

POLICY FRAMEWORK

Aboriginal Health Council of South Australia Inc.

2007-2010



our health



our choice



our way



Aboriginal Health Council
of South Australia Inc.

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SETTING THE SCENE

Aboriginal Primary Health Care Workers Forum, 2006.

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our health



Acknowledging history

AHCSA exists to redress the long-standing and ongoing inequity in access to mainstream health services and health and wellbeing status between Aboriginal and non-Aboriginal people.

Prior to invasion and then colonisation, the many different nations of Aboriginal and Torres Strait Islander peoples across this country were sovereign, independent and healthy.

Colonisation led to dramatic and devastating changes through the takeover of country, removal of people from their land and children from families, implementation of government policies to monitor and control the lives of Aboriginal and Torres Strait Islander peoples, and the destruction of Aboriginal and Torres Strait Islander cultures, identity, language, law, environments, health and wellbeing.

The British colonisers claimed Australia on the basis of 'terra nullius', as they believed it was largely uninhabited and did not recognise the systems of governance that were in place among Aboriginal and Torres Strait Islander peoples.

Yet, Aboriginal and Torres Strait Islander peoples never ceded sovereignty of their land, nor their rights to self-determination.

Therefore, they have the right to their health and wellbeing being re-instated to a level at least equal to that which existed prior to invasion and colonisation. It is primarily the responsibility of Australian governments to redress this situation, in partnership with national and state peak Aboriginal and Torres Strait Islander health bodies.

FOR MANY ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES, THEIR LIVES HAVE BECOME CHARACTERISED BY POVERTY, DISEASE AND CHRONIC ILL HEALTH.

Colonisation has resulted in loss of independence and subjection to a subservient and marginalised status within Australian society - for many Aboriginal and Torres Strait Islander peoples, their lives have become characterised by poverty, disease and chronic ill health.

This is reflected in significant and ongoing inequities between Aboriginal and non-Aboriginal people across all measures and indicators of health and wellbeing.

Despite this history and its legacy, Aboriginal and Torres Strait Islander peoples have demonstrated resilience and tenacity in their survival and effort to support and care for their communities.

About us: The Aboriginal Health Council

AHCSA is a membership-based peak body with a leadership, watchdog, advocacy and sector support role, and a commitment to Aboriginal self-determination. It is the health voice for Aboriginal peoples across South Australia, representing the expertise, needs and aspirations

*of Aboriginal communities at both state and national levels based on a holistic perspective of health. AHCSA is a collective term that includes both the membership and the Secretariat - the role of the Secretariat is to undertake work that AHCSA directs them to do via its Board, on which all member organisations are represented.*¹

AHCSA began its life in 1981 as an incorporated health unit under the South Australian Health Commission Act, and was known as the Aboriginal Health Organisation at that time.

In 1999, AHCSA commissioned a review that recommended it be re-incorporated under the Associations Incorporation Act, SA 1985, in order to increase its effectiveness and representation.

The re-incorporation occurred in October 2001 and means AHCSA is a community-controlled organisation in its own right. It is governed by a Board of Directors whose members represent Aboriginal Community Controlled Health and Substance Misuse Services and Aboriginal Health Advisory Committees (AHACs) throughout South Australia.

This new and preferred community-controlled status for AHCSA led to a number of other developments, including a strategic planning process that resulted in the 'AHCSA Strategic Plan July 2003 – June 2006'. At this time, AHCSA identified its vision, mission and values.

The vision, mission and values are as relevant now to who AHCSA is and what we are committed to as they were in 2003. The vision, mission and values are included and reflected in all of our major documents.

Our vision, mission and values

Our Vision: That all Aboriginal people enjoy a high quality of health and wellbeing.

Our Mission: The Aboriginal Health Council will work in ways that maximise the capacity of the Aboriginal community in determining their health and wellbeing by ensuring:

- Community participation
- Community ownership

Our Values: The Aboriginal Health Council values:

- Cultural diversity
- Community history and knowledge
- Community strength

Priority activities for AHCSA: What we do

The Aboriginal Health Council's core business is based on the above vision of looking after all aspects of Aboriginal health so there is well-managed, accessible and equitable service provision for Aboriginal and Torres Strait Islander



peoples that is reflected in better health outcomes. To work towards this, AHCSA focuses its energy on five priority activities, which can be described as follows:

Communication: Keeping members informed of what is happening that is relevant to the Aboriginal health sector. Listening to and documenting the health needs and aspirations of the communities that members serve. Proactively promoting the needs, aspirations and activities of the Aboriginal health sector to external groups. Responding to issues raised in the public arena in a timely manner to ensure accurate and constructive information is provided.

Advice and support: Advising and supporting AHCSA members in addressing their individual and collective needs and aspirations, and developing agreed policy positions for the Aboriginal health sector.

Advocacy: Advocating and negotiating with mainstream health agencies (government and non-government) and relevant state and government departments on behalf of

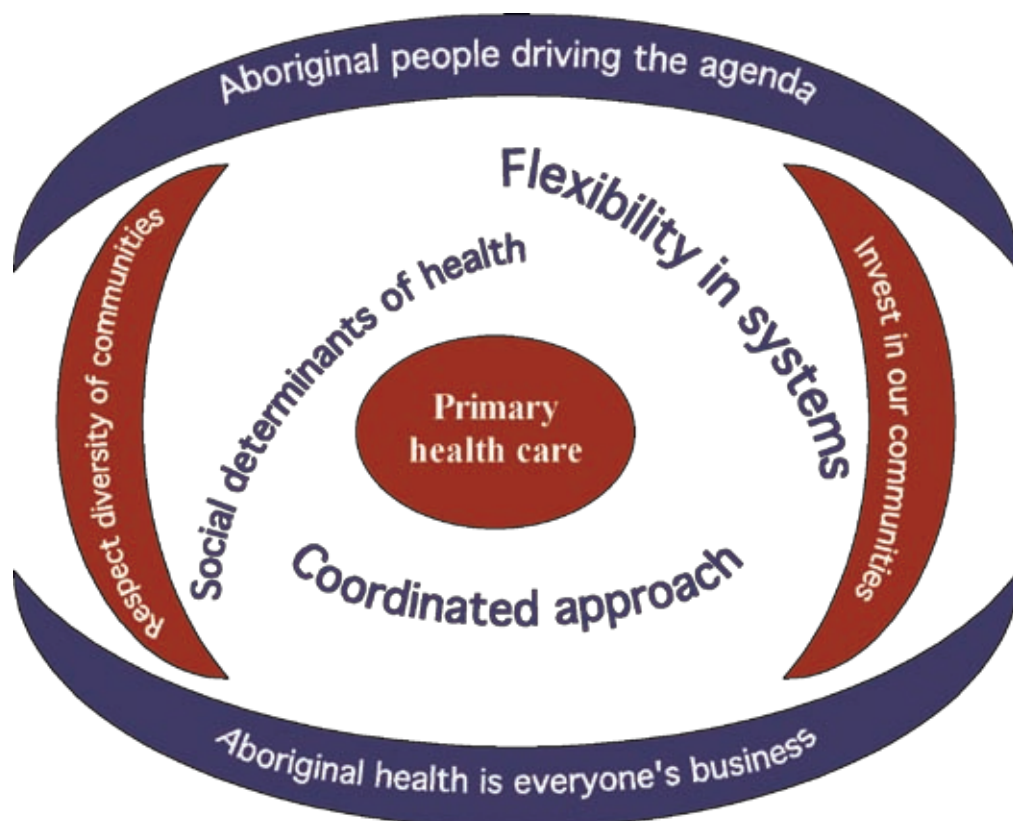
OUR VISION: THAT ALL ABORIGINAL PEOPLE ENJOY A HIGH QUALITY OF HEALTH AND WELLBEING.

members to address health needs and aspirations appropriately and effectively.

