

SOUTH AUSTRALIAN 2003 - 2004

**REPORT TO
AUSTRALIAN HEALTH MINISTERS' CONFERENCE**

**Framework Agreement
on
Aboriginal & Torres Strait Islander Outcomes**

December 2004



Department
of Health

South Australian Aboriginal Health Partnership

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Summary

South Australian 2003-2004 Report to Australian Health Ministers' Conference (AHMC)

During 2003 - 2004 the South Australian Aboriginal Health Partnership (SAAHP) maintained its commitment to implementing a holistic response to the disparity of health and well-being services available to Aboriginal and Torres Strait Islander people in South Australia (SA). The Agreement on Aboriginal and Torres Strait Islander Health provides the collaborative and coordinated framework for this activity.

The information provided within this report is indicative of the many state, regional and organisational responses to Aboriginal Health within the public and community controlled health sectors against the seven commitment areas of the Framework Agreement. However the ability of the partnership to report on all activity undertaken continues to be challenged by inadequate compliance from service providers in relation to the provision of requested information.

The 2003-2004 reporting period saw high order policy changes at the Federal and State Government level with the emergence of 'whole of government' approaches to cross portfolio service planning. This change, along with the SA health sector reform process has provided both challenges and opportunities for the SAAHP in furthering its aim of improved cross sector coordination and collaboration at state, regional and organisational levels.

Challenges have included working through the structural and operational implications of new whole of government agreements on specific portfolio ministerial level agreements like the Health Framework Agreement. The federal government's decision to dismantle Aboriginal and Torres Strait Islander Commission (ATSIC) and its potential future loss as a partner organisation within SAAHP presented another challenge for SA partnership's activity. SAAHP is currently investigating options for ensuring a representative community Aboriginal voice in its state wide partnership forums.

Highlighted 2003 - 2004 achievements

During 2003 - 2004 the SAAHP developed a set of state wide strategies for five community identified priority areas to guide and support cross sector regional action towards health and wellbeing improvements for Aboriginal people.

All Partner organisations reported ongoing collaborative planning and service provision linkage activity between public sector services (mainstream) and the community controlled sector during 2003/04.

Finally despite the many challenges of working across health sectors all partners support the continuation of the SAAHP and the extension of the Framework Agreement beyond 30th June 2004. All partner organisations agree that Aboriginal communities, families and individuals require a coordinated and collaborative response to their health and wellbeing needs for Aboriginal health outcomes to be achieved and sustained.

Limitations of this report

The information included in this report has been provided by organisations, regions and state wide services within the public and community controlled health sectors. This information has face validity only as SAAHP relies on the internal validation mechanisms of the four partners. To those who responded the SAAHP secretariat extends their appreciation.

This report is also incomplete as not all service providers responded to the request for information on the commitments contained in the AHMC reporting template within the reporting timeframe.

Introduction

Under the Agreement on Aboriginal and Torres Strait Islander Health (Framework Agreements) SA is required to report annually through the Standing Committee Aboriginal Torres Strait Islander Health (SCATSIH) to the AHMC on progress made by signatories in implementing its agreement. The Commonwealth Department of Health and Ageing (DoHA), the SA Department of Health (DH formerly Department of Human Services (DHS)), The Aboriginal Health Council of SA (AHCSA) and the ATSIC are the four signatories to the SA 2001-2004 Framework Agreement.

The 2001-2004 (signed August 2001) Agreement committed the four partner organisations to continuing their efforts to improve health outcomes for Aboriginal and Torres Strait Islander people through collaborative action that aims to:

- Improve access to both mainstream and Aboriginal and Torres Strait Islander specific health and health related programs which reflect higher need,
- Increase level of resources allocated to reflect the higher level of need for Aboriginal and Torres Strait Islander peoples,
- Use regional joint planning processes (that have included incorporation of health care provision, housing, welfare and environmental issues) to inform allocation of resources,
- Promote greater accountability by funded organisations for the outcomes they produce, and,
- Develop a coordinated approach to the collection and use of data that informs service planning and delivery.

In addition the signatories committed to:

- Collaborating on the development of a Statewide Complaint's Mechanism,
- Improving the health of Aboriginal prisoners,
- Implementation of strategies to encourage and assist General Practitioners (GP's) to work in remote and rural areas with high Aboriginal and Torres Strait Islander populations,
- Development of a state based male health strategic plan;
- The development and publication of the *Aboriginal Health - Everybody's Business Regional Resource Package* which contains 5 individual strategies for *Aboriginal Health Data and Information, Workforce Development, Diabetes, Social and Emotional Wellbeing and Substance Misuse*;
- Improving the status of Aboriginal Health Workers (AHW's), and
- Developing a Statewide Aboriginal Environmental Health Strategy.

Reporting of the partner organisations 2003/04 efforts towards meeting the agreed commitments is outlined in this report using the revised AHMC Framework Agreement Report Proforma. The report details (from partner organizations):

- SA 2003-2004 activity in the seven key commitment areas;
- New approaches and new programs;
- Areas where there is some concern, and,
- Current successes and failures in implementing the commitments made in the Framework Agreements.

Agreement on Aboriginal & Torres Strait Islander Health

Outcomes Report 2003 - 2004

Commitment: Funding for Aboriginal and Torres Strait Islander community controlled Health Services (inc. substance misuse services)

Total State and Commonwealth funding has increased marginally during the reporting period in comparison with 2002-2003 period. The financial report takes into account funding allocations to community controlled services and Aboriginal Primary Health Care Access Programs (APHCAP).

Not recorded within this report are funds received and administered by mainstream service providers for Aboriginal health services provision nor all State or Commonwealth funding allocations beyond the scope of this report.

Outputs:

Total State/Territory Funding provided to services in 2003/4	\$6,198,888.00
Total Commonwealth Funding provided to services in 2003/4	<p>At the commencement of the 2003/04 year it was anticipated that \$18,211,894 (ex GST) would be provided to all funded services by Office for Aboriginal and Torres Strait Islander Health (OATSIH).</p> <p>The actual amount of funding provided was \$22,380,889.00.</p>
Total number of Aboriginal and Torres Strait Islander community controlled Health Services funded in 2003/4 (Number of organisations funded).	<p>8 community controlled health services; 3 community controlled substance use services; 2 community controlled councils; 1 community controlled partnership – that previously received only Bringing Them Home funding and was approved to receive APHCAP funds, therefore moving to health service status; 3 membership based peak bodies.</p> <p>Total received \$28,579,777.00.</p>
Comment on any difficulties that you may have in providing information on this commitment and how these might be overcome	<p>The report asks for “Total Commonwealth Funding provided”. This response is total funding provided by OATSIH, via the SA State Office of the DoHA.</p> <p>Funding from other health programs administered by the state office is at “improved outcomes for mainstream services”.</p> <p>This information is provided by the funding bodies and therefore taken on faith. The community controlled sector would like to be able to see evidence that monies allocated through mainstream programs actually get through to Aboriginal people. Would also like more evidence that funding is allocated on need.</p>

Commitment: Improved outcomes for mainstream Health Services

During the reporting period the SA public health sector has been involved in a major reform process (Final Report of The Generational Health Review, Better Choices Better Health April 2003); which has directly or indirectly influenced planning for improvements in Aboriginal health and wellbeing. Increased APHCAP activity has also contributed to improvements in cross sector service design and delivery.

AHCSA has also been working with the State Dept of Health on the health reform agenda. AHCSA also member of the Health Consumers Alliance of SA and Health Reform SA, both bodies working towards increased consumer/community participation and health reform.

The DH (formally DHS) undertook an Access and Equity Project to identify barriers to access of its existing metropolitan services and inform future action to improve access to its services. It is due to release its final report in early 2005.

In addition the SAAHP's, *Aboriginal Health – Everybody's Business Regional Resource Package* which represents an agreed cross sector collaboration by all SA partners to address *Aboriginal Health Workforce, Aboriginal Health Data and Information, Substance Misuse, Social and Emotional Wellbeing and Diabetes* will be launched and published in late 2004 and for use in 2005 to 2010.

In 2004 the Department of Health endorsed the *National Cultural Respect Framework* to be used as the basis for the development of an Aboriginal Services Improvement Plan for mainstream services

The Aboriginal Services Division within the Department of Health maintains a key role in encouraging mainstream agencies to work in a more effective way with Aboriginal communities and organisations – a role best described as being a 'change agent'.

The Aboriginal Services Division sustained the location of Community Development Workers in communities of high need during the reporting period. These workers and Aboriginal city based project officers, fulfill a critical strategic linking role in the partnership between community, regional health services, and State and Commonwealth agencies, ensuring that community views are constantly put on the table.

Outputs:

What improvements have been achieved to date?
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The following examples highlight improvements achieved.

The examples sighted are by no means exhaustive, but do demonstrate the range of activities and initiatives, which have been undertaken in the current reporting period to achieve health and wellbeing improvements. Reported improvements included increased service capacity and increased efforts to improve access to clinical services, specific population health programs, secondary and tertiary health services and related community services. Several services reported increases in numbers of Aboriginal people accessing their services during the reporting cycle. There was no evidence provided of health and wellbeing outcomes achieved through service provision.

Examples from State wide Services

Health Workforce Improvements:

- Establishment of the Professional Aboriginal Health Worker Association of SA Inc
- The Professional AHW Association of SA Inc was incorporated in May 2002. Seed funding was received from OATSIH and the association became operational in August 2003. In 2003, the State Coordinator was appointed and established an office collocated with an existing Aboriginal organization (in 2004, relocated to AHCSA premises). Future funding for the Association is being considered by the Department of Health.
- The Department of Health has continued to work collaboratively with AHCSA on the development of the National AHW Competency Standards.
- The Department continues to implement the recommendations from Future Pathways (review of Training, Support, Career and Industry Issues for AHWs in SA).
- The Department won an Exemption from the SA Equal Opportunity Commission to only employ Aboriginal & Torres Strait Islander people into AHW and Aboriginal Hospital Liaison Officer positions.

DEPARTMENT OF HEALTH AND AGEING (DoHA) - STATE OFFICE

Three community controlled health services and one community school have accessed funds from mainstream health programs administered by the DoHA, summarised as follows:

Population Health

- 3 services receive funding from the National Illicit Drugs Program;
- 2 services receive funding from the National Suicide Prevention Program;
- 2 services receive funding from the Sharing Health Care Program; and
- 1 community school.

Rural Health (RH)

- Partnership arrangements in Ceduna and surrounding communities has resulted in \$223,450 to 3 local community controlled health services and \$52,000 of outreach services to Yalata;
- Negotiation is underway with Coober Pedy services to facilitate community controlled health service and community council access to (Commonwealth) Regional Health Service (RHS) funding; and
- The Medical Specialist Outreach Program provides \$65,000 to support ophthalmologists visit to the Eyre and Northern and Far Western regions and \$82,000 for psychiatry, paediatrician and community physician visits to the APY Lands.

General Practice

Workforce Support for Rural GPs

Rural and remote Divisions of GP are funded to provide a range of support services to all GPs in their area including:

- cultural awareness training for Overseas Trained Doctors including Indigenous health;
- rural medical family support;
- assistance with study preparation for the Fellowship of the Royal Australian College of General Practice; and
- Increasingly Divisions are working in partnership with the community controlled health services and Aboriginal Health Advisory Committees (AHACs) in their region.

COUNCIL OF AUSTRALIAN GOVERNMENT (COAG)

\$90,000 of funding from the (Commonwealth) RHS has been approved for the implementation of Mai Wiru on the Anangu Pitjantjatjara Yankunytjatjara Lands (APY) Lands; an additional \$1,000,000 has been approved for the following three years.

DRUG & ALCOHOL SERVICES COUNCIL (DASC)

DASC Aboriginal policy, program and service review undertaken during the reporting period has resulted in improved service support and program planning.

DASC maintained its commitment to development of a high quality Aboriginal workforce. DASC focused on creating new Aboriginal specific positions and entered into agreements with the Aboriginal Services Division (ASD) to joint fund Aboriginal scholarships. DASC maintained its ongoing collaboration with the DHS in particularly with the ASD and Population Health Program Division to advance drug and alcohol program and services delivery.

- DASC's Aboriginal Services Policy was reviewed and the outcomes used to inform strategic planning for the year ahead;
- The position of Senior Project Officer, Aboriginal Programs, was reviewed during the year, to become Manager, Aboriginal Programs, within the DASC Population Health Programs Division. The new position has been created to have greater capacity to impact on program and project practice within DASC and conduct programs and programs. DASC continues to be committed to the employment of Aboriginal staff in this position to coordinate the implementation of DASC's Aboriginal Services Policy and to develop and maintain partnerships with Aboriginal organisations;
- DASC continues to employ an Aboriginal Project Officer to assist the Manager, Aboriginal Programs. This project officer is able to respond to requests for assistance, support and capacity building from Aboriginal communities across the state;
- DASC also continues to employ two Aboriginal community workers in the Adelaide metropolitan area who are able to offer and augment Aboriginal specific drug services;
- DASC further implemented a workforce development program for its staff which focussed on how to provide culturally sensitive and appropriate services for Aboriginal clients. This training is mandatory for all DASC staff and builds upon cultural awareness training provided in the previous year;
- DASC is a participant in the DHS Aboriginal Access and Equity Project;
- DASC contributes funding to the ASD's Aboriginal Scholarship Scheme. The funding provides for two scholarships of \$5,000 each for Aboriginal students enrolled in health and allied health courses to enable them to undertake alcohol and other drug studies;
- DASC enhanced its staff and services networks with broad range of academic and services providers. DASC strengthened its staff capacity through skills development (training) and instigated workshops and projects. The focus was on prevention and risk management approaches for staff working with young Aboriginal drug users and reducing risk of contracting hepatitis C;
- The Aboriginal Heroin Overdose Prevention Project (AHOPP) was continued and is due for completion in December 2004. This project has been consulting Aboriginal organisations/communities and mainstream services about the risks facing young Aboriginal drug users and developing interventions to prevent and reduce these risks;
- DASC is in partnership with the Aboriginal Drug and Alcohol Council (ADAC) and the Hepatitis C Council on a project to strengthen the capacity of staff working with young Aboriginal people to reduce the risk of acquiring Hepatitis C through injecting behaviour. The project is called *Moving Beyond the Frontline*; and
- In collaboration with the Cooperative Research Centre for Aboriginal Health, AHCSA and Flinders University, DASC provided a workshop in August 2003 which aimed to improve the skills of staff in the non-government sector working on Aboriginal Projects. The workshop was entitled *Thinking Beyond the Project*.

