

STRATEGIC PLAN

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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ABOUT US

AHCSA hosted the 4th National Aboriginal and Torres Strait Islander Male Health Convention, 1-2 October 2007, at the Hyatt Regency in Adelaide.

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Who are we?

AHCSA is a membership-based peak body¹ with a leadership, watchdog, advocacy and sector support role, and a commitment to Aboriginal self-determination.

AHCSA is a membership-based peak body¹ 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.²

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. This 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 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 (listed below). They 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, including this revised Strategic Plan.

Our recent journey

The July 2007 – June 2010 strategic plan is designed to build on AHCSA's achievements under the previous plan, as well as the period of review that has occurred from July 2006 to June 2007. During this review year AHCSA negotiated with the Department of Health to undertake the 'Future Directions' process that re-assessed AHCSA's core business, reflected on its achievements, and identified how AHCSA's activities could be extended under an appropriately matched resource base. The outcomes of the Future Directions base will guide a new service agreement with the Department that should be finalised in 2007.

The last few years have been a consolidation phase for AHCSA under its new status as a separate incorporated body. AHCSA has achieved many things over this time – it has:

- reviewed and endorsed a revised Constitution, resulting in the seven Aboriginal Health Advisory Committees (AHACs) across the state becoming full members of AHCSA in 2006

- developed and endorsed the 'Our Health, Our Choice, Our Way' Policy Framework (2006)
- developed, implemented and continued to review a sector-wide strategic plan, that captures the collective concerns and aspirations of the Aboriginal health sector, known as the Aboriginal Health Sector Statewide Strategic Plan (AHSSSP) 2004-2009
- established more effective organisational management systems
- renegotiated the location and operation of Aboriginal Health Worker training through establishing the Centre for Aboriginal Health, Education and Training (CAHET) in 2003, which is a part of AHCSA's organisational structure and now known as the Education and Training Team
- increased the number of skilled Aboriginal people in the health workforce
- expanded the scope of its activities and staff numbers
- increased the range of programs and services offered across the sector
- established and reviewed a variety of MOUs or service agreements designed to increase the range of accessible health services for Aboriginal people
- gained support from the Aboriginal health sector on a national basis to lead projects of national significance, such as:
 - the Centre of Clinical Research Excellence in Aboriginal and Torres Strait Islander Health (CCRE)
 - the Good Medicines: Better Health (Quality Use of Medicines) project
 - the Secretariat for the Aboriginal and Torres Strait Islander Health Registered Training Organisation Network (ATSIHRTON)
 - the Aboriginal Health Worker Registration project

THE LAST FEW YEARS HAVE BEEN A CONSOLIDATION PHASE FOR AHCSA UNDER ITS NEW STATUS AS A SEPARATE INCORPORATED BODY



Our Constitution and core business

Section 3 of the AHCSA Constitution outlines its core business, which was reinforced through the recent Future Directions process based on consultation within and beyond the sector. In the Future Directions report, AHCSA's core business was identified as:

- Leadership – being the health voice for Aboriginal peoples
- Monitoring and accountability – being a 'watchdog'
- Advocacy and lobbying – having a political voice
- Coordination
- Organisational service development
- Policy development, implementation and review
- Workforce development
- Advice, training and consultation for mainstream groups
- Public relations
- Research and ethics
- Data and information management
- Networking and information distribution within the sector

The links between AHCSA's 2007 – 2010 Strategic Plan and these areas of core business will be identified in the 'rationale' for each of the seven objectives to indicate how each objective reflects AHCSA's constitution.

Our Aboriginal Health Sector Statewide Strategic Plan and its relationship to this strategic plan

The Aboriginal Health Sector Statewide Strategic Plan (AHSSSP) was developed from September 2003 – March 2004 with the support and involvement of all member organisations. It was endorsed by the AHCSA Board and launched in July 2004 at Pika Wiya. The AHSSSP was designed as a 'living' document that captures the needs and aspirations of the Aboriginal community controlled health sector in working toward a high quality of health and wellbeing for Aboriginal people in South Australia. It provides direction for the collective work of AHCSA, as well as individual organisations and AHACs.

The AHSSSP is formally reviewed and updated every 18 months to 2 years. Each formal review involves a collective effort, with all member organisations, including the Secretariat, being actively involved. The plan currently has 18 objectives and 41 strategies spread across five domains (Management; Workforce Development; Health Advocacy, Coordination and Policy; Research and Ethics; Data and Information), although the number of objectives and strategies may increase as a result of the 2nd Review.