Leadership and accountability: Living and promoting the principles of community control in all interactions within and beyond the Aboriginal health sector, such as participation, representation and self-determination of Aboriginal and Torres Strait Islander communities, along with accountability to communities.

Influence and decision-making: Building the profile and purpose of AHCSA through participating in, lobbying for and shaping how health policy, planning and funding decisions are made at regional, state and national levels informed by the knowledge, aspirations and strength of Aboriginal and Torres Strait Islander communities.

Guiding principles: Beliefs about our work





Guiding principles: Beliefs about our work

Aboriginal and Torres Strait Islander peoples need to drive the agenda if we wish to achieve a positive shift.

The principles of self-determination and community control are paramount. Aboriginal and Torres Strait Islander peoples need to drive the agenda if we wish to achieve a positive shift in Aboriginal and Torres Strait Islander health that addresses health needs and realises health aspirations. This requires the commitment and input of many different sectors within and beyond community-controlled and mainstream health services. Aboriginal and Torres Strait Islander health is everyone's business.

The Aboriginal health sector faces a constantly changing environment that requires regular revision of what good practice is. In this context, AHCSA promotes a focus on quality improvement processes, including reflection and evaluation, to both lead and respond to change. This supports Aboriginal and Torres Strait Islander peoples in shaping the agenda by anticipating change, predicting needs and preparing sector workers to address these matters.

Inclusion and participation of community members are important aspects of a primary health care approach. Many nations make up the South Australian Aboriginal population. Diversity within and between communities must be recognised and respected in order for them to be included. For Aboriginal and Torres Strait Islander community members to actively participate we invest in and strengthen the capacity of our communities. This supports community members to contribute as Board Members, health workers and managers, as well as advisors to and participants of local or specific health and wellbeing programs.

INCLUSION AND PARTICIPATION OF COMMUNITY MEMBERS ARE IMPORTANT ASPECTS OF A PRIMARY HEALTH CARE APPROACH.

A primary health care approach to health care and promotion also recognises the social determinants of health that influence the health status of Aboriginal and Torres Strait Islander peoples. This is why we engage with a wide range of sectors and groups to address health needs and aspirations. This holistic and inclusive approach requires flexibility in systems to respond to the collective and specific needs of Aboriginal and Torres Strait Islander communities. A coordinated approach is vital for these groups to work together effectively in achieving a positive shift in Aboriginal and Torres Strait Islander health.

POSITION STATEMENTS

Jonathon and Alison Law at Oak Valley.

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our choice



Strengthening capacity in the sector

Community participation and ownership are essential if Aboriginal and Torres Strait Islander peoples are going to determine their health and wellbeing.

Community participation and ownership are essential if Aboriginal and Torres Strait Islander peoples are going to determine their health and wellbeing. Aboriginal and Torres Strait Islander peoples need support and encouragement to participate at different levels of the health sector, take up a variety of roles, and share their experience and opinions. These roles include service delivery, administration, management, governance, policy development, planning, evaluation and research.

AHCSA's commitment is to:

- Use existing and new communication mechanisms to share the knowledge and strategies of member organisations across the sector, i.e. support Aboriginal and Torres Strait Islander peoples to be a resource to each other.
- Work with organisations in providing and facilitating mentoring, training, professional development and peer support opportunities for community members and staff of member organisations to foster ownership and sustainability.
- Advocate that any agency or group that seeks involvement with member organisations makes capacity strengthening a priority in their joint work.

Access and equity

Aboriginal and Torres Strait Islander peoples have the right to achieve equitable health and wellbeing outcomes in line with the broader Australian community, therefore access to culturally relevant services is crucial. Recognition of health needs and priorities and respectful treatment requires a considered and informed approach in order to achieve equitable outcomes. This must happen whether these services are provided by Aboriginal community controlled health services, Aboriginal health units in mainstream services or other mainstream services.

In order to improve access and equity AHCSA's commitment is to advocate for:

- A systems approach where health service or unit commitments to access and equity are reflected in policies, plans and service agreements.
- The development of strong relationships between health services and units, and Aboriginal and Torres Strait Islander communities and representative bodies that are based on:
 - Shared understanding.
 - Mutual goals.
 - Commitment to collaboration and partnership.
- Accountability by all health services and units to Aboriginal and Torres Strait Islander communities and representative bodies.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE HAVE THE RIGHT TO ACHIEVE EQUITABLE HEALTH AND WELLBEING OUTCOMES IN LINE WITH THE BROADER AUSTRALIAN COMMUNITY.

Strategic planning

Addressing health needs and achieving aspirations for Aboriginal and Torres Strait Islander peoples requires long-term vision. This must be coupled with specific strategies that take the steps required to bring this vision to life. Strategic planning assists Aboriginal and Torres Strait Islander communities and representative bodies to do this, and can incorporate one-year operational or action plans.

AHCSA's commitment is to:

- Advocate for member organisations to gain resources and support in undertaking local strategic planning (i.e. three-five year plans).
- Advocate that relevant agencies and groups engage in strategic planning that includes a focus on Aboriginal and Torres Strait Islander health needs and aspirations.
- Undertake statewide sector strategic planning with support from member organisations.
- Seek resources to maintain and review an Aboriginal Health Sector Statewide Strategic Plan.

Funding arrangements

The Commonwealth Department of Health and Ageing and the SA Health are the main funding sources for Aboriginal and Torres Strait Islander health. They have committed to working in cooperation and collaboration with AHCSA under the South Australian Aboriginal Health Partnership (SAAHP) Framework Agreement. Coordination and collaboration between health sectors assists in achieving improved and sustained health outcomes for Aboriginal and Torres Strait Islander peoples.

AHCSA's commitment is to:

- Advocate for flexible funding arrangements based on need.
- Develop a coordinated approach to Commonwealth and State decision-making on existing and new funding allocations for community-controlled health services.
- Seek agreement on core reporting requirements against funding allocations to minimise duplication in reporting for Commonwealth and State funding bodies.
- Seek a budget allocation for evaluation in the funding of expanded or new programs.



Data and information

The inappropriate representation of Aboriginal and Torres Strait Islander peoples in datasets is an ongoing issue. This creates difficulties in making accurate comparisons over time and between jurisdictions, and undertaking well informed health service planning. Data sets based on information that is gathered and analysed from a culturally relevant framework should be created in consultation with Aboriginal and Torres Strait Islander communities and representative bodies. Such data sets are vital for judging how well health needs and aspirations are met for Aboriginal and Torres Strait Islander peoples.

AHCSA's commitment is to:

- Advocate for community driven data collection that is relevant to the needs and aspirations of Aboriginal and Torres Strait Islander peoples.
- Advocate for infrastructure, capacity strengthening and training support so that Aboriginal and Torres Strait Islander peoples can participate effectively in longitudinal data collection activities.
- Support better analysis, sharing and presentation of data so that Aboriginal and Torres Strait Islander services and communities can use it to guide their planning and work.

- Advocate for access to existing data in order to review whether the analysis is culturally relevant and ensures it is presented in user-friendly ways for Aboriginal and Torres Strait Islander communities and representative bodies.
- Draw on information from a wide range of sectors that reflects the social determinants of health to build a richer picture of the health status of Aboriginal and Torres Strait Islander peoples in line with their holistic definition of health.

