Listening, Caring, Healing

Aboriginal Health Framework & Action Plan
2022 to 2027

Partnering with Aboriginal Communities
to shape the future of Aboriginal health

Government of South Australia

Health
Central Adelaide
Local Health Network

Artworks

CALHN is proud to promote the reconciliation artwork featured in this document.

'WARDLI PURRUTINTHI 'Place to live or to be alive' is designed by accomplished Aboriginal South Australian artist Allan Sumner, a descendant of the Ngarrindjeri, Kaurna and Yankunytjatjara Peoples.

Allan's artwork depicts CALHN's important role in improving the health and wellbeing of South Australians by delivering world-class integrated healthcare and hospital services.

The circle in the middle of the artwork represents the 'Wardli Purrutinthi', our network. It is positioned centrally, and connects our hospitals, community health services and clinical services together.

The U-shaped symbols throughout the artwork represent the people of CALHN. The main circle in the middle is surrounded by U-shaped symbols representing staff, health professionals and community people. The U-shaped symbols on the outer layer represent the many members of the community who use who use CALHN's services.

CALHN

The circle in the middle of the artwork represents the Central Adelaide Local Health Network. The U shaped symbols around it represent all the CALHN staff.
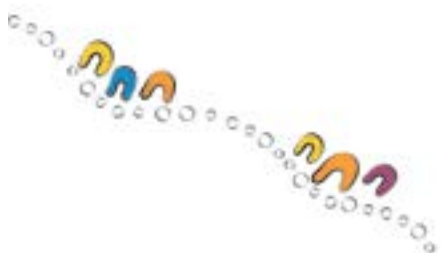

Hospitals

The purple circle represents one of the five hospitals: the Royal Adelaide Hospital (RAH), The Queen Elizabeth Hospital (TQEH), Hampstead Rehabilitation Centre (HRC), The Repat Health Precinct (RHP) and Glenside Health Services.

Connective lines between community health services and clinical services

These services are all connected between the journey lines.

Community people

The U-shaped symbols on the outside of the artwork represent the many people in the community who use CALHN's services.

Community health services

There are community health services including SA Prison Health and Donate Life SA.

Statewide Clinical Support Services

Other clinical services include SA Dental, BreastScreen SA, SA Pathology, SA Medical Imaging and SA Pharmacy.

CALHN 5 hospitals

CALHN's hospitals are Royal Adelaide (RAH) as a major quaternary facility, The Queen Elizabeth Hospital (TQEH) as a general hospital, and the rehabilitation hospitals Hampstead Rehabilitation Centre (HRC), the Repat Health Precinct (RHP), and Glenside Health Services for acute and community mental health rehabilitation.

Acknowledgments

Kaurna Country

CALHN acknowledges that this land on which we meet, work, live and play, is the traditional lands of the Kaurna Peoples and we respect their spiritual relationship with Country.

We acknowledge the Kaurna Peoples as the custodians of the Adelaide region and that their cultural and heritage beliefs are still as important to the living Kaurna Peoples today.

We also pay respects to the cultural authority of Aboriginal Peoples who have joined us on Kaurna Country, from other areas of Australia. We acknowledge the deep feelings of connection and relationship of Aboriginal and Torres Strait Islander peoples to Country.

Aboriginal workforce

CALHN values the contribution of Aboriginal staff working across the network and acknowledges the vast range of roles held by our Aboriginal workforce and the important contribution to our services.

We recognise the knowledge, experience and professional expertise that Aboriginal staff bring to the network and see their cultural knowledge and understanding as central to providing culturally safe care. CALHN is grateful for the advice and guidance received through the Aboriginal staff forum to help shape the plan.

Aboriginal Priority Care Committee (APCC)

The APCC is responsible for monitoring the 6 actions of the National Safety and Quality Health Service Standards (NSQHSS) that focus on meeting the needs of Aboriginal and/or Torres Strait Islander Peoples. It has championed and monitored the development of the Listening, Caring, Healing Aboriginal Health Framework and Action Plan 2022 to 2027. We are grateful to have such a committed group of leaders to champion improvements to CALHN's systems, services, and spaces to meet the needs of our Aboriginal consumer population.

Committee membership includes representatives from CALHN programs and services, the Aboriginal Health Council of South Australia and CALHN consumer representatives. The committee will monitor the implementation of this plan over the next 5 years.

Aboriginal organisations and stakeholders

Communication and engagement with Aboriginal organisations and stakeholders have been an integral part of the development of CALHN's first Aboriginal Health Framework and Action Plan.

We are grateful for the renewed focus on strengthening relationships with our stakeholders and partners. We have a shared emphasis on improving the interface between our organisations to collaborate on initiatives to create change, so that Aboriginal Peoples and Communities receive culturally supportive and responsive services.

We are also grateful for CALHN's broader stakeholders who have contributed to the development of the plan over the past year.

Special acknowledgment to our Aboriginal Consumer Reference Group

CALHN is honoured to have worked closely with Aboriginal consumers to shape our first Aboriginal Health Framework and Action Plan.

We are sincerely grateful for the relationship with the group and consumer representatives. We thank our community members for their invaluable cultural guidance. Each representative has shared their lived experience to help improve CALHN's services.

Reference group members have held their responsibility in high regard, guiding the development of the plan from the very beginning. Their involvement supports us to contribute to closing the gap in health inequities for Aboriginal Peoples in Australia, so that a commitment to high-value care creates sustained systemic change and cultural reform.

Thank you to the following consumers for their ongoing contributions to the development of this plan:

- Joe Agius
- Claudette Bates
- Candice Koolmatrie
- Carolynanha Warrikanha Johnson
- Ned Koolmatrie
- David Macumba
- Jayleen Miller
- Shereen Rankine
- Sonja Touli
- Frank Wanganeen
- Alma Weetra
- Joanne Willmot.

Remembering Uncle Ned

Ngarrindjeri Elder, Uncle Ned Koolmatrie joined CALHN's Aboriginal Consumer Reference Group in April 2021. Uncle passed away in December 2021 before this framework and plan was released.

CALHN pays respects to Uncle Ned and his family. We give special recognition for his contribution to the development of CALHN's Aboriginal Health Framework and Action Plan.

Uncle Ned strived to make Aboriginal voices at the centre of care and services for our community. He generously shared his history, cultural knowledge, and experience as a long-time consumer of our health services.

Uncle Ned also contributed with humility, care and love for his family and community. He has strengthened the Aboriginal Consumer Reference Group with his stories, ideas, and humour.

Statements

Pledge to the National Agreement on Closing the Gap

CALHN is committed to Aboriginal Community control, engagement and partnerships. We are focused on putting the resources in place to make sure our network demonstrates respect and commitment to the National Agreement on Closing the Gap. We are committed to supporting the healing journey of our Aboriginal consumers for better health, social and wellbeing outcomes for them and their families and communities.

Shared relationships and Aboriginal Community engagement

Aboriginal Community consumers and stakeholders help us to provide culturally safe care and better services. Their involvement allows us to have ongoing conversations with the Aboriginal Community about the planning, designing, monitoring and delivery of quality care to Aboriginal patients and families.

We value these relationships and meaningful involvement as an essential part of strengthening trust in CALHN now and into the future. These relationships have created representation across our network, including the Aboriginal Priority Care Committee and a commitment to Aboriginal-led initiatives and services 'from the board to the ward'.

Aboriginal workforce

We value the contribution of Aboriginal staff in all roles, and we know that having a skilled Aboriginal workforce creates cultural and clinical safety for Aboriginal patients and their families. Our Aboriginal Employment and Retention Strategy[1] outlines our 4 priority areas and initiatives that underline our approach to fostering an inclusive environment where our workforce can thrive.

Aboriginal Community-led research

CALHN acknowledges the past practices and forced policies of protection, assimilation, removal of children and disruption of Aboriginal Peoples' culture. We also acknowledge institutional racism and its profound and sustained influence on the past and present experiences, as well as its influence on the research into Aboriginal consumers and Communities.

We are mindful of our responsibility to make sure that CALHN's involvement in research is led by Aboriginal Peoples and Communities. We support research that responds to the health and cultural priorities and needs of Aboriginal Communities, while also maintaining the highest ethical standards.

We partner with the Adelaide Health Innovation Partnership (AHIP) and have committed to participate in establishing a Centre of Excellence for Aboriginal Health. We collaborate at all levels with Aboriginal Communities, health practitioners, tertiary education centres, medical research institutions, government, and partner organisations to work as a collective so that our services are informed by research evidence.

Our involvement in research includes emphasising respectful collaboration and partnerships with Aboriginal Communities, prioritising Community ownership and input, Community-based approaches, and involvement of Aboriginal leaders at all levels of research including development, planning, design, delivery, and knowledge translation.

A commitment to decolonise our systems

CALHN recognises the devastating, intergenerational impact of colonisation on Aboriginal and Torres Strait Islander Peoples and the enduring strength and resilience of all these Communities and Peoples. We are committed to decolonising our structures, policies and practices to restore the rights, freedoms and health and wellbeing of all First Nations Peoples.

We are all part of the story

Ngadluku kuma pirrkutidli

Zero tolerance for racism

CALHN acknowledges the connection between poor physical and mental health and experiences of racism. We have a zero tolerance for racism approach in our network that includes supporting our staff to understand racism and its negative impacts on Aboriginal Peoples. This includes devising strategies in partnership with our staff and consumers to identify, call out and respond to racist behaviour and promote respect within communities.[2]

Honouring Indigenous intellectual property

CALHN has permission to include the images and quotes of Aboriginal consumers and staff featured in this document.

Over time Aboriginal Peoples should be aware that this publication may contain images and names of deceased persons in photographs or printed material.

For further information or to provide cultural advice on images and wording contact the CALHN Aboriginal and Torres Strait Islander Health and Wellbeing Hub on phone (08) 7074 5460 or email Health.ATSIUAdmin@sa.gov.au.

Recognition of the term 'Aboriginal'

CALHN uses the term 'Aboriginal' in this document respectfully as an all-encompassing word for Aboriginal and Torres Strait Islander Peoples, health and culture. We may use words or descriptions that are sensitive or not necessarily reflective of all Aboriginal cultural views.