The AHSSSP is the only document that helps the sector to drive a strategic planning process that reflects the collective concerns across the state. It also reflects the focus of member organisations' core business and addresses areas that are mutually agreed as high priorities for moving the Aboriginal health sector forward.

THE 2007 – 2010 STRATEGIC PLAN WILL GUIDE AHCSA THROUGH ITS NEXT THREE YEARS OF OPERATION, WITH A PARTICULAR FOCUS ON THE WORK THAT WILL BE DRIVEN BY THE SECRETARIAT AND THE BOARD

As noted in AHCSA's identity statement on page 1, 'the role of the Secretariat is to undertake work that AHCSA directs them to do via its Board'. AHCSA's 2007 – 2010 Strategic Plan represents the work that the Secretariat will drive, at the request of the Board, which contributes to achieving priority areas in the AHSSSP. It also includes areas that the Board and Secretariat have identified for improvement within the Secretariat that are not captured within the AHSSSP.

Our Policy Framework and its relationship to this strategic plan

AHCSA finalised its *Our Health, Our Choice, Our Way: AHCSA Policy Framework* in 2006. This sets out AHCSA's vision, mission, values, priority activities, guiding principles and position statements. The purpose of AHCSA's 2007 – 2010 Strategic Plan is to put the policy into practice.

The 2007 – 2010 Strategic Plan will guide AHCSA through its next three years of operation, with a particular focus on the work that will be driven by the Secretariat and the Board, in continuing and extending what has occurred to date in the pursuit of its vision: that all Aboriginal people enjoy a high quality of health and wellbeing.

¹ See the 'Our members' section at the end of the document for a list and map of the full AHCSA membership.

² 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.

OUR BIG PICTURE

AHCSA's Eye Health & Chronic Disease Specialist Support Program visiting Nganampa Health Council communities.

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our choice



Our Mission

The Aboriginal Health Council will work in ways that maximise the capacity of the Aboriginal community in determining their health and wellbeing.

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

TO IMPROVE ACCESS TO SERVICES AND EQUITY OF HEALTH OUTCOMES BY ADVOCATING FOR A RANGE OF QUALITY HEALTH SERVICES THAT ADDRESS THE NEEDS AND ASPIRATIONS OF ABORIGINAL PEOPLE

Our goals

Goal 1: To promote AHCSA as the lead organisation for Aboriginal Health in South Australia

Goal 2: To strengthen the capacity of Aboriginal communities to manage and deliver sustainable health services

Goal 3: To improve access to services and equity of health outcomes by advocating for a range of quality health services that address the needs and aspirations of Aboriginal people

Outcome indicators

- AHCSA is recognised as the lead organisation for Aboriginal health by SA Aboriginal communities, government agencies and non-government organisations
- AHCSA member organisations are governed well and managed effectively
- AHCSA members and Aboriginal community members report improved access to available health services within and beyond their local area
- AHCSA members and Aboriginal community members report an increase in the range and quality of health services that they can access
- The difference in health outcomes between Aboriginal and non-Aboriginal people is reduced

OUR WORK TO ACHIEVE THE BIG PICTURE

Lorraine Buckskin, Wilhelmine Lieberwirth, Aunty Lucy Evans, Mary Buckskin (CEO AHCSA), Aunty Gwen Owen, and Sean Taylor in Canberra to hear the Apology by Prime Minister Kevin Rudd on 13 February 2008.

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our way



Objectives

In order to achieve our goals AHCSA needs to focus on several specific areas. These areas are outlined in the seven objectives.

THE WORK THAT OCCURS UNDER EACH OF THESE SEVEN OBJECTIVES WILL ASSIST AHCSA IN MEETING ONE OR MORE OF ITS GOALS

Our objectives

Objective 1: To increase the coordination, amount, and range of resources available for supporting Aboriginal health and wellbeing.

Objective 2: To improve the quality and consistency of management and information systems across the sector.

Objective 3: To increase the sector's involvement in a range of relevant quality improvement activities.

Objective 4: To build and strengthen partnerships with external groups that can positively influence Aboriginal people's service access, and health and wellbeing outcomes.

Objective 5: To strengthen the sector's capacity to address the accountability of external groups for contributing to improvements in Aboriginal health and wellbeing.

Objective 6: To increase the range and quality of culturally relevant education, training and workforce development programs available to Aboriginal people that meet current and future workforce needs.

Objective 7: To strengthen the sector's involvement in planning, implementing and reporting on culturally relevant evaluation and research.

The work that occurs under each of these seven objectives will assist AHCSA in meeting one or more of its goals; it is described in the next section where specific strategies are listed.