AHCSA

AHCSA receives funding from State Govt for 7 Aboriginal Hospital Liaison Officers (AHLOs) in metropolitan hospitals whose role is to increase access for Aboriginal and Torres Strait Islander people.. AHCSA then enters into arrangements with hospital to employ AHLOs – QEH (2), RAH (2), WC (2), Lyell McEwin (1).

AHCSA receives funding from the Australian Government for a 12 rural based AHW positions. The aim of this funding is to improve access to health services for Aboriginal and Torres Strait Islander people. The role of AHWs is to provide primary health care services to the Aboriginal Community within their region. AHCSA enters into arrangements with Regional Health Services to employ AHWs – Riverland (2), South East (2), Murray Mallee (1), Oodnadatta (2), Meningie including Raukkan (2), (1), Yorke Peninsula, Whyalla (2).

AHCSA provides support and advocacy including professional development to both AHLOs and rural based AHWs. AHCSA convenes AHLO network which meets six to eight weekly. AHCSA also convenes the Aboriginal Primary Health Care Workers Forum as a vehicle for AHW's and AHLOs to progress professional development opportunities for AHWs.

Examples from Regional Services

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

- The affirmation and planning to address “Aboriginal health” as regional priority;
- Strengthening relationship between NFWRHS, AHAC and NFWRHS and Aboriginal Community Controlled Health Services; and
- Increasing awareness by mainstream to the health needs of the Aboriginal community.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

The MNRHS has focused on workforce strategic development targeting Aboriginal trainee and Management recruitment options to support and lead the Aboriginal Team to ensure and raise the focus of Aboriginal issues within the Community Health Team and the broader region.

Primary and clinical care training initiatives between the APHCAP, Port Pirie Nursing Division and Aboriginal Health Advisory Committee (AHAC) have been promoted within the region. A primary object of the training initiative was skills enhancement and collaborative partnership development.

Cultural respect and promotion across the region has been a major focus with an emphasis on improved partnerships at the senior management level, Aboriginal strategic plans, and Aboriginal art work in reception areas.

Other activity:

- Permanent appointment of Aboriginal Clinical Liaison/Home visiting program worker;
- Negotiations with acute services in relation to placing the above worker on the ward areas of Port Pirie Regional Health Service (PPRHS);
- Aboriginal Flag now flies outside the hospital;
- Employment of an Aboriginal Clerical Trainee;
- Employment of an Aboriginal Health Team Leader who is a member of the Community Health management team hence impacts significantly on decision making level;
- An Equity, Responsiveness and Access checklist is being used to develop a framework for improving the outcomes for Aboriginal People;

- Training program has been run by the Mid North Region, which involved senior management from across the regions and the AHAC committee members. The aim was to improve relationships between the two groups which was extremely successful;
- The Nursing Division Port Pirie is working in partnership with the provider of the Aboriginal Primary Health Care Course which is being run in Port Pirie to deliver the nursing and anatomy and physiology modules. This has resulted in improved partnerships with a number of community members which has resulted in greater knowledge of the organisation and may well end in employment for some of the members;
- An draft Aboriginal employment strategy has been developed by PPRHS in consultation with AHAC and the Aboriginal Community centre;
- One Aboriginal trainee has commenced working in Community Health in the Aboriginal Health Team and two more are to be recruited. One of these will be placed in the Executive suite and the second with Community Health;
- The PPRHS business plan reflects the issues identified in the Nunga Health Plan; and
- A grant has also been received to support the recruitment of Aboriginal Trainees.

SOUTH EAST REGIONAL HEALTH SERVICE (SERHS)

SERHS reported additional funding approved for the recruitment and appointment of a Regional Aboriginal Service Development Officer in 2004.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

Hills Mallee Southern Region has completed both Year One and Year Two Business Plans for the APHCAP. Incorporated into both plans are extensions of already successful regional programs and services including the Aboriginal Elders project, the Nggarruwarrin Youth program, the Winmill Yuntawarrin (Working Together) project and the support of the AHAC. Further work is being carried out with the Divisions of GP to improve access for Aboriginal customers in clinics located at Raukkan, the Lower Murray Nungas Club (LMNC) and Bridge Clinic, Murray Bridge.

Preliminary work is being undertaken to realign the Aboriginal Health work force at the Murray Mallee Community Health Service to one “on campus” location for better service provision and access to the local Aboriginal community.

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

ACCHS has reported increased service provision based on cross sector collaboration within the reporting period. Key areas of focus were workforce development through additional funding opportunities, neighborhood house refurbishment, Aboriginal Drug Court Diversion, Aboriginal Mental Health and Traditional community Homelessness project expansion.

Other initiatives:

- Aboriginal and Torres Strait Islander positions have increased through grant applications;
- ACCHS is part of a new APHCAP partnership (3 positions @ \$180,000 allocated to ACCHS);
- The Traditional Homeless project has been extended with the possibility of a partnership with Aboriginal Housing Authority (AHA) (\$107,000);
- Funding for a two year Aboriginal Mental Health position has been allocated (\$205,000);
- ADAC is auspicing a 0.6 fte Aboriginal youth work position to focus on substance abuse for 12 months (\$50,000);
- Aboriginal Drug Court Diversion position (\$70,000); and
- Aboriginal Neighborhood House has been refurbished.

During the reporting period the number of Aboriginal and Torres Strait Islander clients has increased at Parks and Port Adelaide clinical and primary health care units.

GAWLER HEALTH SERVICE (GHS)

Cultural awareness training within the Wakefield and Point Pearce regional area for senior staff was major focus during the reporting period. Cultural awareness and promotional initiatives have been a focus within the region. The painting of Mural in Unit Foyer's and displaying Aboriginal and Torres Strait Islander flags in all areas of Health Service are examples of this activity.

The GHS has established a Circle of Hope volunteers group (Aboriginal women) that meet on a weekly bases to support the nutrition and diabetes group, Aboriginal clients at Evanston and Muna Paiendi (MP). One on one support is provided by Liaison Officers and Aboriginal clients.

LYELL MCEWIN HEALTH SERVICE (LMHS)

- An Aboriginal specific Birthing Room has been made available in the new Women and Children's Division. The room has been furnished in culturally appropriate curtains, pillow cases, quilt covers posters etc. Women may choose to bring the soil of their land into the birthing suite, to place baby's feet on to the soil immediately after birth";
- Signing of a Memorandum of Understanding between LMHS and MP outlining joint responsibilities and 15 specific opportunities for partnership (March 2004);
- MP involvement in High Risk Ante-natal clinic continues as reported in 2002-2003 report;
- An Aboriginal specific Ante-natal clinic staffed by LMHS staff and MP has commenced at the MP Aboriginal Health Centre;
- LMHS Diabetes Nurse Manager supports the monthly lunchtime Diabetes group at MP where clients can have their machines checked, blood sugar levels checked, feet checked by the Muna Paiendi podiatrist and generally have any one-to-one discussion with the LMHS nurse if required re their health and lifestyle; and
- Commencement of joint work to support the APHCAP Project Officer position based at MP eg provision of data re age and diagnostic profile of Aboriginal patients, initial consultation processes re policies and protocols.

MUNA PAIENDI (MP)

MP has established a number of Memorandum of Understanding (MOU) with Northern Metropolitan Community Health Services (NMCHS), key Aboriginal Community Controlled Health Services and Northern Divisions of GP with a focus on service enhancement and partnerships. A positive outcome of the MOU's is the inclusion of the key outcomes into NMCHS five year regional plans, supporting APHCAP and NMCHS primary and clinical service directions.

Primary health care and clinical workforce planning initiatives have been implemented during the reporting period, with increased access to general practitioner and two Mother Carers within the MP Service.

Other initiatives reported:

- Joint planning with the Adelaide Northern Division of GP. This has led to a MOU between the Division and NMCHS. Outcomes from the MOU are built into the Division's business plan;
- Regional Planning – APHCAP and NMCHS Strategic plan is being implemented. These include medical clinics now operating from MP;
- Currently MP are participating in and formulating the new strategic directions for NMCHS for the next five years;
- MOU has been established with NMCHS, Nunkinwarrin Yunti and the Aboriginal Sobriety Group (ASG) to work as partners to continue to implement the recommendations from APHCAP;
- An Aboriginal Doctor has been employed to run the medical clinic from MP;
- Links with northern area SA Mental Health Service (SAMHS) continue to be strengthened; and
- Continued input into training and development, and curriculum development for the Mother-carers project particularly in relation to Aboriginal women's birthing and social issues. Provision of ongoing training. Two Aboriginal mother-carers are based at MP.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

- Process developed with the Accident and Emergency Department Port Pirie where clients are referred on to clinical liaison worker with clients consent so that they can be followed up at home;
- Cultural Awareness training provided to staff at Port Pirie, Peterborough hospitals;
- Development of well women's s clinic at the PPRHS which is starting to attract Aboriginal Women; and
- Development of the Mid North Region Nunga Health Plan which provides the baseline for service delivery to the Aboriginal Community.

ROYAL ADELAIDE HOSPITAL (RAH)

The two Aboriginal Liaison Officers (ALO's) are cultural brokers and also provide support to patients and their families. The ALO's liaise with Aboriginal Services to assist patients and their family during their treatment and at the time of discharge.

The Aboriginal Health Nurse and ALO's continually provide information to staff re cultural matters, language and communication so that a culturally sensitive service is provided for Aboriginal and Torres Strait Islander patients.

A resource guide listing contact details for all Aboriginal Health Services from SA, Northern Territory and New South Wales that refer patients to the RAH has been distributed across the hospital and training about how to use the guide has occurred. Nurses and doctors are able to use the guide to contact Aboriginal Health Services including those in remote areas regarding resources available on discharge and discuss treatment issues that arise when necessary.

RIVERLAND HEALTH AUTHORITY (RHA)

The RHA Point-Of-Care program has been able to improve the early detection of diabetes in the Aboriginal and Torres Strait Islander population. Through Peelies Bus (mobile health and wellbeing clinic) we have increased access by Aboriginal and Torres Strait Islander people across the region to primary and clinical health care services particularly diabetes, heart disease, and immunisation which also includes access to a culturally sensitive GP. RHA seen a reorientation of GP services to meet the needs of Aboriginal and Torres Strait Islander people "on their turf" rather than expecting them to access services in hospitals or GP surgeries.

Health Data Recall systems allow for follow-up of patient identified health and wellbeing issues.

Since the introduction of the Peelies bus program, more GPs have bulk-billed Aboriginal and Torres Strait Islander clients; ensuring affordable health care access.

How improvements for mainstream services are measured?

The following information was provided;

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- Community Health Information System (CHIS) for client activity; and
- Periodical Program Review.

DRUG & ALCOHOL SERVICES COUNCIL (DASC)

Improvements are measured through:

1. Monitoring the extent and nature of partnership activity with Aboriginal organisations and communities by:
 - Number of collaborative projects and the quality of involvement; and
 - DASC membership on the steering committees of significant Aboriginal projects.

2. Monitoring implementation of workforce development by:
 - Number of DASC staff participating in staff development events; and
 - Evaluating staff reports on policy and practice changes which have occurred in response to the staff development experience. This includes consideration of barriers which may have inhibited change.
3. Monitoring Aboriginal client use of DASC services on an annual basis or as needed.

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

- Community compliance/response to mainstream health services and the sense of accomplishment by providers;
- Demonstrated ability of mainstream health services to adjust and meet cultural needs of Aboriginal people;
- Collective (policy) commitment by all regional health units for cross-culture education;
- Collation and maintenance of data/statistics, evaluations, client surveys and verbal feedback.
- Reporting components that demonstrate increase in Aboriginal participation and access to mainstream services;
- Increased utilisation of opportunities to working in partnership with Aboriginal health initiatives and services;
- Improving awareness to culturally appropriate services for Aboriginal people; and
- Genuine commitment to the implementation of organisational/service policies/directions weighted in the consideration for the needs of Aboriginal people.

LYELL McEWIN HOSPITAL SERVICE (LMHS)

The LMHS is in the progress of developing an MOU with an action/implementation plan.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

- Feedback from Community Members.
- Feedback at AHAC meetings.

ROYAL ADELAIDE HOSPITAL (RAH)

Utilisation of the Aboriginal Health Team within RAH for client assistance and liaison within the hospital and externally through Aboriginal and Community Controlled Health Services has increased.

RIVERLAND HEALTH AUTHORITY (RHA)

- Increased Aboriginal and Torres Strait Islander people accessing health services;
- The number of new GP's involved in Peelies Bus;
- The number Aboriginal and Torres Strait Islander clients accessing Peelies Bus;
- Number of Aboriginal and Torres Strait Islander people who have sought follow-up treatment from their local GP's after first and ongoing contact with the Peelies Bus; and
- An increase in Aboriginal and Torres Strait Islander people being bulk-billed by GP.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

Various indicators are being used to measure improvements including surveys and one to one interviews. The Murray Mallee Divisions of GP is collating all data gathered by GP's operating within the APHCAP funded programs for analysis. The AHAC will continue to monitor and provide input to all work within the region, including clinical service planning, community health planning and regional strategic planning.

DEPARTMENT OF HEALTH AND AGEING (DoHA)

Funded services are expected to develop service provision plans and report against indicators included in the plans.

Comment on any difficulties you may have in providing information on this commitment.

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- Training required for ATSI staff; and
- Performance Management required to ensure data entered.

GAWLER HEALTH SERVICE (GHS)

The GHS will establish Key Performance Indicators (KPI's) reporting mechanisms once their Aboriginal liaison officer position has been established.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

Difficulties in collection Aboriginal identify data, due to not all Aboriginal clients being recorded as Aboriginal on presentation to the health services.

ROYAL ADELAIDE HOSPITAL (RAH)

No difficulties recorded.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

No difficulties recorded.

Commitment: Linkages between Community Controlled and Mainstream Services including innovation in Coordinated care

There is clear evidence of a developmental process continuing across SA in relation to creating linkages between community controlled and mainstream services. The APHCAP has been a catalyst for formal cross agency partnership development with a number of providers establishing MOU's to coordinate service activities.

Outputs:

What Linkages exist between Aboriginal and Torres Strait Islander Community Controlled and Mainstream Services?

ABORIGINAL HEALTH DIVISION (AHD)

Generic Project Officers have been working with community controlled (where they exist) and Aboriginal community based organisations and groups, to support informed decision making and improve community participation through: leadership development, improved access to resources, supporting the establishment and maintenance of partnerships and networks, improving coordination and communications and through information provision. The Generic Project Officers have also provided support and advice and facilitated the improvement of communications and collaboration between mainstream and community agencies.

