. no. IHW 147. Canberra: AIHW.

[2] Department of Health, Western Australia (2015). Western Australian Aboriginal Health and Wellbeing Framework 2015-2030. Aboriginal Health Policy Directorate, Perth.

[3] Kelaher, M., Luke, J., Ferdinand, A., Chamravi, D., Ewen, S. & Paradies, Y. (2018). An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health. The Lowitja Institute, Melbourne. [Available from: https://www.lowitja.org.au/content/Document/Lowitja-Publishing/evaluation-framework.pdf].

[4] Productivity Commission (2020). Indigenous Evaluation Strategy, Draft Background Paper. Canberra, May. [Available from: https://www.pc.gov.au/inquiries/current/indigenous- evaluation/draft/indigenous-evaluation-draft-background.pdf].

Several key stakeholders are identified that will benefit from the evaluation findings. These are:

- The System Manager (Department of Health)
  - The AHPD
  - Purchasing and System Performance Division – Data and Information Directorate and Performance Management Directorate
- Public and Aboriginal Health Division, Epidemiology Branch
- Relevant Aboriginal health and wellbeing stakeholders within the HSPs, namely:
  - Directors and staff within Aboriginal Health Strategy Units
- The AHCWA and its affiliate members
- Relevant health and wellbeing stakeholders outside the WA health system, including non-government organisations (NGOs) and other contracted health entities
- WAPHA
- WA Aboriginal Health Partnership Forum
- Aboriginal communities, families, carers and individuals.

While the *Framework* sets the strategic path for improving Aboriginal health and wellbeing, its companion Implementation Guide[5] was developed to support the *Framework* through a series of three five-year implementation cycles. The first five-year cycle – *Build the foundations* aimed to establish systemwide initiatives that will support improvements in Aboriginal health and wellbeing. These include growing the Aboriginal workforce, establishing good governance and leadership and building cultural safety.

In this context, the aim of the first evaluation is to:

- provide commentary on whether there has been any measurable change to the eight performance indicators that align with the *Framework's* vision and strategic directions
- document qualitative changes that signal whether the foundations have been built within the WA health system to improve Aboriginal health and wellbeing.

Importantly, when considering the evaluation findings, it must be acknowledged that the *Framework* sits within a complex policy environment and is part of a broader process for change. Attributing change at the WA population health level directly and solely to the *Framework* is neither intended nor warranted.

1.1 Outline of the document

This document is structured as follows:

- **Chapter 2** provides relevant background, including an overview of the *Framework* and companion documents, as well as the wider policy context and governance.
- **Chapter 3** outlines the suite of initiatives progressed by the AHPD.
- **Chapter 4** describes the evaluation structure, including the scope, evaluation questions, and the evaluation design (articulating the theory of change).
- **Chapter 5** addresses the first evaluation question: How has the health and wellbeing of Aboriginal people changed over the first five years of the Framework?
- **Chapter 6** answers the second evaluation question: How has the WA health system evolved to reflect the vision and strategic directions of the Framework?
- **Chapter 7** outlines the key priorities for the next five-year cycle: *embed what works.*

[5] Department of Health, Western Australia (2018). WA Aboriginal Health and Wellbeing Framework 2015-2030. Implementation Guide. Aboriginal Health Policy Directorate, Perth

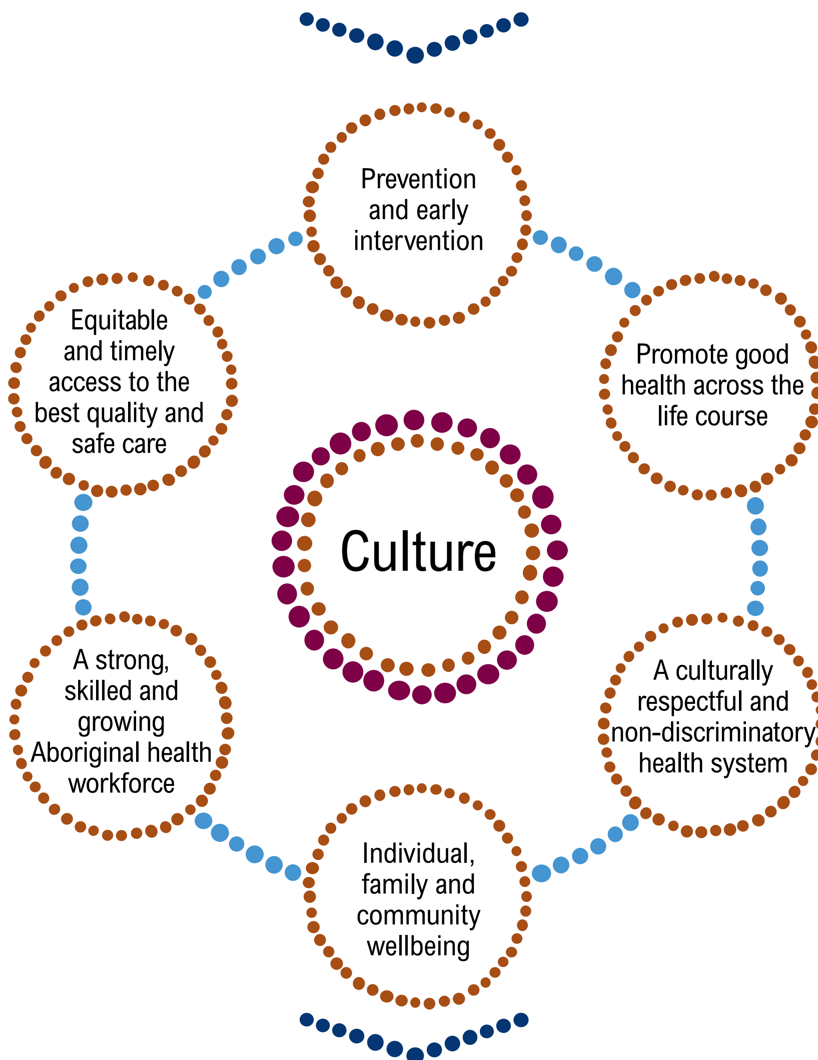
Chapter 2: Background

2.1 The WA Aboriginal Health and Wellbeing Framework 2015–2030

The *Framework* highlights a set of guiding principles, strategic directions and priority areas aimed at improving the health and wellbeing of Aboriginal people in WA (see Figure 1). Through its six key strategic directions, the *Framework* sets the pathway that health and wellbeing stakeholders across WA will take to achieve its vision – that *Aboriginal people living long, well and healthy lives*. The successful realisation of the *Framework* requires support from all parts of the WA health system, other government agencies, the Aboriginal community-controlled sector, NGOs, and importantly the Aboriginal community (See Figure 1).

Guiding Principles

▪ Cultural security ▪ The health and wellbeing of Aboriginal people is everyone's business ▪ Partnerships ▪ Aboriginal community control and engagement ▪ Access and equality ▪ Accountability



Priority areas

▪ Addressing risk factors ▪ Managing illness better ▪ Building community capacity ▪ Better health systems ▪ Aboriginal workforce development ▪ Data, evidence and research ▪ Addressing the social determinants of health

Figure 1. The WA Aboriginal Health and Wellbeing Framework 2015–2030 guiding principles, strategic directions and priority areas guiding principles, strategic directions and priority areas

The purpose of the *Framework* is to ensure Aboriginal people in WA have equity of access to high quality care and services that are free from racism and inequality, while assisting communities to make good health a priority through a focus on prevention. The *Framework* provides broad direction at the policy, organisational and individual level for key stakeholders and recognises the need to respond in a coordinated, flexible and practical way to improve Aboriginal health outcomes.

The strategic directions support:

- evidence-based best practice
- re-empowerment of Aboriginal people
- a service system within which the health and wellbeing of Aboriginal people is everybody's business (See Figure 2).

We acknowledge that many stakeholders are already working towards addressing these strategic directions and striving to achieve these aims.

Strategic directions	What we aim to achieve
Prevention and early intervention	Aboriginal people, families and communities are engaged with evidence-based prevention and early intervention initiatives and choose healthy lifestyles.
Promote good health across the life course	Aboriginal people engaged at key transition points across the life course.
A culturally respectful and non-discriminatory health system	A health system free of racism.
Individual, family and community wellbeing	Aboriginal family systems of care recognised and supported.
A strong, skilled and growing Aboriginal health workforce	A culturally secure workforce. Aboriginal people employed at all levels across the health system.
Equitable and timely access to the best quality and safe care	Aboriginal people receive safe care of the highest quality in a timely manner.

Figure 2. The Framework's stragic directions and intended outcomes

2.2 Policy context

2.2.2 Western Australia

WA Health Strategic Intent 2015–2020

When the *Framework* was launched, the *WA Health Strategic Intent 2015–2020*[6] was the Department's principal strategic policy. It outlined four key priorities for the WA health system, one of which concerned Aboriginal health and committed the Department of Health to:

- strengthen and embed the approach to improving the health and wellbeing of Aboriginal people living in WA
- increase Aboriginal consumer, carer and community involvement to enhance access to and delivery of culturally appropriate health services
- create and develop strategic partnerships to improve the development and management of health services for Aboriginal people.

Health Services Act 2016

The *Health Services Act 2016*[7] (the Act) came into effect in July 2016 and provided a legal framework to establish new roles, responsibilities and accountabilities at all levels of the health system. The Act establishes a devolved model of governance where the Department of Health acts as the System Manager and is responsible for the overall management and strategic direction of the WA health system. The Child and Adolescent, North, South and East Metropolitan Health Services, and the WA Country Health Service were established as separate legal entities (Health Service Providers) governed by Health Service Boards – legally responsible and accountable for the delivery of health services for their local communities.

As part of the Act, and under the Clinical Services Planning and Programs Policy Framework, the Director General (DG) is provided with a legal mechanism to manage the WA health system at a strategic level. Systemwide binding policy frameworks across different priority areas establish standards to ensure that Western Australians experience the same level of high-quality care, regardless of where they live, and which service they use. A full list of Mandatory Policies that drive improvements in Aboriginal health can be found at Appendix 1.

One of the roles of the System Manager is to monitor and report on the performances of HSPs. The Performance Management Policy (PMP) outlines the performance indicators that each HSP must report monthly via the Health Services Performance Report (HSPR). The HSPR includes a range of Aboriginal-specific indicators against which each HSP is held accountable. The Aboriginal Health and Wellbeing Policy specifies the mandatory policy requirements that all HSPs must comply with to strengthen and embed action that will improve Aboriginal health and wellbeing. The policy is designed to ensure a consistent approach across HSPs to address the strategic directions outlined in the *Framework*. Within this policy, each HSP is required to develop an Aboriginal Health and Wellbeing Action Plan.

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[6] WA Department of Health, (2015) Strategic Intent 2015-2020
https://ww2.health.wa.gov.au/~/media/Files/Corporate/general-documents/About-WA-Health/wa_health_strategic_intent14052015.pdf

[7] Department of Health, Western Australia (2016) Health Services Act.
https://www.legislation.wa.gov.au/legislation/prod/filestore.nsf/FileURL/mrdoc_28754.pdf/$FILE/Health%20Services%20Act%202016%20-%20%5B00-c0-00%5D.pdf?OpenElement

Sustainable Health Review

In 2017, the Government of WA announced the *Sustainable Health Review*[8] (SHR) to prioritise the delivery of patient-centred, high quality and financially sustainable healthcare across the Western Australia. The AHPD developed a concept paper to ensure Aboriginal health priorities were considered in the early development phase and worked to support the SHR Panel and facilitate Aboriginal consultation.

An interim report released halfway through the process provided an opportunity to further comment on the preliminary directions and embed elements of the *Framework* across all the domains.

The final SHR report recommends action on the following key areas:

- ways to improve patient pathways and transition including through primary, secondary and tertiary healthcare
- the mix of services across the system, including sub-acute, step-down, community and other out-of-hospital services to deliver care in the most appropriate setting
- ways to encourage and drive digital innovation, and the most effective use of new technology, research and data
- opportunities to drive partnerships across all sectors and levels of government
- ways to promote safer and more efficient services
- implementation of the Review's recommendations in the short, medium and long-term.

In recognition of the significant consultation process and strategic directions in the *Framework* and to continue this focus, Recommendation 3a aims to reduce inequity in health outcomes and provide access to care with a focus on Aboriginal people and families in line with the *Framework*. The priorities for implementation highlighted under Recommendation 3a include:

- ongoing recognition and strengthening of Aboriginal Community Controlled Health Organisations as leaders in Aboriginal primary health care including through sustainable funding for partnerships in prevention and early intervention including mental health
- employment of additional Aboriginal staff, including in leadership positions, to meet the WA health system target of 3.2 per cent of Aboriginal employees by 2026, with priority to increasing the proportion of Aboriginal nurses, allied health professionals and medical practitioners as part of multidisciplinary teams
- expansion of mandatory systemwide cultural learning to develop knowledge and understanding of Aboriginal health and to support the growth of a culturally competent and responsive health system.