Agreements and memorandums of understanding

As Aboriginal and Torres Strait Islander health is everyone's business, AHCSA recognises the value of partnerships with external bodies that can contribute their expertise to improving health experiences and outcomes for Aboriginal and Torres Strait Islander peoples. AHCSA and external bodies will collaborate in developing agreements or Memorandums of Understanding (MOU) that demonstrate their joint commitment to Aboriginal and Torres Strait Islander health and reflect the guiding principles outlined earlier.

Each agreement or MOU will outline:

- Its specific purpose.
- State and/or national documents that inform the agreement or MOU.

AHCSA Board, government representatives and community members at the 25th Anniversary of Nganampa Health Council





Research

Research can be a useful tool in addressing the needs of Aboriginal and Torres Strait Islander communities and understanding the impact of health interventions.

- Areas of collaboration and benefits that will be gained by the parties to the agreement or MOU.
- Roles and responsibilities of the parties to the agreement or MOU.
- Review periods and processes.
- Performance indicators to monitor whether benefits are gained and how well roles and responsibilities are met for each review period.

Research and ethics

Research can be a useful tool in addressing the needs of Aboriginal and Torres Strait Islander communities and understanding the impact of health interventions. This occurs if research is conducted accountably, respectfully, in partnership with Aboriginal and Torres Strait Islander peoples and communities, and according to cultural protocols. Research outcomes must be translated into language that is understood by a variety of audiences, and identify practical strategies that can be implemented on the ground. Research must result in real outcomes that lead to sustained improvement in the health of Aboriginal and Torres Strait Islander peoples.

Any research project involving or impacting on the health and wellbeing of Aboriginal and Torres Strait Islander peoples in South Australia must gain approval from the Aboriginal Health Research Ethics Committee (AHREC) before proceeding. It must adhere to AHREC's ethical requirements, which are in line with endorsed national ethics guidelines on research with Aboriginal and Torres Strait Islander peoples.

Any research project requires:

- **A community-driven approach:** Aboriginal and Torres Strait Islander peoples must have leadership of the research agenda, and be actively involved in coordinating research at state, regional and local levels. Aboriginal and Torres Strait Islander communities have the right to discuss and identify research needs, and to determine how research occurs, who is involved in doing it, who owns the research findings, and for what purpose they are used.
- **Aboriginal and Torres Strait Islander voices:** Aboriginal and Torres Strait Islander voices must be prominent in research projects as lead or co-researchers in designing, coordinating, undertaking, writing about, reporting on, and applying the learning gained from research.
- **Reciprocity:** Researchers have specialist skills to offer Aboriginal and Torres Strait Islander communities, which can be negotiated in return for access to communities and support for research projects.
- **Skills transfer:** Aboriginal and non-Aboriginal researchers must provide opportunities for Aboriginal and Torres Strait Islander people to gain meaningful and transferable skills through their involvement.

Workforce

Many complex issues affect the Aboriginal and Torres Strait Islander health sector workforce and contribute to a mismatch between supply and demand. Responding to them requires cross-sectoral action. In order to address health needs and achieve the aspirations of Aboriginal and Torres Strait Islander peoples, the sector needs a skilled and appropriate workforce that values the contribution of both Aboriginal and non-Aboriginal workers. This extends beyond direct service delivery to administration, management, policy development, planning, education and training, evaluation and research. Workforce development is crucial to achieving this and involves more than education and training. It includes mentoring, professional support and supervision, and access to relevant information, resources and forums.

AHCSA's commitment is to:

- Advocate for and support culturally relevant education and training for both existing and future workers that:
 - Is community driven in terms of needs, including the population health profile of Aboriginal and Torres Strait Islander communities.
 - Ensures inclusion and equitable treatment of Aboriginal and Torres Strait Islander peoples.
 - Has culturally appropriate content and training delivery strategies.
 - Creates and supports pathways into a variety of health career options.
- Support efforts to integrate information about Aboriginal and Torres Strait Islander health into the secondary curriculum and encourage Aboriginal and Torres Strait Islander young people to pursue a health career.
- Improve recruitment and retention of Aboriginal and Torres Strait Islander people in the health sector workforce by advocating that health organisations:
 - Increase workforce targets to a minimum of 2% within the core budget and across all levels and areas of the organisation.
 - Review the cultural safety of their workplace.
 - Develop and act on a commitment to culturally inclusive practice.
- Promote succession planning through building and strengthening the capacity of existing community members to step into health-related roles and existing health workers to consider advancing their career.
- Advocate for and support ongoing professional development opportunities that:
 - Support self-development and keeping up to date with emerging trends.
 - Maintain competencies that reflect national standards for health care delivery.
 - Create pathways into a variety of health career options.

LINKS

AHCSA Chairperson Yvonne Buza visited the United Nations in 2008.

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Purpose

The Links section of this Policy Framework identifies and briefly describes other relevant or linked documents that provide a broader context for policy.

The Links section of this Policy Framework identifies and briefly describes other relevant or linked documents that provide a broader context for policy at a national, state and/or sector level. The AHCSA Secretariat and Board can use the Links:

- For orienting staff to the context and importance of the policy.
- For providing information to key stakeholders with whom AHCSA has funding relationships, Memorandums of Understanding or other formal agreements about the history, context, contemporary and critical issues within the Aboriginal health sector, and the importance of the policy.
- As a teaching resource for educating students and primary health care groups about the history, context, contemporary and critical issues within the Aboriginal health sector, and the importance of the policy.¹

Each document is named and the reference provided, together with a website link if available, before it is briefly described. Links with the Policy Framework are also identified.

L-R: Darrien Bromley, Lorraine Buckskin, Mary Buckskin, Kathy Chisholm and Mandy Green





International

UN Draft Declaration on the Rights of Indigenous Peoples

United Nation's High Commissioner for Human Rights 1994, 1994/45: Draft United Nations Declaration on the Rights of Indigenous Peoples, viewed 17 October 2006, [http://www.unhchr.ch/huridocda/huridoca.nsf/\(Symbol\)/E.CN.4.SUB.2.RES.1994.45.En?OpenDocument](http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/E.CN.4.SUB.2.RES.1994.45.En?OpenDocument)

In 1993, the International Year of Indigenous People, the United Nations began drafting a 'Declaration on the Rights of Indigenous Peoples' with representatives of Indigenous nations from all over the world, including Aboriginal and Torres Strait Islander peoples. Achieving a finalised draft is a long process through UN committees and then presentation to states for support and signing. This work has continued through the UN's International Decade of the World's Indigenous People (1995-2004). At this point the Declaration remains a draft.

The draft declaration has a 'preamble' consisting of 17 statements that set a context for the position that the declaration takes, followed by 45 'articles' that state a specific position on Indigenous people's rights. Five articles specifically mention health. The links between the articles and relevant sections of AHCSA's policy are listed below, followed by the specific article from the draft declaration.

- **Article 22** focuses on special measures to ensure improvement in health – this is addressed in the 'Vision' and 'Guiding principles' sections, and the 'Access and equity' and 'Funding arrangements' position statements.

Article 22: Indigenous peoples have the right to special measures for the immediate, effective and continuing improvement of their economic and social conditions, including in the areas of employment, vocational training and retraining, housing, sanitation, health and social security. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and disabled persons.

- **Article 23** emphasises Indigenous direction in determining and developing priorities and strategies for health services, i.e. self-determination - this is addressed in the 'Mission' and 'Guiding principles' sections and the 'Strengthening capacity in the sector' and 'Strategic planning' position statements.

Article 23: Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to determine and develop all health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

- **Article 24** tackles issues of access to both traditional health practices and contemporary health services - this is addressed in the 'Access and equity' position statement.

Article 24: Indigenous peoples have the right to their traditional medicines and health practices, including the right to the protection of vital medicinal plants, animals and minerals. They also have the right to access, without any discrimination, to all medical institutions, health services and medical care.