The division's PHOFA funded Improving Indigenous Birthing Outcomes project was initiated to address the high incidence of low birth weight and high infant mortality rate of Aboriginal babies and the low Aboriginal maternal health outcomes. Service models, principles and key directions were identified through extensive community consultations. AHD was instrumental in gaining two years PHOFA funding, together with North and Far West regional funding for a program in Pt Augusta/Whyalla targeting Aboriginal women to access a continuum of care during pregnancy, birth and infant care. The innovative service model includes partnerships and working relationships between community controlled and mainstream from the primary community based services through to hospital services. There is a new Aboriginal Maternal Infant Care worker role to enable the new service delivery model.

The following examples highlight linkages between community controlled and mainstream service and the improvements achieved.

During the reporting period the Aboriginal Services Division has been implementing an Aboriginal maternal/child health initiative. The Commonwealth Department of Education, Employment and Training, through the State Education Department, has formed a partnership with the State Department of Health, (AHD, Health Promotion and Tobacco Control Unit. The project, which is funded until June 2005, aims to improve Aboriginal maternal/child health and development through community generated program responses that have an ongoing training and component. The project is operating in remote communities in the far North and West of the State, including the APY Lands. Aboriginal Women's Leadership groups are guiding the programs at community level and the project's Community Development Workers have developed partnerships with Regional Health Services, Commonwealth agencies such as DFACS, State government agencies and Community organisations to integrate their service response. Across agency teams work together to support the communities.

Department of Health's Environmental Health Services Unit has an on-going links with Nganampa Health and Tullawon Health around the provision of environmental with regular field trips. The Department is also represented on the Department of Premier and Cabinet's Aboriginal Lands Task Force, which has brought an integrated and planned across government response (State and Commonwealth) to service provision in remote Aboriginal communities

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- Planning for APHCAP and other program links with Nunkuwarrin Yunti e.g. Inner City Homeless;
- Draft MOU has been in place with Nunkuwarrin Yunti for some years;
- Strengthened service links with Taoundi Aboriginal College and AHA;
- Established Community Services sector partnership with Aboriginal community controlled agencies e.g. Galaya Child Care Centre and Nunga Miminis;
- ACCHS staff member (nurse) works at NYH one session /week;
- ADAC is auspicing a position to be based at Parks; and
- There is likely to be a partnership between Traditional Homeless project and AHA.

DRUG & ALCOHOL SERVICES COUNCIL (DASC)

- The Director of the Ceduna-Koonibba Aboriginal Health Service has been a member of the DASC Board of Directors since 1992.
- DASC staff provide ongoing consultancy advice and training on drug issues to Aboriginal organisations as requested. This year the organisations that have been supported by DASC include:
 - **LMNC:** In partnership with ADAC and the Hepatitis C Council, DASC provided information sessions to community members;
 - **Solvents Workshop, Murray Bridge High School:** In response to solvent use amongst young Aboriginal students, DASC provided in collaboration with Department of Education and Children's Services a workshop on solvents to teaching staff at Murray Bridge High School;
 - **ADAC Executive Committee:** DASC has representation on the ADAC Executive Committee;
 - **ADAC Makin Tracks Evaluation Steering Committee:** DASC has representation on this committee;
 - **Back on Track – The Point Pearce Wardang Island Project:** DASC has been invited to be a member of the steering committee for the establishment and implementation of this drug and alcohol rehabilitation program. It builds on trial programs run in partnership between Point Pearce and DASC;
 - **Dale Street Women's Health Centre:** As part of the AHOPP, support was provided to an initiative coordinated by the Dale St Centre which provided a singing and song writing program for young Aboriginal women who use drugs;
 - **Umoona Community Council Youth Initiatives:** DASC has provided staff to assist the running of youth programs undertaken by Umoona Community Council;
 - **Aboriginal Kinship Program:** DASC is a member of the Steering Committee for the Aboriginal Kinship Program;
 - **Oodnadatta Crime Prevention Committee:** DASC has been providing ongoing consultancy and advice to this committee;
 - **Indigenous Drug Action Team (Adelaide Local Service Area):** DASC has been providing ongoing consultancy and advice to this Drug Action Team;
 - **Port Lincoln Aboriginal Health Service:** DASC has been working with the Pt Lincoln Aboriginal Health Service to develop collaborative activities;
 - **ASG:** DASC has been working with ASG to develop collaborative activities;
 - **SA State Substance Misuse Strategy:** DASC is a member of this planning group until December 2004;
 - **The Woolshed Open Day:** An open day specifically for Aboriginal organisations and service providers is held to encourage greater access to The Woolshed drug rehabilitation program; and
 - **Tauondi College Health Day;** DASC has an ongoing presence at this health day held by the Port Adelaide Community Controlled Health Service at Tauondi College for the local Aboriginal community.

ABORIGINAL HEROIN OVERDOSE PREVENTION PROJECT (AHOPP)

Extensive consultation has been undertaken for:

- 'Overdose Response' training has been developed and implemented;
- A police policy on attendance at overdose events to ensure Aboriginal drug users, and those present at an overdose are more likely to call the emergency services (*ambulance*) has been reviewed;
- Training about 'Overdose risk factors' has been provided for Aboriginal Health Workers (45 – Ceduna, Point Pearce, Nunkuwarrin Yunti), young Aboriginal people in secure care (10 – Magill Training Centre), other organisations (70 – Fresh FM);
- Training for 18 DASC Outreach Workers in overdose related issues;
- Establishment of Aboriginal focussed clean needle programs as a point of contact for clients to receive overdose prevention and treatment information (established in Point Pearce, Ceduna and Port Augusta, 4 in negotiation);
- Development of a pre-release harm reduction pack of resources for Aboriginal people due for release from prison (in progress);
- Development of two information resource's **A**) about poly-drug use, and **B**) explaining how long drugs remain active in the body;
- Consultation is under-way for the development of a sustainable Overdose Response Training Package with a range of key Aboriginal partnership agencies and the SA Ambulance Service (SAAS);
- Screen play for video developed and distributed for consultation. Actors recruited from Tauondi College;
- Negotiation is currently under way to trial a culturally appropriate peer education system in the Metropolitan western and northern suburbs and Murray Bridge community; and
- Development of a peer education training system using low literacy tools (in progress).

GAWLER HEALTH SERVICE (GHS)

- Aboriginal Liaison Officer (ALO) .4 undertook Cultural Awareness training with acute and community care staff with the Wakefield Region; and
- Within this reporting period GHS developed collaboration and coordination networks with volunteers, Family and Youth Services and MP to improve service delivery.

LYELL MCEWIN HEALTH SERVICE (LMHS)

- (A)** As reported in 2002-2003 the AHCSA funded Aboriginal Health Liaison position is based at Muna Paiendi (co-located on-site) and LMHS is able to access members of MP Aboriginal Health Team as required for inpatient and outpatient support;
- (B)** The MOU between LMHS and MP was formally signed on March 2nd 2004; and
- (C)** As reported in DHS publication First Steps Forward : A Generational Change Newsletter – *Changing the way we do health business to improve Aboriginal people's health "Cultural Rights and Respect Training of LMHS interns and emergency department staff is conducted by MP staff, other Aboriginal service-providers and community members. The training aims to challenge stereo attitudes and responses to Aboriginal people, whilst also providing the opportunity to share indigenous cultural rights and respects, e.g. kinship values, spirituality and relationships to the land."*

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

There is no Aboriginal Controlled Service in the Mid North Region

As a result of this the following has occurred:

- Nunkuwarrin Yunti are providing chronic disease screening services in partnership with the Aboriginal Health Team from the Aboriginal Community Centre for the 1 3month period and then to be reviewed;
- Discussions have occurred with Pika Wiya regarding opportunities to purchase services from them which could not be arrange this year as they had already made commitments to Whyalla;
- Meetings with Pika Wiya management have provide us with information in relation to programs which could be developed by our staff in the Mid North Region Aboriginal Health Team members have also visited Pika Wiya for mentorship and support;
- Transport services are also currently in the developmental phase which will support Aboriginal people to access services from these places should they so wish. A community and service provider working party is responsible for progressing this; and
- An MOU has been developed between the Mid North Region AHAC and the MNRHS which outlines organisations roles, communication frameworks, partnerships etc.

ROYAL ADELAIDE HOSPITAL (RAH)

The RAH has linkages across various departments with the local community controlled Aboriginal Health Service, Nunkuwarrin Yunti.

- The Aboriginal Health Team makes referrals to and accepts referrals from Nunkuwarrin Yunti. The RAH Emergency Department (Homeless program and Mobile Assistant Patrol), Endocrine Unit (sessions at Nunkuwarrin Yunti) and Ophthalmology Unit (Trachoma Program) also have linkages with the local Aboriginal Health Service;
- The Aboriginal Health Nurse hosted a visit from Aboriginal nursing students from Pika Wiya Learning Centre (Pt Augusta). During the visit the nurses were shown around the RAH and education and employment opportunities were discussed;
- The Ceduna Step Down Service Aboriginal Discharge Liaison Officer is visiting the RAH from Ceduna to further develop linkages around the discharge of Aboriginal patients to Ceduna and Yalata;
- The AHCSA supports the ALO's and has links through the Social Work Department;
- There is a strong working relationship with the Aboriginal Step Down Service and Aboriginal Hostels; and
- Representation on RAH Consumer Advisory Council by AHCSA.

SA DENTAL SERVICE (SADS)

- Pika Wiya health service (Port Augusta) – SADS provides funding for staff to provided a service for the child population of the Pika Wiya community. The Dental staff provides a range of oral health services in a culturally sensitive manner in familiar surroundings for the child population. The service is provided in an integrated whole of health manner with the Pika Wiya health service;
- Funding is provided to support the employment of a dentist for the service;
- There has been significant planning to ensure that the provision of the dental services attempts to overlap with the other health issues being addressed by the health service;
- \$10,000 funding provided 03-04 to assist with dental health program run in consultation with local community;
- Nganampa health service \$50,000 funding provided 03-04 for local dental program;
- SADS dentist granted Leave Without Pay to work at Nganampa;
- In the Riverland the school dental service staff worked with the Gerard Aboriginal community to assist with improving access by arranging transport for appointments;
- SADS has been involved with the 3 tier whole of health process for APY lands; and
- Nunkinwarrin Yunti and SADS have worked together to attempt to introduce the Electronic Dental Patient & Management Information System.

RIVERLAND HEALTH AUTHORITY (RHA)

There is no Aboriginal and Torres Strait Islander community controlled health service in the Riverland region. Health services are provided to Aboriginal and Torres Strait Islander clients by mainstream health services. The RHA AHAC acts as the conduit between Health Authorities and the Aboriginal community that contributes health services planning directions.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

The Hills Mallee Southern region is linked to community controlled health services through various processes. For example, the Social and Emotional Wellbeing Forum, working from the LMNC has joint membership from mainstream health services, Divisions of GP's and local community controlled organisations including the LMNC, Lakalinjeri Tumbetin Waal Inc. and Kalparrin Incorporated. As stated previously the LMNC is linked intrinsically with mainstream health services through the APHCAP.

DEPARTMENT OF HEALTH AND AGEING (DoHA)

All OATSIH funded services are expected to identify appropriate linkages and co-ordination as a key component of their strategic and business plans. Examples include:

- partnerships with Non Government Organisations and State government services to deliver services to inner city homeless people;
- partnerships with Child and Youth Health to deliver early childhood and maternal care in the western suburbs;
- joint hospital and community controlled health service staff training; and
- joint development and management of centres of learning.

All services participate in regional AHACs which provide information and advice to mainstream services, predominantly State Regional Health Services.

Planning and service delivery in all of the 8 APHCAP regions involve links between community controlled health services (where they exist), or AHACs, and mainstream health services. The mainstream health services are usually the RHS in rural areas. The metropolitan APHCAP programs are managed by a partnership between community health services, community controlled health service and community controlled substance use service.

General Practice (GP)

Six of the APHCAP regions have formalised service agreements and/or MOUs with their relevant Divisions of GP.

The Port Augusta Sub Region APHCAP service, through Pika Wiya, supports the Flinders and Far North Division of GP to develop a cultural mentors program to link GPs and elders for cultural mentoring.

Rural Health

Ceduna Rural health Services and 3 community controlled health services in the far west coast have developed strong linkages with Ceduna and Districts Health Service and successfully manage projects funded through the (C) RHS program.

Population Health

- The West Coast Chronic Disease Self Management Project, funded under the Sharing Health Care Initiative, has resulted in greater cooperation between mainstream allied health providers and the Ceduna/Koonibba Aboriginal Health Service leading to health workers undertaking nutrition training with the Whyalla Community Health Service; and

- Ongoing contact between the Port Lincoln Aboriginal Health Service and Port Lincoln Community Health Service through referral process and feedback system, information sessions conducted by the services for each other's staff, focus groups and discussions about working together and developing strategies for Aboriginal clients increase access to allied health services.

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

- Regular interactions/meetings between Pt. Augusta hospital and Pika Wiya Health Service "Executive Staff" with emphasis to improving relationship and exploring opportunities for combined strategies to addressing factors that impinge on improving Aboriginal health and organisational relationships;
- Commitment to the regional AHAC by NFWRHS(attendance, funding and input);
- Integrated Mental Health project between the NFWRHS and Pika Wiya Health Service attempting to improve primary mental health care servicing Aboriginal people through innovation in the funding arrangement for a new service delivery model and innovation in the organisation and links within the regional mental health program.
- The Pika Wiya Health Service Learning Centre is one strategy to increase the number of Registered nurses, Enrolled nurses, AHW's and Allied Health Professionals employed in the Port Augusta region. Port Augusta is the administrative base for the NFWRHS. An active working group consisting of key stakeholders from the health industry, funding bodies, academic institutions and representatives from the Pt. Augusta community helped establish the centre in 2002 as part of the Pika Wiya services. The centre is able to offer:- One-to-one academic tuition;
- Group tuition and facilitate ATAS tuition;
- Confidential person counselling;
- Administrative and financial support networks for students;
- Act as an advocate for students to training providers, community organisations, employment organisations;
- Provide access to information technology resources;
- Provide access to library resources;
- Provides a culturally safe environment, and
- Provides an advocacy avenue for students to express issues regarding pedagogy and curriculum to their respective training providers.
- Oodnadatta Mental Art project targets "at risk" indigenous residents of the remote Oodnadatta community which is situated in the far north of SA. The community consists mainly of Aboriginal residents who meet three identified target groups in the National Action Plan for Promotion, Prevention and Early Intervention for mental health 2000, ie individuals, families and communities experiencing adverse life events, Rural and Remote Communities, Aboriginal and Torres Strait Islanders. The outcome achieved to date:-
- A play/film with positive mental health message depicting life in Oodnadatta;
- "Alongside" worker values community art as a valid method of health promotion;
- Project Officer has a deeper understanding of the issues impacting on the life of Oodnadatta residents;
- Project 'Alongside' Worker gained skills in community development and mental health promotion;
- Participants identify relevant issues impacting on their mental well-being;
- Participants gain confidence, self-esteem and self-belief to empower them to take on challenges;
- Reduce stigma associated with mental illness in the community;
- Increase awareness of access points/referral pathways to mainstream mental health services;
- Enhance community capacity, resilience, self determination and community artistic spirit;
- Improving mental health literacy;
- Community development project resulted in the opening of a Community Open Air Picture Theatre/Drive Inn;
- Inaugural Ball in November 2003 (establishment of community committee to run on-going balls).