It is important to note that while a specific focus on Aboriginal people has been provided for Recommendation 3a, each of the eight Enduring Strategies set out in the SHR Final Report have a relationship with Aboriginal health and wellbeing. Work to map and highlight these relationships is occurring to ensure cultural governance and to embed the health and wellbeing of Aboriginal people as everybody's business.

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[8] Sustainable Health Review (2019) Sustainable Health Review: Final Report to the Western Australian Government. Western Australia

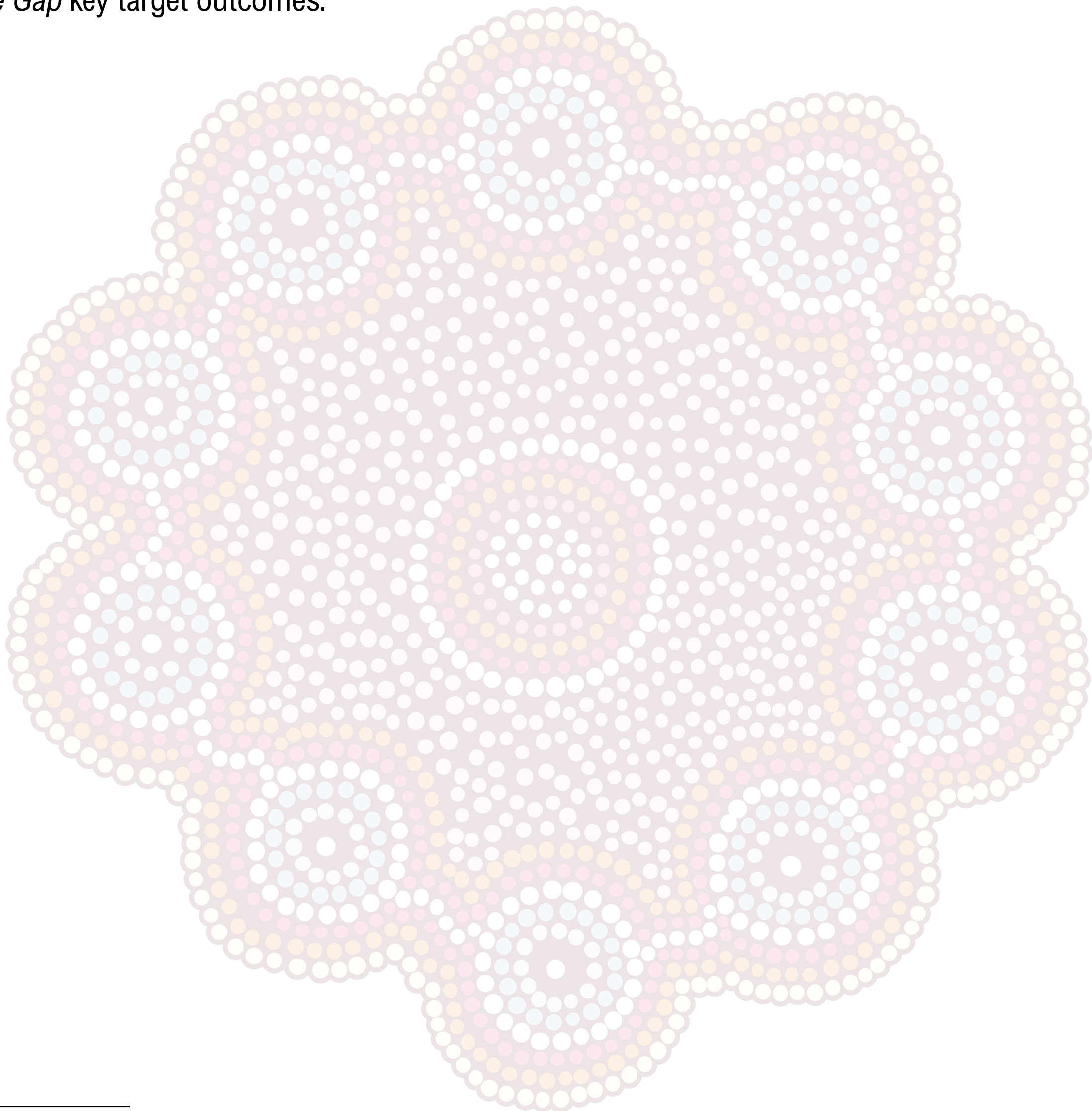
2.2.1 Australian Government

The *Closing the Gap* National Partnership

The Closing the Gap National Partnership Agreement was a formal commitment made by all Australian Governments, through the Council of Australian Governments (COAG) in 2007, to achieve Aboriginal and Torres Strait Islander health equality within 25 years[9]. This commitment aimed to reduce disadvantage among Aboriginal and Torres Strait Islander people with respect to life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes.

In December 2016, COAG agreed to refresh the Closing the Gap framework and committed to a formal partnership with Indigenous Australians, as represented through their community-controlled peak organisations (the Coalition of Peaks), to guide an extensive engagement process with Aboriginal and Torres Strait Islander peoples and communities.

On 27 July 2020, all Australian Governments and the Coalition of Peaks committed to the actions under the National Agreement on Closing the Gap, with this replacing the Partnership Agreement. The National Agreement signals a new way of working, with an increased focus on shared decision-making on the design, implementation, monitoring and evaluation of policies and programs with Aboriginal and Torres Strait Islander people, as represented through their community-controlled peak organisations (the Coalition of Peaks). It is supported by specific targets to measure progress in the outcomes experienced by Aboriginal and Torres Strait Islander people. Please refer to Appendix 2 for a full list of the *Closing the Gap* key target outcomes.



[9] Human Rights and Equal Opportunity Commission (2008) - https://humanrights.gov.au/our-work/commission-general/publications/annual-report-2007-2008-human-rights-and-equal-opportunity

Chapter 3: Key initiatives progressed by the AHPD

3.1 The Framework's companion documents

3.1.1 The Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030 (the Implementation Guide)[10]

The *Implementation Guide* expands on the six key strategic directions outlined in the *Framework* by describing the desired strategic outcome for each, as well as identifying the key focus areas that are critical in achieving these outcomes. It sets out a phased, targeted approach to achieve continuous improvements through a series of three five-year implementation cycles:

- Build the foundations (2015–2020)
- Embed what works (2021–2025)
- Inform future directions (2026–2030).

3.1.2 The WA Aboriginal Health and Wellbeing Framework 2015–2030 Monitoring and Reporting Plan (the Monitoring and Reporting Plan)[11]

The *Monitoring and Reporting Plan* was established to provide a robust measurement and monitoring structure utilising key headline measures to guide HSPs and other stakeholders in achieving the vision and strategic directions of the *Framework*. It provides transparency, consistency and accountability that will allow evaluation of how the health of Aboriginal people in WA may be changing over the 15-year lifespan of the current *Framework*; as well as in guiding future improvements in health and wellbeing targets.

3.1.3 The Outcomes Framework for Aboriginal Health: an outcome focus approach to funding community-based health care services (the Outcomes Framework)[12]

The *Outcomes Framework* seeks to build on and complement the intent of the *Framework* by providing an outcomes focused approach to funding community-based healthcare services. It was developed to support HSPs and the Department of Health in the procurement of Aboriginal community-based health services to ensure that any contracted community services for Aboriginal people in WA are aligned to the intent of the *Framework*.

[10] Department of Health, Western Australia (2018). WA Aboriginal Health and Wellbeing Framework 2015-2030. Implementation Guide. Aboriginal Health Policy Directorate, Perth

[11] Department of Health, Western Australia (2018). WA Aboriginal Health and Wellbeing Framework 2015-2030. Monitoring and Reporting Plan (2nd Ed.). Aboriginal Health Policy Directorate, Perth.

[12] Department of Health, Western Australia (2019). Outcomes Framework for Aboriginal Health 2020-2030. Aboriginal Health Policy Directorate, Perth.

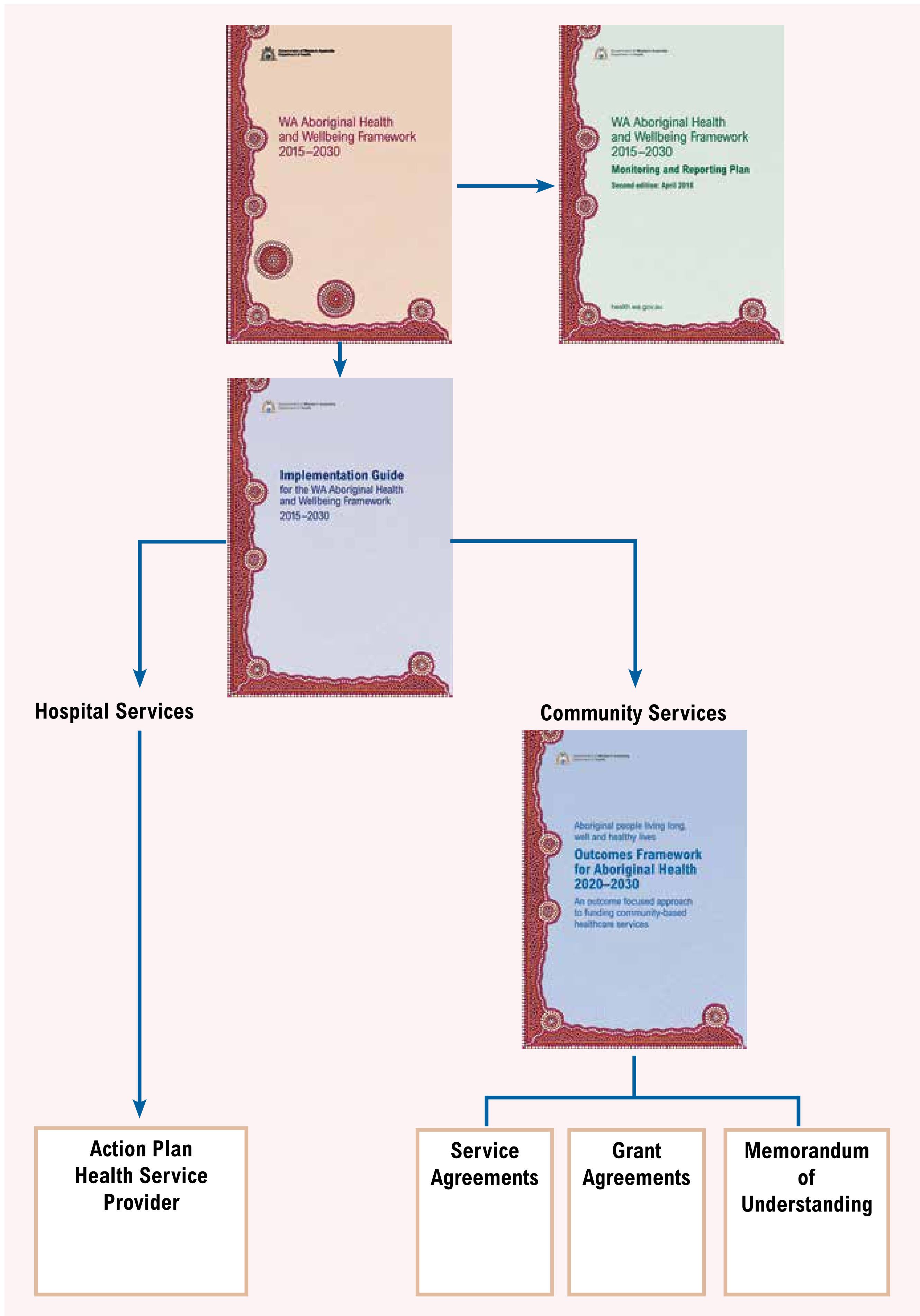


Figure 3. sets out the relationship of the three supporting documents to the *Framework.*

3.2 Initiatives progressed by the AHPD over the first five years

3.2.1 Workforce initiatives

The mandatory Aboriginal Workforce Policy (the *Workforce Policy*) specifies the requirements that HSPs and the Department of Health must comply with to attract, recruit and retain Aboriginal people and increase the number of Aboriginal employees at all levels of clinical, non-clinical and leadership roles. As per the *Workforce Policy*, HSPs and the Department of Health are required to apply Section 51 of the *Equal Opportunity Act 1984* (s.51) to the recruitment process to increase Aboriginal representation in the workforce.

Importantly, to support this process the requirement to apply s.51 in all advertising and recruitment processes for WA Health, including Chief Executive and Assistant Director General levels, was included in the DG's General's Performance Agreement.

