

DRAFT

**SOUTH EAST REGIONAL HEALTH SERVICE ABORIGINAL HEALTH
WAY FORWARD PLAN
2005 – 06**

ABORIGINAL HEALTH CARE

Aboriginal populations have well-documented health problems and their death rates for all causes of death are more than double the rest of their fellow citizens. Aboriginal people have significantly less access to suitable health care and are not attaining a healthy lifestyle equal to that of other Australians. Successive governments throughout Australia have tried to improve the health status of Aboriginal Australians. These efforts have demonstrated that independent approaches by individual organisations or 'portfolios' operating without the support and partnership of the communities have had little or no impact on improving health outcomes.

The health system overall does not provide the same level of care and quality of care to treat illness for Aboriginal and Torres Strait Islander people and is so culturally inappropriate or inadequately resourced that their needs cannot be met. There are a number of barriers that continue to restrict the access of Aboriginal and Torres Strait Islander people to quality health care.

Some of these barriers are structural in terms of poor linkages and co-ordination across the system, some are socio-economic, some are about the availability and distribution of services and some are clearly cultural. These include:

1. Health service providers' attitudes and practice
2. Communication issues
3. Mistrust of the system
4. Poor cultural understanding and racism

The availability of health services including mainstream health services that are culturally equipped to provide services to Aboriginal and Torres Strait islander peoples is one of key factors that will contribute to their improved health outcomes.

SERHS aspires for Aboriginal people in the South East having the same life expectancy, infant mortality rate, general health indicators and culturally relevant health service delivery experience as their non-indigenous counterparts.

SERHS will:

- Use South East Aboriginal culture to form the basis of their health policy, planning and service delivery.
- Acknowledge control and improvement must be respected, supported and demonstrated when working with Aboriginal people
- Work in partnership with Pangula – Mannamurna, other Aboriginal communities and health workers, and with mainstream health service providers to ensure improved and culturally relevant health promotion and illness prevention strategies.
- Provide opportunities for demonstrations of culturally appropriate care, and good integration with community care and rehabilitation strategies.
- Encourage Pangula – Mannamurna, the Limestone Coast Division of General Practice, health professionals and mainstream services to work together to deliver a coordinated system of health promotion and primary health care to Aboriginal and Torres Strait islander patients in the South East.

SERHS also expects that all projects funded through regional health allocations will include in their evaluations and key performance indicators, their relationship with and impact on the local Indigenous strategies.

KEY PARTNERS IN HEALTH

The health and well being of the community is both an indicator, and a prerequisite of, the South East's long-term prosperity. Strategies to improve health and well-being outcomes cannot be undertaken in isolation, or without the support and assistance of a range of critical partners.

SERHS commit to the active engagement and continued development of strengthening partnerships with a variety of organisations, agencies, community groups and peak bodies and individuals as we strive to improve health outcomes. SERHS will strive to increase collaboration and cooperation on health, and will continue to develop formal structures to ensure coordinated service provision that best meets the need of health consumers and communities. We will foster a culture of wellness and community capacity building to support healthy living.

The South East Regional Health Service Inc acknowledges the following organisations, agencies and individuals as key partners in developing better health outcomes, providing services and care for Aboriginal and Torres Strait Islander people living in the South East. There may be other agencies, organisations and/or groups not included on the following listing, and it is recognised they play an important role in the work that SERHS does:

1. Aboriginal Community
2. Aboriginal Health Advisory Committees
3. ATSI Community development group
4. ATSI Mothers and small children groups
5. ATSI Youth Groups
6. Elders Group
7. Child Protection Unit
8. Child Youth and Women's Health Service
9. Department for Families and Communities
10. Department of Education and Children's Services
11. Department of Health, Country Division
12. Drug and Alcohol Services
13. Limestone Coast Division of General Practice
14. Local Government
15. Pangula - Mannamurna
16. Red Cross Transport SE
17. Royal Flying Doctor Service
18. SA Ambulance Service
19. SA Police
20. SA Housing
21. SE Aged Care Facilities
22. SE Clinical Senate
23. SE Health Units