Each objective has a set of indicators. They are divided into 'process' and 'impact' indicators. Process indicators are used to judge the effectiveness and appropriateness of strategies, and focus on issues of satisfaction, quality, audience and reach. Impact indicators are used to judge progress toward or achievement of objectives and focus on difference or change. Due to this the indicators are not set up to match every strategy. Collectively the indicators for each objective will demonstrate how much progress has been made toward meeting the objective, and if the approach has been effective and appropriate for the sector.

Some strategies will require additional resources to be sourced before they can be progressed; this will be identified by the following code at the end of the strategy:

→ R

OUR STRATEGIES AND PRIORITIES

OBJECTIVE 1: Increasing Resources

Increase the coordination, amount, and range of resources available for supporting Aboriginal health and wellbeing

Rationale

A critical part of AHCSA's 'advocacy and lobbying' work is in accessing appropriate resources to support the range of work that it wishes to coordinate in order to achieve its vision and mission (see page 5).

Strategies

1.1: Advocate and lobby for increased resources for the sector to implement the activities outlined in the 2007 Future Directions report (this will support many strategies within this plan that require additional resources to proceed). → R

1.2: Negotiate funding to establish a dedicated human resources position within AHCSA that will: → R

- provide advice and support on human resource issues across the sector
- support any initiatives to improve recruitment and retention of Aboriginal people into positions across the sector.

1.3: Review the availability and distribution of resources across the sector (funds, staff, infrastructure, ICT, equipment etc), and develop strategies to address inequities. → R

1.4: Identify the range of resources and support structures available and ensure the sector knows how to access and use them.

1.5: Develop and implement a strategy to access funds from multiple sources, including consultancy projects and training programs. → R

Indicators

PROCESS 1.1: The Human Resources position provides a valuable service that strengthens the sector's capacity to coordinate and manage a diverse range of human resource matters.

PROCESS 1.2: AHCSA has a clear picture of the availability and distribution of resources across the sector, and uses this as a basis for gaining funding to implement strategies that improve equity within the sector.

PROCESS 1.3: AHCSA members have an improved knowledge of existing resources and support structures, and are confident in accessing them.

IMPACT 1.1: Funding agreements are negotiated to increase resources that provide tangible benefits for all members of the sector.

IMPACT 1.2: AHCSA is using a broader range of funding sources to support its work in improving Aboriginal health and wellbeing.

Eye Health team in Anangu Pitjantjatjara Yankunytjatjara Lands



OBJECTIVE 2: Improving Information

Improve the quality and consistency of management and information systems across the sector

Rationale

AHCSA's constitution identifies 'coordination', 'organisational service development' and 'data and information management' as three areas of core business. Since being re-incorporated as a community-controlled organisation in its own right in 2001, AHCSA has made good progress in improving organisational management and information systems. However, in recent years there have been a number of changes to planning processes, information and communication technology (ICT), and reporting and evaluation expectations from external stakeholders, including funding bodies, that require a coordinated effort to ensure consistency across the sector.

Strategies

2.1: Review and consolidate AHCSA's:

- planning and review cycle so that AHCSA Board priorities and plans (such as this strategic plan and the Aboriginal Health Sector Statewide Strategic Plan) drive Secretariat work plans and clearly link to other required planning processes e.g. SDRF
- policies and procedures so that current practice is adequately documented and reflects the sector's information needs
- evaluation and reporting practices across the sector, and identify and implement strategies for improvement where needed.

2.2: Develop and trial an approach to capturing organisational knowledge and experience, i.e. of Board and staff members, to support future decisions and succession planning.

2.3: Consolidate and implement agreements on the sector's use of a mutual ICT system for data collection that guides and improves service planning, service delivery and workforce planning. → R

Indicators

PROCESS 2.1: An approach to capturing organisational knowledge is identified that can be implemented within existing organisational processes and will be supported by AHCSA staff and Board members.

IMPACT 2.1: AHCSA establishes and maintains an endorsed and consistent planning and review approach to sector business.

IMPACT 2.2: A sector-endorsed approach to consistent evaluation and reporting is negotiated with Commonwealth and State health departments.

IMPACT 2.3: An endorsed sector-wide ICT system is implemented that meets the service delivery and information requirements of the sector and its funding bodies.

Centre of Clinical Research Excellence Planning Day, March 2008. Photo by Glenn Giles



OUR STRATEGIES AND PRIORITIES

OBJECTIVE 3: Managing Quality Improvement

Increase the sector's involvement in a range of relevant quality improvement activities

Rationale

Quality improvement is an important part of 'organisational service development'. Since AHCSA was reincorporated in 2001, member organisations have become increasingly involved in formal accreditation systems relevant to their context. In recent years there has also been a stronger focus from State and Australian Governments on quality improvement within Aboriginal health. AHCSA is keen to support the sector in participating in existing formal accreditation systems, while at the same time take 'leadership' in exploring what quality improvement means from a cultural perspective. This is based on extensive experience of how things need to operate so that Aboriginal people experience quality services that result in improved health and wellbeing.