The following initiatives support the *Workforce Policy*:

- A suite of resources for health services to build the capacity of recruiting managers to apply s.51 as a recruitment strategy for Aboriginal people. This was supported by a systemwide pilot to test the effectiveness and readiness of the health system to use the s.51 measure.
- Two masterclasses were delivered in 2019 and 2020 in partnership with the Chief Nursing and Midwifery Office to educate and inform recruiters on the use of s.51 to grow the Aboriginal workforce. Consequently, s.51 was applied to the Graduate Development Program (GDP) and the GradConnect recruitment processes. In 2020, four Aboriginal graduates accepted places in the GDP and additionally the GradConnect recruitment saw 100 per cent of Aboriginal nurse and midwife applicants offered a place in the program.
- *The Aboriginal Cadetship Program* is an initiative aimed at attracting Aboriginal university students into the Department of Health to build a highly skilled, sustainable and tertiary qualified Aboriginal workforce. The program was expanded in 2019 to include HSPs and in 2020 all HSPs participated in the Cadetship Program. In 2020, 37 cadets we recruited for 2021.
- *The Aboriginal Leadership Excellence and Development Program* (LEAD) is a systemwide Aboriginal leadership initiative co-sponsored by the Institute for Health Leadership and the AHPD to further leadership skills and knowledge in Aboriginal staff. 23 participants have graduated from the LEAD program and a further two intakes (a total of 24 participants) are scheduled for 2021.

Since 2018, the System Manager has also set annual workforce targets for each HSP and the Department of Health. Progress towards the target is monitored through the HSPR. The WA health system has seen a steady increase in the number of Aboriginal employees between 2015 to 2021.

3.2.2 Impact Statement and Declaration

An Impact Statement and Declaration (ISD) is a questionnaire that WA Health staff use to declare and demonstrate that the health impacts on, and opportunities for, Aboriginal people have been considered and appropriately incorporated into their policies and relevant health initiatives.

The ISD process incorporates:

- the principles of equity
- a whole-of-life view of health
- recognition of the importance of self-determination in Aboriginal communities
- working in partnership
- cultural security
- acknowledgement of the impact of trauma and loss on Aboriginal communities and families.

3.2.3 Discharge Against Medical Advice/Did Not Wait

Discharge Against Medical Advice refers to patients leaving hospital against the advice of their treating medical team or without advising hospital staff (e.g. absconding or missing and not found). Patients who do so have a higher risk of readmission and mortality[13] and have been found to cost the health system 50 per cent more than patients who are discharged by their physician[14].

Between July 2013 and June 2015, Aboriginal patients in WA were almost 13 times more likely than non-Aboriginal patients to discharge against medical advice, compared with seven times nationally[15]. This statistic indicates a need for improved responses by the health system to the needs of Aboriginal patients. The Discharge Against Medical Advice indicator was added to the HSPR in 2018 and provides a measure of the safety and quality of inpatient care. Reporting the results by Aboriginality offers a measure of the effectiveness of initiatives within the WA health system to deliver culturally secure services to Aboriginal people and addressing underlying factors in achieving equitable treatment outcomes for Aboriginal patients.

Similarly, Did Not Wait refers to patients who present to Emergency Departments (ED) but leave prior to being fully assessed and/or treated. These patients are more likely to re-present to an ED within 48 hours compared to patients who complete their treatment and are discharged home[16]. Those patients who do re-present are often triaged as higher urgency than at their initial presentation, indicating a deterioration of their condition[17]. Departure from ED prior to completion of treatment therefore constitutes a risk to the health of these patients as well as an inefficient use of hospital resources. High rates of Did Not Wait may be symptomatic of long waiting times in EDs, as this is the primary reason cited by patients for leaving before completion of treatment[18]. This indicator was added to the HSPR in 2019 and aims to drive responsiveness by Health Service Providers to Aboriginal patient needs.

3.2.4 Health Pathways grant funding

Young Aboriginal people are increasingly aspiring to go to university and take up professional and leadership positions when they graduate. Currently, Aboriginal people are significantly underrepresented within the higher education system, contributing to the high levels of social and economic disadvantage they often experience. Producing graduates qualified to take up professional, academic and leadership positions in a broad range of roles across the health sector will help to address this disadvantage.

The Health Pathways initiative provides grant funding to WA universities and Aboriginal Registered Training Organisations to provide scholarships, bursaries and financial assistance to Aboriginal students that are enrolled in a health or health-related discipline. It supports these organisations to deliver one-off

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[13] Yong et al. (2013). Characteristics and outcomes of discharges against medical advice among hospitalised patients. Internal medicine journal :43(7):798-802.

[14] Aliyu ZY (2002). Discharge against medical advice: sociodemographic, clinical and financial perspectives. International Journal of Clinical Practice; 56(5):325-27.

[15] Commonwealth of Australia. (2017). Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, Commonwealth of Australia, Canberra.

[16] Ibid

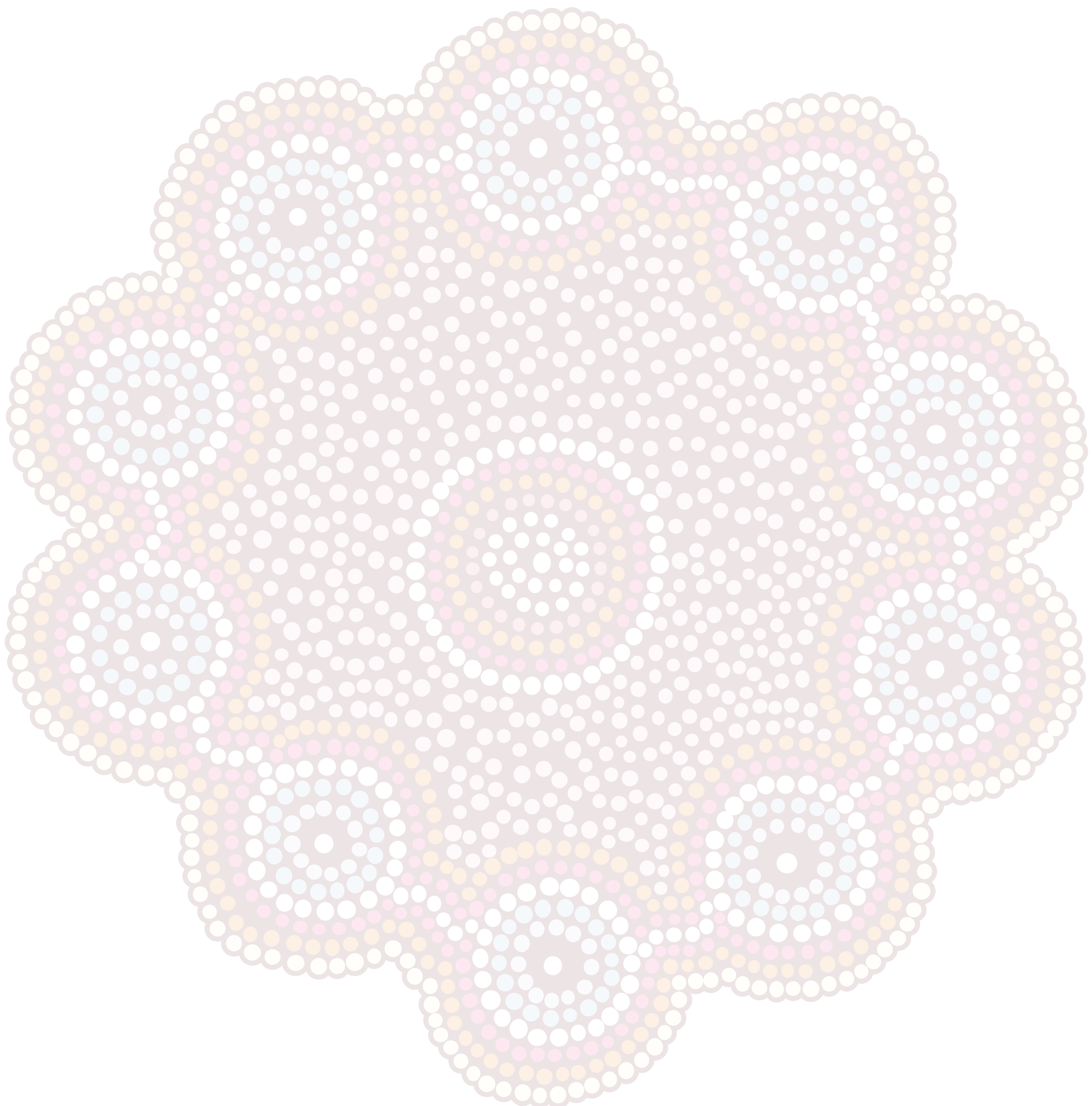
[17] Tropea J, Sundararajan V, Gorelik A, Kennedy M, Cameron P, Brand CA. (2012). Patients who leave without being seen in emergency departments: an analysis of predictive factors and outcomes. Academic Emergency Medicine. Apr;19(4):439-47.

[18] Clarey AJ, Cooke MW (2012). Patients who leave Emergency departments without being seen. Emergency Medicine Journal. 2012 Aug; 29(8):61721.

time-limited projects that promote higher education and training opportunities for Aboriginal people and additionally raise awareness of the Department of Health's cadetship and graduate programs amongst Aboriginal students.

3.2.5 Aboriginal Cultural e-Learning

Aboriginal cultural education and training opportunities help build the health system's capacity, capability and responsiveness to the health needs of Aboriginal people. Attaining cultural competency is an ongoing process that requires continuous reflection and review for the health professional, health services and health system.The Aboriginal Cultural eLearning (ACeL) training course is one step towards developing the cultural competency of the WA health system and improving cultural safety for Aboriginal patients and colleagues. It is mandatory that all WA Health staff complete ACeL training to develop their knowledge and understanding of Aboriginal health.



Chapter 4: The evaluation structure

4.1 Scope

The evaluation will:

- review whether the health and wellbeing of Aboriginal people has changed since the *Framework* was launched
- consider how responsive and accountable the WA health system has become to the *Framework*
- review the qualitative evidence for health system and cultural change
- identify key stakeholder initiatives that support the vision and strategic directions of the *Framework*
- highlight any barriers or drivers to success
- set future directions and priorities.

The evaluation process will **not** assess the performance of individual HSPs and/or specific initiatives. It is the responsibility of HSPs to review the programs and initiatives that they have introduced to support the vision and strategic directions of the *Framework*. However, where there are examples of best or leading practice, and/or new initiatives that have been developed that clearly contribute to the intent of the *Framework* these are highlighted within the evaluation with the permission of the contributor.

4.2 Evaluation questions and methods

The evaluation will address two overarching questions:

1. How has the health and wellbeing of Aboriginal people in WA changed over the first five years of the *Framework*?

Method: Key headline measures that are described in the *Framework's Monitoring and Reporting Plan*, and that align with the its vision and strategic directions will be analysed and discussed.

2. How has the WA health system evolved to reflect the vision and strategic directions of the *Framework*?

Method: Qualitative inquiry utilising data from semi-structured key respondent interviews will explore:

(a) evidence of organisational and cultural change

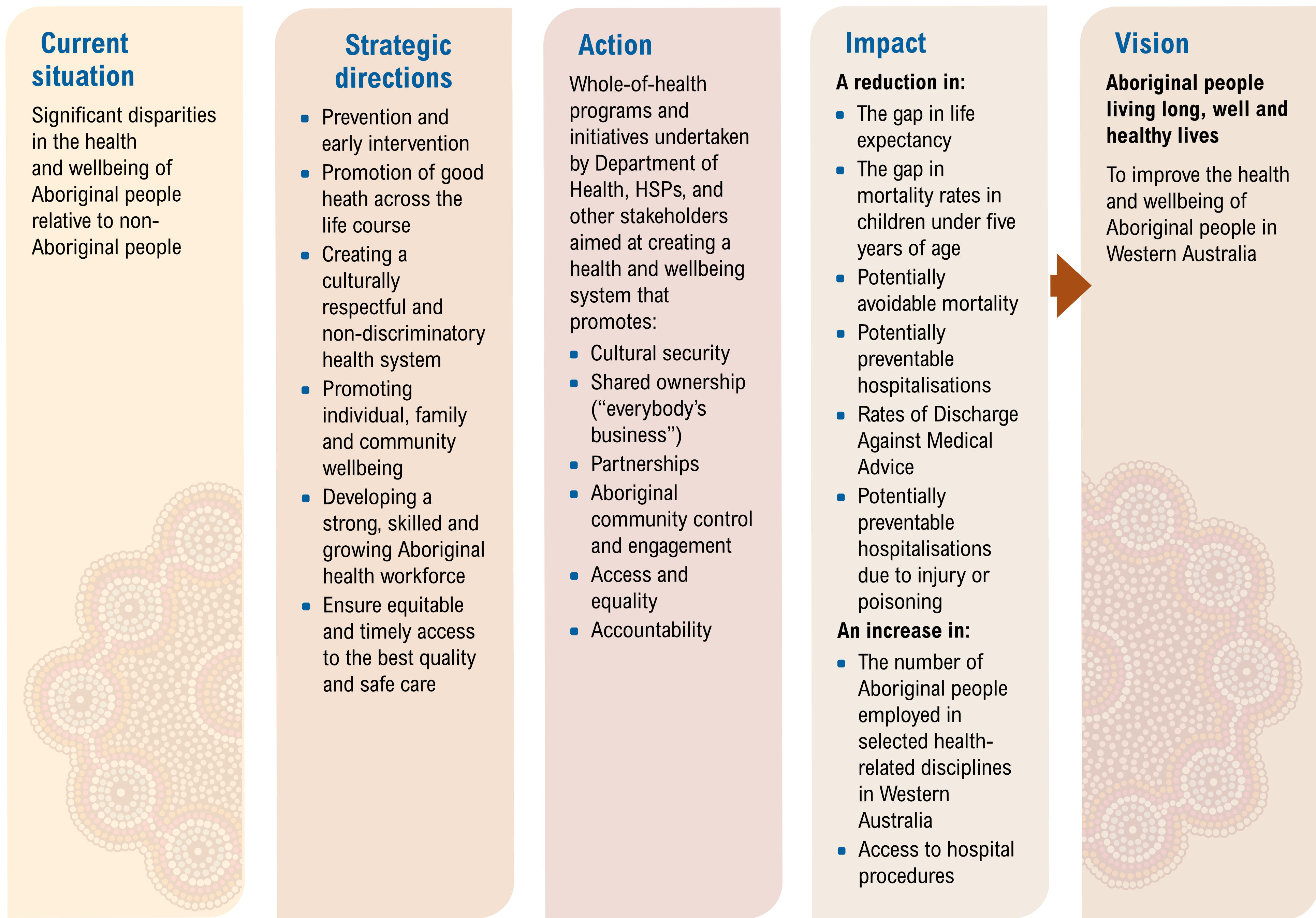
(b) evidence of system responsiveness and accountability

(c) the barriers and drivers to change.