Please keep in mind that we aim to communicate sensitively, respectfully and collaboratively to so that we build and maintain positive relationships. Contact Health.ATSIUAdmin@sa.gov.au to advise of any issues or concerns.

Supporting Aboriginal businesses

CALHN supports Aboriginal-owned and operated businesses, suppliers and vendors and acknowledges the specialist cultural services and professional support provided during the development of this plan:

- Dana Shen of DS Consultancy
- Ochre Dawn
- Nharla Photography.

Quality improvement

We are committed to system-wide improvement in the ways care is delivered to our consumers, such as:

- creating opportunities for staff to participate in improvement training and improvement programs
- initiating quality improvement projects in response to system barriers
- participating in across service and organisation-wide quality improvement initiatives and a regular clinical audit program.

Reconciliation

In the spirit of reconciliation, we also acknowledge the non-Aboriginal people who contribute to our reconciliation journey of improving Aboriginal health outcomes.

"In creating this plan from the ground up, we honour the work of Aboriginal Elders, past and present and recognise the history of Aboriginal advocates and activists who have lobbied for change and improved health and social outcomes for Aboriginal Peoples."

Contents

Statements of support

Messages of support from the Board Chair and the CEO

Niina Marni,

Central Adelaide Local Health Network (CALHN) is delighted to release the first Listening, Caring, Healing Aboriginal Health Framework and Action Plan.

As one of the largest health service providers to a significant proportion of the Aboriginal Community, caring for patients from metropolitan Adelaide, regional and remote South Australia and areas across our state and territory borders, CALHN has a significant responsibility to ensure that our service meets people's needs.

The framework is underpinned by our commitment to respect the Aboriginal view of health, an understanding of the fundamental concepts required to increase the knowledge among staff of Aboriginal health matters, and a determination to embed culturally responsive care for Aboriginal consumers and Communities.

The board and CALHN leadership recognise the imperative of partnering with Aboriginal Communities to ensure we reach our ambition for the delivery of culturally sensitive services where Aboriginal consumers feel confident and safe.

The CALHN Aboriginal Priority Care Committee (APCC) is the organisation's mechanism to monitor the 6 actions of the National Safety and Quality Health Services Standards that focus on meeting the needs of our Aboriginal consumers. The committee has been the hallmark for change and features representatives from CALHN's Aboriginal consumers, our workforce, programs and services and the Aboriginal Health Council of South Australia.

These partnerships are the leading lights in the development of this plan. As we move from our plan's development to implementation, these partnerships are vital to continuing our engagement with Aboriginal Community and consumers.

We are very proud to have established our Aboriginal consumer group. The introduction of the CALHN Aboriginal Consumer Reference Group is a foundation action of the APCC and demonstrates our commitment to collaborating with consumers to achieve better outcomes.

Our consumers helped shape the actions detailed in this document and were also part of the co-design of the strategies. We are adopting an integrated approach to deliver these improvements, recognising a shared commitment from everyone working across our service will be required to achieve success.

As a network we are working to foster new relationships, strengthen existing partnerships with all stakeholders and ensure tangible actions are taken to support better economic, social, health and wellbeing outcomes for Aboriginal and Torres Strait Islander Peoples.

We know that to make this difference we need to focus on system change and cultural reform. Our action plan sets out the required changes to reach our goal to become the best hospital service for Aboriginal Peoples in the country and the Centre of Excellence for Aboriginal Health.

Raymond Spencer
Chair Governing Board
Central Adelaide Local Health Network

Professor Lesley Dwyer
Chief Executive Officer
Central Adelaide Local Health Network

Message from the Director

In the spirit of Closing the Gap (National Agreement), we are excited to put into place the 2022 to 2027 Aboriginal Health Framework and Action Plan. This is a practical and community-led strategy bringing together all parts of CALHN to work collectively to improve health experiences and outcomes for Aboriginal Peoples and Communities.

This important document outlines new ways of moving forward to achieve equitable health and life outcomes for our community, with support from 'back to basics' strategies.

Fundamental to the plan is the acknowledgement that we must work together, in genuine partnership, with patients, families, Aboriginal Communities and our partners to provide Aboriginal patients with access to high quality and culturally responsive clinical care.

We also acknowledge the work before the release of the plan and the inroads made by all CALHN staff and stakeholders who remained committed amid challenging times, to ensure that the delivery of culturally safe and responsive care for Aboriginal Communities continued to be a priority.

The opening of the Aboriginal and Torres Strait Islander Health and Wellbeing Hub at the new Royal Adelaide Hospital 5 years ago and the introduction of Aboriginal Health Practitioner role to the acute hospital setting heralded significant turning points for CALHN's efforts to improve Aboriginal health.

However, we still have a long way to go in our progress towards achieving the objectives of this framework and closing the gap of Aboriginal Peoples' health outcomes.

This plan affirms that CALHN leaders and its workforce, in partnership with the Aboriginal Community it serves, remain committed to its implementation and success, as an important bridge towards achieving substantial improvements in Aboriginal Peoples' health and wellbeing.

Trish Laccos
Director of Aboriginal Health and Research Translation

Message from Uncle Frank Wangutya Wanganeen

Niina marni

As a member of CALHN's Aboriginal Consumer Reference Group and Co-Chair of the Reconciliation Action Plan Committee, I am honoured to be part of the development of CALHN's Listening, Caring, Healing, Aboriginal Health Framework and Action Plan 2022 to 2027.

Our plan is a living document. It flows together like a river system, everything we do is interconnected. Our strategy is bonded together by CALHN's systems and frameworks and the voices of Aboriginal patients and families, leadership and staff.

We know we have a long way to go on our journey but we look forward to arriving at our destination where our people are receiving culturally sensitive care and support, leading to a healthier quality of life and better health and wellbeing outcomes.

Uncle Frank Wangutya Wanganeen
Kaurna Elder
Co-Chair of the CALHN Reconciliation Action Plan Committee
CALHN Consumer Representative

Aboriginal Health Equity Theme, Wardliparingga, SAHMRI

The Aboriginal Health Equity Theme, Wardliparingga, was established at the inception of the South Australian Health and Medical Research Institute (SAHMRI) to help address the most challenging public health issues experienced by Aboriginal and Torres Strait Islander Peoples in South Australia.

SAHMRI cannot respond to these challenges alone, therefore partnerships, collaboration and a concerted effort is required across the health sector. Evidence produced through research and evaluation to inform services, programs, policies, and health systems responses are essential contributors to achieving system improvements.

Translation of research requires working closely with our partners in the local health networks who lead the implementation of Aboriginal evidence-based practice and delivery of health care that is responsive to the unique circumstances of our population.

CALHN and its statewide services have a major role to play, combined with being the largest employer of the health workforce in the state. This is why SAHMRI's Aboriginal Health Equity Theme supports CALHN's aspirations and priorities articulated in this plan, and its alignment to CALHN's strategic ambitions. These include participating in the Adelaide Health Innovation Partnership (AHIP) and establishing the Centre of Excellence in Aboriginal Health.

We aim to facilitate excellence through collaboration with Aboriginal Communities, health practitioners, tertiary education, government and partner organisations to enhance our capabilities and translate the evidence into meaningful change for Aboriginal Peoples receiving care and services.

If CALHN is to meet its aspirations, it must be in partnership with Aboriginal communities, families, Elders, leaders and organisations. We are committed to working together with CALHN's Aboriginal health and other leaders to support these goals, including providing a rigorous Aboriginal health evidence base to inform services design and delivery, as well as consumer experience.

This will take a commitment from CALHN leaders as well as targeted investment in the enablers needed to achieve these aspirations. Partnering with Aboriginal Peoples, meaningful engagement in and a shared view about what is needed to improve health services must be underpinned by the principles of health equity, human rights and accountability.

We look forward to working with and supporting CALHN to improve health care services for all Aboriginal Peoples.

Our network

Our Aboriginal and Torres Strait Islander Health and Wellbeing Hub (the Hub)

Located at the Royal Adelaide Hospital, the Hub is a centralised service providing support to Aboriginal inpatients, escorts and families within CALHN's hospitals.

Our hospitals

The Royal Adelaide Hospital
South Australia's major quaternary facility

The Queen Elizabeth Hospital
Tertiary hospital

Hampstead Rehabilitation Centre
Glenside Health Services
Acute and community mental health rehabilitation

Adelaide Dental Hospital

Our community health services

SA Prison Health

DonateLifeSA

Integrated Care Services

The Repat Health Precinct

Our statewide clinical support services

SA Pathology

BreastScreen SA

SA Medical Imaging

SA Pharmacy

SA Dental

Introduction

The latest Central Adelaide population figures show that 1.1% or almost 5000 people who live in the network's geographic catchment areas identify as Aboriginal and/or Torres Strait Islander. However, between January to July 2021, 4% – or more than 10,000 of our consumers – identified as Aboriginal or Torres Strait Islander.

The Central Adelaide metropolitan region is experiencing significant population growth, especially in the younger cohort, with almost half of CALHN's consumers now aged under 25 years.

We are in a unique position to provide care and support to a large proportion of the Aboriginal Community to support their healthcare needs. This also includes prison health services for Aboriginal Peoples in prison, dental and mental health care services, and specialised clinical services across the state.[3]

"We've heard all this before, what are we doing that's different?"

Our diverse Aboriginal consumer profile includes Aboriginal patients and families from the Central Adelaide region, other local health network areas, as well as from regional and remote areas of South Australia. A significant proportion of our Aboriginal consumer population travels great distances, away from Country and far away from remote or interstate areas. About 10% of Aboriginal patients using our services are from New South Wales and the Northern Territory.

In an average month, there are about 870 patient separations and 700 Emergency Department presentations for Aboriginal Peoples at the Queen Elizabeth Hospital and Royal Adelaide Hospital sites.

We work collaboratively with our metropolitan and regional local health networks and services, private care providers and Aboriginal-community-controlled health services so that our patients have the supports they need in a welcoming, culturally safe and responsive environment. This requires working together with our consumers and partners to carefully plan, develop and deliver services to address the high burden of chronic disease in the Aboriginal Community.