24. SHINE SA
25. South East Alcohol Service
26. South East Health Units
27. The South Australian Dental Service
28. Transport SA

REFERENCE BOOKS

These reference documents and plans will guide the implementation of this Plan

1. Aboriginal Primary Health Care Access Program Framework
2. Aboriginal Health Impact Statement.
3. Cultural respect Framework for Aboriginal and Torres Strait Islander Health 2004 – 2009
4. Regional Aboriginal Health Plan
5. South East Region APHCAP Plan 2004/05
6. SERHS Aboriginal Health Gap Analysis 2004/05
7. Strategic Directions for Country Health Implementation Plan Dec 2004 – Dec 2007
8. South East Aboriginal Primary Health Care Access Plan 2004
9. Pangula Mannamurna 12 Month Action Plan 2004/05

OBJECTIVE ONE - IMPROVE MANAGEMENT AND REPRESENTATION

Strategic Direction	Actions	Responsibility	Time Frame
Improve access and equity to health services for Aboriginal people living in the South East.	Aboriginal and Torres Strait Islander people (ATSI) represented on all South East health boards', committees and working groups.	SERHS	December 2005
	To have an annual planning day with Pangula Mannamurra and SERCH staff to review and implement SERHS Aboriginal Health Plan.	Pangula Mannamurra & SERHS	December 2005
	Review and update the Memorandum of Understanding between Pangula Mannamurra and SERCHS.	Pangula Mannamurra & SERHS	December 2005

OBJECTIVE TWO – DEVELOP A SUSTAINABLE ATSI WORKFORCE

Strategic Direction	Actions	Responsibility	Time Frame
Ensure a highly skilled, well supported and confident ATSI workforce in the South East.	To have a team building exercise between for Pamanula Murrnuma and SERHS Aboriginal health workers.	Pangula Mannamurna & SERCHS	November 2005
	An ATSI Staff representative to be on SERHS Recruitment and Retention Working Group.	SERHS	November 2005
	Develop a SERCHS ATSI Workforce Plan in partnership with ATSI health workers covering: <ul style="list-style-type: none"> • Staff development. • Staff upskilling. • Ongoing education needs. • Nurse practitioner training. • IT training. • Recruitment and Retention strategies. • Scholarships. 	SERCHS	October 2005
	To have formal regular meetings between the Pamunla Marrnuma and SERHS Aboriginal health workers.	Pangula Mannamurna & SERHS	Commence October 2005 & ongoing
	Provide a safe and secure working environment for ATSI staff by: <ul style="list-style-type: none"> • Reviewing staff job and person descriptions. • Conducting annual performance appraisals. • Providing accessible and supported counselling after stressful incidents within and outside the workplace. • Providing appropriate support arrangements. 		

OBJECTIVE THREE – ADVANCE ABORIGINAL HEALTH CARE IN THE SOUTH EAST

Strategic Direction	Actions	Responsibility	Time Frame
To develop safe, culturally, comfortable and welcoming mainstream services in the South East.	Mainstream surroundings to have: <ul style="list-style-type: none"> • More spirituality. • Native earthy colours. • Aboriginal paintings, posters on the walls and artefacts. • Comfortable seating. • Creche where possible or toys and books. • Quiet areas. 	SERHS	December 2005
	Mainstream services to have: <ul style="list-style-type: none"> • Flexibility in service hours especially for birthing and grief. • All mainstream staff including general practitioners to attend Culture Respect Framework workshops and all new employees to have a session in their orientation. • Improve shared care, discharge planning and information sharing between acute care and primary care services. • Improved Medical appointments and length of consultation times. • Improved and appropriate dental services. 	SERHS	June 2006
	Employ a Regional ATSI Cultural Advisor covering all the South East Health Units.	SERHS	December 2005
Improve access to health services for ATSI people.	Work in partnership with AHAC to develop the community controlled health service at the Gordon Education Centre ("Pamunla Marrnuma").	SERHS & AHAC	January 2006
	Investigate financially accessible services such as: <ul style="list-style-type: none"> • Bulk Billing. • Affordable Medications. 	SERHS Dept Health Limestone Coast Division GP AHAC	December 2005