4.3 Theory of change

The evaluation process presupposes an important underlying assumption: that a causal relationship exists between the expected outcomes (improved health and wellbeing of Aboriginal people in WA) and the policies, programs and initiatives that were developed by key stakeholders in response to the implementation of the *Framework*. Figure 4 outlines these relationships in the context of theory of change.

Figure 4: Theory of Change



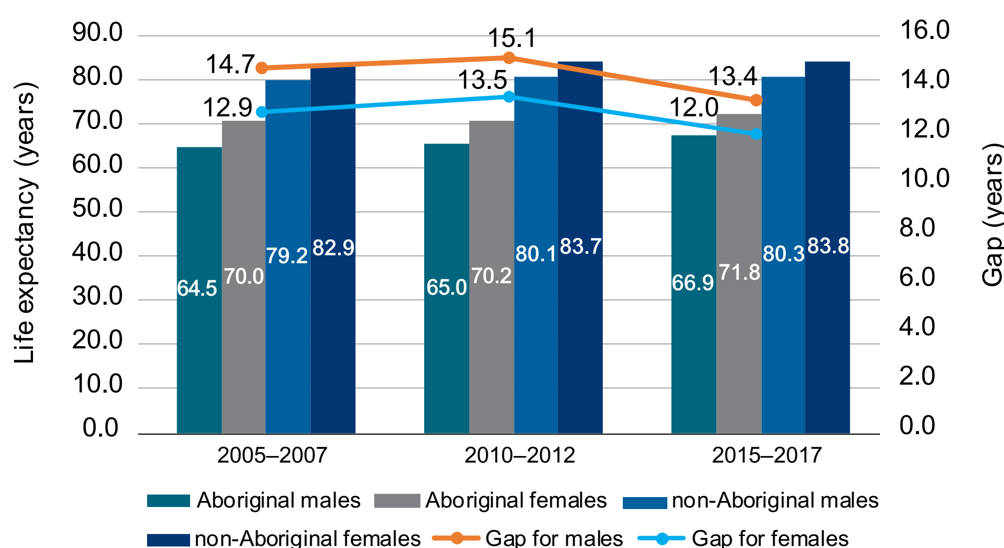
Chapter 5: Changes in the health and wellbeing of Aboriginal Western Australians

Following a comprehensive review of Aboriginal health indicators, eight were selected for inclusion in the *Framework's Monitoring and Reporting Plan*. The results from an analysis of these indicators (over the first five years) are set out below. Please note that due to data collection limitations, data was not available for each measure for the full period under investigation. Where this is the case the most recent data available is reported.

5.1 Overarching Measure 1: A reduction in the gap in life expectancy

The gap in life expectancy between Aboriginal male and non-Aboriginal male Western Australians has decreased from baseline (years 2010–2012) to the most recent data available (years 2015–17) by 1.7 years. The gap for Aboriginal female and non-Aboriginal female Western Australians during that period also decreased by 1.5 years (See Table 1).

Table 1: Gap in life expectancy between Aboriginal and non-Aboriginal Western Australians, 2005–2007 to 2015–2017



Source: ABS 2018, Life Tables for Aboriginal and Torres Strait Islander Australians, 2015–2017 and previous years, Cat. no. 3302.0.55.003, Canberra.

Commentary

It is well understood that life expectancy is affected by a range of factors, including:

- disease incidence and prevalence
- health behaviours
- social determinants such as education, income and employment
- access to health services[19].

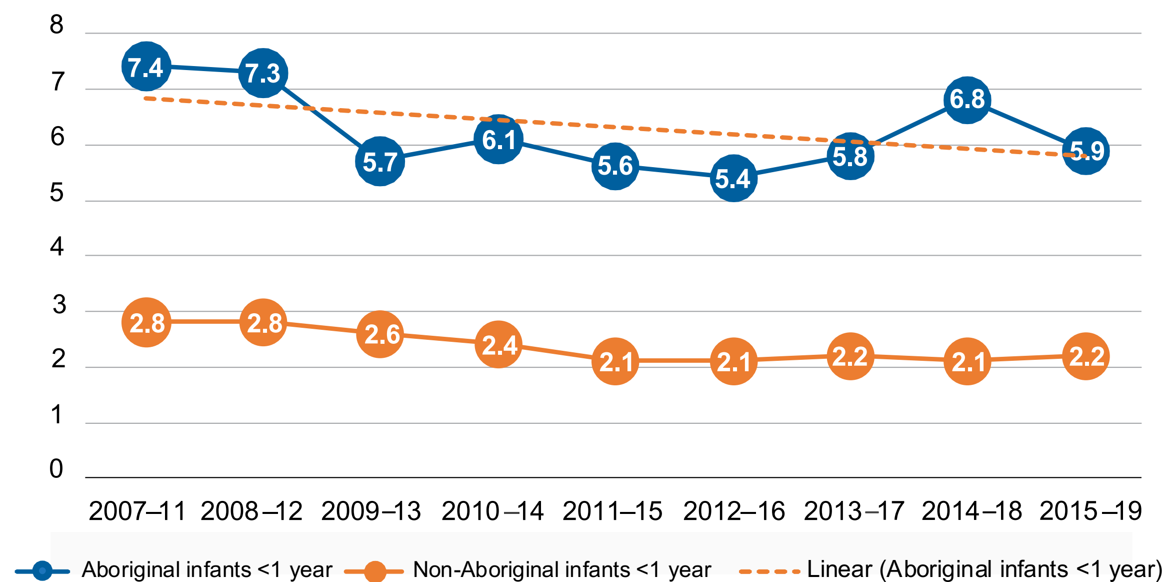
While a reduction in the gap in life expectancy is occurring, the rate at which this gap is closing remains disappointing and points to a need for renewed and re-energised approaches to prevention that are developed in partnership with Aboriginal people and communities and that draw from the best available evidence of what works.

[19] Australian Health Ministers' Advisory Council 2015. Aboriginal and Torres Strait Islander Health Performance Framework 2014 report. Canberra: AHMAC

5.2 Overarching Measure 2: A reduction in the gap in mortality rates for Aboriginal children

Whilst the mortality rate has fluctuated from year to year, the long-term trend concerning infant mortality (<1yrs) (rate per 1,000 live births for Aboriginal Western Australians) indicates a downward trend. See Table 2.

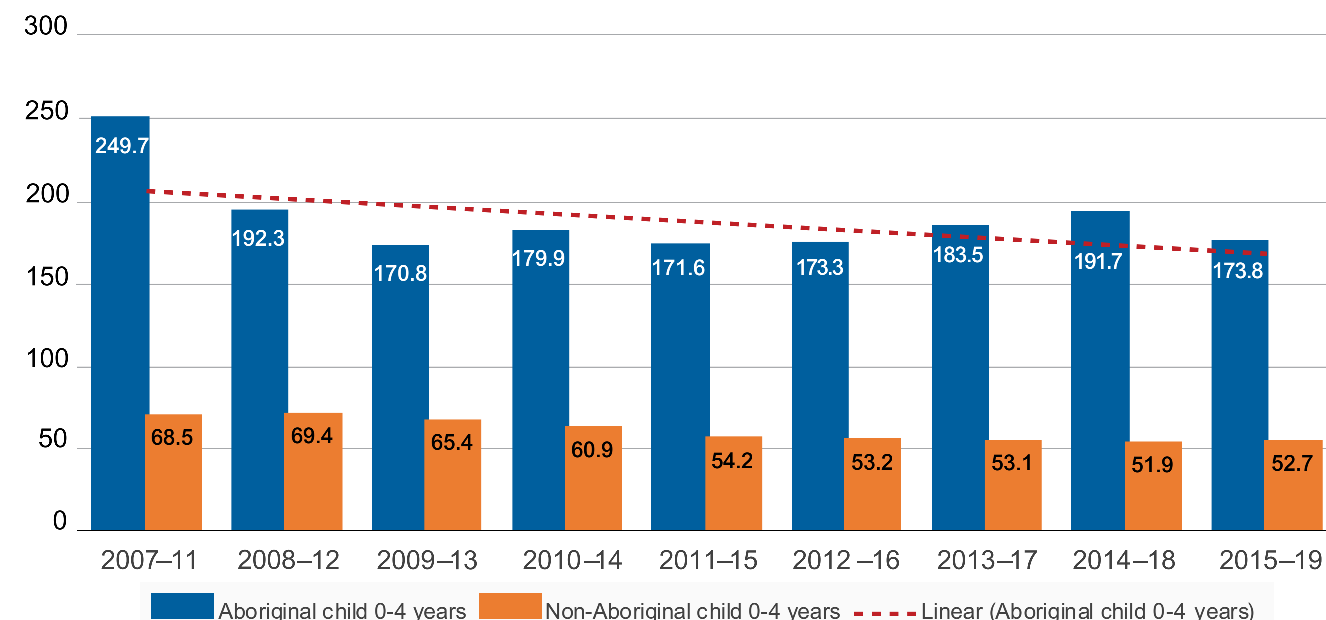
Table 2: All causes infant mortality rate per 1,000 live births by Aboriginal status, Western Australia, 2007–2011 to 2015–2019



Source: (SCRGSP, 2021), ABS Deaths and Australian Demographic Statistics

Data regarding the mortality rate for Aboriginal children aged 0–4 years in Western Australia (whilst also fluctuating) also shows a decreasing trend (See Table 3).

Table 3: All causes child mortality rate per 100,000 population for children aged 0–4 years, by Aboriginal status, Western Australia, 2007–2011 to 2015–2019.