Our Aboriginal Health Framework and Action Plan prioritises Aboriginal Culture and strengthening clinical care options that lead to the best health and social outcomes. This also means:

- strengthening the interface between the primary health and acute care pathways
- improving the accessibility of our clinical services through a balance of clinical, cultural and environmental improvements
- using appropriate technological advancements such as telehealth to provide better care coordination options for Aboriginal consumers and Communities.

We also aim to support healing. We acknowledge that healing is more than addressing the physical wellbeing of our consumers. We know that the Aboriginal Community still experiences racism and need culturally safe and welcoming environments in addition to the very basic supports to help access care when needed. We also know that we must support our staff to increase their capacity to deliver necessary high-quality value-based care.

The 6 defined actions of the National Safety Quality Health Service Standards (NSQHS) that focus on meeting the needs of Aboriginal Peoples give us a framework to develop our strategies and actions to improve our services.

Throughout consultations with our Aboriginal stakeholder representatives, we have listened to their concerns, expectations and aspirations for a healthier and culturally safe service. Together we have developed a 5-year action plan to improve the experiences of Aboriginal Peoples who access CALHN's services.[4]

Our action plan shown in Appendix 1 is aligned with state and national plans, frameworks and policies and is strengthened by CALHN's foundation of quality systems, procedures, and frameworks, shown in Appendix 4.

Our strategic ambitions

Our aspiration is to become the best Australian hospital service for Aboriginal Peoples and to be a centre of excellence for Aboriginal health.

Our strategic ambitions are a means to plan and track delivery on world-class care ambitions and research goals. These stated ambitions will help us to, within 5 years, achieve our vision of becoming one of the top-5-performing health services in Australia and one of the top-50-performing health services in the world.

CALHN's strategic ambitions

Our care is connected and revolves around the patient in their (and our) community

Our curiosity compels us to always do better – research and innovation drives necessary change

We invest in what matters

Our technology enables the provision of health care excellence

We attract, foster, grow and retain world-class talent

The Listening, Caring, Healing Aboriginal Health Framework and Action Plan 2022 to 2027 is an operational focus for delivering these strategies. The framework goals underpin our ambitions including for our workforce, clinical services, infrastructure, quality improvement research, consumers, and education and training strategies.

The Aboriginal health priorities are reflected in CALHN's strategic ambitions are:

1. Clinical governance, leadership, and culture: we will ensure that our organisation's safety and quality priorities address the specific health needs of Aboriginal Peoples

2. Organisational leadership: we will implement and monitor strategies to meet safety and quality priorities as explicitly identified by Aboriginal Peoples

3. Safety and quality training: we will set and implement strategies to improve the cultural competency of our workforce to meet the needs of Aboriginal consumers

4. Safe environment: we will demonstrate a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal Peoples

5. Partnering with consumers: we will partner with Aboriginal Communities to meet their health care needs and include them in healthcare governance, planning, design, measurement and evaluation

6. Comprehensive care planning for comprehensive care: we will embed a process to routinely ask patients if they identify as Aboriginal and/or Torres Strait Islander and record this information in administrative and clinical information systems for appropriate care, performance monitoring of care services, and planning for the future.

'Caring for Community' is the cornerstone of our 3 key priority areas. We are adopting an integrated approach to deliver these improvements, recognising a shared commitment to Caring for Community:

- with culturally safe systems, spaces and services
- within and across CALHN services
- with our partners.

"It's my destiny. I'm counting each year after 50."

Overview of our framework and action plan

This is a living document and will be reviewed each year to make sure it aligns with priorities now and into the future. The plan outlines our commitment for the next 5 years, with **29 strategies** and **90+ actions** that have designated lead responsible areas, measures of success and timeframes for achievement.

At the centre of the framework is a commitment to:

- respect the Aboriginal view of health
- understand the fundamental concepts required to increase staff knowledge in Aboriginal health matters
- provide culturally responsive care to Aboriginal consumers
- understand the connection to critical periods of the life course that influence Aboriginal health and wellbeing.

Enablers that will support us to achieve our ambitions include partnering with Aboriginal consumers and Community, so that we invite meaningful engagement and partnerships on all matters related to improvement of services, health equity and human rights and accountability.

This starts with listening.

"Our approach flows together like a river system. Everything we do is interconnected"

Figure 1. This graphic concept represents a river, bringing together the key elements of the plan.
Concept by Dana Shen of DS Consulting (2022)

Listening to our Community

The action plan is our blueprint for improving care and services in partnership with the Aboriginal Community. It guides CALHN staff to help to improve health outcomes and experiences of Aboriginal consumers during the next 5 years.

Listening and engaging with the Aboriginal Peoples is the foundation of enduring relationships and partnerships with Community, Aboriginal Community-controlled health services and external stakeholders. See Appendix 2 for details.

Our 'listening' took place over several months and has created opportunities to collaborate and partner with the Aboriginal Community now and in future.

Together, we shaped the strategies and actions in our plan, based on guidance, feedback and advice from Aboriginal stakeholders.

Learnings from the listening process

- Partnerships with key Aboriginal organisations are important
- CALHN needs to better use and understand information and data to drive change
- Health planning processes require early and maintained consumer engagement
- CALHN staff need more comprehensive education about the diversity of Aboriginal Peoples, including Aboriginal consumer-led coaching and mentoring
- CALHN's ways of working and responding needs to be inclusive of the diversity of Aboriginal Peoples and Nations accessing our services
- Increasing the number of Aboriginal staff across all levels of the hospital, health services, including at policy level is essential for creating change and improving care and health outcomes for the Aboriginal Community.

What our consumers and stakeholders told us they wanted

- Holistic, family-centred approaches that create safety, centre on culture, language, explain a new 'place, world and set of things' and that help to answer questions such as "Where is my family?" "Where am I?" "How do I get my bearings?" and most importantly, that reduce fear
- Traditional healing practices embedded into services
- Dedicated Aboriginal wards and clinics
- Review of discharge processes
- Consideration of ways to standardise meaningful and appropriate time – the system does not allow for meaningful time for Aboriginal patients and families
- Better health and cultural literacy on both sides – focusing on the shared language
- Supporting Aboriginal Peoples to 'yarn up' when there is an issue and take power in situations concerning their own health and wellbeing.

Communities' concerns, expectations, and aspirations

- CALHN to address racism
- Support the Aboriginal workforce
- Address service concerns and gaps in social supports
- Acknowledge the scope and value of Aboriginal health practitioner role
- Consider rapid assessment units and pathways specifically for Aboriginal patients
- Improve the coordination of the basic actions and supports that we know will make a major impact, such as transport for all patients, culturally appropriate care pathways, referral mechanisms, improved care coordination, mandated cultural safety education and improved understanding of Aboriginal Peoples and Communities, including communication flow from hospital to primary care and back again
- Culturally safe and welcoming environments
- Longer life expectancy for Aboriginal Peoples.

"We wish to be alive!"
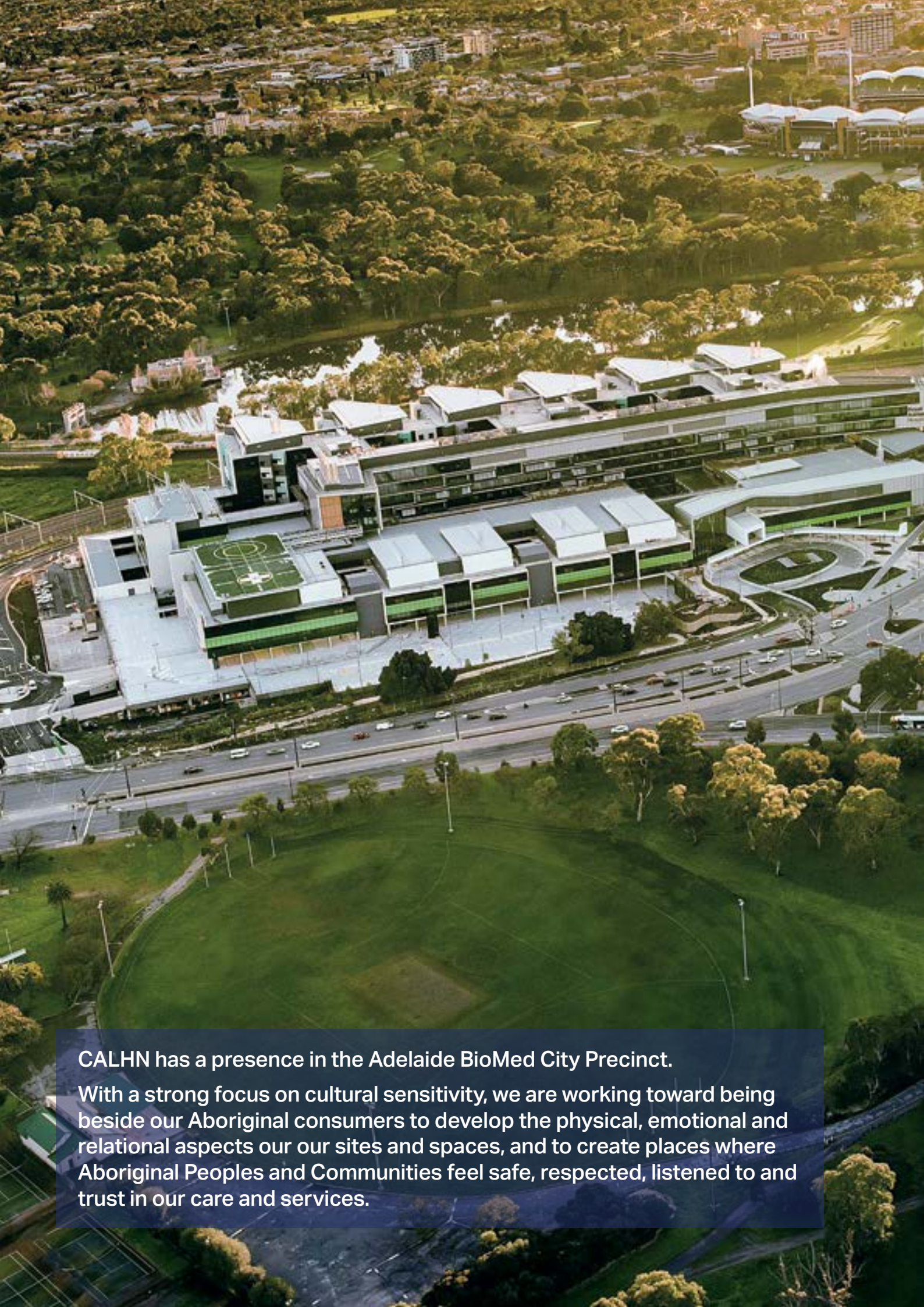
CALHN has a presence in the Adelaide BioMed City Precinct.