- Pathways to Intervention and Healing Program, funded through the Alcohol Education & Rehabilitation Foundation will commence in 2004 to assist Aboriginal people to acknowledge their problems with drug/alcohol misuse and provide them with ability through increasing knowledge, experience and skills in an ongoing way. The strategy of the project to incorporate Traditional Aboriginal and Non-Aboriginal methods and practices to assist participants to address drug/alcohol and impact on mental health.

AHCSA

- A number of ACCHS's have a range of partnerships with local mainstream organisations and services.
- AHCSA works with and supports many of the AHAC's.
- AHACs have affiliate membership to AHCSA with a nominated representative participating in AHCSA Board meetings.
- During 2003 AHCSA worked with members to develop the 2004 – 2006 Statewide Strategic Plan for the SA Aboriginal Community Controlled Health Sector. The plan was endorsed by AHCSA Board in March 2004 and launched in July 2004. Collaboration and partnerships with mainstream services was identified as a major strategy within the plan.

<p>Comment on any difficulties that you may have in providing information on this commitment and what may be done to achieve improvements</p>
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Organisations reported increased and continuing collaborative activity between mainstream services and the community-controlled sector during 2002-2003.

GAWLER HEALTH SERVICE (GHS)

The GHS finds working with the ALO has achieved much closer links with Aboriginal people in Gawler area and now can start to extend GHS services based on need. This will be a slow process as the Coordinated Care Trial has recently commenced. Improved access to the ALO would increase awareness and services linkages for Indigenous people.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

The only issues we have faced are in relation to these organisations capacity to partner with us due to their exiting programs and workloads.

SA DENTAL SERVICE (SADS)

- There has been difficulty reaching agreement on the provision of data; and
- SADS has recently reached an agreement with Nganampa about the data but ongoing discussions will occur to ensure that the data provided captures the information necessary to provide an acceptable level of reporting on achievements for both parties.

RIVERLAND HEALTH AUTHORITY (RHA)

Riverland Regional Health Service (RRHS) Aboriginal Health Team works closely with the Aboriginal and Islander Advisory Group (AIHAG) and local Aboriginal Community. The Staff also work in collaboration with other health units across the region. However, the lack of an Aboriginal and Torres Strait Islander controlled health services in the region has been identified as deficit.

Commitment: Increased level of resources allocated to reflect the level of need

Resource allocation based on level of need has been addressed in a number of ways during the reporting period. In the first instance increased resources by seed or one off allocation and secondly by cross agency collaborative planning and submissions. The later created successful joint funding submissions, cost sharing between programs to improve services outcomes and human resource strategies for recruitment, training and retention of the workforce. The additional service linkage developed has delivered broader cross sector collaboration between all sectors of the public, private and community controlled health system.

Outputs:

What needs analysis has been undertaken within the jurisdiction to determine needs?

At a Statewide Level the following examples highlight needs analysis and health system improvements achieved.

DEPARTMENT OF HEALTH

An Aboriginal workforce supply analysis was conducted in the Eyre Region and determined that a culturally appropriate learning facility, such as the Unique Centre of Learning, that exists in Port Augusta be established in Ceduna for the Region. A suitable model is being developed in consultation with the Aboriginal communities within the region and key stakeholders.

DEPARTMENT OF HEALTH AND AGEING (DoHA)

- Five previously approved APHCAP sites continued to undertake ongoing regional and service planning;
- Regional Planning funding had been previously provided to 2 rural regions and significant staff support provided to those two and a metropolitan region. All three were approved to receive APHCAP funding from March 2004;
- A substance use needs assessment/scoping study was undertaken in one rural region;
- All funded services complete a Service Activity Report or Drug and Alcohol Service Report which includes questions about unmet needs from the service perspective; and
- Service Activity Report and Drug and Service Report enhancement funds are then available to meet identified needs.

At a Regional and Organisational Level

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- There has been extensive planning involving ACCHS, ASD and the western region. This has included consultation with community;
- APHCAP planning; and
- ACCHS sites have undertaken recent planning processes.

DRUG & ALCOHOL SERVICES COUNCIL (DASC)

Regular consultation needs analysis and planning occurs with Aboriginal Government and non-government organisations, eg DHS - ASD, ADAC, AHCSA. Consultation and needs analysis occurs with indigenous community groups in response for requests for as they arise, eg Murray Bridge High School Solvent Abuse Workshop.

GAWLER HEALTH SERVICE (GHS)

Within the GHS Early Childhood Intervention funding a project was formed to look at the needs of Aboriginal people of the Gawler region. It was written by T Boardman and indicated that Indigenous people were not accessing services at GHS.

LYELL McEWIN HEALTH SERVICE (LMHS)

LMHS has a commitment via the MOU to the 15 specific opportunities for improvement and partnership. The 15 areas were identified jointly with MP.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

A comprehensive needs assessment and planing process has occurred in partnership with the Mid North Region AHAC committee, the MNRHS and the Aboriginal community. This planning process was funded by OATSIH. Which resulted in an extensive health service plan that will be used to guide health services delivery? The plan was launched in June 2004.

MUNA PAIENDI (MP)

- Metropolitan Community Health Services is currently developing a new strategic plan for the next five years;
- MP has contributed significantly and we have already identified the Aboriginal community as a major targeted population group for service delivery initiatives;
- Other agencies have placed workers in the MP including DASC, Child Youth Health, Allied Health, LMHS and Domcilliary Care;
- There are 26 staff members at MP;
- The Aboriginal Team Leader is a member of the NMCHS Management Team and has a portfolio responsibility for Aboriginal Health within the Organisation;
- MP are actively involved in the implementation of the SA Aboriginal Health Regional Plans;
- NMCHS Strategic Directions identifies Aboriginal Health as a key population group with clear vision, goals and outcomes;
- Training and development for the Aboriginal Health Plans and from the National Aboriginal Torres Islander Health Workers forum and NMCHS has allocated a budget for training and development. Currently seven staff are studying the Primary Health care certificate provided by the AHCSA and five are studying the Family Wellbeing course provided by Salisbury Tertiary and Further Education (TAFE). Five community members also have free places within this course;
- Commonwealth funds through APHCAP have been secured for the implementation of the SA Aboriginal Health Regional Plans; and
- Commonwealth continues to fund the National Drug strategy for Aboriginal people resulting in the employment of two Full Time Employee Aboriginal Kinship Workers.

ROYAL ADELAIDE HOSPITAL (RAH)

- A business plan was written by the Aboriginal Health Nurse to discuss the need for an Aboriginal Health Unit (funded under the Hospital Redevelopment Plan 2004) . The Aboriginal Health team would be situated in the unit and provide culturally sensitive services in a culturally safe environment; and
- The need for an Aboriginal Social Worker has been identified through a review of the Social Work Department (position not yet filled).

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

- In collaboration with AHAC, supported the processes associated in the 2003/04 APHCAP Plan;
- Preparedness for collaborative partnership/s with AHAC, ACCHS etc in the actioning of the APHCAP plan;
- Collaborative involvement with ACCHS in the “regional health service planning”; and
- Ongoing strategic and business planning processes by mainstream.

SA DENTAL SERVICE (SADS)

- National Adult Oral Health Survey is being undertaken 04 /05 which will form the basis of the current determination of need. It is likely that a National Child Oral Health Survey will be undertaken but a time frame for this process has not yet been determined;
- SADS currently allocates resources using a “Resource allocation model” which aligns with population health funding model. SADS is currently undertaking work to ensure that resources for the Aboriginal community are considered in its refined population health funding model; and
- In 04/05 the organisation will resource a position to implement a revised population health based funding model and ensure that this is reflected in an output based model.

SOUTH EAST REGIONAL HEALTH SERVICE (SERHS)

Commenced local APHCAP planning.

RIVERLAND HEALTH AUTHORITY (RHA)

A number of needs analyses have been undertaken within the region to determine needs of the local Aboriginal and Torres Strait Islander Community. These include:

- APHCAP needs assessment (an extensive, thorough and wide community consultation);
- The needs analysis undertaken by the Aboriginal Community Development Officer who was employed by ASD for a 3 year period which finished in 2003;
- Needs analyses that were conducted regarding tobacco, drug and alcohol among young people; and
- Women’s health and wellbeing needs assessment included focus groups with Aboriginal and Torres Strait Islander women as part of the development of the regional Women’s Health Plan.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

- Extensive consultations were undertaken during the APHCAP process throughout the region to determine needs with the AHAC acting as a steering committee. This followed up the Hills Mallee Southern Regional Needs Assessment Project “Diversity makes a Difference” of 1997 and 2001 and the First Step Document;
- For the Aboriginal populations (approx 300) of the Adelaide Hills and Kangaroo Island an Aboriginal Community; and
- Community Development Officer is being employed to conduct a needs analysis.

What additional resources have been provided to address identified needs?

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

- Appointment of the Coordinator and Care Coordinator through APHCAP funding for the N&FWRHS sub-region; and
- Establishment of the new program eg Pathways to Intervention & Healing including program staffing.

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- APHCAP has attracted an additional \$691,000 to the east, west and inner city - \$180,000 designated to ACCHS (3 positions) – effective from mid April 04;
- Aboriginal Mental Health Worker grant funded position for 2 years at Parks (\$200,000+);
- Traditional homeless funds for 12 months been approved by Commonwealth DoHA. (\$107,000) and
- Aboriginal Youth Worker position 0.6 FTE at Parks for 12 months (Auspiced by ADAC - \$50,000).

DRUG & ALCOHOL SERVICES COUNCIL (DASC)

- DASC's Aboriginal staff complement is unchanged from the previous year, although one position which had been contract was made permanent. Staff include:
 - Manager, Aboriginal Programs;
 - Senior Project Officer, Aboriginal Programs (This position has been made permanent – and was previously a contract position) ; and
 - Two Aboriginal community workers.
- DASC has received funds through the Drug Summit to undertake the AHOPP;
- DASC has committed in excess of \$20,000 for the Aboriginal Service training for DASC staff development;
- Support for local community health promotion initiatives through 'Alcohol. Go Easy' and DASC grants;
- DASC contributes funding to the ASD's Aboriginal Scholarship Scheme. The funding provides for two scholarships of \$5,000 each for Aboriginal students enrolled in health and allied health courses to enable them to undertake alcohol and other drug studies; and
- Increased information resources purchased by DASC library for the use of DASC staff and other workers.

GAWLER HEALTH SERVICE (GHS)

Commitment's by GHS to continue funding an Aboriginal Liaison Worker and continue to fund Wakefield Health cultural awareness.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

As a direct result of the plan this Region has received APHCAP funding of \$71,000 this financial year and will receive \$217,000 recurrent funding in the new financial year

Positions/programs Identified for funding include;

- Transport services;
- Women's services;
- Mental Health;
- Drug and Alcohol; and
- Purchase of Community controlled services.

In addition to this \$50,000 has been received from DHS to contribute towards funding an Aboriginal Health Team Leader and \$155,000 has been funded by Home and Community Care for a 2 year project which will develop specific Aboriginal Aged and disability services across the region. Other small grants have also been received to address issues such as maternal issues like breast feeding.

ROYAL ADELAIDE HOSPITAL (RAH)

The Aboriginal Health Unit plans have been developed by the Aboriginal Health Team and Redevelopment Team and been signed off. The unit is to be included in Stage 4 redevelopment of the RAH.

SA DENTAL SERVICE (SADS)

Funding commitments to the following providers,

- \$10,000 to Pika Wiya;
- \$50,000 to Nganampa; and
- Funding for dental services in country areas reflect higher needs.

SOUTH EAST REGIONAL HEALTH SERVICE (SERHS)

No additional mainstream funding has been recovered however, OATSIH has provided additional resources.

RIVERLAND HEALTH AUTHORITY (RHA)

Peelies Bus (mobile health and wellbeing clinic for Aboriginal and Torres Strait Islander people) takes services to the Aboriginal people throughout the Riverland; this enables easy access to health service by Aboriginal and Torres Strait Islander people in the region. Within this framework, a doctor is available on the Peelies Bus to provide consultation for clients. A 'Voucher' system operates on the Peelies Bus to enable clients to purchase medication from chemists that has been prescribed for them by a doctor. In this way, we address the need of access to health services as well as that of getting prescribed medicine.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

HMSRHS have "topped up" APHCAP funds for \$244,000 to address immediate needs. Further needs and additional resources will be addressed as the planning process continues.

DEPARTMENT OF HEALTH AND AGEING (DoHA)

Funding Type	Recurrent	One off
APHCAP	\$1,105,201	\$674,990
Service Activity Report	\$361,107	0
Drug and Alcohol Service Report	\$25,000	0
Regional Planning	\$43,000	\$48,000
Total	\$1,534,308.00	\$722,990.00
Grand total		\$2,257,298

The above funds refer to additional funds for service provision to meet identified need. Over \$1.5m was also provided for service infrastructure (management support, fringe benefits tax supplementation, long service leave supplementation, workforce support, patient information recall systems and service development and reporting planning) and health promotion activities (immunisation, drug action, sexual health and Bringing Them Home Innovation)

DEPARTMENT OF HEALTH (FORMALLY DEPARTMENT OF HUMAN SERVICES) (DH)

INCREASED FUNDING TO APY LANDS

FUNDING TYPE	RECURRENT	ONE OFF
PROGRAMS	1,500,900	2,118,596
	TOTAL	3,619,496

Comment on any difficulties that you may have in providing information on this commitment and what may be done to achieve improvement

As evidenced by the range and extent of activity occurring this is not a difficult area for SA to provide information on.

Again this information is provided by the funding bodies.

AHCSA

- There appears to have been some increases in funding over the years but it is difficult to determine how these increases have been allocated or identified.
- AHCSA would like to see more discussion about resource allocation at the partnership level rather than information being tabled by funding bodies.
- AHCSA would also like to see more evidence of the Aboriginal community controlled health sector participation in funding processes, including identification of need and priorities, and allocation.