Strategies

- 3.1: Support ongoing participation in relevant quality improvement activities, including formal accreditation systems and Healthy for Life initiatives. → R
- 3.2: Explore the need for and viability of implementing sector specific quality improvement processes. → R
- 3.3: Gain feedback from internal and external stakeholders on the outcomes of AHCSA activity in relation to everyday business, as well as specific projects or initiatives.

Indicators

PROCESS 3.1: Sector specific quality improvement processes that address gaps or inadequacies found in other quality improvement systems are identified and Board members endorse them for a trial within the sector.

PROCESS 3.2: Sector specific quality improvement processes are trialled and evaluated, with recommendations developed about their future use for the Board's consideration.

PROCESS 3.3: AHCSA has a clear picture of how its work is perceived by internal and external stakeholders, and strategies to address any identified issues are developed and implemented where possible (depending on resource implications).

IMPACT 3.1: There is an increase in the level of AHCSA members' participation in quality improvement activities that are appropriate for their specific context, including formal accreditation systems and endorsed sector specific quality improvement processes.

Aboriginal Primary Health Care Workers Forum members



OBJECTIVE 4: Building Partnerships

Build and strengthen partnerships with external groups that can positively influence Aboriginal people's service access, and health and wellbeing outcomes

Rationale

Achieving a high quality of health and wellbeing for Aboriginal people is strongly linked to the commitment, understanding and action of groups outside our sector whose work is focused on health and wellbeing, or the social determinants of health and wellbeing for Aboriginal people (see the 'Our Language' section for a definition). Although Objectives 4 and 5 are both focused on external groups, Objective 4 emphasises the 'leadership – being the health voice' of Aboriginal people, 'advocacy and lobbying' and 'coordination' aspects of our core business. AHCSA needs to have a strong presence in both formal and informal forums where these external groups meet (regionally, statewide and nationally), as well as directly communicate and negotiate with external groups about particular issues of interest for the sector. As part of this work, the extent of AHCSA's 'advice, training and consultation' role in supporting external groups to improve their capacity for culturally respectful and competent practice needs to be considered in terms of responsibilities and reasonable expectations.

Strategies

- 4.1: Review the external stakeholders with whom AHCSA has developed links (from informal through to formal partnerships), determine the quality and strength of these links and identify any gaps that need to be addressed.
- 4.2: Maintain and seek further involvement in relevant formal Boards, Committee, Reference and Working Groups of external stakeholders, and informal interagency networking groups and forums.
- 4.3: Develop an approach to addressing the gaps identified in Strategy 4.1.
- 4.4: Review and identify strategies for improving AHCSA's existing communication strategies with external stakeholders at both a whole of sector and member organisation level (guided by Strategy 4.1 outcomes).

Indicators

- PROCESS 4.1: AHCSA has a clear picture of the quality and strength of its links with external stakeholders, and strategies to address any identified gaps are developed and implemented where possible (depending on resource implications).
- IMPACT 4.1: There is an increase in the strength and range of partnerships that AHCSA has with external stakeholders that provide tangible benefits for all members of the sector.

Health Minister John Hill at the opening of Pangula Mannamurna



OUR STRATEGIES AND PRIORITIES

OBJECTIVE 5: Addressing External Group Accountability

Strengthen the sector's capacity to address the accountability of external groups for contributing to improvements in Aboriginal health and wellbeing

Rationale

AHCSA has two priority roles that are relevant to all areas of its core business: 1) taking and demonstrating leadership as the health voice for Aboriginal peoples, and 2) being a watchdog through monitoring and accountability work across all areas of activity that impact on Aboriginal health services. This objective is about strengthening accountability, which depends on effective communication mechanisms at an internal and external level. Internally, AHCSA needs a good flow of communication between the Secretariat, Board and its member organisations so they inform each other of developments within their local areas, as well as the impact of wider regional, state and national changes. This links to the 'networking and information distribution' aspect of AHCSA's core business, and is achieved through local visits, holding regional and state forums, as well as email and phone contact.

Together with the activity outlined for Objective 4, the information gathered from across the sector will contribute to monitoring how external stakeholders are operating. It guides AHCSA's external communication or 'public relations', as it creates a basis on which AHCSA can advocate, lobby and, where relevant, hold stakeholders to account about their role in and commitments to Aboriginal health and wellbeing. The outcomes of external communication need to be shared with the sector, as part of AHCSA's 'networking and information distribution' role.