With a strong focus on cultural sensitivity, we are working toward being beside our Aboriginal consumers to develop the physical, emotional and relational aspects our our sites and spaces, and to create places where Aboriginal Peoples and Communities feel safe, respected, listened to and trust in our care and services.

Planning for improvement – understanding our Aboriginal Community profile is essential

This plan will only work if we learn from Aboriginal Peoples, including understanding the health gaps and concerns. The Central Adelaide region has an increasing number of Aboriginal Peoples who are experiencing homelessness, disadvantage, poverty and who are living with a very high burdens of illness and chronic diseases.

This includes Aboriginal Peoples coming from metropolitan Adelaide, regional and remote South Australia. We know that about half of all CALHN's Aboriginal consumers call regional and remote areas home.

We are also caring for Community – Aboriginal consumers, who live across state and territory borders, regularly travelling great distances to receive specialised care and support across CALHN sites. We are responsive to cross-border relationships with Aboriginal health services and communities.[5]

Our Sunrise system provides the baseline to inform and monitor key indicators and also helps us to understand our Aboriginal consumer stories.

Our action plan also considers Aboriginal health needs identified by the South Australian Health and Medical Research Institute's (SAHMRI) Aboriginal Health Needs and Gaps Analysis for CALHN.[6] This report identifies service gaps in treatment for:

- mental health issues and concerns
- specialist and allied health needs
- dental needs
- blood borne virus and sexually transmitted infections vaccination and screening
- cancer
- renal and dialysis
- palliative care
- chronic diseases.

The Health Needs and Gaps Analysis was commissioned by the South Australian Department for Health and Ageing in 2017 to provide insight into the health status and available health services to address the current needs of Aboriginal Peoples in South Australia. Through extensive research and consultation, SAHMRI committed to this bold work on our behalf, and we are enthusiastic that the insight provided by these reports will greatly contribute to improving the health status and service provision of Aboriginal South Australians. The report shows:

- the youngest Aboriginal consumer group (females aged 0-4) in the Central Adelaide region had a high proportion of hospitalisations for metabolic disorders (7%) and both acute and chronic respiratory infections (13%)
- injuries were among the top reasons for hospitalisations for Aboriginal males in several age groups – 24% for those aged 5-14 years and 15-25 age group, and 19% for those aged 25-35 years
- mental health disorders constituted a high proportion of Aboriginal patient separations for those aged 15-34 years for both females and males. These were mental health disorders because of psychoactive substance abuse
- aboriginal males aged over 15 years had a high proportion of separations for acute respiratory infections. Heart and respiratory disease are among the top 5 reasons for hospitalisations for both Aboriginal men and women aged over 45 years
- birthing a child ('principal diagnosis') was the most common reason for hospital admissions for Aboriginal females aged 15-24 and 25-34 in the Central Adelaide region. This is higher than for non-Aboriginal women aged 25-34 and 35-44 years, which reflects higher birth rates among younger Aboriginal women.

There is also work to be done in consistently identifying the Aboriginal status of all patients.

What the data tells us

CALHN Aboriginal population summary

CALHN's overall Aboriginal population is young, requiring us to partner with Aboriginal community and health services and other local health networks so that our services meet the needs of a unique cohort.

Over the past 5 years the Central Adelaide region has experienced approximately **3% higher** growth rates than the state average.

Over the past year **1.1%** of people in our Central Adelaide region identify as Aboriginal and/or Torres Strait Islander (**almost 5,000 people**).

More than **10,000 Aboriginal people** (4% of CALHN's consumers) are from metropolitan Adelaide, regional or remote South Australia and interstate areas rather than from within the Central Adelaide catchment.

CALHN's Aboriginal consumer population is diverse – the following data shows where our consumers usually live:

- South Australia **94%**
- Northern Territory **4%**
- New South Wales **1%.**

Our data shows that we are also providing services to Aboriginal consumers from Western Australia, Queensland and Victoria.

85% of Aboriginal consumers live in metropolitan areas, **8% live in regional** and **4% live in remote** areas.

The top 10 suburbs where our consumers live:

- Adelaide
- Dudley Park
- Pennington
- Elizabeth South
- Port Augusta
- Torrensville
- Walkerville
- Seaton
- Semaphore Park
- Ottoway

More than **50%** of our **Aboriginal consumers** are aged under 49:

17-34 years – 20%

35-49 years – 30%

50-64 years – 35%

65-79 years – 15%

80+ – 0.7%

60% of our consumers are female, and 40% are male.

Reasons for hospital admissions in the CALHN catchment

	Aboriginal	Non-Aboriginal
Emergency	6%	94%
Elective	9%	91%

Leading reasons for Aboriginal hospitalisations in the CALHN catchment

Reason	Number of consumers
Kidney dialysis	5850
Behaviours associated with drug and alcohol excess	154
Termination of pregnancy – uncomplicated	91
Small heart attack	89
Pneumonia	83
Mental health – schizophrenia	78
Chest pain initially thought to be cardiac	69
End stage kidney disease	65
Mental health – behavioural disorders due to psychoactive substance use – methamphetamine	63
Fluid overload	63

Alarmingly, **87%** of all hospital separations included a principal diagnosis of kidney dialysis.

More work needs to be done to address the high levels of Aboriginal patient discharge against medical advice who discharge at twice the rates of the broader CALHN patient population.

Leading reasons for presentation to emergency departments

Reason	Number of consumers
Specified general symptoms/signs	1062
Chest pain unspecified	401
Alcohol unspecified	320
Other/unspecified abdominal pain	320
Suicidal ideation	303
Mental health – alcohol excess	246
Breathing difficulties	141
Lower back pain	96
Headache	91
Mental health unspecified nonorganic psychosis	83

Leading causes of death for Aboriginal patients in hospital

Reasons relating to palliative care	19%
Hypertension	17%
Acute kidney failure	12%
Hypertension unspecified	8%
Volume depletion	7%
Ischaemic heart disease	7%
Sepsis unspecified	6%
Pneumonia	6%
Tobacco use	6%
Dysphagia	6%
Arthritis and osteoarthritis	6%

Social and cultural determinants of health

Patient stories matter

We believe that we must care for Community by understanding the stories and lived experiences of Aboriginal Peoples. We know that social and cultural determinants of health – the non-medical factors that influence health outcomes – are an important part of the story.[8,9] Social determinants include the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.[10]

These social determinants are meaningful when considering both our regional/remote patients and families, as well as those who live in metropolitan areas. Data from 2017 also paints a picture about Aboriginal consumers aged 15+ years:

Cultural identity

61% identified with an Aboriginal language group

Connection to Country and homelands

71% reported visiting their traditional Country and homelands or living on Country

Racism

21% felt they had been badly treated in the past because of their race/origin

Housing

14% of Aboriginal households included 5 or more people

Most Aboriginal people who experienced homelessness were living in severely crowded dwellings, supported housing and boarding houses

Food security

15% of those in the Central Adelaide catchment reported running out of food and not being able to afford to buy more

Current smokers

35% of those in the Central Adelaide region were daily smokers, compared with 11% of the non-Aboriginal population

Life expectancy figures for the Aboriginal and Torres Strait Islander population

For those born between 2015 and 2017, life expectancy is estimated to be 8.6 years lower than that of the non-Indigenous population for males (71.6 years compared with 80.2) and 7.8 years for females (75.6 years compared with 83.4)

Alcohol intake

33% of Aboriginal men and 14% of Aboriginal women self-reported regularly exceeding the national recommended guidelines for alcohol intake
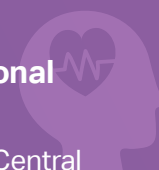
Overweight or obese

61% of those in our region self-reported an unhealthy weight range

Social and emotional wellbeing

20% of those in the Central Adelaide region reported 'fair or poor' health and 18% reported 'psychological distress'[7]

Drug and other substance misuse

33% of those in the Central Adelaide region reported having used illicit substances or misused prescription drugs

Income

48% of Aboriginal households had a weekly income between $200 and $599

CALHN's commitments to the Aboriginal Community

Our commitments have evolved from what we have heard.

1. We will respect Aboriginal views of health

Aboriginal Peoples view health in a holistic context, as reflected in the definition of health in the National Aboriginal Health Strategy (1989):

"'Aboriginal health' means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.[11]"

Aboriginal languages are inseparable from Culture and form the foundation for learning and interacting with Aboriginal Peoples.

'Wellbeing' incorporates broader issues of social justice, equity and rights. Culture is the foundation to health and wellbeing and is demonstrated by using traditional knowledge, inclusive of the practices of traditional healers. This knowledge is incorporated as complementary healing alongside western science in an integrated health care system.

2. We will understand fundamental concepts to increase knowledge and translation of Aboriginal health matters among CALHN staff

This includes understanding the importance of:

- cultural governance
- cultural safety
- cultural security
- a culturally competent workforce
- the central place that culture and wellbeing take in Aboriginal Culture
- diversity of Aboriginal Peoples
- social and cultural determinants of health
- 'the Stolen Generation'
- intergenerational trauma
- trauma-aware and healing-informed practice
- the patient journey – continuity of care
- promoting Aboriginal health through language, traditional healing, cultural practices and activities
- health literacy and health promotion
- a goal of 'decolonisation'.

See Appendix 3 for key concepts in full detail.

3. We will provide culturally responsive care for Aboriginal Community and consumers, using a 'life course' approach across our services[12,13]

Our health framework and action plan acknowledge that a healthy life is only achieved by involving Community throughout the entire life course. We will focus attention on health and wellbeing factors during transition points at different life stages, incorporating the Aboriginal cyclical views of life and death.[14]

These transition points include:

Maternal health, parenting, childhood health and development

CALHN recognises the strength of a whole-of-life approach. We recognise that the early years of a child's development lay the foundation for the healthy adult life, and we commit to a holistic, family-centred approach in collaboration with partners. This will help a whole-of-life perspective to be applied, recognising the different stages in life and highlighting key transition periods for individuals. Such an approach gives us strategic points of intersection between CALHN, and services offered by the Women's and Children's Health Network and other specialist maternal health and parenting services.