Source: (SCRGSP, 2021), ABS Deaths and Australian Demographic Statistics

Commentary

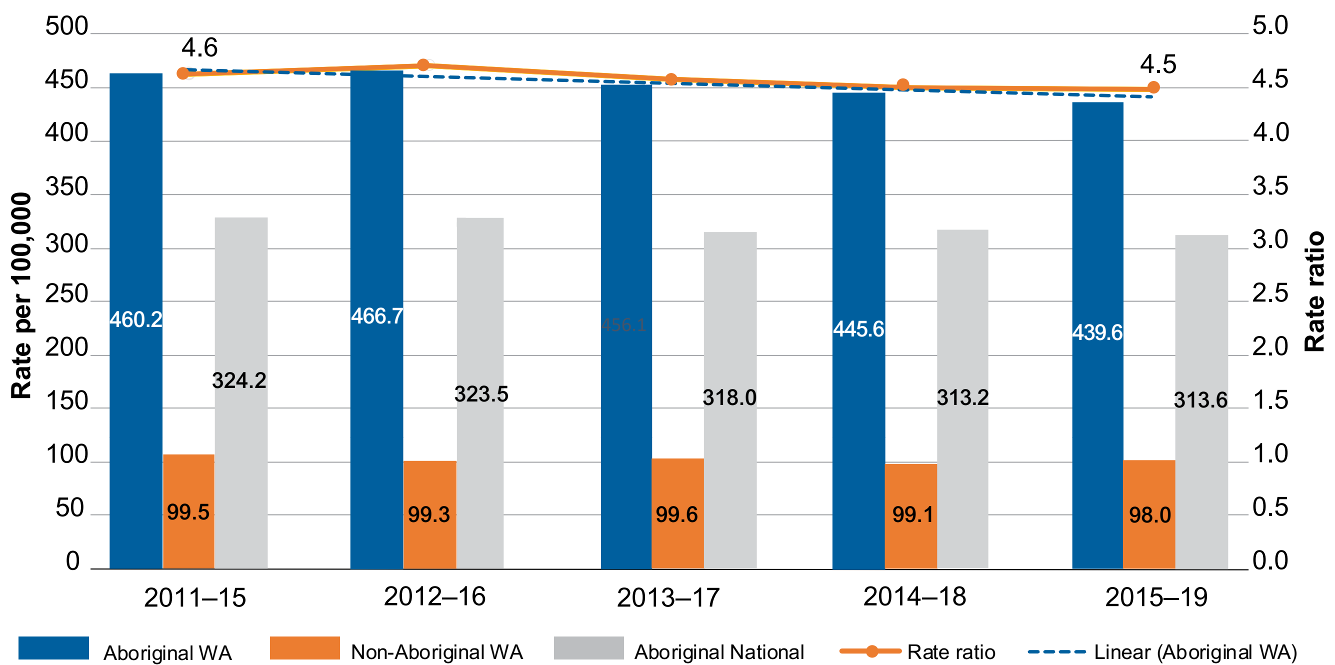
Infant (less than 1 year of age) and child (0–4 years of age) mortality are long-established child and population health measures.[20] The recently refreshed National Agreement on Closing the Gap has identified the importance of ensuring Aboriginal children are born healthy and strong.[21]

The key risk factors associated with infant and child mortality include low birthweight and pre-term births, maternal health and behaviours (for example, nutrition during pregnancy, smoking and alcohol use), socioeconomic status and access to health services.[22] Access to quality medical care, public health initiatives and safe living conditions serve as protective factors and can improve the chances of having a healthy baby.[23]

5.3 Supporting Measure 1: A reduction in potentially avoidable mortality

The age-standardised avoidable mortality rate for Aboriginal Western Australians decreased slightly from 460.2 per 100,000 in 2011–15 to 439.6 per 100,000 in 2015–19, while the age-standardised rate ratio remained stable at around 4.5 (Table 4).

Table 4: Age-standardised avoidable mortality rate, by Aboriginal status, Western Australia, 2011–2015 to 2015–2019.



Source: (SCRGSP, 2021), AIHW National Hospital Morbidity Database, ABS Australian Demographic Statistics.

[20] Australian Institute of Health and Welfare (2020). Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators – Western Australia. Canberra; AIHW Cat. no. IHPF 9.

[21] Commonwealth of Australia, Department of the Prime Minister and Cabinet, Closing the Gap Report 2020.

[22] Australian Institute of Health and Welfare (2018). Closing the Gap targets: 2017 analysis of progress and key drivers of change. Canberra: AIHW.

[23] Australian Institute of Health and Welfare (2020). Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators – Western Australia. Canberra; AIHW.

Commentary

Avoidable and preventable mortality refers to deaths from conditions that are considered avoidable given timely and effective health care (including disease prevention and population health initiatives).[24] The most common causes of avoidable deaths among Aboriginal people are:

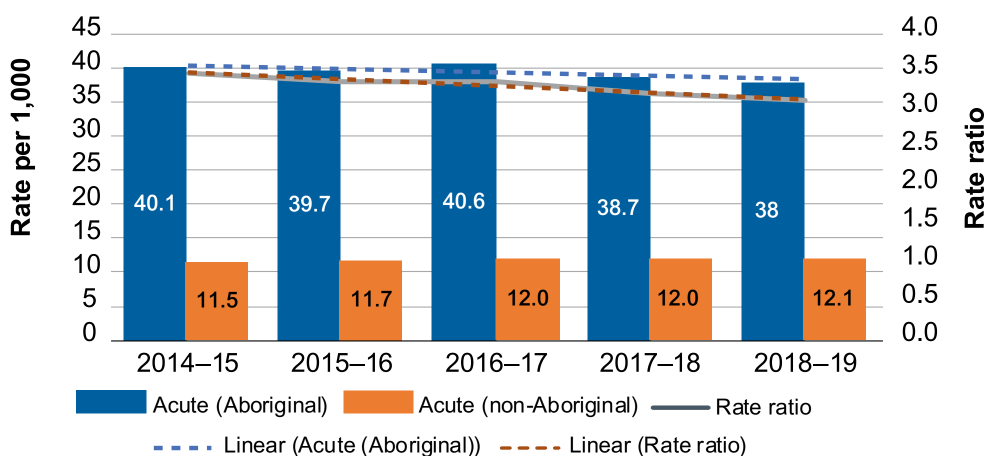
- ischaemic heart disease
- diabetes
- suicide
- chronic obstructive pulmonary disease
- cancer and transport accidents.

Comprehensive, accessible and well-integrated care is needed, particularly in managing chronic conditions, to prevent hospitalisations and death from avoidable causes. Ensuring services are accessible and culturally safe is therefore important to drive further reductions in avoidable deaths.[25]

5.4 Supporting Measure 2: A reduction in potentially preventable hospitalisations

The age-standardised rate for potentially preventable hospitalisations for acute conditions for Aboriginal Western Australians decreased slightly from 40.1 per 1,000 population in 2014–2015 to 38.0 per 1,000 population in 2018–2019. See Table 5.

Table 5: Age-standardised rate for potentially preventable hospitalisations for acute conditions, by Aboriginal status, Western Australia, 2014–2015 to 2018–2019.



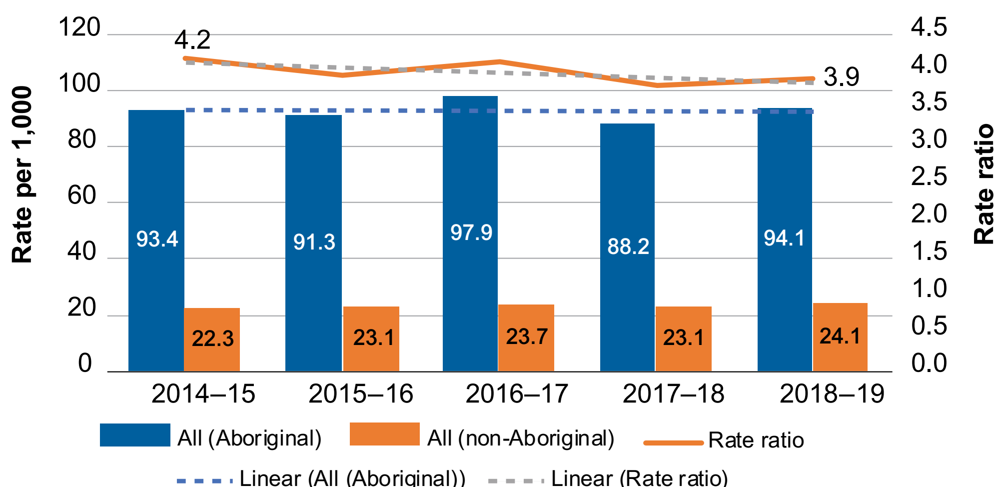
Source: (SCRGSP, 2021), AIHW National Hospital Morbidity Database, ABS Australian Demographic Statistics.

The age-standardised rate ratio for potentially preventable hospitalisations for all conditions for Aboriginal and non-Aboriginal Western Australians slightly reduced from 4.2 at the baseline (2014–2015) to 3.9 in 2018–2019 (Table 6).

[24] Australian Institute of Health and Welfare (2020). Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators – Western Australia. Canberra; AIHW

[25] Australian Institute of Health and Welfare (2020). Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators – Western Australia. Canberra; AIHW

Table 6: Age-standardised rate for potentially preventable hospitalisations for all conditions, by Aboriginal status, Western Australia, 2014–2015 to 2018–2019.

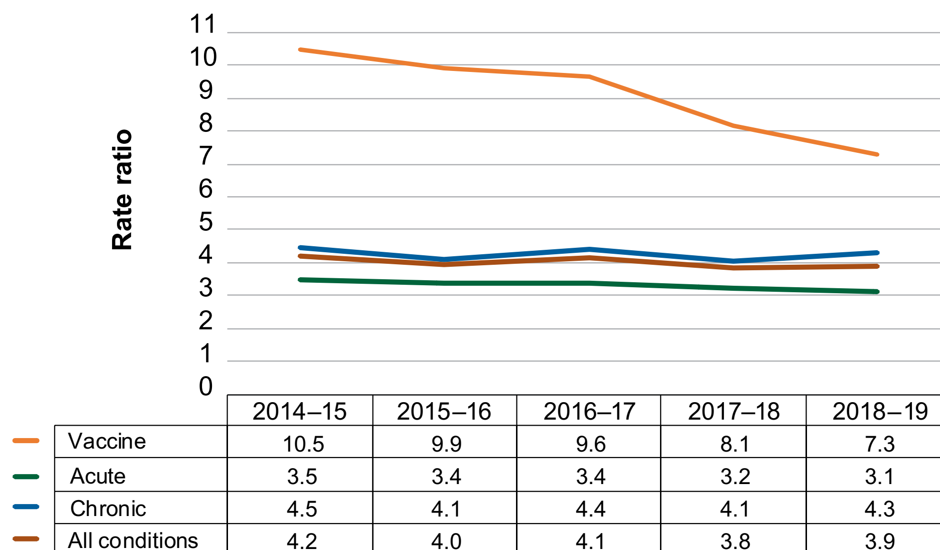


Source: (SCRGSP, 2021), AIHW National Hospital Morbidity Database, ABS Australian Demographic Statistics.

From baseline (2014–2015) to 2018–2019, the age-standardised rate ratio for potentially preventable hospitalisations for Aboriginal and non-Aboriginal Western Australians reduced from:

- 10.5 to 7.3 for vaccine preventable conditions
- 3.5 to 3.1 for acute preventable conditions
- 4.5 to 4.3 for chronic preventable conditions
- 4.2 to 3.9 for all preventable conditions (vaccine, acute, and chronic conditions) (Table 7).

Table 7: Age-standardised rate ratio for potentially preventable hospitalisations, by preventable conditions and Aboriginal status, Western Australia, 2014–2015 to 2018–2019.



	2014–15	2015–16	2016–17	2017–18	2018–19
Vaccine	10.5	9.9	9.6	8.1	7.3
Acute	3.5	3.4	3.4	3.2	3.1
Chronic	4.5	4.1	4.4	4.1	4.3
All conditions	4.2	4.0	4.1	3.8	3.9

Source: (SCRGSP, 2021), AIHW National Hospital Morbidity Database, ABS Australian Demographic Statistics

Commentary

Potentially preventable hospitalisations signal an unmet need for primary health care. They are hospital admissions that could have been avoided through preventive measures like vaccination, or through timely and effective diagnosis and treatment outside the hospital setting.[26]

[26] Australian Institute of Health and Welfare (2020). Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators – Western Australia. Canberra; AIHW.

Early intervention programs aim to prevent progression from the early signs and symptoms of a disease to a diagnosable condition.

Within WA there is a significant and effective network of Aboriginal-specific primary health care services administered and run by Aboriginal Community Controlled Health Organisations. These services provide:

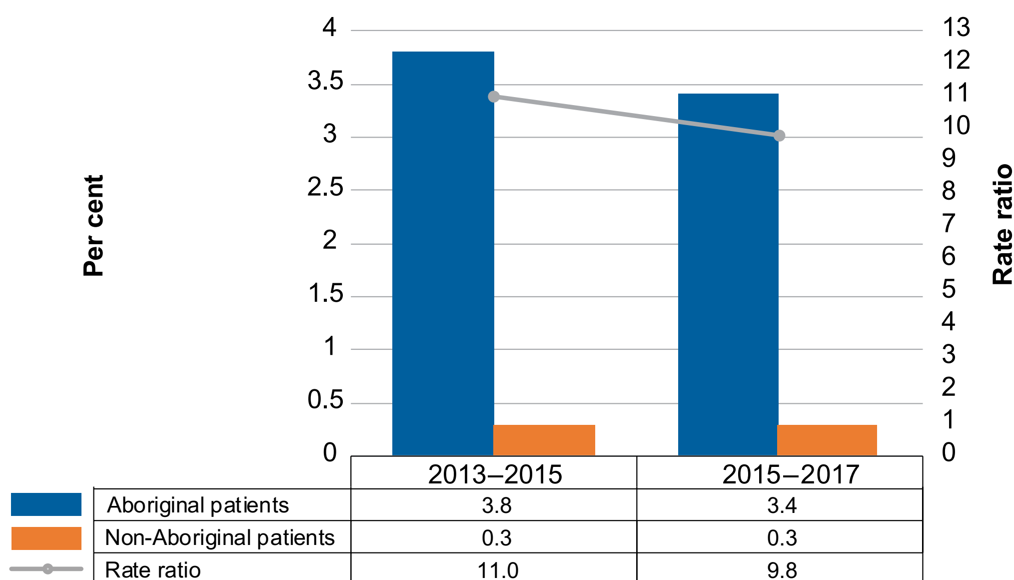
- clinical health care
- population health programs
- child and maternal health services
- screening programs and health checks
- access to allied health and specialist services
- group activities
- health-related community services
- substance-use treatment and assistance.