GAWLER HEALTH SERVICE (GHS)

The ASO4 position is very limited time for the liaison worker to develop networking and one on one activity as well as the linking with other agencies. GHS are just finding that the liaison worker is able to "open door" that previously have not been able to access.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

With the development of the plan any problems that have occurred should improve as this provides a sound basis for planning and resource allocation

RIVERLAND HEALTH AUTHORITY (RHA)

There is no difficulty encountered in providing information on this commitment which is available in the Peelies Bus Progress Report.

The final Peelies Bus report will be prepared by 2005.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

This is very much a work in progress and continues as the APHCAP evolves and the AHAC influences where and how resources are allocated.

Commitment: Joint Planning

The 2001-04 Agreement on Aboriginal and Torres Strait Islander health continues to provide a strong framework for collaborative action in SA between the four partners during the 2003-04 period.

Services providers have provided examples of strong clinical, public health and governance joint planning during the reporting period. The joint plans developed have led to cross sector partnerships.

The imminent loss of ATSIC and the community voice ATSIC brings with it to the partnership has been of high concern to partnership members. To maintain effective joint planning process beyond this reporting cycle the following considerations must be considered. Meaningful community involvement, matched by a strong and viable community controlled sector in partnership with the public and private health sector to remain effective.

Outputs:

What participation have Aboriginal and Torres Strait Islander people had in decision-making and determination of priorities?

ABORIGINAL HEALTH DIVISION (AHD)

The Aboriginal Services Division operates within a Community Development philosophy. Simply put, this is belief in a process that leads to individuals within a community and the community itself having the confidence and skills to determine their own directions and futures.

The Division's Generic Project Officers have a key role in working with regional agencies in ensuring that Aboriginal protocols are followed so that communities have participated in the planning processes

Staff in the Division, who assist regions to undertake Aboriginal workforce planning ensure that local community people are engaged in the decision making and determination of priorities. An example of this is the proposed Unique Centre of Learning for the Eyre Region (previously mentioned).

The Healthy Ways Team has worked extensively with Senior Women in the remote communities of Oodnadatta, Marree, Coober Pedy, Yalata, Oak Valley, Watarru, Pukatja, Amata and Kalka, as well as Whyalla, to establish Aboriginal Women's Leadership Groups to guide community identified priorities and responses to improve maternal and infant/child health. There are regular meetings with the women that are fully representative. An Anangu Women's meeting on the APY Lands set clear directions for program priorities and development. Women in all the communities have identified leadership training and governance as a critical need and a Leadership training model appropriate for Anangu women will be developed with the women in 2005.

Statewide Participation included;

SAAHP Activity

During 2003-2004 the SAAHP developed its SAAHP Regional Resource Package *Aboriginal Health - Everybody's Business* (ie. Boxed set of five booklets and CD version), a cross sector strategic planning resource for use by state, regional, organisational and community stakeholders.

The Regional Resource Package represented a sustained effort of SAAHP partner organisations working together with Aboriginal communities since 1996 on tackling National, State and community identified priorities. SAAHP partner organisations each undertook lead roles in the collaborative development of the five strategic directions

The resource is to contain cross sector strategic directions and desired outcomes for

- Diabetes (DH lead partner)
- Social and Emotional Wellbeing (AHCSA lead partner)
- Substance Misuse (AHCSA lead partner)
- Health Data and Information collection (AHCSA lead partner)
- Health Workforce Development (DoHA lead partner)

The resource is being designed to enable these five strategies to be implemented either independently or in a collaborative and coordinated manner depending on community and organisational need. The resource will be useful for those involved in Aboriginal health and wellbeing service policy development, planning, delivery and monitoring.

It is also envisaged that it would be a useful reference resource for community groups and individuals involved in advocacy and monitoring activity within all health service provision sectors.

The SAAHP aims to use this resource to enhance regionally coordinated collaborative cross sector partnership action. It is envisaged that this will significantly contribute to the state wide implementation of the National Strategic Framework for Aboriginal and Torres Strait Islander Health.

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- Aboriginal staff/agencies have been consulted in the process of seeking grant funding for Aboriginal services; and
- Aboriginal staff from ACCHS has been involved in planning, along with staff from ASD and Metropolitan Division.

DRUG & ALCOHOL SERVICES COUNCIL (DASC)

- Participation occurs at several levels. At the State-wide level, DASC regularly engages in planning activities with major government and non-government Aboriginal organisations;
- At the local community level, since DASC is invited by Aboriginal community controlled organisations to assist with drug issues, the participation and indeed control Aboriginal and Torres Strait Islander people have in decision making and determination of priorities is very high;
- DASC has contracted a private training organisation with Aboriginal consultants to raise the awareness of all DASC staff on the needs of Aboriginal in service provision;
- The Heroin Overdose Prevention Steering Committee has been formed to oversee the AHOPP (as well as the Vietnamese and Youth Heroin Overdose Prevention Projects which are now completed). This committee has representation from SA Police, SAAS, Family and Youth Services, SA Voice for Intravenous Education, SA Housing Trust, Vietnamese Community of Australia SA chapter, Drug Information Advisory Service, RAH, The Parks Community Centre, ADAC, and Correctional Services; and
- The AHOPP Working Party is working closely with the Senior Project Officer on project strategy development and interventions. The working party has representatives from SA Police, ADAC, Metropolitan Aboriginal Youth Team, SA Voice for Intravenous Education, Kumangka, Correctional Services, RAH, Nunkuwarrin Yunti, Aboriginal Prisoner and Offender Support Services, and Hepatitis C Care and Prevention.

GAWLER HEALTH SERVICE (GHS)

- Community Volunteer Group has been able to voice issues and instrumental in Liaison worker position; and
- Commencement of an Advisory group for Indigenous people.

LYELL McEWIN HEALTH SERVICE (LMHS)

- Joint planning at local level has resulted in the Aboriginal specific facilities in the Birthing Suite;
- Plans underway to ensure Aboriginal involvement in LMHS Emergency Department Consumer Advisory Group; and
- Initial consultation process re LMHS policies and protocols underway.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

As stated MNRHS partners have developed a Nunga health plan.

- Consultation also occurs with the AHAC on a regular basis;
- We have also convened a key group of community members MNRHS will consult with if further information is required. This group is made up of the chair and deputy chairs of AHAC and Aboriginal Community Centre;
- In addition to this specific working groups are developed as required to progress specific planning for implementation of additional programs i.e. Transport Services, Aboriginal HACC Program; and
- We also have an Aboriginal women's group to advise NMRHS on women's issues. An Aboriginal community member also sits on the Regional Board and Regional Health planning committee.

MUNA PAIENDI (MP)

- MP has established an Aboriginal Leadership Group;
- Participates in Aboriginal Interagency Forum; and
- MP are often called upon to consult with other agencies in relation to policy, and planning locally, regionally, State and National level examples include: CAMHS, SAMHS, Local Government, NWS and the local Adelaide Northern Division of GPs.

ROYAL ADELAIDE HOSPITAL (RAH)

An Aboriginal representative has been appointed to the consumers committee.

SA DENTAL SERVICE (SADS)

- Consultation with AHCSA about design and implementation of rural and remote Aboriginal Dental Scheme;
- SADS works in partnership with AHCSA in providing dental treatment services to Aboriginal clients in rural and remote areas through the Aboriginal Dental Scheme; and
- SADS is working with communities on the West Coast (Ceduna, Yalata, and Oak Valley) to improve access to dental care for Aboriginal clients.

SE REGIONAL COMMUNITY HEALTH SERVICE (SERCHS)

The Aboriginal decision making and prioritising has been driven in part services providers and through the local AHAC forum.

RIVERLAND HEALTH AUTHORITY (RHA)

Service activity from a Primary Health Care perspective, and has recognised the importance of local Aboriginal and Islander people participating in decision-making and determination of health priority issues. The previously mentioned needs analyses process undertaken within Riverland Aboriginal and Islander Communities are examples of this participation.

The RHA Board has a designated position for a representative of AIHAG (currently the new nominee is awaiting Ministerial approval) and for a support person for the representative.

AIHAG is invited to nominate two representatives on any interview/selection panel for Aboriginal-relevant positions within the health service.

AHW's regularly attend AIHAG meetings, providing opportunities for the group to advise the team, raise concerns and provide feedback on any proposed programs or service directions.

At a recent planning meeting AHW's establish a set of priorities, which will be taken to the AIHAG that will be addressed in 2005.

All Project proposals are presented to AIHAG for assistance in development and endorsement.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

The AHAC has membership at the Hills Mallee Southern Regional Board. Two AHAC members attend to provide support of each other but have one vote. An elected and nominated AHAC member also sits and is a voting member of the Murray Bridge Soldiers Memorial Hospital incorporating the Murray Mallee Community Health Service.

The Chair of the AHAC is a voting member of the

- Hills Mallee Southern Regional Managers Group;
- Hills Mallee Southern Community Health Executive; and
- Hills Mallee Southern Region Strategic Planning Committee.

Members of the AHAC and the LMNC are active participants of the following projects/programs/services

- Winmill Yuntawarrin (Working Together) project;
- Nggarruwarrin Youth program;
- Social and Emotional Well Being Forum
- APHCAP;
- Hills Mallee Southern Diabetes Project; and
- Hills Mallee Southern Mental Health Reform Group.

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

- Collaborative involvement by AHAC and ACCHS with the Commonwealth and State health agency's in the development of the sub-regional APHCAP;
- Aboriginal Project Officer input to Port Augusta hospital executive/senior management decision making and priority setting;
- Aboriginal Project Officer input to Regional planning processes, decision and priority settings;
- Aboriginal input at Pt. Augusta hospital , Whyalla hospital, Leigh Creek hospital, Coober Pedy hospital & Regional Board of Management levels;
- Collaborative involvement with ACCHS in the "regional health service planning";
- Regular interactions /meetings between Pt. Augusta hospital and Pika Wiya Health Service "Executive Staff" with emphasis to improving relationship and exploring opportunities for combined strategies to addressing factors that impinge on improving Aboriginal health and organisational relationships; and
- Aboriginal input in the decision/planning/priority settings through the AHAC forum.

DEPARTMENT OF HEALTH AND AGEING (DoHA)

All APHCAP planning processes included significant community consultation via public consultations, individual consultations and seeking comments on discussion papers. Regional plans (and reports against) are expected to be signed off by AHACs which have community representation.

All OATSIH funded services are expected to identify strategies for community input as a key component of their strategic and business plans. All community controlled health services hold annual general meetings which include reporting to and feedback from the community and elections of community representatives to the board of management.

Describe how effective the partnership forums have been

The 2003- 2004 has been a highly productive period for SAAHP. The Executive has continued to meet quarterly to provide strategic direction to the coordination of collaborative activity between the four partners on priority shared business. This work had been maintained in a climate of significant policy and organisational changes affecting all partner organisations. Support for the Executive was maintained by its three person Secretariat and a management committee.

Since SAAHP independent evaluation in 2001-2 SAAHP has directed its efforts towards developing cross sector agreement on addressing the community identified priority areas for regional action (as identified in First Step 1997). This has involved the establishment of SAAHP working groups comprising membership from all four partners. These five groups have worked towards the development of a regional resource package containing cross sector strategic directions and desired outcomes for:

- Diabetes (DH lead partner)
- Social and Emotional Wellbeing (AHCSA lead partner)
- Substance Misuse (AHCSA lead partner)
- Health Data and Information collection (AHCSA lead partner)
- Health Workforce Development (DoHA lead partner)

The resource is being designed to enable these five strategies to be implemented either independently or in a collaborative and coordinated manner depending on community and organisational need. The resource will be useful for those involved in Aboriginal health and wellbeing service policy development, planning, delivery and monitoring.

It is anticipated that this regional resource package will be used by SAAHP in supporting improved regional partnership action.

SAAHP has a robust Secretariat that has worked to improve the profile of partnership mechanisms within partner organisations and between SAAHP and the Aboriginal community.

SAAHP works to enhance its potential to contribute through effective partnership mechanisms to Aboriginal communities, families and individuals experiencing a coordinated and collaborative approach to their health and wellbeing needs.

All partners report quarterly on progress for SAAHP priorities that they have lead responsibility. This information is included in Executive meeting papers and forms an essential part of the SAAHP internal monitoring of its achievements/challenges.

Another example of collaborative effort cited by Aboriginal and Torres Strait Islander Services (ATSIS) - **Environmental Health Advocacy:**

The SA State ATSIS Office has played a key role in a multi-agency working party to formulate an Indigenous Environmental Health Worker Strategy for the non-metropolitan areas of SA. In partnership with the SA State DH (formally DHS), the AHCSA and the Commonwealth DoHA, the working party has defined employment locations, model job specifications and training and career paths for Indigenous Environmental Health Workers. During 2004 the SA State ATSIS Office engaged in negotiations regarding multi-agency funding of the strategy in 2004/2005. This work involved significant research by the SA State Policy Centre into national and interstate environmental health policy and practices.

If applicable – What processes have the partners agreed to improve the operations of the partnership forums?

SAAHP continued to operate within its agreed aims and commitments outlined in the 2001- 2004 SA Framework Agreement. Following the SAAHP independent evaluation in 2002 SAAHP has worked to refine its commitments to ensure that has a manageable workload with matching resources.

The State and Federal governments have continued to provide funds for a SAAHP Secretariat (a three person team). The SAAHP has a robust secretariat and it has been managing the needs of the partners for a number of years.

Considerable work has also been done to galvanise effective engagement from the management committee including inviting the chair of the executive to participate in Management committee meetings.

All partners agreed in 2003 that a further 4 year agreement be signed when the 2001 2004 SA Framework Agreement expired. During 2003 -2004 all four partners worked together on the identification of future SAAHP shared business commitments.

When do you expect that all the regional plans will be completed?
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ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- Regional Plan has been agreed, but refinement of this is ongoing; and
- ACCHS Aboriginal Health Plan is currently being developed.

GAWLER HEALTH SERVICE (GHS)

As Gawler is just moving into Wakefield Health Region and not all regional services have been linked in planning combined planning forums however there are planning initiatives underway.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

All plans completed and distributed.

MUNA PAIENDI (MP)

Ongoing process but all issues are being addressed. Service gaps have been identified through the APHCAP and are continually identified with the changing environment

RIVERLAND HEALTH AUTHORITY (RHA)

The appointment of an APHCAP funded Aboriginal Health Program Manager is under way. A key role of this position will be development of the Regional Plan however it is not possible to anticipate a completion date until this position is filled. A draft Aboriginal Health Services Plan has been commenced, but again, completion awaits appointment of the Aboriginal Health Program Manager to ensure that these plans are congruent.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

- The Year Two APHCAP plan is complete. Services and programs from the Year One APHCAP business plan have commenced; and
- The Hills Mallee Southern Region Aboriginal Health Plan will be complete in December 2004, following the current Hills Mallee Southern mainstream Strategic Planning process and the development of the Aboriginal Health Plan framework from DHS Country Division.