- **Article 28** addresses the responsibility of the state, i.e. State and Commonwealth government, for acting to ensure the restoration of health for Indigenous peoples - this is addressed in the 'Guiding principles' section (e.g. Aboriginal health is everyone's business) and the 'Funding arrangements', 'Strategic planning' and 'Workforce' position statements.

Article 28: States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials, are duly implemented.

- **Article 31** emphasises self-determination again through self-government – this is addressed in the 'Mission' and 'Guiding principles' sections and the 'Strengthening capacity in the sector' and 'Strategic planning' position statements.

Article 31: Indigenous peoples, as a specific form of exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, including culture, religion, education, information, media, health, housing, employment, social welfare, economic activities, land and resources management, environment and entry by non-members, as well as ways and means for financing these autonomous functions.

National: Aboriginal Community-Controlled

NACCHO Manifesto on Aboriginal Wellbeing

National Aboriginal Community Controlled Health Organisation 1993, Manifesto on Aboriginal Well-being, viewed 17 October 2006, <http://www.naccho.org.au/Paper1.html>

NACCHO created the Manifesto to challenge funding bodies and mainstream health services to recognise the realities of Aboriginal people's history, their loss of independence, and the impact of colonisation through poverty, marginalisation and ill health. These matters are addressed in the 'Acknowledging history' section of the AHCSA policy. Three of the main points and their links to the AHCSA policy are as follows:

- The NACCHO definition of health must underpin all deliberations on Aboriginal well-being, requiring non-Aboriginal health care providers to understand the



Relevant link documents and references

Health services to Aboriginal communities should be properly funded to restore equitable health and wellbeing.

political, cultural, spiritual, emotional, environmental, structural, economic and biological factors which impinge upon Aboriginal well-being – this is reflected in the 'Guiding principles' section, in particular the social determinants of health.

- Health services for Aboriginal people must be culturally valid. This requires the self-determination of Aboriginal communities and that local Aboriginal communities control their health services to ensure that services are appropriate to the local community – this is reflected in the 'Mission' and 'Guiding principles' sections and the 'Strengthening capacity in the sector' and 'Strategic planning' position statements.
- Health services to Aboriginal communities should be properly funded to restore equitable health and wellbeing to Aboriginal people. This requires funding bodies to recognise historical impairment, existing inequalities, cultural and geographical isolation and cultural imperatives such as men's and women's business – this is reflected in the 'Acknowledging history', 'Vision' and 'Guiding principles' sections.

NACCHO Position Statements

NACCHO has also developed a set of position statements in addition to the core Manifesto, which can be viewed at <http://www.naccho.org.au/PositionStatements.html>. They reflect the same concepts that are emphasised in the Manifesto, with similar links to the AHCSA policy, and cover the following areas:

- Child abuse/family violence.
- Aboriginal women's health.
- Environmental health.
- Aboriginal dental health.
- Aboriginal prisoner health.
- Aboriginal mental health.
- Research and ethical guidelines.
- Socially communicable diseases.

National: Government

National Aboriginal Health Strategy

National Health Strategy Working Party 1989, A National Aboriginal Health Strategy, Department of Aboriginal Affairs, Canberra, viewed 18 October 2006, <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm#1989>

The National Aboriginal Health Strategy (NAHS) was a landmark document for Aboriginal health. It was the first national and comprehensive document to review the

current status, policy situation (Commonwealth and States/Territories), infrastructure and health service options available to Aboriginal and Torres Strait Islander peoples. It also outlined the issues in training, education, intersectoral collaboration, research and monitoring/evaluation. In addition, it specifically addressed a range of specific health issues that were high priorities for Aboriginal health, including substance use.

The strategy was never fully implemented, a point made in an evaluation conducted and reported in 1994 (which is also found at the above web link), and restated in the 2003 National Strategic Framework for Aboriginal and Torres Strait Islander Health, described below. It is considered a current document with principles that continue to guide policy makers and planners, despite changes in the policy situation, infrastructure and health service options, as well as developments in training, education and research. Many of the recommendations remain relevant today. The 2003 National Strategic Framework specifically states that it is a 'complementary' document to NAHS.

It is not possible to make specific links between sections of NAHS and the AHCSA policy because, holistically, all elements of the AHCSA policy are addressed in and congruent with the NAHS position.

National Strategic Framework for Aboriginal and Torres Strait Islander Health

There are two sections to this framework:

National Aboriginal and Torres Strait Islander Health Council (NATSIHC) 2003, National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013: Context, NATSIHC, Canberra, viewed 18 October 2006, [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm/\\$FILE/nsfatsihcont.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm/$FILE/nsfatsihcont.pdf)

National Aboriginal and Torres Strait Islander Health Council (NATSIHC) 2003, National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013: Framework for action, NATSIHC, Canberra, viewed 18 October 2006, [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm/\\$FILE/nsfatsihfinal.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm/$FILE/nsfatsihfinal.pdf).

Although quite a long overall document, the two chapters of the 'Context' section are relatively short with most of the document made up of appendices. Chapter 1 provides a background on the 'arrival of Europeans' and 'occupation' (meaning colonisation) and the health impact on Aboriginal and Torres Strait Islander peoples, the contemporary health status of Aboriginal and Torres Strait Islander peoples, and the policy implications of previous reports on Aboriginal and Torres Strait Islander health. These issues are reflected in the early sections of the AHCSA policy, and in several of the



position statements. The Framework makes the following claims for itself, having acknowledged the existence of state/territory, regional and local level strategies, agreements and plans.

Whilst these provide important directions at national, state/territory, regional and local levels or detail approaches to respond to particular health conditions, this document provides a national framework which brings them together, and represents a commitment to a sustained multilateral and cross portfolio approach to Aboriginal and Torres Strait Islander health.

The Framework provides a long term and bipartisan commitment by all governments to a unified approach between governments and across sectors to improving the health status of Aboriginal and Torres Strait Islander peoples in partnership with Aboriginal and Torres Strait Islander peoples.

Chapter 2 describes the policy context in which health service delivery operates to address the health needs of Aboriginal and Torres Strait Islander peoples. It reflects the 2003 situation, which has changed again in recent times with the demise of ATSIC, changes to the main councils and committees listed in the document, and the Office for Indigenous Policy Coordination as a new player on the block.

The 'Framework for Action by Governments' section specifically outlines the goal, aims, priorities and key result areas to be achieved over the 2003-2013 decade. The stated goal resembles the 'Vision' statement in the AHCSA policy: "to ensure that Aboriginal and Torres Strait Islander peoples enjoy a healthy life equal to that of the general population that is enriched by a strong living culture, dignity and justice". The immediate priorities listed in the document are:

- Strengthening comprehensive primary health care.
- Addressing emotional and social wellbeing, with a specific focus on mental health problems and suicide, substance use/misuse, and men's health.
- Addressing the pre-determinants of chronic disease, with a specific focus on nutrition and physical activity, child and maternal health, and oral health.
- Improving the health of people in custodial settings.
- Improving data availability and quality.

These priorities are then picked up in the nine 'key result areas' that are spread across three groups:

- **Group A:** Towards a more effective and responsive health system
 - **Key Result Area One:** Community controlled primary health care services.

- **Key Result Area Two:** Health system delivery framework.
- **Key Result Area Three:** A competent health workforce.
- **Key Result Area Four:** Emotional and social well-being.
- **Group B:** Influencing the health impacts of the non-health sector
 - **Key Result Area Five:** Environmental health.
 - **Key Result Area Six:** Wider strategies that impact on health.
- **Group C:** Providing infrastructure to improve health status
 - **Key Result Area Seven:** Data, research and evidence.
 - **Key Result Area Eight:** Resources and finance.
 - **Key Result Area Nine:** Accountability.