Strategies

5.1: Maintain regular and high quality communication across the sector through regular:

- Board meetings
- Secretariat staff visits to member organisations
- sector workshops on specific topics/issues
- AHCSA newsletters
- entries on a new 'what's new' section of the AHCSA website
- email alerts to CEOs and Chairs of member organisations.

5.2: Use the information gathered through Strategies 5.1, as well as 5.2, to:

- monitor the consultation and decision-making processes, policy positions, funding, and service delivery practices of external stakeholders
- identify issues that AHCSA needs to address
- advocate and lobby for change to improve service access and outcomes for Aboriginal people.

5.3: Improve member organisation's Internet access to the AHCSA library information and resources. → R

5.4: Negotiate funding to establish a dedicated public relations position within AHCSA which will: → R

- raise public awareness of Aboriginal health as a priority and the sector's profile in addressing it through appropriate media avenues
- monitor political trends and changes, and policy positions and changes at national, state and local level
- coordinate the monitoring and accountability work described in Strategy 5.2
- support member organisations in addressing public relations at a local level.

5.5: Refine AHCSA's position on providing consultancy, training and advice about culturally respectful and competent practice. → R

Indicators

PROCESS 5.1: AHCSA members are satisfied with the quality and frequency of communication across the sector, and their access to information and resources, for supporting them to stay informed about relevant regional, state and national business or changes.

PROCESS 5.2: AHCSA reaches an endorsed position on the provision of consultancy, training and advice about culturally respectful and competent practice.

IMPACT 5.1: AHCSA's advocacy, lobbying, consultancy and training work assists external stakeholders in improving their accountability for contributing to Aboriginal health and wellbeing.

IMPACT 5.2: The Public Relations position provides a valuable service that strengthens the sector's capacity to monitor the activities of external stakeholders, identify issues for AHCSA to address, and advocate and lobby on these issues.

Prime Minister Kevin Rudd at the signing of the Statement of Intent drafted by Close the Gap



OBJECTIVE 6: Increasing Education, Training & Workforce Development

Increase the range and quality of culturally relevant education, training and workforce development programs available to Aboriginal people that meet current and future workforce needs

Rationale

Since the establishment of the Aboriginal Health Organisation in 1981, an area of core business has been 'workforce development', including Aboriginal Health Worker (AHW) education and training. It has directly addressed issues of access and equity through 'advocacy and lobbying' to achieve improved employment options and increased numbers of Aboriginal people in a broader range of health workforce positions. AHCSA provides direct support to the sector workforce and, through MOUs/agreements, to sections of the public sector Aboriginal health workforce. It has been actively involved in state and national plans for workforce development in Aboriginal health, often demonstrating or being asked to take 'leadership' in national workforce initiatives. It needs to gain support for further information-gathering on current and future workforce needs and career pathways. This will form the basis for developing and implementing strategies that ensure AHCSA is prepared for the future, and continues working toward the aspiration of Aboriginal health being in Aboriginal hands.

In 2003 AHCSA became an Aboriginal Registered Training Organisation (RTO), providing accredited training and professional development on location across the state. AHCSA has proven its capacity to undertake Aboriginal Health Worker education and training more effectively than mainstream RTOs, with strong student and graduate numbers. It wishes to continue this tradition of providing education and training in culturally relevant ways in responding to both known and future training needs, including the work required to deliver the new national competencies for AHWs.

Strategies

6.1: Undertake a sector-wide workforce planning needs analysis project that identifies workforce and recruitment gaps, current and future training needs, leadership development needs, succession planning needs, and the availability of career pathways within and beyond the sector. → R

6.2: Develop and deliver culturally relevant professional development through the AHCSA Registered Training Organisation in response to sector identified needs. → R

6.3: Collaborate with the National Aboriginal Community Controlled Health Organisation (NACCHO) on Aboriginal Health Workers (AHW) workforce issues, including to: → R

- continue auspicing the current National ATSIHRTON Project³ and negotiate with the Department of Health and Ageing to support the 3-year funding proposal
- advocate for national registration for AHWs
- advocate and lobby for increased resources to develop revised course materials and deliver the AHW new national competencies
- advocate and lobby for increased resources to deliver the Certificate IV in Assessment and Workplace Training to experienced AHWs across the sector.

6.4: Based on the outcomes of Strategy 5.1, develop and implement strategies to: → R

- promote Aboriginal health as a career and attract more staff to the sector
- support career development and multi-skilling for staff within the sector (such as mentoring, staff rotations and training placements)
- improve pathways to tertiary education.