Adolescent and youth health (early teens to mid-20s)

Young people are the emerging leaders of the future and have a unique and valuable perspective to contribute to society right now. We will make sure that young people have opportunities to contribute to policies and programs that affect personal and community health and healing.

Healthy adults (mid 20s+) and healthy aging

Healthy adults are better able to positively contribute to communities and families and are more likely to help their families to adopt healthy lifestyle behaviours.

This group of consumers, and older adults, are the greatest users of the health system. Most have potentially preventable hospitalisations as a result of chronic conditions, such as diabetes, asthma, angina, hypertension and heart failure.

Healthy aging

We acknowledge the importance of Aboriginal Elders in Community. We will partner with Communities to support best-possible health and wellbeing of older Aboriginal Peoples through care and healing that contributes to active, healthy lifestyles that are culturally secure.

"We need improved health and cultural literacy on both sides – focusing on the shared language contributes to positive consumer experiences."

Enablers to improve Aboriginal health outcomes

These actions and beliefs will guide CALHN's improvement journey, which is built on our commitments.

Aboriginal Community control, engagement and partnerships

We will put in the hard work, be proactive and always show cultural respect, consistency, and agility in an ever-changing environment. Sustaining this focus will also require effort and commitment, including maintaining relationships with the Aboriginal Community so Aboriginal consumers have a say in all levels of decision-making about issues that affect their health.

We will create opportunities for Community to be involved in the planning, design and implementation of policies to support positive health, wellbeing, and healing.
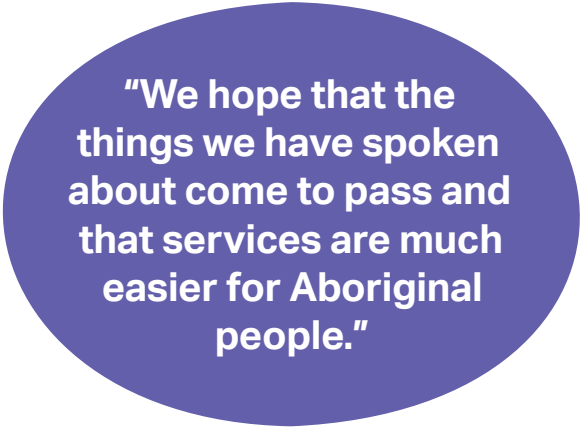
Partnering with Aboriginal consumers, Community, the Aboriginal Community-controlled health sector and local health networks is at the centre of CALHN's continued effort for positive change.

Health equity and human rights

Our goal is to achieve better Aboriginal health outcomes. We live by our values, vision and ambitions, aligned with the principles of the United Nations Declaration on the Rights of Indigenous Peoples.[15]

Accountability

We are accountable to our Aboriginal consumers and Community. Our consumers and stakeholders have told us where we need to focus to help close the gap in health outcomes for Aboriginal Peoples and Communities.

"We hope that the things we have spoken about come to pass and that services are much easier for Aboriginal people."

Caring for Community

Culturally safe systems, spaces and services across all of CALHN and with our partners are critically important.

The Aboriginal Community has had a voice in developing our action plan, shown in Appendix 1.

CALHN aspires to be the best hospital centre of Aboriginal health excellence – one that also supports our Aboriginal workforce.

Our indicators of success in 5 years' time are that Aboriginal consumers believe they have received:

- culturally competent staff and services
- care and services that reflect Aboriginal culture and beliefs
- a partnership approach with CALHN
- the benefit of a local service for flow into and out of hospital.

We will also assess whether there has been Aboriginal leadership to keeping driving improvements, ultimately towards increased life expectancy for Aboriginal Peoples.

"We want our community not to be fearful, to see and hear cultural respect and have care that responds to our needs."

Healing is more than just a stage in life

We know that 'healing' is much broader than simply being discharged from hospital or receiving a service. It is more than a stage in life or a body part. Healing is holistic and encompasses body, mind and spirit.

Through Community engagement and listening to the voices of Aboriginal Peoples, we aspire to walk beside our consumers and families and provide culturally sensitive services that continuously improve and evolve.

This action plan is a living document that will be reviewed every year. All CALHN actions will be measured and monitored by our Aboriginal Priority Committee. Progress updates will be publicly available.

"What we don't repair, we repeat. Healing Community is about recognition, then healing is change, change of attitude. Healing is also about hope for us individually, our family, our Community, and the future."

Appendix 1
Action Plan

The action plan sets out strategies and actions towards partnering with Aboriginal consumers and stakeholders to improve CALHN's services, so they meet the needs of the Aboriginal Community, in line with CALHN's vision and priority areas.

"Our voices come through in the actions… I'm feeling empowered that it doesn't stop there."

Priority area 1: Caring for community with culturally safe systems, spaces and services

Strategy
Expand the Aboriginal consumer engagement structure within CALHN to strengthen the role of lived experience contribution within CALHN services

Actions	Links to national standards
- Develop a consumer engagement framework - Embed Aboriginal consumer engagement within all CALHN units - Develop a consumer engagement process with Aboriginal consumers in regional and remote areas - Develop an Aboriginal youth strategy	2.13, 1.2, 1.21, 1.33

Success measures	Completed by	Lead areas
- Framework is developed - Consumer engagement reviewed across all units - Increased numbers of Aboriginal consumers engaged in all CALHN activities - Aboriginal youth strategy is completed	Year 2	Aboriginal Strategy CALHN Research Strategy

Strategy
Implement the CALHN Reconciliation Action Plan (RAP) across all area/program operational plans

Actions	Links to national standards
- Programs/areas participate in the development of the Innovate and Stretch Reconciliation Action Plan (RAP) - Develop program/area reconciliation action plans - Allocate and implement respective strategies - Review regularly and report to Reconciliation Australia	2.13, 1.2, 1.4, 1.21

Success measures	Completed by	Lead areas
- CALHN's Innovate and Stretch RAPs are completed - Programs/areas have local RAPs implemented - Strategies are allocated to respective programs and areas - Review processes are in place for implementation	Year 2 and ongoing	RAP Chair

Strategy

Strengthen all governance structures across the organisation to ensure that Aboriginal health is considered in all areas and programs

Actions	Links to national standards
- Review how current structures are supporting Aboriginal-specific initiatives by examining what has been achieved to date, and how this aligns with NSQHS Standards specifically focused on meeting the needs of Aboriginal Peoples - Where required, reinvigorate governance structures and systems to achieve Aboriginal-specific aims - Implement the Aboriginal health impact statement procedures across CALHN and review the use and outcomes of statement procedures - Develop a recruitment and support strategy for potential and current Aboriginal experts on the CALHN board	2.13, 1.2, 1.4, 1.21

Success measures	Completed by	Lead areas
- Reviews are completed - Adaptations/enhancements are implemented - Aboriginal health impact statement procedures are implemented - Aboriginal board member strategy is developed and implemented	Year 1	Aboriginal Strategy Corporate Affairs

Strategy

Expand the CALHN mandatory cultural sensitivity and safety program for all staff

Actions	Links to national standards
- Review the implementation and impact of the current program with consumers - Review existing professional development programs across CALHN - Develop a trauma-informed learning cultural sensitivity module to support staff	2.13, 1.2, 1.4, 1.21

Success measures	Completed by	Lead areas

- For the current cultural awareness programs
  - existing programs are reviewed
  - options for future development of the program are completed
- Implementation has begun on changes/additions to the program for the trauma-informed learning module
- Cultural sensitivity module (s) is developed
- Module (s) is implemented, evaluated, and updated where required
	Year 2	Workforce Management & Reform

Strategy

Develop and implement cultural sensitivity and safety modules as part of the leadership program that support cultural sensitivity and cultural safety at senior levels across CALHN

Actions	Links to national standards
- Review the current cultural awareness program and identify the range of additional learning needs that may be required at senior levels in consultation with CALHN board and executive in consultation with Aboriginal consumers and community - Develop a revised cultural sensitivity module in partnership with consumers and community - Trial the revised program with a group of senior staff - Adapt the model based on learnings from the trial	2.13, 1.2, 1.4, 1.21

Success measures	Completed by	Lead areas
- Review is completed - Leadership cultural sensitivity module is developed - Module is trialled - Change/adapt program where required - Implementation plan is developed - Implementation has commenced	Year 2	Workforce Management & Reform Organisational Development

Strategy

Develop an Aboriginal data and information strategy

Actions	Links to national standards
- Review the current Aboriginal Data Dashboard and approaches to measuring Aboriginal health services and outcomes - Involve consumers in establishing an accessible Aboriginal-specific data strategy, including developing an agreed data set that is continually reviewed for service improvement - Establish a set of data with staff and consumers that is easy to understand and use - Review the data for service improvement strategies - Implement changes based on learnings	2.13, 1.2, 1.4, 1.21

Success measures	Completed by	Lead areas
- Review is completed - Data set is developed - A system developed to review, and update data set established - The system is monitored for updates and make changes, where required	Year 3	Clinical & Business Analytics

Strategy	
Develop and establish a 'Yarn Up' Aboriginal feedback pathway that empowers Aboriginal Peoples to feel confident and safe to share any feedback with CALHN	

Actions	Links to national standards
- Engage CALHN consumers and staff in designing and establishing a CALHN-wide patient survey for Aboriginal consumers - Design a culturally appropriate feedback channel for Aboriginal staff that considers support for issues such as lateral violence - Develop training for CALHN staff and consumers that supports and aligns with CALHN's Safety Learning System (SLS) system – must ensure that SLS can support any process developed - Develop an anti-racism policy	2.13, 1.2, 1.4, 1.21

Success measures	Completed by	Lead areas
- 'Yarn up' Aboriginal feedback pathway is developed - A patient survey is developed - Training is developed to support staff to survey patients/consumers - A survey is implemented, reviewed and adapted if required - A staff feedback channel is developed, with an evaluation process in place - SLS training staff training is developed and assessed to ensure it is supported by the SLS system - Staff training is delivered across all CALHN sites with an evaluation process embedded in the program - An anti-racism policy is developed and shared across CALHN	Year 1	Aboriginal Strategy Corporate Affairs Aboriginal and Torres Strait Islander Health and Wellbeing Hub