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

Relevant Plans

- APHCAP plan
- Regional Health Plan
- Pika Wiya Health Service

Completion Date

June '04
July/August '04
July/August '04

DEPARTMENT OF HEALTH AND AGEING (DoHA)

- There are 12 potential AHPCAP planning regions or sub regions in SA, 10 of which receive funding less than the APHCAP benchmark;
- Five regions were targeted as “first round” APHCAP sites and completed regional planning in October 2003; and
- An additional three regions were targeted in the third round of APHCAP funding in February 2004. These regions completed regional plans as part of the funding process.

Have the regional plans identified any priority projects that will address gaps in the current level of primary health care service provision?

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- Aboriginal health issues are identified as significant; and
- The Regional plan for the west is designed to improve service coordination and collaboration.

GAWLER HEALTH SERVICE (GHS)

- For GHS it has been Diabetes awareness aged care for Aboriginal people.

LYELL McEWIN HEALTH SERVICE (LMHS)

- Describe in detail the type of gaps that the regional plans (will) identify.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

Health Priority areas identified in the Nunga Health Plan includes:

- Asthma;
- Diabetes;
- substance misuse;
- lack of good nutrition;
- children’s health;
- women’s and men’s health;
- domestic and family violence;
- mental health respite;
- access to medication; and
- Low life expectancy.

MUNA PAIENDI (MP)

- Family Health; and
- Child and Maternal Health.

SOUTH EAST REGIONAL COMMUNITY HEALTH SERVICE (SERHS)

- Substance misuse;
- Domestic violence;
- Transport; and
- Youth support.

RIVERLAND HEALTH AUTHORITY (RHA)

The development process for the APHCAP funding submission has identified priority projects that will address gaps. Three main aspects have been identified, which are:

- Access to GP's,
- Dental services;
- Counselling services, and
- Transport.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

The APHCAP plan has identified several priority areas including;

- Substance Misuse;
- Social and Emotional Wellbeing;
- Diabetes;
- Youth; and
- Elders.

Other priorities include transport and the long term progression towards a community controlled health service.

It is expected that further work through additional planning and may identify additional priorities and needs. Numerous projects are currently underway to address the gaps including those already mentioned in this report.

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

The N&FWRHS "Aboriginal Health Improvement Plan" links the Pika Wiya Health Service and APHCP to the following 5 key goals:-

Improve the health & wellbeing of Aboriginal people within the Pika Wiya Health Service area;

- Ensure appropriate Aboriginal community involvement in health service planning and service delivery;
- Ensure that the organisation is managed effectively and efficiently;
- Develop effective relationships with other agencies
- Advocate and review the health system and service delivery for Aboriginal health.

Priority projects/access to services that target:-

1. Diabetes;
2. Ear Health (Otitis Media);
3. Early Childhood Health Intervention;
4. Chronic Disease;
5. Mental Health;
6. Ante Natal;
7. Home-maker Services;
8. Cultural Mentor support for GP's;
9. Drug & Alcohol Mis-Use;

DEPARTMENT OF HEALTH AND AGEING (DoHA)

All plans identify unmet needs and service responses.

The majority of plans provide for:

- increased GP services;
- increased AHW positions;
- increased allied health services in particular in the areas of substance use/mental health, diabetes and chronic disease management; and
- Increase in transport services.

Have any funding decisions been influenced by the regional planning process?

Yes, Examples provided by regions:

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- The regional planning shaped APHCAP planning and funding.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

In addition to this report the regional submission writer uses framework reporting as a basis for grant funding for program submissions.

MUNA PAIENDI (MP)

Commonwealth funded projects; and
Local workforce in teams.

RIVERLAND HEALTH AUTHORITY (RHA)

APHCAP funding has been allocated to

- Purchase more GP services for Aboriginal and Islander people in the region; and
- Address the transport issue in order for Aboriginal and Islander people to get to doctors/specialists' appointment within the region.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

Through the APHCAP planning process the Hills Mallee Southern region is providing a further \$244,000 funding for Aboriginal specific programs to compliment the commonwealth APHCAP funds. The Hills Mallee Southern funds are;

- 32,500 Health Living Worker;
- 75,000 AHPCAP Program Coordinator;
- 26,000 AHAC support;
- 22,000 Men's Health Worker;
- 38,000 Funds top up of 2 AHW's;
- 40,000 Cross Cultural Training; and
- 10,500 In kind admin support.

Further funding decisions will be determined as the Hills Mallee Southern strategic planning process commences and the Regional Aboriginal Health Plan evolves from that.

DEPARTMENT OF HEALTH AND AGEING (DoHA)

All APHCAP funding is provided on the basis of regional and service delivery plans.

All services are required to develop three year strategic plans and annual business plans to account for the use of funds.

What linkages exist between the regional planning forums and Aboriginal And Torres Strait Islander’s regional planning processes?

DEPARTMENT OF HEALTH AND AGEING (DoHA)

The majority of AHACs have an ATSIC representative position. Where not taken up other consultative mechanisms are used such as direct contact during the planning phase.

How might these linkages be improved?

SAAHP is considering the development of regional partnerships based on the existing state partnership model.

Cross Sector collaborative planning has been enhanced by the development of the SAAHP Regional Resource Package “Aboriginal Health Everybody’s Business” a box set of five state wide strategies for Diabetes, Substance Misuse, Social and Emotional Wellbeing, Health Workforce Development and Health Data and Information Collection.

How have the needs of mainland Torres Strait Islander people been taken into consideration in developing the regional plans?

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

There was not specific focus on Torres Strait Islander people.

MUNA PAIENDI (MP)

Approaches will be made individually with Torres Strait Islander people in relation to consultation of the Strategic Plan as the proportion of Torres Strait Islander people in the local area is low.

SOUTH EAST REGIONAL HEALTH SERVICE (SERHS)

This hasn’t been addressed.

RIVERLAND HEALTH AUTHORITY (RHA)

The major planning process undertaken recently has been the APHCAP process. The number of Torres Strait Islander people in the region is relatively small, but they have been represented in this process through a member of the community who is both a Health Worker and a member of the APHCAP Steering Committee.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

Population of Torres Strait Islander people within our region is small. While they were included in all of our planning processes their specific needs are yet to be identified as different as those requested by the Aboriginal population.

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

- Through formal community consultations;
- Through “management” forums eg, AHAC;
- Through collaborative partnership with ACCHS;
- Through Board of Management levels;
- Through State/ Commonwealth directions;

DEPARTMENT OF HEALTH AND AGEING (DoHA)

The Riverland health region is the main region with a significant Torres Strait Islander population. The RHS and AHAC recognise the population by naming the AHAC the AIHAG and encouraging Torres Strait Islander people to participate.

Comment on any difficulties you may have in:

- a) Providing information on this commitment, and
b) Completing regional plans. What may be done to achieve improvement?**

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

Time and resources are an issue when there is considerable pressure to maintain service delivery.

GAWLER HEALTH SERVICE (GHS)

Lack of resources and difficulty in finding out about regional directions however, attempting to do improve communication through Wakefield health and Aboriginal Groups MOU.

SOUTH EAST REGIONAL COMMUNITY HEALTH SERVICE (SERCHS)

Consultation processes have difficult along with involvement of all community groups.

RIVERLAND HEALTH AUTHORITY (RHA)

The APHCAP planning process took longer than expected so time frames were certainly a factor. However, the plan is now finalised and roll out has commenced. The appointment of the Aboriginal Health Program Manager is a key to development of a Regional Plan, and any difficulties in recruiting successfully to this position will impact on this. The RHS is working closely with the community in the recruitment of this position to achieve speedy recruitment, but is mindful of the importance of recruiting the most appropriate person.

AHCSA

- ACCHS's in this state have been actively involved in regional planning over the years.
- OATSIH has been actively supporting strategic planning processes for ACCHS's.
- AHCSA would support more work around monitoring and review to determine the effectiveness of the range of planning activities our members have been involved in and how this has translated to service delivery and improved health outcomes.
- AHCSA believes there is potential for increased collaboration with Aboriginal communities with the GHR. Increased consumer/community participation is a major focus of the GHR.

Commitment: **Access to both mainstream and Aboriginal and Torres Strait Islander specific health and health related services which reflect their higher level of need**

Partnerships have continued to develop across the health sector to improve Aboriginal access to health services across the state. The relationships between AHAC and Regional Boards have been one area that's improved health service by identifying local community needs and enhancing inpatient and outpatient referral mechanisms.

Outputs:

What action has been taken to improve knowledge and utility of mainstream programs available to the Aboriginal and Torres Strait Islander community?

ABORIGINAL HEALTH DIVISION (AHD)

The division has identified the high level of need for specific programs to address: the high levels of grief and loss, through the locally developed social and emotional wellbeing; and the high levels of need to maintain healthy housing and healthy families, through locally developed homemaker programs. The division has gained short term funding and taken a community development approach and engaged communities to develop the appropriate responses to their particular local needs. Family wellbeing is located in both the Riverland and in Copley; Homemaker programs are operating in the Riverland, Metro Parklands, Coober Pedy, Yalata and Ceduna. These programs are linked to local and Adelaide based service providers such as Housing, outreach health programs, budgeting and financial advice and Education and development. AHD advocacy has assisted communities to access grant funding and ensured on going funding for specific programs such as the Commonwealth's FACS Jet Creche.

Aboriginal workforce development underpins increasing access to and delivery of quality, culturally competent health care that is the key to improving health outcomes for Aboriginal people. Further to this, Aboriginal workforce development addresses the exclusion of Aboriginal individuals and families from the workforce and financial independence.

The South Australia Strategic Plan (March 2004) commits Government to increasing the percentage of the Aboriginal population in the South Australian Public Sector from 1.2% to 2% within 5 years whilst also improving health outcome for South Australia's Aboriginal population. The Aboriginal Workforce Planning and Development Team in AHD will ensure that the Department of Health (DH) responds to local, regional, statewide and national Aboriginal workforce priorities such as the State Indigenous Employment Strategy, the Aboriginal and Torres Strait Islander National Health Workforce Strategic Framework, the Framework Agreement on Aboriginal and Torres Strait Islander Health and the State Health Reform.

The Team is the central coordinating point for Aboriginal Workforce for the Department of Health and provides high level strategic policy, planning, implementation and evaluation advice to the SA Public Health Sector through established Departmental protocols to build their capacity, capability, accountability and responsibility to increase Aboriginal peoples' participation in the health workforce. The team also works closely with South Australian Aboriginal communities to promote the Department as a potential employer and to develop prospective employees.

The following examples highlight improvements achieved.

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- ACCHS has identified Aboriginal Health as a priority;
- There are a series of 2 day workshops ('Building Relationships') which all staff are required to participate in;
- ACCHS has a policy on racism (about to be reviewed);
- ACCHS is refining an Aboriginal Protocols policy; and
- ACCHS has developed a service delivery model whereby Aboriginal and non-Aboriginal staff will work in partnership with view to extending access to health services.

DRUG & ALCOHOL SERVICES COUNCIL (DASC)

- Improved liaison and communication between Aboriginal organisations and DASC by the employment of two Aboriginal project officers and two Aboriginal Community Workers;
- Membership of major Aboriginal programs, services and projects by DASC staff;
- Increased familiarisation of DASC services by holding visits and open days specifically for Aboriginal workers, eg The Woolshed open day;
- Regular weekly Aboriginal radio program to Aboriginal communities in the northern metropolitan area through PBA FM 89.7. Program is titled *Corka Yarnin*;
- Ongoing liaison with Aboriginal services and community groups to obtain information regarding needs and feedback on current service provision, eg Port Lincoln Aboriginal Health Service, ASG;
- Information and training for young Aboriginal drug users through the AHOPP; and
- Regular presentations to Aboriginal organisations and other groups outlining DASC services. At these times opportunities for future collaboration are explored.

GAWLER HEALTH SERVICE (GHS)

Compulsory, Cultural Awareness training for all GHS staff in the region.
Partnership development with Health Units in Northern area focussing on Aboriginal services delivery needs.

LYELL McEWIN HEALTH SERVICE (LMHS)

Involvement of new mother's in the Mother Carer service (support at home for 6 days after birthing), Ante-natal clinic, Diabetes Education.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

AHAC is kept up to date on program activities. List provided to the AHAC committee for distribution to Aboriginal Community Members re the visiting specialist available at Port Pirie and when they come.

AHAC chair and deputy chair underwent an orientation program on their appointment at PPRHS Community and Allied Health Guide to services was distributed.

The AHW's provide information to the community in relation to services and also provide transport where required. The Aboriginal Health Team arrange for mainstream type services to be provided at locations the community view as being more appropriate i.e. Aboriginal Community Centre and Schools etc

Specific groups have been targeted i.e. youth. A school holiday program was developed which was based on art. This brought the youth to the health service where they completed the art work and at the same time were orientated to the services the hospital could provide as well as getting to know the staff.

Regular health clinics are run at Tapari which is a small building located at the Aboriginal Community Centre eg

- Lead Testing;
- Baby checks;
- Diabetes Clinic;
- Asthma Clinic;
- Child and Adolescent Mental Health;
- Well Women's Clinics (which include pap smears); and
- A major social health and wellbeing day was held at the Aboriginal Community Centre where many services were showcased to the community and various education and screenings also occurred on the day.

MUNA PAIENDI (MP)

- Marketing and publicity of MP and its services;
- Partnerships/links and networks with broader health services in the North regional;
- Ongoing working with health services to explore and challenge attitudes toward Aboriginal Torres Strait Islander people to enable the establishment of culturally appropriate services that are then accessed the community;
- Part of agency and organisational strategic planning process; and
- Commitment to Aboriginal Health.

ROYAL ADELAIDE HOSPITAL (RAH)

A brochure explaining the role of the Aboriginal Health Team and contact numbers have been distributed to Aboriginal Health Services that refer patients to the RAH. Information about the Aboriginal Health Team and contact details are on the RAH internet site. This information is used by Aboriginal patients and family members to obtain information, assistance and support regarding treatment at the RAH.

A brochure titled 'Cancer Information for Aboriginal Communities' was developed by the Radiotherapy Department and sent to referring Aboriginal Health Services and they are also available in the RAH.

SA DENTAL SERVICE (SADS)

- Ongoing discussions with AHCSA; and
- Releasing dentist to work with Nganampa Health Council.

SOUTH EAST COMMUNITY HEALTH SERVICE (SECHS)

Employment of Regional Service Development Officer in late March 2004.