6.5: Liaise with tertiary training institutions and professional bodies to embed course content on cultural respect into all undergraduate health courses. → R

Indicators

PROCESS 6.1: AHCSA has a clear picture of the sector's workforce planning needs; strategies to address any identified gaps are developed and implemented where possible (depending on resource implications).

PROCESS 6.2: AHCSA members are satisfied that the quality and range of professional development options provided by the AHCSA Registered Training Organisation respond to their workforce development needs.

PROCESS 6.3: AHCSA members are satisfied with the focus and outcomes of AHCSA's collaboration with NACCHO to address priority workforce issues for AHWs.

PROCESS 6.4: AHCSA obtains commitments from tertiary training institutions and professional bodies about when they will embed course content on cultural respect into all undergraduate health courses.

IMPACT 6.1: Aboriginal people within the sector, and those who want to move into the sector, have good access to an increased range of culturally relevant education, training and workforce development programs.

IMPACT 6.2: There is an increase in the retention of staff across the sector.

IMPACT 6.3: There is an increase in the percentage of Aboriginal people working in the sector.

IMPACT 6.4: There is an increase in the number of Aboriginal people in the sector who have completed relevant qualifications, including an increase in the number of people with higher level qualifications (i.e. Certificate IV level and above).

³ ATSIHRTON is the National Aboriginal and Torres Strait Islander Health RTO Network project that commenced in early 2007; at present its funding is approved through to June 2008.

OUR STRATEGIES AND PRIORITIES

OBJECTIVE 7: Making Evaluation and Research Culturally Relevant

Strengthen the sector's involvement in planning, implementing and reporting on culturally relevant evaluation and research

Rationale

As an area of core business, culturally relevant and respectful practices in evaluation, 'research and ethics' has been a long-standing concern. It is the reason why AHCSA established the Aboriginal Health Research Ethics Committee (AHREC). AHCSA has auspiced the Centre of Clinical Research Excellence (CCRE) since 2004 in partnership with the Flinders University of South Australia. It focuses on research in Chronic Disease Management (CDM), early intervention and prevention, and is currently funded until 2008. Through the CCRE, AHCSA's role has been extended to providing scholarships for Aboriginal people to undertake research studies and activities, educating people in research and evaluation, and directly participating in or undertaking research projects.

Despite completing a scoping study on Aboriginal health research in South Australia outlining current issues in Aboriginal health research and their possible solutions, and the important contribution of the CCRE, AHCSA has been limited in its capacity to ensure culturally relevant and respectful practices due to limited resources. Further 'advocacy and lobbying' work is required to address this issue. Although the sector has become increasingly interested in developing its evaluation skills, and is taking action to enable this through delivering a Certificate IV in Research and Evaluation, AHCSA members are not always adequately funded to undertake evaluation by external groups who are interested in the outcomes of their work. Addressing this will also require further 'advocacy and lobbying' work.

Strategies

7.1: Advocate that all funding for new and existing programs within the sector include an allocation to support program evaluation. → R

7.2: Ensure that researchers respect the requirement that the outcomes of all research undertaken in the sector is provided back to the sector in a useable and accessible form (i.e. research translation) in order to inform practice.

7.3: Advocate for an active and funded response from relevant external stakeholders to the recommended directions and strategies outlined in the 2005 Indigenous Health Research Scoping Support – they included, but were not limited to: → R

- additional resources to support the work of the Aboriginal Health Research Ethics Committee
- research being driven by sector-identified needs
- state coordination through an Aboriginal health research coordination sector based within the Aboriginal health sector.

7.4: Identify and implement evaluation capacity-strengthening activities within the sector, such as: → R

- finalising development and delivery of the Certificate IV in Research and Evaluation course
- developing and implementing a placement and mentoring program for Aboriginal research fellows.

7.5: Develop and/or strengthen partnerships with other research organisations to undertake and publish research relevant to the sector (this may link with Strategy 7.3).

Indicators

PROCESS 7.1: AHCSA members are satisfied with the level of funding that is allocated to support the evaluation of new and existing programs.

PROCESS 7.2: AHCSA members are satisfied with how researchers provide them with the outcomes of research undertaken in their organisations.

PROCESS 7.3: AHCSA has improved the number and strength of its partnerships with research organisations who have the commitment and capacity to do research that is relevant to the sector.

IMPACT 7.1: There is an increase in the number of funding agreements for new or existing programs within the sector that include an allocation for program evaluation.