Strategy

Develop a cultural and health literacy program to create a shared language between staff and consumers that is aligned with the State Health Literacy Plan and CALHN Health Literacy Approach

Actions	Links to national standards
- Establish a joint forum between CALHN staff and Aboriginal consumers to identify and confirm issues that should be included as a starting point - Explore concepts and issues that are most difficult to understand between staff and consumers, including developing a shared common language with shared terms - Develop resources for staff to help meet the needs of Aboriginal Peoples, including targeted staff on-boarding	2.13, 1.2, 1.21

Success measures	Completed by	Lead areas
- A forum is launched - Resources or approaches are developed, based on learnings - The approach or resources are trialled and reviewed	Year 2	Aboriginal Strategy Corporate Affairs Workforce Management & Reform

Strategy

Increase Aboriginal-specific positions across CALHN

Actions	Links to national standards
- Review current Aboriginal-specific staffing levels and gaps - Develop a workforce plan focused on increasing Aboriginal-specific positions in CALHN over time, with clear pathways for staff to move into positions	2.13, 1.2, 1.21

Success measures	Completed by	Lead areas
- Review is completed - The workforce strategy is developed and/or updated	Year 5	Workforce Management & Reform

Strategy

Develop a cultural supervision framework for Aboriginal staff in CALHN to support work and practice

Actions	Links to national standards
- Research existing cultural supervision frameworks and what will be relevant to the CALHN staff context - Develop a cultural supervision model in consultation with Aboriginal and non-Aboriginal staff and consumers - Trial the model and review the process and outcomes	2.13, 1.2, 1.21

Success measures	Completed by	Lead areas
- A model is developed - The model is trialled with staff and adaptations are made, where required	Year 3	Workforce Management & Reform

Strategy

Improve the identification of Aboriginal Peoples using CALHN services

Actions	Links to national standards
- Develop a protocol on Aboriginal identification - Review all systems and implement improvements to ensure that the standard question 'Are you of Aboriginal and/or Torres Strait Islander origin?' is consistently worded and coded - Review the implementation of the 'Ask the Question' learning tool and evaluate the impact - Partner with Aboriginal consumers and community to develop a community campaign to encourage Aboriginal consumers to self-identify their Aboriginal status and feel safe to do so	5.8, 1.2, 1.21

Success measures	Completed by	Lead areas
- A protocol is developed and implemented - A review is completed - A community campaign developed	Year 2	Aboriginal Strategy Clinical & Business Analytics

Strategy

Aboriginal Strategy internal and clinical audit schedule

Actions	Links to national standards
Establish a safety and quality audit system to monitor key actions using existing CALHN's systems Establish a monitoring framework of Aboriginal health KPIs within relevant governance structures across CALHN	1.2, 1.4

Success measures	Completed by	Lead areas
Internal audit schedule is established A process for monitoring KPI's is established	Year 2	Aboriginal Strategy Safety and Quality

Priority area 2: Caring for community within and across CALHN services

Strategy

Improve the Emergency Department experience for Aboriginal consumers

Actions	Links to national standards
Understand the Aboriginal consumer experience and data, including how Aboriginal consumers and community access all CALHN Emergency Departments From these learnings, develop and implement an Aboriginal community experience and access plan	1.2, 1.21, 5.8

Success measures	Completed by	Lead areas
Aboriginal consumer experience and data is gathered and analysed for potential service improvements Improvement plan is developed Strategies are implemented or trialled where required	Year 3	Acute and Urgent Care

"I was so sick, when I saw the mountains of my country, I felt good."

Strategy

Develop specific 'Aboriginal Way' models of care including clinical pathways across all units of CALHN including continuity of care through outpatient services

Actions	Links to national standards
Involve Aboriginal consumers and communities in the review of existing Aboriginal models and clinical pathways to improve the whole-of-family experience	2.13, 1.2, 1.33

Success measures	Completed by	Lead areas
Reviews are completed across all programs and areas Models of care are developed and implemented for all programs Clinical care pathways are developed and implemented Clinical pathways are implemented and enhanced where required	Year 3	All clinical programs

Strategy

Enhance screening and follow up that prevents and identifies cancer at early stage.

Actions	Links to national standards
Involve Aboriginal consumers, Communities and partners in the review of existing Aboriginal models of care in cancer screening and develop improved patient care pathways	2.13, 1.2, 1.33

Success measures	Completed by	Lead areas
Reviews are completed Models of care are developed and implemented Clinical care pathways are developed and implemented	Year 3	Cancer Program

Strategy

Improve the Aboriginal consumer experience and access to renal and dialysis supports

Actions	Links to national standards
Involve Aboriginal consumers, Communities and partners in the review of existing Aboriginal models of care, considering gaps in early kidney disease assessment and management of risk/disease Ensure dialysis services are culturally appropriate, cater for a younger profile and are accessible within reasonable distance with access to accommodation support Collaborate with local health network partners to ensure the Aboriginal dialysis co-design project is sustainable	2.13, 1.2, 1.33

Success measures	Completed by	Lead areas
Reviews are completed Models of care are developed and implemented Clinical pathways and links to primary care are implemented and enhanced, where required Partnerships with local health networks and stakeholders are in place to sustain the Aboriginal dialysis co-design project	Year 3	Renal Program

Strategy

Increase access to a culturally responsive high-risk Aboriginal Health Practitioner led multi-disciplinary foot service, aiming to support consumers, their family/carers, and community health providers living in regional, rural, remote and isolated locations to manage acute diabetes-related foot complications in order to reduce lower limb amputations

Actions	Links to national standards
Apply cultural sensitivity to our service Ensure rapid accessibility of services Integrate services Use evidence-based multi-disciplinary management approaches for diabetes foot-related complications Consider the patient journey for those living with ulceration and/or amputation Consider the patient's social and emotional wellbeing	2.13, 1.2, 1.21, 1.33, 5.8

Success measures	Completed by	Lead areas
CALHN or service performance is evaluated via qualitative interviews with participants and quantitative data collection examining service quality delivery indicators, approved by the Aboriginal Health Research and Ethics Committee and CALHN Health Research Ethics Committee	Year 1	Vascular & Podiatry Programs

Strategy	
Improve mental health in Aboriginal consumers	

Actions	Links to national standards
Involve Aboriginal consumers and Communities in the review of existing Aboriginal models of care with a goal of creating trauma-informed protocols and guidelines to support patients accessing CALHN's sites and services	2.13, 1.2, 1.33
Develop protocols and guidelines for culturally sensitive supports and services for Aboriginal patients, including early intervention and applying evidence-based research and practice	
Review and improve referral pathways to primary health care providers	
Understand and respond to barriers in accessing affordable, timely psychology and psychiatry services	
Embed access to traditional healers and Ngangkaris as a respected approach to healing	
Expand/adapt community mental health services to reach Aboriginal patients based on learnings from consumers, clinical pathway and protocols	
Increase staff cultural sensitivity and safety through education, training and development facilitated by CALHN's Mental Health Nurse Practitioner, Aboriginal health, research and translation directorate and external providers	

Success measures	Completed by	Lead areas
A review is completed	Year 5	Mental Health Program
Models of care are developed and implemented		
Clinical care pathways are developed and implemented		
Clinical pathways are implemented and enhanced where required		
Protocols and guidelines are completed		
Referral pathways are improved reviewed and improved to primary health care providers		
Barriers in accessing affordable, timely psychology and psychiatry services are understood and strategies are in place to respond to these		
Access to traditional healers and Ngangkaris as a respected approach to healing is embedded in mental health services		
Community mental health services to reach Aboriginal patients are enhanced/adapted based on learnings from consumers, clinical pathway and protocol development		
There is increased staff cultural sensitivity and safety across the program		

Strategy

Develop Aboriginal patient information packages for Aboriginal consumers across CALHN

Actions	Links to national standards
Develop packages of information to meet the needs of Aboriginal consumers and Community – these must be practical and sustainable and include access to traditional healing, medicines and ceremonies Develop patient journey resources for Aboriginal consumers Trial and adapt the package based on consumer feedback and provide to all Aboriginal consumers	2.13, 1.2, 1.21, 1.33

Success measures	Completed by	Lead areas
Packages are developed An implementation plan is developed A trial is implemented Enhancements to the package are made where required	Year 1	Aboriginal and Torres Strait Islander Health and Wellbeing Hub Corporate Affairs

Strategy

Enhance or expand the work of the Aboriginal and Torres Strait Islander Health and Wellbeing Hub (The Hub)

Actions	Links to national standards
Involve Aboriginal consumers and community in service improvements, including expanding services through extended and/or after-hours support and access to allied health services Raise the profile and promote the services of The Hub and the work of Aboriginal health practitioners Partner with Aboriginal consumers and Community organisations to embed culture and healing as a recognised care pathway across all services Expand The Hub gathering spaces/satellite hubs at other CALHN sites	2.13, 1.2, 1.21, 1.33

Success measures	Completed by	Lead areas
A service delivery improvement plan is developed and implemented Promotional resources are developed and implemented Aboriginal consumers can see and experience culture as core to their care pathway The Hub gathering spaces/satellite hubs are established at other CALHN sites	Year 3	Aboriginal and Torres Strait Islander Health and Wellbeing Hub

Strategy

Develop models of care for supporting Aboriginal consumers and community in SA Police custody or Corrective Services

Actions	Links to national standards
Involve Aboriginal consumers and communities, SAPOL and DCS in the review of existing Aboriginal models of care in reference to the recommendations of the Royal Commission into Aboriginal Deaths in Custody Report as well as contemporary reports to develop trauma-informed protocols and guidelines to support patients accessing CALHN's sites and services during their custodial sentencing Develop specific clinical pathways to improve patient experience that include the time given for consumer care and engagement, how services are communicated to consumers, discharge planning (including transition care packages and other services)	2.13, 1.2, 1.21

Success measures	Completed by	Lead areas
Reviews are completed Models of care are developed and implemented Clinical care pathways are developed and implemented Clinical pathways are implemented and enhanced where required	Year 2	Aboriginal Priority Care Committee