A strong partnership with this sector is vital to ensure more effective early intervention programs.

5.5 Supporting Measure 3: A reduction in rates of Discharge Against Medical Advice

The age-standardised percentage of admitted Aboriginal patients in WA who discharged against medical advice decreased from 3.8 per cent in 2013–2015 to 3.4 per cent in 2015–2017, while the percentage for non-Aboriginal patients remained stable at 0.3 per cent in the same period.

Table 8: Age-standardised percentage of admitted patients who were discharged against medical advice, by Aboriginal status, Western Australia, 2013–2015 to 2015–2017.



	2013–2015	2015–2017
Aboriginal patients	3.8	3.4
Non-Aboriginal patients	0.3	0.3
Rate ratio	11.0	9.8

Source: Aboriginal and Torres Strait Islander Health Performance Framework Report 2020, AIHW analysis of National Hospital Morbidity Database

Commentary

The numbers of Aboriginal and non-Aboriginal people that take their own leave from hospital after being admitted offers indirect evidence of how well hospital services are meeting their needs.[27] The aim of the Discharge Against Medical Advice indicator is to:

- reduce the incidence of people leaving hospitals prior to the completion of their care
- close the current disparities that exist between Aboriginal and non-Aboriginal cohorts.

[27] Australian Institute of Health and Welfare (2020). Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators – Western Australia. Canberra; AIHW.

All hospitals across the WA health system have their Discharge Against Medical Advice rates monitored and reported through the HSPR.

The introduction of this indicator has resulted in service improvements to address and lower rates. These include:

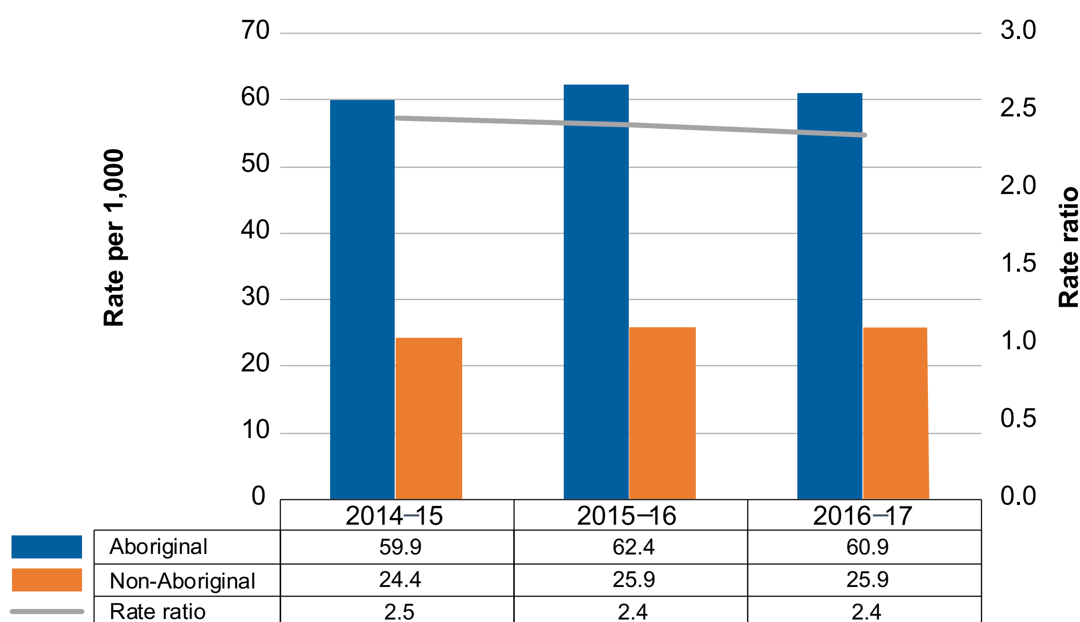
- improved coding
- cultural learning for all health staff
- environments that recognise and respect Aboriginal culture
- greater numbers and involvement of Aboriginal liaison officers
- timing of medical reviews that are required prior to discharge.

Whilst Discharge Against Medical Advice rates for Aboriginal people have improved slightly, the disparity between Aboriginal people and non-Aboriginal people remains significant suggesting more work is required.

5.6 Supporting Measure 4: A reduction in hospitalisations due to injury or poisoning

The age-standardised hospitalisation rate for a principal diagnosis of injury and poisoning for Aboriginal Western Australians increased from 59.9 per 1,000 at the baseline to 60.9 per 1,000 in 2016–2017, while the rate ratio reduced from 2.5 to 2.4 (Table 9).

Table 9: Age-standardised hospitalisation rate per 1,000 for a principal diagnosis of injury and poisoning, by Aboriginal status, Western Australia, 2014–2015 to 2016–2017.



	2014–15	2015–16	2016–17
Aboriginal	59.9	62.4	60.9
Non-Aboriginal	24.4	25.9	25.9
Rate ratio	2.5	2.4	2.4

Source: Aboriginal and Torres Strait Islander Health Performance Framework Report 2020, AIHW analysis of National Hospital Morbidity Database

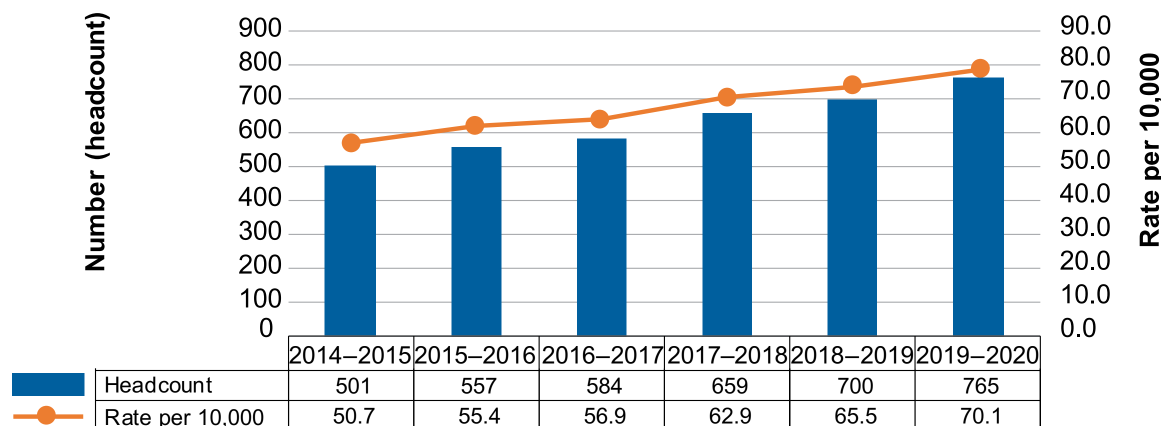
Commentary

Data for the period under investigation is insufficient to determine whether there has been any progress made against this indicator.

5.7 Supporting Measure 5: An increased number of Aboriginal people employed in selected health-related disciplines in WA

From 2014–2015 to 2019–2020, the number (headcount) of Aboriginal people in the WA health system workforce increased by 53 per cent, from 501 people to 765 people. The rate per 10,000 population also increased by 38 per cent (from 51 to 70 per 10,000) (Table 10).

Table 10: Aboriginal employment headcount and rate per 10,000 population in the WA health system workforce, 2014–2015 to 2019–2020



	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020
Headcount	501	557	584	659	700	765
Rate per 10,000	50.7	55.4	56.9	62.9	65.5	70.1

Source: Aboriginal Policy Directorate, Department of Health WA (2020)

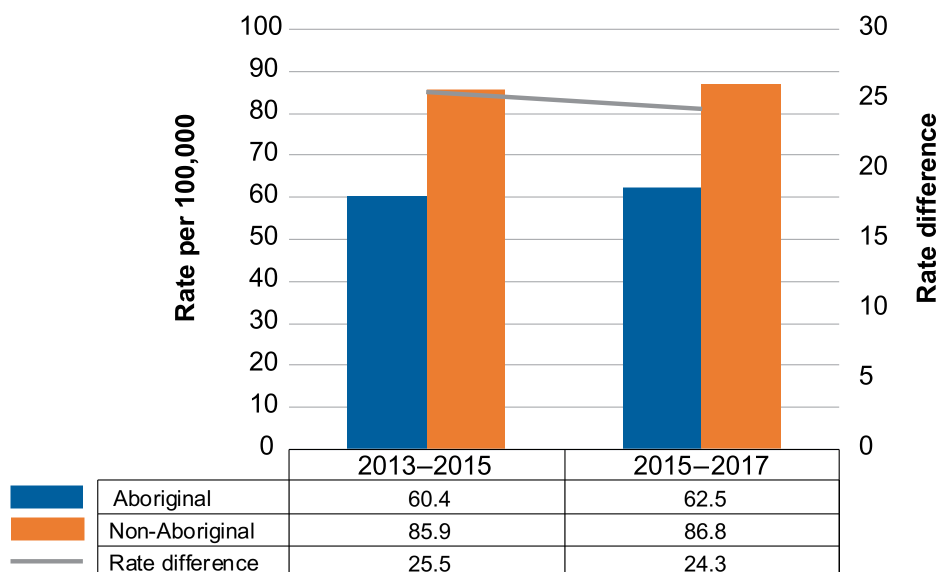
Commentary

Aboriginal employment across the WA health system has improved significantly over the last five years. The application of s.51 along with the Aboriginal cadetship program and recurrent funding for initiatives under the Better Aboriginal Health initiative have played a crucial role in contributing to this improvement.

5.8 Supporting Measure 6: Increased access to hospital procedures

The age-standardised rate of hospitalisations where a procedure was recorded among Aboriginal Western Australians increased from the baseline (60.4 per cent) to 62.5 per cent in 2015–2017. The age-standardised rate difference between Aboriginal and non-Aboriginal Western Australians reduced from 25.5 per cent at the baseline (2013–2015) to 24.3 percent in 2015–2017 (Table 11).

Table 11: Aged-standardised proportion of hospitalisations with a procedure recorded by Aboriginal status, Western Australia, 2013–2015 to 2015–2017.



	2013–2015	2015–2017
Aboriginal	60.4	62.5
Non-Aboriginal	85.9	86.8
Rate difference	25.5	24.3

Source: Aboriginal and Torres Strait Islander Health Performance Framework Report 2020, AIHW analysis of National Hospital Morbidity Database

Commentary

Aboriginal people are more likely to be hospitalised than non-Aboriginal people but are less likely to receive a medical or surgical procedure while in hospital.[28] The limited data available over the period under review demonstrates a modest improvement in the numbers of Aboriginal people who received a medical or surgical procedure. Work is currently underway on the development of a performance indicator to monitor this issue specifically for the WA health system.

[28] Australian Institute of Health and Welfare (2020). Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators – Western Australia. Canberra; AIHW.

Chapter 6: Evolution of the health system in response to the Framework

This section has been informed by qualitative evidence obtained from:

(1) Stakeholder planning day

A systemwide strategic planning day was attended by over 40 key stakeholders, with strong representation from Aboriginal people and professionals. The planning day was facilitated by an experienced Aboriginal consultant, with the aim of engaging with key stakeholders to ensure their expertise and perspectives were clearly represented in the development of the evaluation process.

The planning day was structured with the intent of meeting a number of objectives:

- to discuss the achievements made and challenges experienced by the health system in response to the launch of the *Framework*
- as an opportunity to co-design and guide the development of the evaluation plan
- to reassure stakeholders that the evaluation would not be assessing the performance of individuals, their service or specific initiatives, but would where possible showcase and explore leading or emerging best practice implemented in response to the *Framework*.

Qualitative data from the planning day was captured and later scrutinised to identify key themes. Findings were used to further guide the development of the evaluation process and used to inform this report.

(2) Key stakeholder semi-structured qualitative interviews

Semi-structured interviews were then undertaken by independent Aboriginal consultants with eight groups of key stakeholders from across HSPs and with the AHCWA to better understand how the WA health system has evolved in response to the launch of the *Framework*. This investigation focused on four central areas:

- Leadership and strategic planning
- Governance and accountability
- Monitoring, evaluating and reporting
- Evidence of barriers/drivers to change.

Information from these sessions was transcribed, then reviewed by participants to ensure key issues were recorded accurately. These reports were then reviewed and analysed to identify key themes, topics, ideas and repeated patterns of meaning.