IMPACT 7.2: AHCSA gains funding and the lead role to implement the strategies outlined in the 2005 Indigenous Health Research Scoping Report.

IMPACT 7.3: There is an increase in the number of Aboriginal people within the sector with relevant evaluation and research experience and qualifications, including the Certificate IV in Research and Evaluation.

IMPACT 7.4: There is an increase in the number of AHCSA members who are directly and actively involved in undertaking research or evaluation work.

Right: Many of the participants in the full Indigenous Research Course, June 2008: Joe Stanley, Roxanne Miller, Noeleen Lester, James Coulthard-Stanley, Lucy Evans, Daryl Cameron, Sharon Perkins and Claudia Smith



OUR LANGUAGE

Aboriginal: The term Aboriginal is used to refer to people who identify as Aboriginal, people who identify as Torres Strait Islander, and people who identify as both Aboriginal and Torres Strait Islander, and are accepted as such by the community with whom they associate. Aboriginal is used as a collective term to include the many different Aboriginal nations and regions across South Australia and Australia.

Advocacy: Voicing the opinions, needs or wishes of a community or individuals to those whose decisions will impact on that community or individual.

AHACs: Aboriginal Health Advisory Committees: The former Department of Human Services established AHACs in each health region, which have continued through the current Department of Health. They function as advisory committees to Regional Health Boards. In some regions, Aboriginal community controlled health services are represented on AHACs. The naming of these committees vary, with some called 'forums' or 'Aboriginal and Islander Health Groups'.

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

BoM: Board of Management: Each Aboriginal community controlled organisation has a Board of Management that is responsible for good governance of the organisation. BoM members are trained and supported to carry out their role in representing a range of community members to ensure that services respond to the needs of the community, and meet their legal and ethical requirements.

Capacity: In this document, capacity means the ability to use existing skills, knowledge and experiences to deliver respectful and quality services to Aboriginal communities.

Capacity strengthening: To strengthen or extend the existing capacity of a person, community or organisation so they can improve their ability to deliver respectful and quality services to Aboriginal communities. Capacity strengthening is the preferred term for AHCSA, as one of its values is 'community strength'. Capacity strengthening acknowledges that a person, community or organisation already have valuable skills, knowledges and experiences that should be recognised and appreciated – this contrasts with 'capacity building' which suggests that no capacity exists and must be built from scratch.

Cultural protocols: The rules or guidelines for engaging and communicating with Aboriginal communities/nations, and for consultation and decision-making processes within Aboriginal communities/nations. Although there are some shared approaches, cultural protocols vary between different Aboriginal communities/nations.

Goal: An overall statement of what people hope to achieve over the long term.

ICT: This is shorthand for Information and Communications Technology, and refers to any aspect of computer, Internet/online, and data management and sharing technology.

Indicators: The signs that tell you if your strategies are working or you have achieved your objective. There are two sorts of indicators: process and impact.

- Process indicators are used to judge the effectiveness and appropriateness of strategies, and focus on whether people are satisfied with the approach, think it is of high quality, the right people (audience) have been involved, and everyone who needed to be included was reached.
- Impact indicators are used to judge progress toward or achievement of objectives and focus on making a desired difference or positive change.

National Aboriginal Community Controlled Health Organisation (NACCHO): 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.

Objective: A specific statement of the outcomes that need to be achieved to help achieve a goal(s).

Policy: A description of an organisation's approach to decisions and actions that it will take on areas that are important to its work.

Practices: The behaviours or methods used to put an organisation's policies into action.

Procedures: The detailed actions used to comply with organisational practices.

Social determinants of health: These are the economic, physical, social and political conditions that influence the health of individuals, communities and regions as a whole. They include housing, education, social networks and connections, physical infrastructure, financial resources, health and safety of the environment, transport, connection with land, racism, exposure to stress, employment, law enforcement, and the legal and custodial system.