Strategy

Develop a 'CALHN Aboriginal Programs" catalogue of all Aboriginal programs to promote staff and services available to consumers for CALHN staff

Actions	Links to national standards
Work with staff, community organisations and consumers to understand the kinds of information that would be most useful to them Develop a 'catalogue' that can be easily updated and sustained to inform CALHN staff and consumers Implement the model with consumers and a group of staff at varying levels Modify the model to improve access	2.13, 1.2, 1.21, 1.33

Success measures	Completed by	Lead areas
Consultation with staff and consumers is completed A catalogue is developed The model is implemented The model is modified where required	Year 1	Aboriginal Priority Care Committee

Strategy

Improve 'the consumer journey' between CALHN services

Actions	Links to national standards
Work with key stakeholders to understand the interface between CALHN services and gaps or issues that have arisen Implement responses to improve these service gaps	2.13, 1.2, 1.21, 1.33,

Success measures	Completed by	Lead areas
Needs or gaps are identified Strategies are implemented where required Changes are reviewed	Year 3	Aboriginal Priority Care Committee

Strategy

Increase access to traditional healing and Ngangkari services and practices across CALHN

Actions	Links to national standards
Assess current consumer access to traditional healing practices across CALHN Where gaps are identified, provide improved access to these services Develop an organisation-wide instruction on understanding traditional healing practices and service Establish a culturally safe space for traditional healing and Ngangkaris services to take place	2.13, 1.2, 1.21, 1.33

Success measures	Completed by	Lead areas
The assessment is completed Service access strategies are implemented where required The culturally safe space is established and used	Year 2	Aboriginal and Torres Strait Islander Health and Wellbeing Hub

Strategy

Create and sustain a welcoming environment across all CALHN sites and services

Actions	Links to national standards
Review and increase the visibility and diversity of Aboriginal cultural representation across CALHN services including: • clear Aboriginal identified signage • naming of wards, program and areas in Aboriginal language • consideration of dedicated Aboriginal wards and gathering spaces Establish a staff 'Friendly Faces – Can I Help You campaign' that encourages all CALHN staff to 'stop, speak to and support' Aboriginal patients who are lost, unsure of where they are and uncomfortable in finding their way around CALHN sites	2.13, 1.2, 1.21, 1.33

Success measures	Completed by	Lead areas
The review is completed A plan for space development is completed Spaces are enhanced over time The 'Friendly Faces 'campaign is developed and implemented, with an evaluation process embedded in the program	Year 5	Aboriginal Priority Care Committee Aboriginal Strategy

Priority area 3: Caring for community with our partners

Strategy

Build sustainable partnerships with the Aboriginal Community-Controlled Health Services (ACCHS)

Actions	Links to national standards
Engage with the ACCHS sector to develop formal partnerships with AHCSA and all member services	2.13, 1.2, 1.21, 1.33
Establish a regular forum to share issues and design service responses with ACCHS partners including the interface with hospital avoidance services	
Develop a communication and service pathway with regional and remote ACCHS to support the consumer journey from home to services and back	
Improve key interface points between all care partners	
Collaborate with ACCHS on opportunities for staff visits across ACCHS and CALHN to provide a shared understanding of all services	
Develop cross-border partnerships with the ACCHS sector	

Success measures	Completed by	Lead areas
Formal partnerships are developed	Year 2	Corporate Affairs
A forum is established		Aboriginal Strategy
Communication and pathway are developed with ACCHS		Aboriginal and Torres Strait Islander Health and Wellbeing Hub
A staff visit exchange is implemented with ACCHS		
Partnership projects are implemented		

"We need to do this and put the plan into action. We need to improve the hospital's way of doing things for our people."

Strategy

Build sustainable partnerships with health, social service and other providers to improve the consumer journey

Actions	Links to national standards
Establish regular Aboriginal Community forums to share issues and design service responses with social service partners	2.13, 1.2, 1.21, 1.33
Strengthen partnership and collaboration opportunities between CALHN programs and areas	
Build a specific care pathway for Aboriginal consumers with disabilities	
Formalise referral pathways to primary health care, GP services and drug and alcohol support services	
Strengthen and formalise partnerships with Aboriginal social, emotional and wellbeing services, mental health supports and service providers and loss, grief and trauma services	
Strengthen service responses particularly in the areas of homelessness	
Build on trusted relationships with accommodation providers	
Improve Aboriginal client access to the Patient Assistance Transport Scheme (PATS scheme)	
Improve transport accessibility for all consumers	
Improve access to accommodation support	
Review the use of telemedicine services and improve access to services	

Success measures	Completed by	Lead areas
Aboriginal Community forums established and implemented	Year 3	Aboriginal Priority Care Committee
Specific care pathway for Aboriginal consumers that have disabilities has been developed, implemented, and reviewed		Corporate Affairs
Service responses in homelessness are reviewed, strategies and implement strategies are developed		Aboriginal Strategy
Identified service responses are reviewed and recommendations for improvements are agreed by our partners and actioned:		Aboriginal and Torres Strait Islander Health and Wellbeing Hub
• A plan to improve access to the PATS scheme is developed, implemented and reviewed		
• Transport accessibility is reviewed, a plan to improve access to transport is developed, implemented and reviewed		
• Access to accommodation is reviewed, a plan to improve access to accommodation is developed, implemented and reviewed		
• Telemedicine services review is completed, and strategies are in place to improve access to services		

Strategy

Establish CALHN as a centre of excellence for Aboriginal health and research translation by strengthening partnerships with Aboriginal researchers and research organisations to contribute to understanding Aboriginal health need and outcomes

Actions	Links to national standards
Develop a formal partnership with South Australian Health and Medical Research Institute (SAHMRI) and Adelaide Health Innovation partnership (AHIP) to focus efforts on Aboriginal health research priorities Explore additional partnerships with Aboriginal researchers and research organisations that will enhance CALHN services for Aboriginal Peoples	2.13, 1.2, 1.21, 1.33

Success measures	Completed by	Lead areas
Partnership agreements are developed and implemented Other partnerships are explored and established where agreed	Year 2	CALHN Research Strategy Aboriginal and Torres Strait Islander Health and Wellbeing Hub

Strategy

Improve partner understandings of CALHN services

Actions	Links to national standards
Collaborate with partners to develop products that communicate information about CALHN staff and services for service organisation partners and consumers Distribute the information and review implementation	2.13, 1.2, 1.21, 1.33

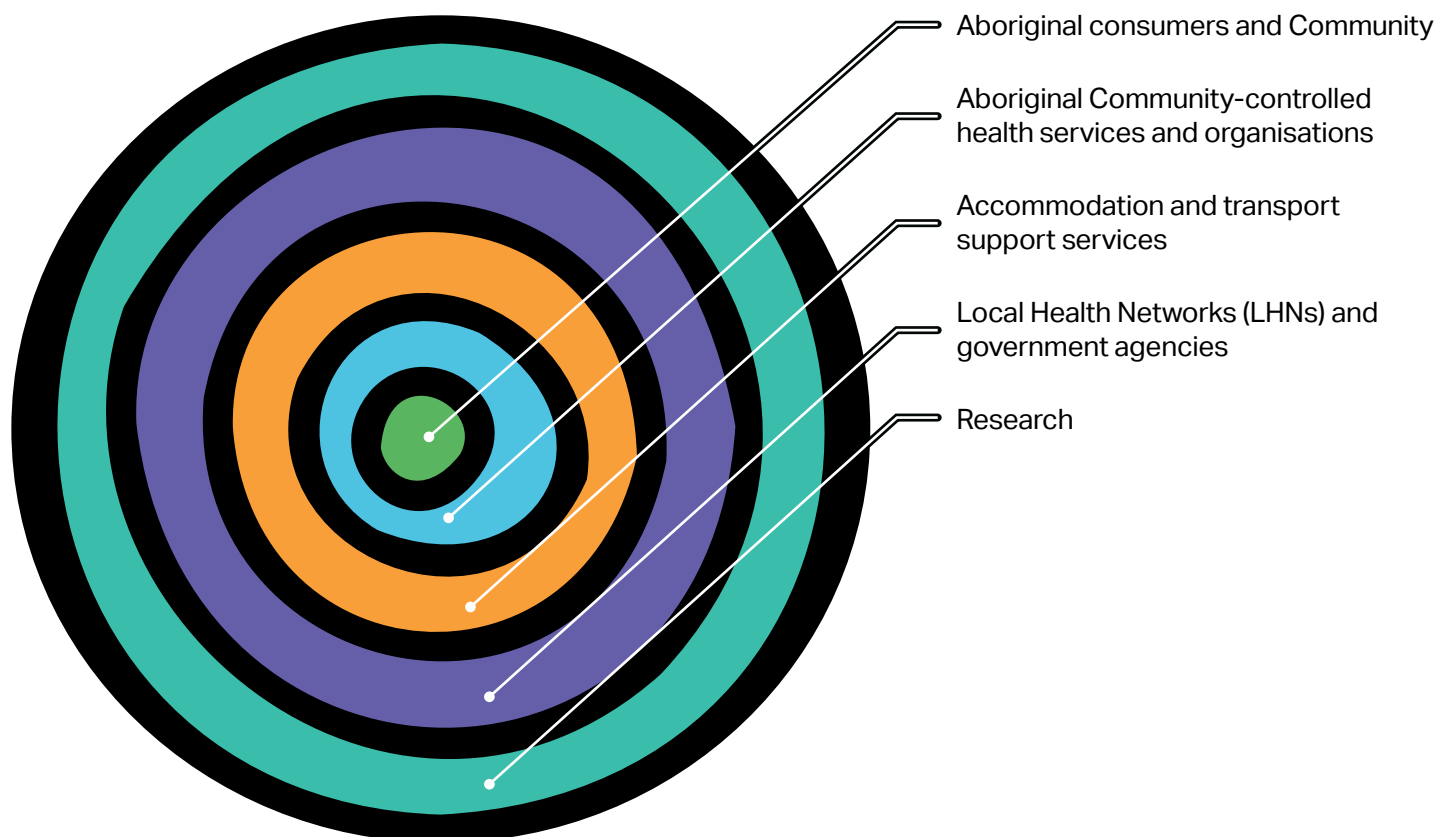| Success measures	Completed by	Lead areas
Products are developed Products are distributed, reviewed and evaluated with partners	Year 2	Corporate Affairs (Communications) Aboriginal Strategy