Each of the three groups has a rationale about why it is important, and then describes the objectives and action areas for government in making a difference in each area. Examples of successful programs and promising approaches are also provided.

The AHCSA policy is congruent with the 'Framework for action', although there may be some difference in emphasis on the pace of change, the resources needed to facilitate it, the details of the recommended actions, and the level of involvement and direction that Aboriginal community controlled health services have in the process.

Cultural Respect Framework for Aboriginal and Torres Strait Islander Health

Australian Health Ministers Advisory Council's Standing Committee on Aboriginal and Torres Strait Islander Health Working Party (AHMAC-SCATSIH) 2004, Cultural Respect Framework for Aboriginal and Torres Strait Islander Health: 2004-2009, Department of Health, South Australia, viewed 18 October 2006, [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-crf.htm/\\$FILE/Cultural_Respect_Framework.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-crf.htm/$FILE/Cultural_Respect_Framework.pdf)

The 'Cultural Respect Framework' was created to support and encourage health services to consider how they could operate in culturally inclusive and respectful ways in designing and providing health services for Aboriginal and Torres Strait Islander peoples. It defines cultural respect as the "recognition, protection and continued advancement of the inherent rights, culture and traditions of Aboriginal and Torres Strait Islander people".

The Framework emphasises nine principles that have become consistently used in major national and state health documents since the National Aboriginal Health Strategy, including the concept of cultural respect itself. The other eight principles are: a holistic approach, health sector responsibility, community control of primary health



Relevant link documents and references

Improvement in individual knowledge and awareness will lead to skilled practice and behaviour which will build strong relationships at an organisational level.

care services, working together, localised decision-making, promoting good health, building the capacity of health services and communities, and accountability for health outcomes. It argues that improvement in individual knowledge and awareness will lead to skilled practice and behaviour, which will build strong relationships at an organisational level between organisations and communities that ultimately result in equity of health outcomes for individuals and communities.

The most direct links to the AHCSA policy are with the 'Mission' and 'Guiding principles' sections, and several of the position statements, including 'Strengthening capacity in the sector', 'Access and equity', 'Strategic planning', 'Agreements and memorandums of understanding', 'Research and ethics' and 'Workforce.'

Social and Emotional Wellbeing Framework: A National Framework

Social Health Reference Group for the National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group (NATSIHC & NMHWG) 2004, Social and Emotional Wellbeing Framework: A National Framework for Aboriginal and Torres Strait Islander people's mental health and social and emotional wellbeing, Australian Health Ministers' Advisory Council, Department of Health & Ageing, Canberra, viewed 18 October 2006, [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/F25CB4CC136ECC2DCA25705200015F85/\\$File/wellbeing.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/F25CB4CC136ECC2DCA25705200015F85/$File/wellbeing.pdf)

This framework is the first document and plan focused on mental health and social-emotional wellbeing since the 1995 'Ways Forward' document written by Pat Swan and Beverley Raphael.² It acknowledges that previous report and plan as a 'foundation document', along with the National Aboriginal Health Strategy, the current National Strategic Framework for Aboriginal and Torres Strait Islander Health, and the National Mental Health Plan (2003-2008). The first section of the framework sets out the guiding principles, policy context, and the importance of whole of government and community approaches. It is this section that has the strongest links with AHCSA's policy, as it reflects the early sections that acknowledge colonisation and its legacy, highlight the diversity of Aboriginal and Torres Strait Islander nations, and the centrality of self-determination.

The second section provides details on the five strategic directions, with action areas, implementation strategies, timelines and achievements outlined. However, the specific nature of these actions and strategies are not always clear in terms of how these things will happen. The five areas are:

- Focus on children, young people, families and communities across three elements:
 - Raising children and young people.

- Holistic health and healing.

- Grief, loss, trauma and anger.

- Strengthen Aboriginal Community Controlled Health Services – this has a workforce focus and links with the 'Workforce' position statement.
- Improved access and responsiveness of mental health care – this relates to the role of mainstream mental health services and links with the 'Access and equity' position statement.
- Coordination of resources, programs, initiatives and planning – this links with the 'Funding arrangements' position statement.
- Improve quality, data and research – this links with the 'Data and information' and 'Research and ethics' position statements.

The final section describes the implementation, monitoring and evaluation process in terms of timeframes, roles and responsibilities at national, state/territory and regional/local levels.

Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework

Australian Health Ministers Advisory Council's Standing Committee on Aboriginal and Torres Strait Islander Health Working Party (AHMAC-SCATSIH) 2002, Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, AHMAC, Department of Health & Ageing, Canberra, viewed 18 October 2006, [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-wrkrstry1.htm/\\$FILE/wrkrstry1.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-wrkrstry1.htm/$FILE/wrkrstry1.pdf)

This document is commonly referred to as the 'yellow book' and has guided coordinated action at national and state/territory government and community-controlled on workforce issues since 2002. It shares the same set of nine principles as stated in the other national documents described here; therefore it fits with the early sections of the AHCSA policy.

The focus on workforce aligns with the commitment to 'invest in our communities' – a guiding principle listed in the AHCSA policy – and specifically the 'Strengthening capacity in the sector' and 'Workforce' position statements. The five workforce objectives in the framework, to which AHCSA contributes through the activities of Secretariat staff in 'workforce' and 'education and training' positions, are:

- Increase the number of Aboriginal and Torres Strait Islander people working across all the health professions.
- Improve the clarity of roles, regulation and recognition of Aboriginal and Torres Strait Islander Health Workers as a key component of the health workforce, and improve



vocational education and training sector support for training for Aboriginal and Torres Strait Islander Health Workers.

- Address the role and development needs of other health workforce groups contributing to Aboriginal and Torres Strait Islander health.
- Improve the effectiveness of training, recruitment and retention measures targeting both non-Indigenous Australian and Indigenous Australian health staff working within Aboriginal primary health services.
- Include clear accountability for government programs to quantify and achieve these objectives and support for Aboriginal and Torres Strait Islander organisations and people to drive the process.

The NHMRC Road Map

NHMRC 2003, The NHMRC Road Map: A strategic framework for improving Aboriginal and Torres Strait Islander health through research, National Health & Medical Research Council, Canberra, viewed 18 October 2006, http://www.nhmrc.gov.au/publications/_files/r28.pdf

On the basis of a national consultation process, the NHMRC (2003) set out six priorities to form a 'road map' to achieve substantial health gains for Aboriginal and Torres Strait Islander peoples and guide its work in supporting Aboriginal health research for 2003-2006. Its underlying principles included an emphasis on a holistic concept of health, community involvement in the design and conduct of research, capacity strengthening within the Aboriginal and Torres Strait Islander workforce, and doing research that has a practical impact. All of these principles are reflected in the early sections of the AHCSA policy, and specifically in the 'Strengthening capacity in the sector' and 'Research and ethics' position statements.

Six objectives or priority areas were identified, which shift the agenda to reflect what is known as 'Indigenous Health Research Reform Agenda' that is outlined by the Cooperative Research Centre for Aboriginal Health.³

1. Descriptive research which outlines patterns of health risk, disease and death.
2. A research focus on the factors and process that promote resilience and wellbeing.
3. A focus on health services research which describes the optimum means of delivering preventive, diagnostic and treatment based health services and interventions to Aboriginal and Torres Strait Islander peoples.
4. A focus on the association between health status and health gain and policy and programs that lie outside the direct influence of the health sector.

5. A focus on engaging with research and action in previously under-researched Aboriginal and Torres Strait Islander populations and communities.