RIVERLAND HEALTH AUTHORITY (RHA)

Mainstream service providers have attended community meetings to talk with Aboriginal and Islander people about services that are available to them and how they could access these services. In addition, the Aboriginal Health Team talks with various service providers (for example local GPs) about the need to be sensitive and culturally aware in dealing with and providing health care to Aboriginal and Torres Strait Islander people. This helps to make the Indigenous population feel comfortable in accessing health services.

Peelies Bus project aims to increase access by Aboriginal and Torres Strait Islander people to mainstream health services and programs. This intensive program, involving 3 key partners (F and Youth Services, Riverland Division of GP and RRHS Inc), represents significant investment in this area.

Work is underway with the team to better utilise other Community Health services in promoting a focus on prevention and early intervention in addressing the health needs of this community. For example, mainstream Dieticians have worked with the Aboriginal Health Team in the Gerard community to promote improved nutrition for community members. There are other examples of such initiatives, and an increasing focus on linking of services to address the health needs of the community.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

- As stated there has been an extensive updating of needs analysis through the APHCAP, to complement previous analysis completed; and
- APHCAP programs and services are linking with and enhancing the utilisation of mainstream programs by providing an Aboriginal focus for Aboriginal people to access.

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

- Commitment by the NFWRHS for the on-going provision of the Aboriginal Cross-Cultural Education to all regional health unit's, resulting in increased awareness and delivery of culturally appropriate services;
- Continued support for the employment of Aboriginal Hospital Liaison Officers in health unit's (Pt Augusta and Whyalla) who are able to promote hospital services/programs to Aboriginal in-patients and communities;
- Increasing Aboriginal profile through the employment of Aboriginal personal at the hospital "admissions/front-counter" area. This position is able to portray many positives for the hospital and Aboriginal community including raising the awareness to services/programs types available through the hospital;
- Establishment of the "Step-Down" facility on the Pt. Augusta hospital campus has proven most useful, particularly for clients from the remote areas of the region. The Aboriginal Care-Workers who care/support the patients at the step-down facility also provide educational role in the development of patients understanding to services available through the hospital;
- Establishment of Aboriginal specific flag poles at the entrances to each of the mainstream hospitals and health services in the region. The flag's sends a strong message to staff and clients that the venue is a friendly and helpful place for Aboriginal people. The flag represents a symbol of the hospital's commitment to providing a culturally appropriate health service.
- Development of a audio-visual device to raise awareness and education to Aboriginal people on the role of cat-scan machines. The visual educational video and part traditional language approach in explaining the role of the cat-scan machine and how it works will assist Aboriginal people to allay any fears of perceived impact.
- Securing numerous copies of the "Hospital Familiarisation" video for use by all regional hospital and health services as a non-threatening device that provides information to Aboriginal patients/people to better understand their expectations whilst staying in hospital. It provides a proactive message which aims to intervene actions which may reduce health outcomes for Aboriginal people;
- Development of basic language tutorial form for use by health personnel. The tutorial device (flip chart) identifies a key Aboriginal language most likely to be the first spoken language for people visiting the hospitals in the region, particularly Pitjatjantjara. This tutorial will assist health personnel to develop their skills/knowledge and assist them in utilising basic language words when dealing with patients from that language group;
- National Accredited Aboriginal Interpreter Course – The course to be conducted in August 2004 will increase the skills and knowledge of Aboriginal people to excel in the role of "interpreter" in hospitals and courts;
- The N&FWRHS offer and use of \$500 by regional hospitals and health services as contribution towards activities that promoted Aboriginal access to their services, including activities that support Reconciliation and NAIDOC week. The Aboriginal Health Unit was most appreciative of the submissions received and to their appropriateness.
- The purchase of IT equipment (lap-top and LCD projector) will provide for a better delivery of the cultural awareness educational information to health personnel;

- The purchase of Aboriginal design prints (block mounted) and display by each of the regional hospitals and health services provides yet another positive statement to the Aboriginal community that the venue is friendly and helpful to Aboriginal people;
- The purchase of basic office furniture for the Aboriginal Hospital Liaison Officer at the Whyalla hospital will enable that staff member to better cater for Aboriginal clients. The furniture provides clients to be seated in more comfortable means during their consultation/counselling with the ALO;
- The N&FWRHS funding contribution to the Port Augusta hospital for the purchase of particular folders more suitable for use as “hospital admission and discharge” kit. It is intended for the “kit” to maintain all relevant hospital admission/discharge forms and information that will enable Aboriginal people from the remote communities attending the hospital to be prepared with all relevant forms and information completed for their admission. The “kit” will also be utilised to convey all relevant hospital discharge information back to the patient’s community and/or health service for follow-up as necessary. The introduction in use of the “kit” will overcome much of the confusion associated with unannounced hospital admissions; improve communication/information between mainstream hospitals and Aboriginal Community Controlled Health Services resulting in improved health care to Aboriginal people.
- The Copley Mai Program has operated since 1995, employing 0.5FTE in the provision of the following duties in support to the aged members of the Copley community:-
 - Assist with the weekly preparation and delivery of meals;
 - Ensure adequate nutrition of consumers by providing a traditional diet of suitable nutritious meals;
 - Enhance the consumer understanding and practice of nutritional principles through training and education;
 - Provision of training in self care, hygiene and personal care;
 - Reduce stress on members of the informal care systems and thereby reduce the incidence of elder abuse; and
 - Increase co-ordination and co-operation between service provision agencies eg Pika Wiya Health Service.

DEPARTMENT OF HEALTH AND AGEING (DoHA)

- A staff member at Pika Wiya has become Australia’s first Indigenous Self Management Master Trainer. The Master Trainer will be instrumental in embedding self management as an approach into Pika Wiya and other Aboriginal health services. Self management training will better equip Aboriginal people with the skills and confidence to discuss their conditions with health professionals including those in mainstream services;
- Western Palliative Care Service’s project “Shared Bereavement Care in the West” is attempting to enhance the capacity of primary health care workers in mainstream services to provide a coordinated approach to bereavement care for Aboriginal people in the Western metropolitan region of Adelaide;
- The Port Augusta Sub Region APHCAP service has supported (by agreeing to the use of APHCAP funds) a cultural mentoring project with the Flinders and Far North Division of GP where elders in the community are trained and then engaged to provide mentoring services to GPs with Aboriginal clients;
- The Adelaide Central, Western and Eastern APCHAP service identified the need for clinical AHW’s in GP sessions provided from the mainstream community health service. Three AHW positions are being established from APHCAP funds; and
- Ceduna and District Health Service and Oak Valley health service have agreed to a joint nursing position that would work between the two sites ensuring continuity of care and familiarity between Oak Valley patients and hospital staff.

What mechanisms are in place to measure the success or failure of these programs, policies and procedures?

ABORIGINAL HEALTH DIVISION (AHD)

There is an evaluation component built into the Family Wellbeing program.

The Healthy Ways project is being externally evaluated by Flinders University. The Evaluation Framework combines participatory action research and includes Empowerment Evaluation and Quantitative Indicator data analysis.

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- CHIS and program review.

DRUG & ALCOHOL SERVICES COUNCIL (DASC)

- The numbers of Aboriginal clients using DASC services are monitored through our client data system;
- The overall success or failure of our programs, policies and procedures are measured both in outcome terms, eg new services or significant augmentation of existing services, and in process terms, eg the quality and progress of partnerships; and
- Opportunities are also sought to undertake research which provides information on the nature and extent of alcohol and other drug problems in Aboriginal communities.

GAWLER HEALTH SERVICE (GHS)

- Assessment of programs and Indigenous workers that work with MP; and
- Re visit operational directives and policies in these areas.

LYELL McEWIN HEALTH SERVICE (LMHS)

This is an area that LMHS acknowledges requires continuous improvement activities to ensure accurate data and the development of meaningful success measures and or indicators.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

- All Aboriginal specific run programs are evaluated with the community input;
- Programs are registered on Case Management Engine;
- Feedback is sort from community members; and
- Feedback is sort from the AHAC.

MUNA PAIENDI (MP)

Achieved through the following methods:

- Statistical data;
- Consumer feedback;
- Number of programs initiated;
- Program evaluation; and
- Increased number of Aboriginal people represented on relevant committees, advisory and steering groups.

SA DENTAL SERVICE (SADS)

- Linked to the annual review process with the AHCSA participation; and
- Key Performance report in relation to dental services provided at Nganampa Health Council.

RIVERLAND HEALTH AUTHORITY (RHA)

Evaluation of programs, policies and procedures has recently focused on the Peelies Bus project, where it is built-in as part of the project plan.

Client satisfaction regarding service delivery and outcomes has been surveyed by means of a verbal survey conducted by the Aboriginal Health Services Coordinator. Clients can voice their concerns through the organisation's grievance process, through an advocate or via the AIHAG and other forums.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

These are being developed in conjunction with the Commonwealth DoHA, DHS, the AHAC and the Region.

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

- Organisational support to the Aboriginal in-put/management of the "Step-Down" facility/function and informal feed-back from clients;
- Continued support through funding and work roster for all health staff to attend the "mandatory" Aboriginal Cross-Culture Education and participants workshop evaluation; and
- The success/failure of initiatives is monitored / measured through in-house organisational evaluation and reporting processes.

DEPARTMENT OF HEALTH AND AGEING (DoHA)

All projects are expected to develop project, service or business plans and report against identified performance indicators as included in funding agreements. Mainstream initiatives such as Shared Health Care and Palliative care are subject to review by national evaluation teams.

What action has been taken to improve the health status of Aboriginal and Torres Strait Islander prisoners?
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DEPARTMENT OF HEALTH

Collaborative partnerships between ACCHS and Mainstream services.

Department of Health is funding a new initiative to improve the health status of Aboriginal and Torres Strait Islander prisoners through the Aboriginal Prisoner and Offender Health Service. Royal Adelaide Hospital in partnership with Nunkuwarrin Yunti Health Service Inc.(ACCHS) is employing a General Practitioner and 2 Aboriginal Health workers to work in the existing prison health services at Adelaide Remand Centre, Yatala Labour Prison and the Adelaide Womens Prison for provision of primary health care services in the custodial setting.

Collaborative partnerships between Department for Correctional Services and Department of Health.

The development of a Communications Protocol Agreement between the Department for Correctional Services and the Department of Health has facilitated the establishment of joint committees to monitor operational issues related to improving access to primary health care services in custodial settings. The role of these committees is to provide a forum for improving communication on operational issues on health services in prisons with a view to ultimately improving the health status of Aboriginal and Torres Strait Islander prisoners and offenders.

DEPARTMENT OF HEALTH AND AGEING (DoHA)

SA National Suicide Prevention Strategy Project (Indigenous specific funding stream) provides funding to Nganampa Health Council's "Young Fellas and Young Women Choosing Wisely" program. *Young fellas choosing wisely* was a pre-existing health promotion project delivering healthy lifestyle messages and resources through local workshops. The National Suicide Prevention Strategy funding extends the project to other communities and is developing a parallel program for young females. The project is for 3 years and is due to finish in June 2006.

The Male Health Co-ordinator with Nganampa Health Council has delivered a number of forums in the Port Augusta Prison. Discussion focuses on suicide prevention with male Indigenous inmates, the impact of appropriate male role models, mentoring of young Indigenous males in the APY Lands and being able to talk about social issues with young Indigenous males. To date, the Forums have been well received as indicated by the relatively high numbers of participants.

What mechanisms are in place to ensure that advice on Aboriginal and Torres Strait Islander issues is made available to health authorities and Hospital boards?

DEPARTMENT OF HEALTH AND AGEING (DoHA)

All rural regions have established AHACs to provide support to the Aboriginal representative on the Regional Health Board and provide advice on Aboriginal health issues for the region.

One of the objectives of the Shared Bereavement Care in the West project is to provide education about the bereavement needs of Aboriginal people to community health providers in the Western region of Adelaide. The project has set up steering groups of service providers and Aboriginal community representatives to ensure service providers are aware of Aboriginal bereavement needs build relationships and trust with the Aboriginal community and that appropriate cultural practices are put in place.

Where applicable – what action has been undertaken to encourage and assist General Practitioners to work in remote and rural areas with high Aboriginal and Torres Strait Islander populations and in Aboriginal and Torres Strait Islander services?

DEPARTMENT OF HEALTH AND AGEING (DoHA)

There have been a number of initiatives to encourage rural and remote general practice which include attracting general practitioners to areas with a high Aboriginal and Torres Strait Islander population, including:

- Overseas Trained Doctors initiatives;
- Rural and Remote General Practice Program;
- More GP Training Places;
- Support for Allied Health services;
- Practice Nurse Medical Benefits Scheme items; and
- Education strategies including scholarships and rural clinical schools.

Comment on any difficulties that you may have in providing information on this commitment and what may be done to overcome them

DRUG & ALCOHOL SERVICES COUNCIL (DASC)

Apart from the expected difficulties inherent in the evaluation of community development and health promotion projects, there are no specific difficulties.

GAWLER HEALTH SERVICE (GHS)

GHS did not have a good understanding of the issues of Aboriginal people in Gawler region. This now has become a commitment by executive and staff to work on these issues.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

Data collection and evaluation continues to be an issue within the team however we are educating the staff re the programs and need for registering etc.

Education sessions have also been run on evaluation of programs internally.

Would expect improved data collection over the next 12 months.

RIVERLAND HEALTH AUTHORITY (RHA)

The local community have voiced 'consultation fatigue' and their frustration at seeing little action resulting from consultation. Constant reporting or providing feedback to the community through AIHAG and other forums is critical. Local community conflicts can present a challenge when planning, implementing and evaluating programs, policies and procedures – particularly as certain groups are more vocal than others. It is important to ensure that all sections of the community have an equal voice, and this requires ongoing development.

AHCSA

- AHCSA receives funding from Australian Govt for the Workforce Issues Project Officer whose role is to work on the implementation of the National Health Workforce Strategic Framework. This includes working with general practitioner groups.
- AHCSA also receives funding from Australian Govt for the General Practice Education and Training project . The aim of this project is to improve training for GPs to work with Aboriginal and Torres Strait Islander people.
- Demand on ACCHSs continues to increase and this is supported by service activity reporting.

Commitment: Data collection and evaluation

At the state level health data collection and health information remains a priority area for the partnership.

Reporting through the states APHCAP activity has been the strongest linkages for reporting Aboriginal health activity. The SA Partnership through its partnership forum advanced its strategy for Aboriginal health data and information collection within its Regional Resource Package and a DoHA funded SAAHP State Aboriginal Health Indicators project that will be launched and released in late 2004.

Outputs:

What has been done to improve the identification of Aboriginal and Torres Strait Islander people within Hospitals, community Health Services, substance misuse services and other health care services?

The following examples highlight improvements achieved.