	<p>Work in partnership with AHAC to:</p> <ul style="list-style-type: none"> • Maintain the caravan outreach service as required. • Provide allied health services in the outreach service such as Podiatry, Diabetes Educator and Dietician. • Market PATS more in the ATSI communities. • Provide cheaper accommodation for ASTI people when travelling for services. • Encourage Advocates to travel with ASTI patients, their families and carers. • Provide better transport to services. • Provide Internet access re: health issues or possible touch screen. • Provide more knowledge and better promotion about services. (i.e. pamphlets). 	Pangula Mannamurna & SERHS	January 2006
	<p>Develop local population profiles and Aboriginal health needs of the South East community covering:</p> <ul style="list-style-type: none"> • Demographic Information. • Chronic Disease profile & Plan focusing on: <ol style="list-style-type: none"> 1. Cardiovascular (Heart, stroke & vascular disease) 2. Diabetes (with a focus on Type 2 Diabetes. 3. Arthritis & Musculoskeletal conditions 4. Asthma & chronic obstructive pulmonary disease • Burden of Disease Profile. 	Regional Planner	February 2006
Create genuine opportunities for ATSI community participation in health services planning, delivery and evaluation.	<p>Develop an Aboriginal Community Participation Framework and plan in partnership with the ATSI community covering:</p> <ul style="list-style-type: none"> • Elders Group. • Community development group. • Youth Groups. • Mothers and small children. 	SERHS & Pangula Mannamurna	December 2005

OBJECTIVE FOUR – STRENGTHENING PRIMARY HEALTH CARE

Strategic Direction	Actions	Responsibility	Time Frame
Improve Life expectancy for Aboriginal people in the South East.	Develop and implement a South East Aboriginal Primary Health Care Strategy and plan focusing on: <ol style="list-style-type: none"> 1. Renal Disease. 2. Disease of the skin. 3. Nutrition awareness programs. (Healthy eating on a budget, involve information about bush tucker). 4. Oral health.. 5. Mens health. 6. Womens Health. 7. Injury prevention. <ul style="list-style-type: none"> • Sports Injuries. 8. Smoking and obesity rates. 9. Drug and alcohol. 	Pangula Mannamurna & SERCHS	December 2005
Develop an integrated mental health service for ASTI people living in the South East.	Develop and implement a South East ATSI People culturally appropriate Mental Health Strategy and Plan covering: <ol style="list-style-type: none"> 1. Family violence. 2. Substance misuse issues. 3. Suicide risk. 4. Social and emotional well being. 5. Drug and Alcohol. 	Pangula Mannamurna & SERCHS	December 2005
Improve health outcomes for ATSI children and young people with a focus on early intervention and prevention.	Provide greater support for children and adolescents covering these areas: <ol style="list-style-type: none"> 1. Family violence. 2. Anger management. 3. Relationship problems. 4. Drug and Alcohol Abuse. 5. Injury and accidents. 	Pangula Mannamurna & SERCHS	December 2005

	<ul style="list-style-type: none"> 6. STI and sexual health awareness. 7. Self esteem and body image. 8. Healthy lifestyles decisions. 9. Outreach programs in the schools. 10. Mentoring programs for youth. 11. Careers Expos. 		
To improve birth outcomes for ASTI women and their families.	Provide culturally appropriate: <ul style="list-style-type: none"> 1. Pre natal care. 2. Ante natal care. 3. Post natal care. 4. Mothers and babies programs. 5. Parenting programs. 6. Child Protection Programs. 	Pangula Mannamurna & SERCHS	December 2005