6.1 Results/Findings

6.1.1 Evidence of organisational and cultural change

Emerging themes demonstrating how the *Framework* has contributed to organisational and cultural change	
• Aboriginal leadership • Strategic planning and development • System alignment	• Prioritised Aboriginal health • Physical environment and cultural protocols

Respondents reported that the *Framework* was, and has been, used over the preceding five years to underpin planning and for the development of strategies to improve Aboriginal health.

The *Framework* had provided a mechanism for driving system alignment and consistency concerning Aboriginal health. One health service noted that the *Framework* is used in conjunction with the National Safety and Quality Health Service Standards to anchor the *Framework's* conceptual elements in an operational setting. There was overall support of the *Framework's* longitudinal approach, recognising that to achieve its vision would take time. Respondents also agreed that there is a clear expectation within and across organisations that the *Framework* should inform planning processes.

Respondents acknowledged that the *Framework* had driven positive changes in organisational culture and contributed to addressing institutional racism. Respondents also expressed that the *Framework* had prioritised Aboriginal health and importantly driven awareness of Aboriginal health and the need for culturally safe services, free from racism. It had also promoted greater engagement with Aboriginal staff and played an important role in shifting the mindset of some staff away from Aboriginal health being in the too hard category. One respondent commented that Aboriginal health is now considered even when there isn't an Aboriginal person in the room.

Aboriginal leadership and the establishment of Director – Aboriginal Health positions across HSPs were described as critical to supporting implementation of the *Framework*. These positions have been pivotal in creating partnerships, implementing new initiatives and in leading system reform. However, it was also noted that too often anything concerning Aboriginal health is directed to these positions negating the responsibility for other areas to step-up. Respondents commented that ensuring Executive and Board support of the *Framework* would improve system accountability. Programs that enable the non-Aboriginal workforce to champion Aboriginal health issues were identified as key in achieving the goal of Aboriginal health and wellbeing being *everybody's business*.

The *Framework* has also driven initiatives that promote culturally safe work environments. This was demonstrated by:

- clear protocols concerning Acknowledgment of Country
- culturally safe spaces within services (e.g. gardens)
- prominence of Aboriginal artwork
- the presence of Aboriginal designed uniforms for easy identification by Aboriginal consumers.

Examples of leading practice or new initiatives

The South Metropolitan Health Service's *Aboriginal Health Champions* program provides support for non-Aboriginal staff who are working in an area that interacts with Aboriginal people. The program aims to support the development of culturally safe practice. Champions are nominated by Aboriginal staff, community members or existing Champions. The program equips Champions with the skills and expertise to work with Aboriginal people and to do this with more confidence. In addition, South Metropolitan Health Service has also used the *Framework* to inform the development of its *Equity, Diversity and Inclusion plan*.

The East Metropolitan Health Service's *Helping Me, Helping You* initiative aims to provide culturally safe advice and support to staff needing guidance or direction in how to best work with Aboriginal consumers.

The Western Australia Country Health Service developed and implemented its *Aboriginal Health Strategy 2019–2024* that aligns to the *Framework* and provides a five-year vision to improve health outcomes by providing culturally safe and secure services that are accessible, high quality and evidence-based.

The Child and Adolescent Health Service has developed an *Aboriginal Workforce Strategy* and an *Implementation Action Plan* to guide strategic workforce initiatives.

The Chronic Disease Prevention Directorate, Public and Aboriginal Health Division developed and implemented the *Health Promotion Strategic Framework* that sets out the Department's strategic

directions and priorities for preventing chronic disease and injury over the 2017–2021 period. This strategic document acknowledges, and was written to complement, the *Framework*. Additionally, the *WA Indigenous Quitline Enhancement Project* is an example of a targeted intervention that works to meet Strategic Direction 2 of the *Framework*. The project uses a community engagement model to increase awareness and knowledge of *Quitline*. The Epidemiology Branch's *Strategic Plan* has several strategic priorities that are aligned to the *Framework* as well as undertaking operational goals that include a specific focus on Aboriginal health.

6.1.2 Evidence of system responsiveness and accountability

Emerging themes demonstrating how the *Framework* has contributed to responsiveness and accountability	
• Aboriginal staff and consumer engagement • Cultural advice/lens • Aboriginal representation on Boards	• Leadership • Performance indicators and System monitoring

Respondents pointed out that there had been fundamental changes to the governance of the health system since the launch of the *Framework*. Advising that the *Health Services Act* had significantly changed the nature of the relationship between the Department of Health and HSPs. Each HSP is now governed by a Board that is legally responsible and accountable for the delivery of safe, high-quality, efficient and economical health services for their health service area. Significantly, HSP Board membership now includes Aboriginal members, which was noted as key to elevating Aboriginal health within that organisation.

Respondents highlighted that since the launch of the *Framework* there had been improvements in how their respective organisations seek out and respond to Aboriginal patient experience. It was noted that Aboriginal identification is an important start to this process. Many services have clear mechanisms in place that make it easier for community members to come forward to provide feedback and information as well as to pass on new ideas – as opposed to ad hoc one-off approaches.

While Aboriginal engagement mechanisms varied across the respondents, it was noted that they all consistently engage with and seek cultural advice through community engagement and/or advisory groups. Regional Aboriginal Health Planning Forums were cited as an important mechanism to ensure feedback and input into service delivery from rural and remote areas of the State.

Respondents reported that the *Framework* had driven positive changes in other areas of system responsiveness for Aboriginal people. Specifically, better discharge planning, care closer to home, aftercare and proactively responding to incidents of Discharges Against Medical Advice and Did Not Wait. Another significant change has been the growth of the Aboriginal workforce and the number of Aboriginal workers that are now employed permanently, rather than being on fixed-term contracts.

Many respondents felt that there been no significant change in the level of funding directed towards Aboriginal health since the *Framework's* launch, the exception to this being the recurrent funding allocation secured to procure services under the *Strengthening Aboriginal Health* programs. However, referring to the *Framework* within funding proposals added rigour and created a stronger business case. The *Framework* also provided a mechanism to orient resources towards Aboriginal health initiatives.

Examples of leading practice or new initiatives

In 2017, the South Metropolitan Health Service launched the *Aboriginal Community and Consumer Engagement Framework*. This framework supports the cultural needs of Aboriginal consumers and offer guidance to ensure Aboriginal patients are comfortable when using services. One initiative includes the

Fiona Stanley Hospital dietetics team introducing menu options specifically for Aboriginal people.

The Western Australia Country Health Service established the *Country Health Aboriginal Workforce Committee* to guide development and provide oversight to Aboriginal employment initiatives.

The Department of Health's AHPD and Clinical Excellence Division each provided 50 per cent of the funding required to establish the position of *Principal Aboriginal Nurse and Midwifery Advisor*. This position is responsible for providing cultural leadership and high-level consultancy advice on nursing and midwifery policy, practice and workforce initiatives as it relates to the Aboriginal workforce.

The AHPD in partnership with the Chief Nursing and Midwifery Officer facilitated a culturally safe recruitment process for prospective *Graduate Nurses and Midwives* at the Marr Mooditj Training Corporation. All the applicants who participated in this process identified as Aboriginal. The more relaxed and culturally-appropriate recruitment setting allowed recruiters to talk with, rather than formally interview, prospective participants – generating a much more rounded understanding of the applicant, their hopes and aspirations. A 100 per cent recruitment rate was achieved, with 37 Aboriginal applicants successfully recruited to the program through this new process.

The AHPD utilised Innovation Grant Funding to support two WA Health clinicians – Drs Andre Shultz and Pam Laird – to develop two innovative *online Lung Health Training Modules*. These modules provide health practitioners with the right skills to engage effectively with Aboriginal parents and improve the respiratory health of their children. The modules include information on protracted bacterial bronchitis, chronic suppurative lung disease and bronchiectasis – conditions often overlooked or misdiagnosed in Aboriginal children.

6.1.3 Monitoring, evaluating and reporting

Emerging themes demonstrating how the *Framework* has contributed to Monitoring, Reporting and Evaluation	
• Aboriginal specific performance indicators • Ongoing evaluation of policy and programs • Support and assistance with Action Plans	• Engagement with the broader health sector

Under the Department of Health's Health Performance Policy, Performance Review Meetings (PRM) are held quarterly between the Department and HSPs. The HSPR is the principal performance framework utilised by the system manager to monitor performance against a suite of performance indicators. The HSPR currently includes four performance indicators that relate to Aboriginal people directly:

(1) P1–2 Percentage of children fully immunised at 12<15 months
   a) Aboriginal
   b) non-Aboriginal

(2) P4–1 Percentage of Aboriginal employees

(3) P4–2 Percentage of admitted patients who Discharge Against Medical Advice:
   a) Aboriginal
   b) non-Aboriginal

(4) P4–3 Percentage of Emergency Department patients who Did Not Wait or left at own risk:
   a) Aboriginal
   b) non-Aboriginal.

Health service performance against these indicators is reviewed as part of the PRM process. Several respondents commented that the inclusion of these indicators and their respective targets had triggered difficult but necessary internal conversations about the way health services had viewed these events historically. Importantly they had driven thoughtful planning regarding strategies to reduce or better manage these occurrences. Performance against Discharge Against Medical Advice and Did Not Wait were cited as examples of how having the right indicators in place can lead to significant changes in the way health services respond to Aboriginal people.

Respondents recognised the importance of evaluating programs and initiatives that have been developed to improve the health and wellbeing of Aboriginal people. Several initiatives are currently being evaluated, however it was acknowledged that accessing the right data specific to these initiatives is often difficult.

As part of the new governance arrangements, the System Manager may issue binding Policy Frameworks to HSPs to set standards and ensure a consistent approach to a range of core business functions. The Aboriginal Health and Wellbeing Policy specifies the mandatory policy requirements that all HSPs must comply with to strengthen and embed the approach to improve the health and wellbeing of Aboriginal people living in WA.

HSPs are required to prepare and submit an Aboriginal Health Action Plan that details how their organisation is progressing the implementation of the *Framework*. Despite this requirement, respondents reported very different approaches to the action planning process. Some organisations struggled to complete their Action Plans, while others felt that their Action Plan was too long and that they failed to measure the impact of the initiatives that were underway. The importance of utilising Action Plans as part of internal governance process and as an accountability tool was also raised and deemed necessary to prevent a tick-box process that each HSP undertook because it was mandatory.

Respondents highlighted a need for clearer and stronger targets and for more specific guidance on how the *Framework* should be implemented. Stating that the document is quite conceptual in nature. Disappointingly, there appears to have been very little utilisation of the *Framework's* implementation Guide by HSPs to inform development of Action plans.

To improve accountability one respondent commented that ideally it should form part of each Chief Executive's performance agreement. Some respondents also felt strongly that there was not enough accountability linked to the *Framework* and that all too often it was left to Directors of Aboriginal Health to drive and implement, when it should be on the agenda of each HSP Board meeting. It was also noted that engagement with the *Framework* beyond health, across other Government department and agencies was required to address the broader social determinants of health and wellbeing for Aboriginal people.

Examples of leading practice or new initiatives

The Western Australia Country Health Service has developed an *Aboriginal Health Dashboard* which provides a comprehensive reporting function to assist in planning at both a regional and a state level. The dashboard uses Aboriginal service utilisation and funding data to identify priorities and provide a focus on Aboriginal people that are accessing services.

The AHCWA has developed and launched *Mappa* which is a web-based application that enables visualisation of timely, comprehensive and reliable information about health services available in metropolitan, rural and remote areas, as well as providing relevant cultural information and advice related to geographical access and transport routes.

Murdoch University recently launched the *Birthing on Noongar Boodjar project*, which aims to increase awareness of the cultural importance of women's business in relation to childbirth and its significance in Aboriginal families and communities. The AHPD provided grant funding to support the establishment of an Aboriginal Elders' Advisory Group. This Group provides guidance and expertise on the development of a dedicated resource and to support its dissemination.

6.1.4 Evidence of barriers and drivers of change

Barriers

Several respondents reported that changes in personnel within their organisations had often stalled or slowed progress being made over the last five years. This situation was especially apparent when changes occurred at senior levels and the people in these positions understood and championed Aboriginal health or that the organisation simply abandoned the implementation of the *Framework* to the Director of Aboriginal Health within that service. Systemic racism, although reducing, was still felt to be present in some parts of the system. It was described as often being subtle and hard to pin down – but never-the-less still present. One respondent noted that there are no current measures of the degree of cultural bias in place across the system and that this makes it difficult to measure progress and identify what actions or strategies for the system are required next.

Another barrier concerned the competitive and changing policy environment impacting Aboriginal health over the last five years. Ensuring the *Framework* stays relevant within a shifting policy context is important. The SHR and the Closing the Gap refresh process were two policy initiatives identified that complicate the position of the *Framework* as WA Health's principal Aboriginal health policy document.