6. Development of the nation's Aboriginal and Torres Strait Islander health research capacity (including training Aboriginal and Torres Strait Islander researchers) and health research practice in relation to Aboriginal and Torres Strait Islander communities. (NHMRC 2003a, pp.3-4)

Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research

NHMRC 2003, Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research, National Health & Medical Research Council, Canberra, viewed 18 October 2006, http://www.nhmrc.gov.au/publications/_files/e52.pdf

The National Health and Medical Research Council had 'interim' guidelines since 1991 for research involving Aboriginal and Torres Strait Islander peoples, which were updated and made official in 2003 via national consultation and a working party with Indigenous representation. Six values were identified that are used as an ethical frame:

- Spirit and integrity
- Reciprocity
- Respect
- Equality
- Survival and protection
- Responsibility

These values are echoed in the early sections of the AHCSA policy, reflected in the 'Research and ethics' position statement. They match closely with requirements of the Aboriginal Health Research and Ethics Committee, coordinated by AHCSA.

The meaning of these six values are described in detail, including how they must be demonstrated in research with Aboriginal and Torres Strait Islander individuals, families and communities. Each value is linked to relevant statements in the generic 'National Statement on Ethical Conduct in Research Involving Humans'.⁴

State: Aboriginal Community-Controlled

AHCSA Constitution

The constitution is the legal document that prescribes the role, functions, membership and operations of AHCSA, its Board and Secretariat. It states that the 'objects of the Association shall be to promote and advance the social, physical and mental health, wellbeing and quality of life of, and to obtain quality health outcomes for, the Aboriginal



Relevant link documents and references

The AHCSA policy was developed to complement the constitution by being a public and accessible document that reflects the eleven 'means' - ways or activities.

people of South Australia'. The AHCSA policy was developed to complement the constitution by being a public and accessible document that reflects the eleven 'means' - ways or activities - that it will use to achieve its objects. These means cover the following areas:

- Advocacy
- Coordination
- Organisational development
- Policy
- Education and training
- Educating the mainstream regarding
- Research
- Data and information
- Promotion and information within the sector

All of these areas are addressed in different areas throughout the AHCSA policy, particularly in the 'Priority activities' and 'Position statements' sections.

AHCSA Future Directions Report

The AHCSA Future Directions process commenced during 2006 as an outcome of negotiation with the SA Department of Health. Rather than formally review AHCSA, it was agreed that the focus would be on its future directions in order to guide a new service agreement with the Department. These directions were developed through consultation meetings with external stakeholders, analysis of these outcomes, and a series of discussion workshops with the AHCSA Secretariat, Internal Executive and AHCSA Board Executive.

The Future Directions report re-affirmed AHCSA's identity and described it as:

AHCSA is a membership-based peak body with a leadership, watchdog, advocacy and sector support role, with a commitment to Aboriginal self-determination. It is the health voice for Aboriginal people in South Australia, representing the expertise, needs and aspirations of Aboriginal communities at both state and national levels based on a holistic perspective of health. AHCSA is a collective term that includes both the membership and the Secretariat - the role of the Secretariat is to undertake work that AHCSA directs them to do through its Board, on which all member organisations are represented.

AHCSA's core business was revisited and described in this way: 'Core business is based on a vision of looking after all aspects of Aboriginal health so there is well-managed, accessible and equitable service provision for Aboriginal people that is reflected in better health outcomes'. The above areas stated as the 'means' to achieve the 'objects' in the constitution, were also re-affirmed, although

named slightly differently but two areas were specifically highlighted, as they are relevant across all areas of core business:

- AHCSA taking and demonstrating leadership as the health voice for Aboriginal peoples.
- Their watchdog role through monitoring and accountability work across all areas of activity that impact on Aboriginal health services.

The statements regarding identity and core business match those in the earlier sections of the AHCSA policy, and the areas of core business are aligned with the 'Priority activities' and 'Position statements' sections. The Future Directions report also outlines what AHCSA could do if the resource environment were to improve.

South Australian Aboriginal Health Sector Statewide Strategic Plan 2004 – 2009

Aboriginal Health Council of SA 2004, South Australian Aboriginal Health Sector Statewide Strategic Plan (AHSSSP) 2004 – 2009, AHCSA, Adelaide.

The AHSSSP was developed during 2003 –2004 with the support and involvement of AHCSA member organisations. The intention of the AHSSSP was to create a 'living' document that captured the needs and aspirations of the Aboriginal community controlled health sector in working toward a high quality of health and wellbeing for Aboriginal peoples across South Australia. It is organised around five domains: management, workforce development, health advocacy and coordination, research and ethics, and data and information. The goal, objectives and strategies in each domain provide direction for the collective work of the sector, as well as individual organisations and the AHCSA Secretariat.

The AHSSSP is directly aligned with the AHCSA policy, as it shares the same mission and vision, and there is a strong relationship between many of the position statements, and the goals and objectives in each of the five domains. In reality, the AHSSSP 'operationalises' the AHCSA policy, as it describes in detail the areas where action is needed, how it will occur and how progress will be judged (through the indicators).

The AHSSSP was formally reviewed in 2005. The outcomes indicated that the document was meaningful and strongly supported by AHCSA members. Areas for priority attention in 2006-2007 were identified (these areas for priority attention were also reflected in the outcomes of the Future Directions process described above). It was recommended that the timeframe for the plan be extended to 2009, given the comprehensive coverage of the plan and the time that would be needed to implement it, which was subsequently endorsed by AHCSA Board.



State: Government

Our Place, Aboriginal Health Division, SA Department of Health

SA Department of Health 2006, Our place: The Aboriginal Health Division 2006 – 2007 Plan, Department of Health, Adelaide.

'Our Place' is the current guiding document for the work of the Aboriginal Health Division (AHD). It has two components. The first component is the philosophy statement that outlines AHD's vision and commitments to supporting improvements in Aboriginal people's health experiences and outcomes. There are many points of connection between the philosophy statement and the 'Setting the scene' sections of the AHCSA policy.

The second component provides the details of a plan to operate in five priority action areas within the government sector as a primary focus, while also supporting activity in the community-controlled and non-government sector. The priority action areas and goals, with links to the AHCSA policy are:

- **Policy leadership and advice:** To take leadership on policies within the health portfolio that lead to improved health service experiences and outcomes for Aboriginal people – this links to the 'Vision' statement, and the 'Advocacy' and 'Influence and decision-making' priority activities for AHCSA.
- **Evidence-informed good practice:** To take leadership in health service improvement for Aboriginal people within the (government) health portfolio based on evidence-informed good practice –this links to the 'Data and information' and 'Research and ethics' position statements.
- **Regional support for service improvement:** To strengthen the capacity of public health and community-based services in meeting their commitment to provide accessible, safe, effective, culturally relevant and sustainable services for Aboriginal individuals, families and communities in SA that result in measurable and positive differences in health outcomes – this links to the 'Access and equity' position statement.
- **Workforce development:** To take leadership on sustaining 2% employment of Aboriginal people across a range of levels and careers in the health portfolio, and redirecting the health portfolio's workforce effort to build the Aboriginal health workforce across the portfolio – although this is focused on workforce within the government sector, it has links to the 'Workforce' position statement.
- **Reporting, monitoring and accountability:** To improve the accountability of public health and community-

based services in meeting their commitment to provide accessible, safe, effective, culturally relevant and sustainable services for Aboriginal individuals, families and communities in SA that result in a measurable and positive difference in health outcomes – this links to the 'Access and equity' and 'Agreements and memorandums of understanding' position statements.