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

CHIS has the capacity to record ethnicity of all people using ACCHS services

DRUG & ALCOHOL SERVICES COUNCIL (DASC)

- DASC uses a client registration system which identifies Aboriginal and Torres Strait Islander clients. Use by Aboriginal and Torres Strait Islander people of DASC Services use is examined annually as well as yearly trends; and
- DASC is committed to developing better population health indicators in conjunction with other major health organisations in order to better measure contributions to improving population health. The health of Aboriginal people is an identified priority area for DASC.

GAWLER HEALTH SERVICE (GHS)

Collection of data by MP and Indigenous worker has assisted in knowledge of Aboriginal people in this area.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

Clients are identified as being Aboriginal on the hospital data collections system Patient Management System if the clients declares them selves Aboriginal.

The same data is also collected on the Community Health System Case Management Engine.

All Aboriginal clients are registered on the Case Management Engine system so that accurate data can be collected.

MUNA PAIENDI (MP)

- Lyell McEwin Hospital to provide training to reception staff around identifying Aboriginal consumers;
- NMCHS has changed registration form to make it clearer including the identification of the community to which Aboriginal and Torres Strait Islander people belong;
- Cultural Awareness training and development for non-Aboriginal Workers;
- Continued involvement in the development and implementation of a new CHIS;
- Changes made to Organisational data collection system; and
- MP involved in State Working group re hospital data system.

ROYAL ADELAIDE HOSPITAL (RAH)

Issues about identification and misidentification are being taken to the Administrative Managers committee for discussion regarding improving identification of Aboriginal and Torres Strait Islander patients.

Monitoring of the number of patients whose ethnicity is not identified on admission and Aboriginal patients, who are identified as Caucasian, continues.

Development of a scorecard on key patient details – including race identification.

SA DENTAL SERVICE (SADS)

- All SADS clients have personal and demographic data recorded, including Aboriginality; and
- Organisational awareness that cultural sensitivity training could improve accuracy of this data collection.

RIVERLAND HEALTH AUTHORITY (RHA)

The Aboriginal Health Team has provided information to mainstream service providers and the Aboriginal community. For example, service providers within hospitals, community health etc. and the community have been provided with information about how to refer to the Aboriginal Health team. The team held information sessions with health service staff to stress the reasons why it was important to identify Indigenous clients.

All intake forms in the health service contain questions about Aboriginality.

The Aboriginal Health Team have also provided information to Aboriginal and Torres Strait Islander community at community meetings and explained the reasons why service providers would ask them about their Aboriginal or Torres Strait Islander origin.

A special Peelies “episode” has been developed for use with the Client Management Engine (community health data management system). This allows AHW’s to register, with a separate identifier, all Aboriginal clients who have accessed the Peelies Bus service. GPs also gather data on Peelies Bus clients using the Medical Director software.

More work needs to be done to improve this data collection.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

- The Winmill Yuntawarrin (Working Together) project is being “rolled out” cross the region to ensure staff are culturally competent in working with the Indigenous community;
- As earlier described the AHAC has representatives at different levels with the Hills Mallee Southern region, from the board to steering committees and working groups; and
- Further work is dependent upon the pressing planning processes.

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (N&FWRHS)

The hospital admission form currently in use requires the hospital staff to establish the ethnicity of all patients being admitted to the hospital. The information collated is able to provide a range of statistical “profile” (including age, sex etc), on Aboriginal hospitalisation.

What has been done to improve the quality of relevant data available on the provision of mainstream Health Services to, and utilisation of mainstream Health Services by, Aboriginal and Torres Strait Islander peoples?

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

Through in-house “Quality Improvement” processes

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

Expectation that all client activity will be entered on CHIS.

LYELL McEWIN HEALTH SERVICE (LMHS)

Data from the past 3 financial years has been provided to the MP APHCAP Project Officer to analysis trends e.g. (age and diagnoses)

MUNA PAIENDI (MP)

Local Community Health Service level – data quality group identifying what and how to record data in relation to reporting requirements.

Training and development with staff regarding data collection.

ROYAL ADELAIDE HOSPITAL (RAH)

Data is collected routinely. It is verified and updated when necessary by the Aboriginal Health Nurse who has access to data for the Aboriginal and Torres Strait Islander inpatients.

SA DENTAL SERVICE (SADS)

Electronic Dental Patient & Management Information System (**EXACT**) since 1999 has captured Indigenous Status against patient details for each electronic record. Linkage is therefore possible for several activity and outcome indicator reports within the dental information system for the Adelaide Dental Hospital, School Dental Service and Community Dental Service clinics. Quality of data collection is a focus of **EXACT** User Groups, and staff training in use of the system, for compliance enhancement is an ongoing process, consistent with quality development. Client demographic and profile data, including indigenous status (Aboriginal and Torres Strait Islander) are recordable for each client. Oral health profiles for Aboriginal and Torres Strait Islander (children and also potentially cardholder adults) are reportable –see below.

- Current data recorded demonstrates 2.6% of (samples) of Adult oral health profiles are of Aboriginal descent ;and
- Current data recorded for School Dental Service demonstrates 2.5% of children's oral health profiles are Aboriginal or Torres Strait Islander children.

SOUTH EAST REGIONAL HEALTH SERVICE (SERHS)

Implementing National Health Development Fund project.

RIVERLAND HEALTH AUTHORITY (RHA)

Mainstream service providers are becoming more comfortable in asking Aboriginal and Torres Strait Islander clients about their origins. The recording of this information provides a good picture on the provision of mainstream health services to, and utilisation of mainstream health services by Aboriginal and Torres Strait Islander peoples.

A short-term project officer has been appointed to the Peelies Bus project with a key focus on addressing data collection regarding the issues and health needs affecting Aboriginal and Torres Strait Islander people. Together with the Medical Director database, as data quality issues are addressed, this will form the basis of good quality, accurate, and relevant health and wellbeing data about Aboriginal and Torres Strait Islander people in the Riverland. The recall system ensures data informs service delivery in the short term. Longer term planning also draws on the data obtained through these channels.

DEPARTMENT OF HEALTH AND AGEING (DoHA)

OATSIH contracted Prof John Deeble to undertake a survey of Expenditure on Primary Health Care Services for Aboriginal and Torres Strait Islander people in the Adelaide Northern Metropolitan Region. The survey was designed to obtain information on the use of mainstream primary care services (medical, pharmaceutical and emergency department) by Aboriginal people in the region. Used alongside a similar survey in Darwin, the BEACH surveys and the Health Expenditures on Aboriginal and Torres Strait Islander People (199 and 2001), information on utilisation of mainstream health services by, Aboriginal and Torres Strait Islander people is becoming more robust and reliable.

<h2>What health outcome indicators have been developed to measure progress in improving the health of Aboriginal and Torres Strait Islander Peoples</h2>

DEPARTMENT OF HEALTH AND AGEING (DoHA)

Much of the Australian Government effort in improving data collection and identification is managed at a national level and detailed in reports such as the Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, the Expenditure on Health Services for Aboriginal and Torres Strait Islander Reviews and the Primary Care Review available at

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-reviewphc.htm>

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

- The no. of Aboriginal people seen;
- The no. of Aboriginal programs provided; and
- Community feedback.

DRUG & ALCOHOL SERVICES COUNCIL (DASC)

DASC relies on working with state and national health monitoring bodies for the development of health outcome indicators.

LYELL McEWIN HEALTH SERVICE (LMHS)

This is an area that LMHS acknowledges requires further work and LMHS expects that meaningful indicators may be developed via the action/implementation plan that will shortly be developed for the MOU.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

Currently, MNRHS is only counting the numbers of Aboriginal referrals to Community and Allied Health and numbers accessing acute services. Also collect types of services provided.

Data integrity needs to be improved first.

Specific programs will evaluate the benefit of the project i.e. increased knowledge, or numbers of people screened numbers referred to GP etc.

MUNA PAIENDI (MP)

Epidemiology data DHS

Program evaluations

SA DENTAL SERVICE (SADS)

Consistent with SADS Strategic Goals – No.8.

'Oral Health inequalities are reduced and children and eligible adults achieve better oral health, through expanded programs for: -

- indigenous Australians;
- the elderly;
- young adults; and
- Young children.

Oral health profiles for Aboriginal and Torres Strait Islander children (and also adults) are measured and reported (children at least annually).

KPI – (under revision, as part of the ongoing development of strategic plan)

- **6yr old Decayed, Missing, Filled Teeth (DMFT)** (State Ave. and Aboriginal and Torres Strait Islander), hence inequality gap can also be measured, representing the dental caries (tooth decay) experience as (D) decayed, (M) missing and (F) filled deciduous (baby) teeth in 6 year old children;
- **12yr old DMFT** (State Ave. and Aboriginal and Torres Strait Islander), hence inequality gap can also be measured, representing the dental caries (tooth decay) experience as (D) Decayed, (M) Missing and (F) Filled PERMANENT (ADULT) teeth in 12 year old children;
- These data (internationally recognised oral health outcome indicators) are available for Aboriginal children of every age group within the School Dental Service program, but the KPI has been limited to focus on key national and international comparative ages, to ensure bench-marking opportunities; and
- Adult Aboriginal DMFT is currently recorded, but sample size y age group, is too low to accurately estimate community oral health profiles for indigenous cardholders, by age cohort.

RIVERLAND HEALTH AUTHORITY (RHA)

- Number of people diagnosed with diabetes (eg: number of people picked up by AHW during blood sugar screening on Peelies bus);
- Number of people with high cholesterol (also tested on Peelies Bus);
- Number of clients who are followed-up by their GP for better proactive management of their diabetes, heart disease, BP or other identified health issues, through use of the Peelies Bus recall system; and
- Peelies 'Episode' on Case Management Engine measures client demographic data, health issues, referrals made and other key information about health issues and service outcomes.

HILLS MALLEE SOUTHERN REGIONAL HEALTH SERVICE (HMSRHS)

The first priority is to have Indigenous people access services. Indicators therefore will be usage, programs delivered and run etc. Once baseline data has been obtained better health outcome indicators will be determined.

Murray Mallee Division of GP's are assisting in the collation and analysis of data as a result of realigned GP services and clinics through APHCAP.

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

More emphasis is required to improve mechanism/s eg information technology programs for the collection of relevant/meaningful data as means to measuring health outcomes for Aboriginal people.

Comment on any difficulties that you may have in providing information on this commitment and what may be done to overcome these difficulties

ADELAIDE CENTRAL COMMUNITY HEALTH SERVICE (ACCHS)

Performance Indicators are generally hard to develop and measure and improve health outcomes when not all KPI's are the services responsibility.

GAWLER HEALTH SERVICE (GHS)

A strategy is in place to look at the health issues and identification of indigenous people who access Community services and acute sector. Focus groups have been convened to look at these areas for further action.

MID NORTH REGIONAL HEALTH SERVICE (MNRHS)

- Collection of data re Aboriginality is often difficult as staff feel uncomfortable asking the question for fear of upsetting the clients;
- Future planning needs to occur in how best to collect this data; and
- The Aboriginal Health team leader will be educating reception staff in relation to this.

SA DENTAL SERVICE (SADS)

- Sensitivities related to questioning clients about Aboriginality (ethnicity in general);
- Clients accurately advising their Aboriginality; and
- Training re cultural sensitivities regarding seeking information about Aboriginality could improve validity of data collection on Aboriginality.

RIVERLAND HEALTH AUTHORITY (RHA)

The difficulty lies not in providing information on the commitment but rather in undertaking evaluation of outcomes with Aboriginal and Torres Strait Islander clients. Measurement of health behaviours and health status needs to be improved.

As Peeli's "episode" and Medical Director Data management is improved, so will our capacity to measure and demonstrate improvements in health outcomes and access to health services.

NORTHERN & FAR WESTERN REGIONAL HEALTH SERVICE (NFWRHS)

- More emphasis is required to improve mechanism/s eg information technology for the collection of relevant/meaningful data as means to measuring health outcomes for Aboriginal people; and
- Developed systems/IT programs etc must be accessible to Aboriginal health "managers", ACCHS and be user friendly.

AHCSA

- The 2004 – 2006 Statewide Strategic Plan for the SA Aboriginal Community Controlled Health Sector has identified reporting and evaluation as a major priority.
- AHCSA has also received funding from the Australian Govt to explore the feasibility of developing a web based personal health profile for Aboriginal people. The aim of this tool is to help increase an individual's management of his health information and allow this to be shared with health providers.

Table of Acronyms

ACCHS	Adelaide Community Controlled Health Service
ADAC	Aboriginal Drug and Alcohol Council
AHA	Aboriginal Housing Authority
AHAC	Aboriginal Health Advisory Council
AHCSA	Aboriginal Health Council of South Australia
AHD	Aboriginal Health Division
AHMC	Australian Health Ministers' Council
AHOPP	Aboriginal Heroin Overdose Prevention Project
AHW	Aboriginal Health Worker
AIHAG	Aboriginal & Islander Health Advisory Group
ALO	Aboriginal Liaison Officer
APHCAP	Aboriginal Primary Health Care Access Program
APY Lands	Anangu Pitjantjatjara Yankunytjatjara Lands
ASD	Aboriginal Services Division
ASG	Aboriginal Sobriety Group
ATSIC	Aboriginal & Torres Strait Islander Commission
ATSISS	Aboriginal and Torres Strait Islander Services
CHIS	Client Health Information System
COAG	Council of Australian Government
DASC	Drug and Alcohol Services Council
DH	Department of Health
DHS	Department of Human Services
DMFT	Decayed, Missing, Filled Teeth
DoHA	Department of Health and Ageing
EXACT	Electronic Dental Patient & Management Information System
FTE	Full Time Employment
GHS	Gawler Health Service
GP	General Practitioner
HMSRHS	Hills Mallee Southern Regional Health Service
KPI	Key Performance Indicators
LMHS	Lyell McEwin Health Service
LMNC	Lower Murray Nungas Club
MNRHS	Mid North Regional Health Service
MOU	Memorandum of Understanding
MP	Muna Paiendi
NFWRHS	Northern & Far Western Regional Health Service
NMCHS	Northern Metropolitan Community Health Service
OATSIH	Office for Aboriginal and Torres Strait Islander Health

PPRHS	Port Pirie Regional Health Service
RHA	Riverland Health Authority
RHS	Regional Health Service
RRHS	Riverland Regional Health Service
SA	South Australia
SAAHP	South Australian Aboriginal Health Partnership
SAAS	South Australian Ambulance Service
SADS	South Australian Dental Service
SAMHS	South Australia Mental Health Service
SCATSIH	Standing Committee for Aboriginal & Torres Strait Islander Health
SERHS	South East Regional Health Service
TAFE	Tertiary and Further Education