Drivers of change

The timeframe over which the *Framework* will be implemented was viewed as an enabler as this recognises the complexity and chronicity of the issues being addressed. More opportunities to embrace Aboriginal health through occasions such as the WA Health's Clinical Senate were also deemed to be important drivers of change. Respondents also acknowledged the health's changing landscape: the introduction of the Act; SHR and the Closing the Gap refresh process also all offered opportunities to embed the *Framework* within the DNA of these important and newer policy initiatives.

Significant drivers of change include:

- having strong commitment and support at senior levels
- where the position of Director, Aboriginal Health sits within an organisation's structure.

The success of workforce initiatives was commended as being a significant driver of improvements across the system. Flexible grant funding that supports innovation and energises initiatives aligned to the *Framework* was also recognised. A respondent commented that while they believed that slow incremental change for the system was very important, it was the tenacity of Aboriginal people that would be key to ensuring that the vision and intent of the *Framework* was realised.

Chapter 7: Priorities for the next five years

This evaluation has facilitated a formal assessment of the impacts and merits of the *Framework* over its first five years of implementation. By asking questions and exploring issues in both depth and detail, key findings from the evaluation allow decisions to be made about what the priorities for Aboriginal health should be over the next five-year implementation cycle – *Embed what works*. Accordingly, and to ensure consistency, the emergent key priorities are set out below and aligned to the *Framework's* six strategic directions:

Strategic Direction 1 – Promote good healthy across the life course

- **Develop and expand culturally secure maternal health, birthing and child health services.**

A healthy start to life lays the foundation for life chances and future positive health outcomes. Despite some improvements in maternity care for Aboriginal women, many service gaps, issues and barriers within the maternity care system for Aboriginal women remain. Investment in an Aboriginal maternity workforce to deliver culturally secure antenatal and postnatal services that address clinical, cultural and social needs is fundamental to achieve strong health and wellbeing outcomes for Aboriginal babies and their families.

Fresh initiatives to raise general community and health professionals' awareness of the cultural importance of women's business in relation to childbirth and its significance in Aboriginal families and communities are required.

Strategic Direction 2 – Prevention and early intervention

- **Progress a renewed focus on evidence-based prevention and early intervention initiatives.**

In WA, potentially preventable hospitalisation rates for Aboriginal people are 8.1 times greater than for non-Aboriginal people. Preventative health approaches aim to support good health and stop and or reduce factors that contribute to poor health. Health systems with strong prevention and early intervention responses reduce the future need for acute, high-cost or intensive health responses. Using a range of evidence-based preventative public health approaches Aboriginal people can be supported to develop the knowledge, attitudes and skills to choose healthy lifestyles, promote healthy environments and address lifestyle risk factors.

Strategic Direction 3 – A culturally respectful and non-discriminatory health system

- **Continue to embed the intent and vision of Framework within all WA Health strategic and operational plans.**

Since the *Framework's* launch in 2015, the health policy landscape has transformed to reflect both changes in state government leadership and emergent WA health priorities (and more recently to embrace a refreshed approach to the Closing the Gap). The *Framework* however remains WA Health's principal Aboriginal policy document and should continue to be employed to inform the development and review of WA Health's strategic and operational plans.

- **Trial new and share existing strategies to reduce Discharge Against Medical Advice/Did Not Wait.**
- **Develop and implement new performance indicators to ensure equity in health care provision for Aboriginal people.**

Since the introduction of the Discharge Against Medical Advice indicator to the HSPR in 2017, HSPs have introduced a range of initiatives and strategies to address and reduce its incidence. Despite some improvements, the rate of Discharge Against Medical Advice amongst Aboriginal patients remains

disappointingly high. Sustained innovation and leading practice will be required by HSPs over the next five years to reduce the incidence of Discharge Against Medical Advice amongst Aboriginal patients.

Hospital-based medical and surgical procedures are effective diagnostic and early treatment measures. Significant disparities exist within parts of WA Health with regards to equitable access to hospital procedures for Aboriginal people. Imbedding a performance indicator concerning access to hospital procedures within WA Health's performance framework will ensure that data and information are available to support performance management and service improvement activities.

- **Monitor systemwide compliance with Aboriginal cultural e-learning to ensure a culturally responsive workforce.**

The new ACeL was released in April 2021 and builds on a successful earlier platform. This eLearning package was enhanced in response to a key recommendation of the SHR to improve cultural safety for Aboriginal patients. The course enables staff to develop their cultural competency, which is an ongoing process that requires continuous reflection and review. The training is mandatory for all WA health staff and will support the development of a culturally respectful and non-discriminatory health system. The AHPD is also currently working to ensure that the ACeL is also mandatory for WA Health's key business partners.

Strategic Direction 4 – Individual family and community wellbeing

- **Work in partnership with Aboriginal Community Controlled Health Services to support and strengthen the sector.**

The past five years has seen growing collaboration and partnership between the WA health system and Aboriginal communities and organisations. Ensuring ongoing participation by Aboriginal people and organisations in decision-making to take back care, control and responsibility of their health and wellbeing will continue to be a priority going forward. Significantly, recognition and strengthening of Aboriginal Community Controlled Health Services as leaders in Aboriginal primary health care and prevention has been embedded in the SHR.

At a national level, as signatories to the National Agreement on Closing the Gap, all government parties have committed to progressing fundamentally new ways of working, side-by-side with Aboriginal and Torres Strait Islander people to close the gap. The Agreement is underpinned by four priority reform areas:

- new approaches to partnership and shared decision-making
- building the Aboriginal community-controlled sector
- transforming Government organisations
- sharing access to data

- **Maintain and build engagement and consultation processes with Aboriginal people and communities.**

The evaluation found that all HSPs have developed structures and mechanisms to engage in a genuine and respectful way with Aboriginal community members concerning the provision of health services. However, there is still an ongoing need to cement these structures and processes to harness and influence individual, family and community appropriate choices and approaches to health and wellbeing. Additionally, where possible consideration should also be given to engaging the ACCHS sector in these processes.

Strategic Direction 5 – A strong skilled and growing Aboriginal health workforce

- **Apply and extend the successful suite of Aboriginal workforce initiatives and identify and develop new and emerging opportunities as they present.**

There has been substantial progress in growing the Aboriginal workforce in the last five years. Of significance is the 53 per cent increase in the number of Aboriginal people employed in clinical, non-clinical and leadership roles. The collaboration and shared workforce agenda by HSPs, Department of Health and other stakeholders, guided by the Aboriginal Workforce Policy, has resulted in the successful delivery of key workforce initiatives at both a system and local level. This includes:

- s.51,
- graduateships and cadetships
- leadership initiatives
- promotion of flexible and culturally-safe recruitment practices.

The focus for the next five years will be to build upon the lessons learnt while continuing to enhance and expand on the current suite of workforce initiatives. There will be greater emphasis on:

- creating a contemporary Aboriginal workforce that is fit for purpose
- building the skills and capabilities of the Aboriginal workforce
- establishing career pathways
- transitioning cadets and graduates to employment.

Leadership, innovation and aligned action is essential to accelerating progress towards the Aboriginal employment target by 2026.

Strategic Direction 6 – Equitable and timely access to the best quality and safe care

Strengthen partnership arrangements between HSPs and the System Manager to ensure cooperative stewardship of the Framework towards action.

The evaluation identified the need for greater governance from executives, Boards and the System Manager overall to support the implementation of the *Framework* and its related Action Plans. Respondents requested practical support to translate the *Framework* into measurable and achievable actions that can be implemented at the service level. The AHPD will work with HSPs to support them during this process. Current co-operative governance arrangements such as the Senior Aboriginal Health Network will also be utilised to streamline the development, monitoring and reporting of Action Plans in line with the *Framework's* Implementation Guide.

- **Develop data driven dashboards that monitor health system performance concerning equity and access for Aboriginal people.**

A priority over the next five years is to establish Aboriginal health dashboards, across HSPs, to monitor and report on key aspects of service delivery for Aboriginal people. The Western Australia Country Health Service's *Aboriginal Health Dashboard* (Dashboard) is an excellent illustration of how data can be used to drive system change. The Dashboard provides a comprehensive reporting function to assist planning at both a regional and a state level. The Dashboard uses Aboriginal service utilisation and funding data to identify priorities and provide a focus on Aboriginal people that are accessing services. Additionally, AHCWA's Mappa platform is another example, where health service data can be used to enhance and improve the patient journey, as well as drive efficiencies in health service delivery.

Appendicies

Appendix 1. Mandatory policies

Aboriginal Health and Wellbeing Policy

Aboriginal Health and Wellbeing Policy – MP 0071/17 sits within the Clinical Services Planning and Programs Framework. It specifies the requirements that all Health Service Providers (HSPs) must comply with to strengthen and embed the approach, which will in turn improve the health and wellbeing of Aboriginal people living in Western Australia.

Aboriginal Cultural eLearning Policy

Aboriginal Cultural eLearning Policy – MP 0065/17 sits within the Employment Policy Framework. The WA health system entities must ensure that new Staff Members complete *Aboriginal Cultural eLearning – Aboriginal Health and Wellbeing* training within six months of their commencement date. WA health system entities must ensure that staff members who have completed the previous *Aboriginal Cultural eLearning – A Healthier Future* training, complete the new eLearning training within a two-year period.

Aboriginal Workforce Policy

Aboriginal Workforce Policy – MP 0097/18 sits with the Employment Policy Framework. The purpose of the Aboriginal Workforce Policy is to increase representation of Aboriginal people at all levels of the workforce to improve Aboriginal health outcomes and achieve the WA health system's Aboriginal employment target of 3.2 per cent. The Policy supports the WA Aboriginal Health and Wellbeing Framework 2015–2030 strategic direction to have a strong, skilled and growing Aboriginal health workforce and aligns to the WA Health Aboriginal Workforce Strategy 2014–2024. The Policy reflects the broader commitment of the WA health system to promote equity and diversity in its workforce and address Aboriginal people as a priority diversity group in accordance with the WA Health Equity and Diversity Strategy 2015–2020.

Aboriginal Health Impact Statement and Declaration Policy

Aboriginal Health Impact Statement and Declaration Policy – MP 0160/21 sits within the Clinical Services Planning and Programs Framework. It outlines requirements to declare and demonstrate that the interests of, potential impacts on, and opportunities for Aboriginal people are considered and appropriately embedded within policy development processes. WA health system entities must complete and submit an A10 Aboriginal Health ISD eForm for the development of new policies; revision of existing policies and major amendments to existing policies.

Appendix 2. National Agreement on Closing the Gap key target outcomes

- Aboriginal and Torres Strait Islander people enjoy long and health lives.
- Aboriginal and Torres Strait Islander children are born health and strong.
- Aboriginal and Torres Strait Islander children are engaged in high quality, culturally appropriate early childhood education in their early years.
- Aboriginal and Torres Strait Islander children thrive in their early years.
- Aboriginal and Torres Strait Islander students achieve their full learning potential.
- Aboriginal and Torres Strait Islander students reach their full potential through further education pathways.
- Aboriginal and Torres Strait Islander youth are engaged in employment or education.
- Strong economic participation and development of Aboriginal and Torres Strait Islander people and communities.
- Aboriginal and Torres Strait Islander people secure appropriate, affordable housing that is aligned with their priorities and need.
- Aboriginal and Torres Strait people are not over-represented in the criminal justice system.
- Aboriginal and Torres Strait young people are not over-represented in the criminal justice system.
- Aboriginal and Torres Strait Islander children are not over-represented in the child protection system.
- Aboriginal and Torres Strait Islander families and households are safe.
- Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.
- Aboriginal and Torres Strait Islander people maintain a distinctive cultural, spiritual, physical and economic relationship with their land and waters.
- Aboriginal and Torres Strait Islander cultures and languages are strong, supported and flourishing.

Appendix 3. Secondary data used to inform the evaluation process

National Reports	State Reports	Key Stakeholder Reports
Aboriginal and Torres Strait Islander Health Performance Framework Reports: Australia-wide	Aboriginal and Torres Islander Health Performance Framework Reports: Western Australia	HSPs and stakeholders' strategic policies, frameworks, action and/or implementation plans, governance and accountability arrangements
	Government of Western Australia Outcome Based Management Framework Reports	HSPs Health Services Performance Report and Aboriginal Health and Wellbeing Action Plans
National Mortality Database	State Government budget priorities, commitments and funding allocations,	WA Health System Executive Committees – Aboriginal Health and Wellbeing agendas
National Hospital Morbidity Database	WA health system purchasing/ financial policies, service agreements and funding provisions	HSPs Aboriginal Workforce Policy annual report
Australian Census of Population and Housing	WA health system leadership structures, strategic and mandatory policies and frameworks	
National Perinatal Data Collection	WA Health Service Performance Reports	
Australian Immunisation Registry and Medicare Australia data	WA Health Tracks Reporting and Mapping	
National Aboriginal and Torres Strait Islander Social Surveys		
Australian Aboriginal and Torres Strait Islander Health Surveys		
Report on Government Services		
Overcoming Indigenous Disadvantage Report		

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