The key difference in focus between AHCSA and AHD is that AHCSA provides leadership, support and advocacy for community-controlled and community-directed services. Its business is driven from a community perspective. AHD provides leadership, support and advocacy for good practice in Aboriginal health within the government sector, particularly the health portfolio. Its business is driven from a state government perspective.

Primary Health Care Policy, SA Department of Health

SA Department of Human Services/Department of Health 2003, Primary health care policy statement 2003-2007, Department of Health, Adelaide, viewed 18 October 2006, http://www.health.sa.gov.au/DesktopModules/SSSA_Documents/LinkClick.aspx?tabid=62&mid=411&table=SSSA_Documents&field=ItemID&id=33&link=C%3a%5cDocuments+and+Settings%5cglezost%5cMy+Documents%5cphc-policy-1-september17-2003.pdf

This policy statement outlines the stated commitment of the then Department of Human Services, now the Department of Health, to have a health system built on a strong primary health care foundation that emphasises: community participation, a comprehensive range of services, equity to address differences in health status, cultural accountability, sustainability, and effectiveness and accountability. One of the ten key directions in the Primary Health Care Policy is specifically focused on Aboriginal people:

7. Strengthen and build primary health care services and approaches that are responsive to Aboriginal people's health and well being. 'Within the health system, the crucial mechanism for improving Aboriginal and Torres Strait Islander health is the availability of comprehensive primary health care services. Effective and appropriate primary health care services must be available to all Aboriginal and Torres Strait Islander peoples. These services must be adequately funded, have a skilled and appropriate workforce, be seen as a key element of the broader health system and maximise community ownership and control'.

The statement in italics is a direct quote from the National Strategic Framework for Aboriginal and Torres Strait Islander Health, described above. These concepts are reflected in the AHCSA policy in the 'Mission' and 'Guiding principles' sections, and the 'Access and equity', 'Funding arrangements' and 'Workforce' position statements.



Relevant link documents and references

Each Australian state and territory has established a framework agreement between Commonwealth, state/territory government and the community-controlled health sector.

South Australian Aboriginal Health Partnership Agreement

South Australian Aboriginal Health Partnership 2005, Agreement on South Australian Aboriginal Health and Wellbeing: 2005 - 2010, South Australian Aboriginal Health Partnership, Adelaide.

Each Australian state and territory has established a framework agreement between Commonwealth, state/territory government and the community-controlled health sector. The frameworks were a recommendation of the National Aboriginal Health Strategy, and they continue to be an expected structure as part of the 2003 National Strategic Framework for Aboriginal and Torres Strait Islander Health. The first South Australian Framework Agreement was signed in 1996 with the current (third) agreement signed in 2005 for a five year life span to 2010.

The Framework sets out the joint and specific commitments and responsibilities of the three parties with major roles in funding, coordinating and/or supporting health services for Aboriginal people: Office for Aboriginal & Torres Strait Islander Health (OATSIH), Department of Health & Ageing; SA Department of Health; and AHCSA. The main clause of the agreement relevant to the AHCSA policy is Clause 13 which describes how the three parties will work together to address seven sub-clauses. The first six of these clauses address five of the position statements in the AHCSA policy, namely: 'Access and equity', 'Funding arrangements', 'Strategic planning', 'Workforce' and 'Data and information.' However, the AHCSA position statements fill these clauses out in detail from an AHCSA perspective.

South Australian Aboriginal Health Partnership 'Aboriginal Health – Everybody's Business' Regional Resource Package

South Australian Aboriginal Health Partnership (SAAHP) 2005, 'Aboriginal Health - Everybody's Business': A South Australian strategy for Aboriginal and Torres Strait Islander People 2005–2010, SAAHP, Adelaide, viewed 18 October 2006, <http://www.ahcsa.org.au/content/24>

As noted above, SAAHP consists of OATSIH, SA Department of Health and AHCSA. There are five focus areas and specific documents in the SAAHP Regional Resource Package. They address priority areas identified through the work of the partnership members, which include:

- Workforce development
- Data and information
- Social-emotional wellbeing
- Diabetes
- Substance misuse

Each document outlines the background and significance of its area, and the strategic planning approach and desired outcomes at statewide and regional levels to provide effective services to Aboriginal and Torres Strait Islander communities, families and individuals. The documents provide a broad outline for local services to 'read themselves into' in determining their place and responsibility in addressing the business for these five areas.

As an active participant in the production of the documents (in fact, AHCSA led on two of the documents), the concepts in the regional resource package match with those outlined in detail within the AHCSA policy.

South Australian Strategic Plan, 2003-2013

Government of South Australia 2003, South Australian Strategic Plan: Creating opportunity, viewed 18 October 2006, http://www.stateplan.sa.gov.au/plan_detail.php

This document was developed as the South Australian Labour Government's blueprint for the future of South Australia, outlining proposed areas for expansion and improvement across six broad objectives:

- Objective 1: Growing prosperity
- Objective 2: Attaining wellbeing
- Objective 3: Attaining sustainability
- Objective 4: Fostering creativity
- Objective 5: Building communities
- Objective 6: Expanding opportunity

There are a broad range of targets attached to each objective. Although several targets are relevant for Aboriginal people and Aboriginal health, there are two targets that are particularly pertinent under the 'Expanding opportunity' objective as they focus on Aboriginal wellbeing.

- **Target 6.1** is to reduce the gap between the outcomes for South Australia's Aboriginal population and those of the rest of South Australia's population, particularly in relation to health, life expectancy, employment, school retention rates and imprisonment to lead the nation within 10 years.
- **Target 6.2** is to increase the percentage of the Aboriginal population in the South Australian public sector from 1.2% to 2% within five years.

All aspects of the AHCSA policy are relevant to achievement of Target 6.1, specifically in relation to health and life expectancy. The 'Workforce' position statement is relevant to Target 6.2, although AHCSA is also strongly concerned with increasing employment of Aboriginal people in a range of positions and professions across the community-controlled health sector and other non-government health related bodies.

OUR LANGUAGE

Aboriginal view of health is a 'whole of life' view of health and embodies a cyclical concept of life-death-life. It integrates an individual's health and wellbeing with the social, emotional and cultural wellbeing of the whole community. Each individual is supported to achieve their full potential and thereby bring about the totality of wellbeing for the whole community.

ACCHS – Aboriginal Community Controlled Health Services: An Aboriginal community controlled health service (ACCHS) is a primary health care service initiated by local Aboriginal and Torres Strait Islander communities to deliver holistic and culturally appropriate care to people within their communities. Aboriginal and Torres Strait Islander communities around Australia began establishing ACCH's in the early 1970s as an expression of self-determination and in response to a range of barriers inhibiting the access of Aboriginal and Torres Strait Islander peoples to mainstream primary health care services.

AHACs - Aboriginal Health Advisory Committees: AHACs exist in each rural health region across the state. They function as advisory committees or sub-committees to the Country Regional Health Board. In some regions Aboriginal community controlled health services are represented on AHACs. Regions may use the term Aboriginal Health Advisory Group instead of Aboriginal Health Advisory Committee.

AHW - Aboriginal Health Worker: Aboriginal and Torres Strait Islander Health Workers are Aboriginal and/or Torres Strait Islander people who work within a holistic primary health care framework, as determined by the local Aboriginal or Torres Strait Islander community. They work to achieve better health outcomes for Aboriginal and Torres Strait Islander individuals, families and their communities. The diversity of their roles are reflected in industry driven and recognised qualifications, which are appropriate to the jurisdictions in which they work.

APHCAP or PHCAP - Aboriginal Primary Health Care Access Program: An Australian Government funded initiative with the following objectives:

- Increase the availability of appropriate primary health care services where they are currently inadequate.
- Reform the local health system to better meet the needs of Aboriginal and Torres Strait Islander peoples.
- Enable individuals and communities to take greater responsibility for their own health.