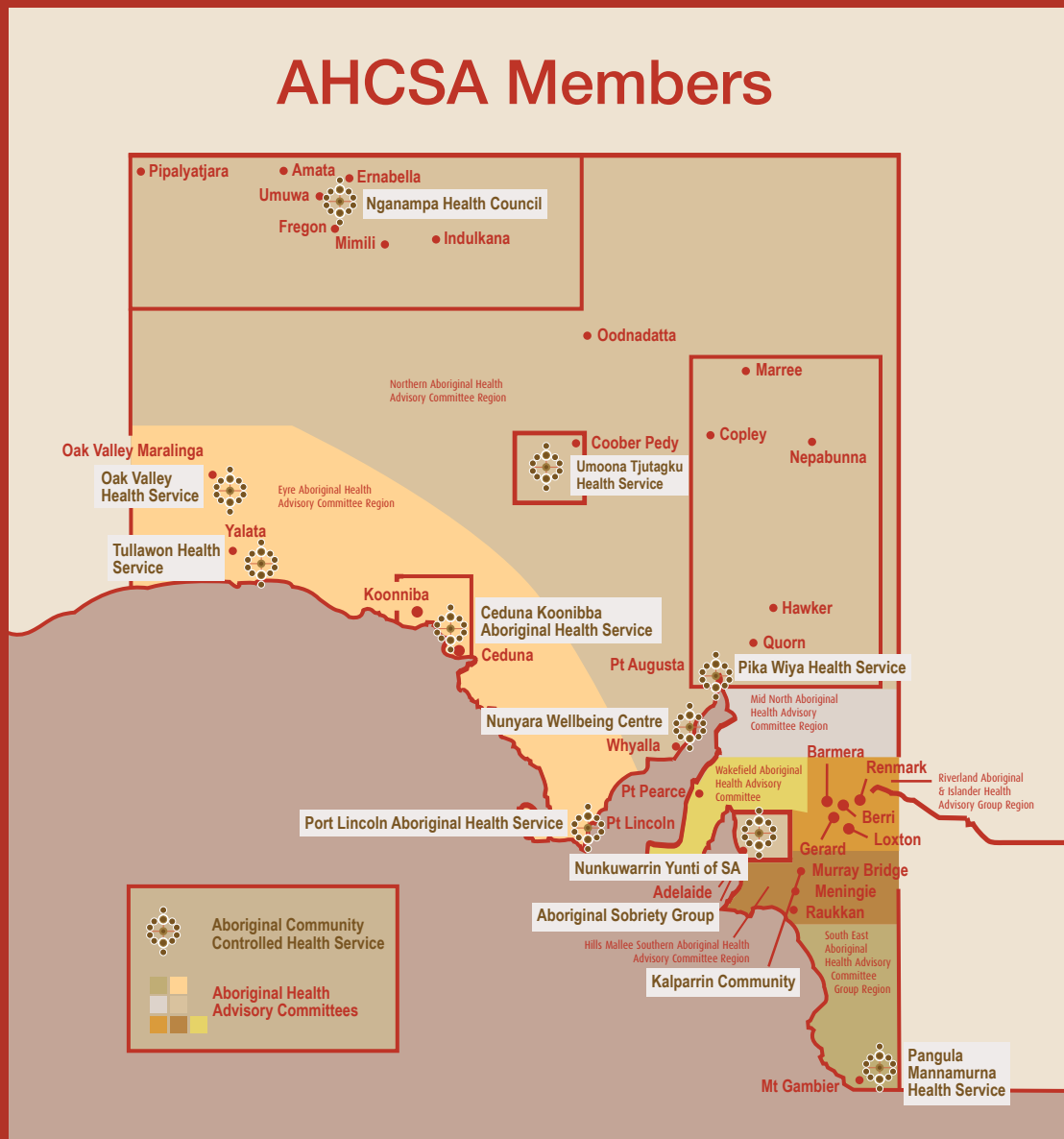
Strategy: The approach that will be taken to achieve an objective – what you do to reach the objective.

Wellbeing: A state of emotional, spiritual, physical, social and mental health that enables an individual, family or community to be confident and proud.

Workforce development: Workforce development is what services do to make sure that their staff have the knowledge, skills and commitment to do their jobs in line with the organisation's goals and commitments to the community. The most familiar approach to workforce development is supporting staff to participate in formal learning programs. Some programs may lead to a qualification, while others update staff on the latest issues in a specific health, wellbeing or service area, e.g. professional development. Other approaches include setting up mentoring programs between staff in the service, or with a person from outside the service, and supporting people to take on new responsibilities or job roles. Services may set up processes for staff to reflect on their work, identifying what they know, have learned to date, and what they can do next to improve; this is often called performance review.

Workforce planning: In workforce planning, services have a clear picture of the numbers, knowledge and skills of their existing staff and what other staff or positions they may need in order to provide a good service. Services may need other staff because they know that some of their staff plan to leave or retire – this is often called succession planning. For example, they may not have the staff they require in order to provide their full range of services so need to plan how to deal with this situation. They may need additional staff or positions to provide opportunities for trainees to move into existing or future jobs, or expand the range of services for the community.

AHCSA Members



Aboriginal Sobriety Group Inc.

Ceduna/Koonibba Aboriginal Health Service

Kalparrin Community

Nganampa Health Council

Nunkuwarrin Yunti of SA Inc.

Nunyara 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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