Community control in health services: When Aboriginal and Torres Strait Islander communities are actively involved in discussing, understanding and deciding on their health needs, issues, solutions and aspirations, and control the process of health care delivery based on local protocols and procedures.

Institutional racism: Based on the power of the dominant culture, patterns of advantage and disadvantage are developed and sustained through structures such as laws,

policies and practices that exclude or discriminate against dominated groups, such as Aboriginal and Torres Strait Islander peoples.

NAACHO - National Aboriginal Community Controlled Health Organisation: NACCHO is the national peak body for all Aboriginal community controlled health services and works in collaboration with state/territory peak bodies to represent Aboriginal and Torres Strait Islander health issues at the national level.

Primary health care is an inclusive, integrated and comprehensive model of health care and approach to health. According to the World Health Organization's Alma Alta Declaration of 1978, primary health care is:

Essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that can be maintained at every stage of development in the spirit of self-reliance and self-determination. It is the first level of contact of individuals, families and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

Primary health care is highly compatible with Aboriginal holistic definitions of health, as well as a community control approach to determining and delivering effective and culturally appropriate health services where the active participation of Aboriginal and Torres Strait Islander peoples is highly valued.

SAAHP - South Australian Aboriginal Health Partnership: The South Australian Aboriginal Health Partnership (SAAHP) is comprised of three agencies involved in health provision to Aboriginal and Torres Strait Islander peoples and communities throughout South Australia. The Partnership members are the Aboriginal Health Council of South Australia, SA Health and the Australian Government Department of Health and Ageing.

Self-determination: When a community of people, such as an Aboriginal nation or cultural group, have both the right and the responsibility for making decisions according to their own values and beliefs about a wide range of matters that impact on their lives. This includes how to respond to their health needs and aspirations (see 'community control').

Social determinants of health: These are the social and political factors that influence the level of health and wellbeing that an individual or community experiences. The World Health Organisation identifies ten social determinants: the social gradient, stress, early development, work, unemployment, social support, social exclusion, addiction, food and transport. In addition, poverty, cultural identity, gender and social integration need to be considered, along with the health and safety of the environment in which people live.

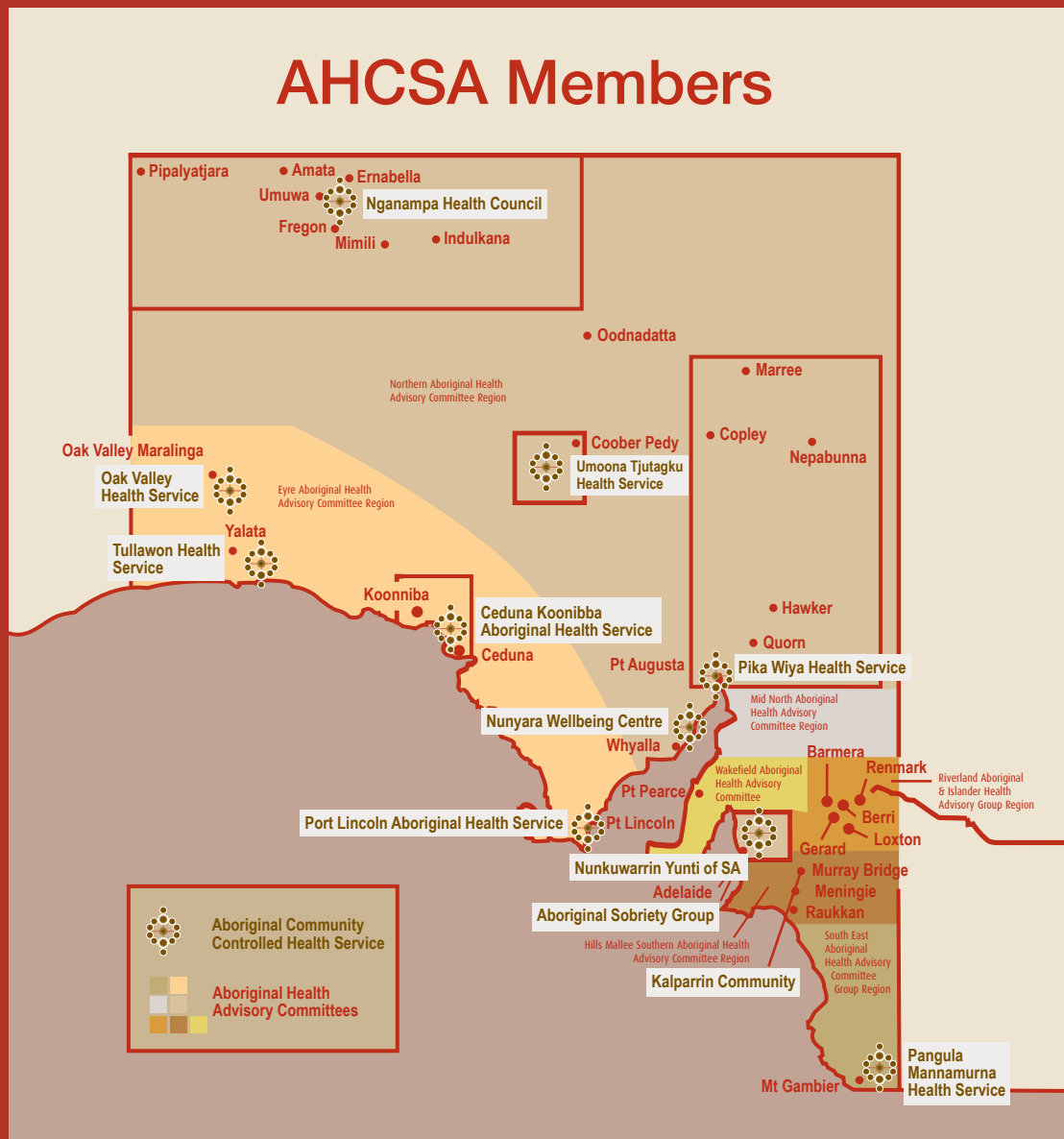
FOOTNOTES

1 Throughout this document the term Aboriginal is used in this context to include people who identify as Aboriginal, people who identify as Torres Strait Islander, and people who identify as both Aboriginal and Torres Strait Islander. It is also used interchangeably with the term 'Aboriginal and Torres Strait Islander'.

2 Swan P & Raphael B 1995, Ways forward: National consultancy report on Aboriginal and Torres Strait Islander mental health, Australian Government Publishing Service, Canberra.

3 Further information about the Indigenous Research Reform Agenda is found at: the Cooperative Research Centre for Aboriginal Health's website: <http://www.crcah.org.au/index.cfm?attributes.fuseaction=indigRes>

4 NHMRC 1999, National Statement on Ethical Conduct in Research Involving Humans, Commonwealth of Australia, Canberra.



Aboriginal Sobriety Group Inc.

Ceduna/Koonibba Aboriginal Health Service

Kalparrin Community

Nganampa Health Council

Nunkuwarrin Yunti of SA Inc.

Nunyarra Wellbeing Centre Inc.

Oak Valley Health Service

Pangula Mannamurna Inc.

Pika Wiya Health Service

Port Lincoln Aboriginal Health Service

Tullawon Health Service

Umoona Tjutagku Health Service

Eyre Aboriginal Health Advisory Committee

Hills Mallee Aboriginal Health Advisory Committee

Mid North Aboriginal Health Advisory Committee

Northern Aboriginal Health Advisory Committee

Riverland Aboriginal and Islander Health Advisory Group

South East Aboriginal Health Advisory Committee

Wakefield Aboriginal Health Advisory Committee

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