Strategy	
Strengthen service partnerships with other Local Health Networks (LHN)	

Actions	Links to national standards
Work with clinical staff, Aboriginal health leaders and workers across all LHNs to support care pathways for consumers between CALHN and all LHNs Strengthen the service partnership with Women's and Children's Health Network (WCHN) with a specific focus on how the service journey is best supported on a shared site	

Success measures	Completed by	Lead areas
Work has continued with all LHNS and CALHN to support the consumer journey Work has continued with WCHN, and a service partnership is developed on a shared site	Year 3	Aboriginal and Torres Strait Islander Health and Wellbeing Hub Aboriginal Strategy

Our stakeholders

Aboriginal consumers and Community

Aboriginal Community-controlled health services and organisations

Accommodation and transport support services

Local Health Networks (LHNs) and government agencies

Research

- Aboriginal consumers and Community
- Aboriginal Health Council of South Australia Ltd
- Barossa Hills Fleurieu Local Health Network
- Department of Child Protection
- Eyre and Far North Local Health Network
- Limestone Coast Local Health Network
- Moorundi Aboriginal Community Controlled Health Service Inc
- Nganampa Health Council
- Northern Adelaide Local Health Network
- Northern Territory Patient Assistance Transport Scheme (PATS)
- Nunkuwarrin Yunti of South Australia Inc
- Nunyara Aboriginal Health Service Inc
- Oak Valley Aboriginal Corporation (Clinic)

- Pangula Mannamurna Aboriginal Corporation
- Pika Wiya Health Service Aboriginal Corporation
- Port Lincoln Aboriginal Health Service Inc
- Riverland Mallee Coorong Local Health Network
- Patient Assistance Transport Scheme (PATS)
- South Australian Health and Medical Research Institute (SAHMRI)
- SA Housing
- Southern Adelaide Local Health Network
- Tullawon Health Service Inc
- Umoona Tjuatagku Health Service Aboriginal Corporation
- Women's and Children's Network
- Yadu Health Aboriginal Corporation

Fundamental concepts to increase Aboriginal health knowledge and translation

Key concepts[16]

Cultural governance

Cultural governance embeds Aboriginal cultural knowledge and beliefs into governing policies and mechanisms. Cultural governance includes cultural awareness, respect, competency, responsiveness, capability, safety and security.

Cultural safety

Cultural safety is the provision of care by a health professional who has considered power relations, the legitimacy of diversity and difference, and patients' rights. Cultural safety is not defined by the health professional, but is defined by the health consumer's experience, the individual's experience of care received and the ability to access services and systems to raise concerns.

Cultural security

Cultural security is the provision of programs and services offered by the health system that will not compromise the legitimate cultural rights, values and expectations of Aboriginal Peoples. This is different to cultural safety. To be culturally secure, programs and services need to:

- identify and respond to the cultural needs of Aboriginal Peoples

- work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and Community

- recognise and reflect on how these factors affect health and wellbeing

- work in partnership with Aboriginal leaders, communities and organisations.

Culturally competent workforce

There is a commitment to develop and support the network's Aboriginal health workforce in all areas, including policy and professional level as a critical foundation to building a culturally competent, skilled and sustainable workforce that is competent to support Aboriginal patients and the broader Aboriginal Community.

CALHN's Aboriginal Recruitment and Retention Strategy is focused on 4 priorities:

- Working together (engagement and partnerships)

- Bringing our people in (attraction and recruitment)

- Growing our workforce (the 'build and development') ('grow, develop, value')

- Cultural knowledge and translation program, creating the right culturally safe environment for staff and consumers.

The employment strategy articulates CALHN's aspirations to:

- connect with Community and acknowledge the traditional lands our services work on

- create strong, strategic partnerships that develop competence and respect for Aboriginal business

- drive transformation within CALHN services to create clear and equitable processes and systems

- respect cultural authority and Aboriginal engagement principles.

The centrality of culture and wellbeing in the health of Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander Peoples view health in a holistic context, which is reflected in the holistic definition of health in the National Aboriginal Health Strategy (1989):

"'Aboriginal health' means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of- life view and includes the cyclical concept of life-death-life.[17]"

There is a wealth of evidence that supports the positive associations of health, education and employment outcomes as well as general wellbeing with language and culture.[18] Aboriginal and Torres Strait Islander languages are inseparable from culture and form the foundation for learning and interacting productively with others.

Wellbeing for Aboriginal and Torres Strait Islander Peoples incorporates broader issues of social justice, equity and rights. Culture is the foundation to wellbeing, and therefore good health, also demonstrated by using traditional knowledge and the practices of traditional healers. These practices are adapted by many people as complementary therapies in an integrated health care system.

Diversity of Aboriginal Peoples

CALHN strives to meet the needs of the Aboriginal Peoples and Communities we service. We acknowledge that Aboriginal Peoples and Communities are diverse, including across gender, age, language, geographic location, sexual orientation, religious beliefs, family responsibilities, life experiences and educational levels. This is acknowledged in our use of the term 'Peoples', which reflects diversity of tribes or nation groups within and across Aboriginal Nations. There is no one-size-fits-all approach.

Social and cultural determinants of health

Social determinants of health are highly visible and widely acknowledged in relation to the health and wellbeing of Indigenous populations.[19] These determinants are the non-medical factors that influence health outcomes, such as the conditions into which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The World Health Organization states that these forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.[20]

For Aboriginal Peoples and Communities, social determinants have an important influence on health inequities – the unfair and avoidable differences in health status within Australia and other countries. The following social determinants of health factors influence health equity in positive and negative ways:

- income and social protection
- education
- unemployment and job insecurity
- conditions of working life
- food security/insecurity
- housing, basic amenities and the environment
- early childhood development
- social inclusion and discrimination/non-discrimination
- structural conflict
- access to affordable, quality health services.

Considering the social determinants of health is fundamental for improving health and reducing longstanding inequities in health. This requires broad, strategic action by all sectors across jurisdictions.

Equally, cultural determinants of health also include the cultural factors that promote resilience, foster a sense of identity, and support good mental and physical health and wellbeing for individuals, families and communities. While the cultural determinants of health is not as widely understood compared with the social determinants of health, there is strong evidence emerging about how a connection to culture supports better health outcomes.[21]

Cultural determinants originate from and promote a strength-based perspective. This acknowledging that stronger connections to Aboriginal culture and Country build stronger individual and collective identities, as well as self-esteem, resilience and improved health outcomes across other social determinants such as education, economic stability, and community safety.[22]

Stolen Generation

The Stolen Generations refers to the tens of thousands of Aboriginal and Torres Strait Islander children who were forcibly removed from their families and communities between the early 1900s and the 1970s. Stolen Generations children were removed as part of deliberate assimilation policies adopted by all Australian governments. The children were sent to institutions or adopted by non-Indigenous families. They were separated from their culture, family, land and identity and many of them suffered abuse and neglect.

Intergenerational trauma

This term reflects the truth that if people do not have the opportunity to heal from trauma, they may unknowingly pass it on to others through their behaviour. Their children may experience difficulties with attachment, disconnection from their extended families and culture, as well as high stress (cortisol) levels from family and community members who are also dealing with the impacts of trauma. This can create developmental issues for children, who at a young age are particularly susceptible to distress. The 'cycle of trauma' describes the impact passed from one generation to the next. In Australia, intergenerational trauma predominantly affects the children, grandchildren and future generations of the Stolen Generations. Stolen Generations survivors may also pass on the impacts of institutionalisation, sometimes finding it difficult to know how to nurture their children because they were denied the opportunity to be nurtured themselves.

Trauma-aware, healing-informed practice

This form of practice is a strengths-based approach to healing centred on an understanding of, and responsiveness to, the impacts of trauma. It emphasises physical, psychological and emotional safety for people seeking help and for the helpers. It also creates opportunities for people affected by trauma to rebuild a sense of control and empowerment. This practice recognises the prevalence of trauma and is sensitive to and informed by the impacts of trauma on the wellbeing of individuals and communities.[23]

Patient journey – continuity of care

This describes all the steps – both clinical and non-clinical – before, during and after a patient's care. For Aboriginal consumers, the need to travel often vast distances, experience unfamiliar surroundings and customs, as well as isolation from family and social supports can make the journey emotionally and physically difficult.

Continuity of care may be a significant challenge for Aboriginal patients and families. When returning to home communities, providing care may become the responsibility of Aboriginal primary health care services, palliative care or other support services.

Promoting Aboriginal Health through language, traditional healing, cultural practices and activities

For Aboriginal Peoples, language and maintenance of culture can develop Community connections, positive cultural identity and build resilience against difficult life circumstances, while improving physical and mental health and wellbeing. CALHN supports Aboriginal consumers and Communities to strengthen their healing through the continuation of language, art and culture. CALHN recognises cultural healing methods, including traditional healing practices, activities, art forms, celebration of cultural events such as NAIDOC, acknowledgment of cultural protocols such as Acknowledgment of Country and Welcome to Country, and cleansing smoking ceremonies are contributors to cultural security and accessibility of our services.

Health literacy and health promotion

Most health conditions experienced by Aboriginal Peoples are preventable. Culturally safe and secure support and information for Aboriginal Peoples is essential to build the knowledge and skills to pursue healthy lifestyles, promote healthy environments and address risk factors.[24]

Decolonisation

Colonisation is the act of taking land from a group of peoples and imposing a new culture on them. This act can take many forms including physical, emotional, psychological, and structural. It includes how certain knowledges can be privileged over others, for example the right to learn your people's language is taken away from you. Due to the way colonisation can deeply impact all aspects of culture and knowledges, it has lasting impacts across generations of a peoples.

Decolonisation seeks to reverse and remedy this through direct action and listening to the voices of Aboriginal and Torres Strait Islander Peoples, restoring rights, culture and freedoms.[25]

Appendix 4
Strategic alignments

The National Safety and Quality Health Service Standard (NSQHSS) Aboriginal actions focus on meeting the needs of Aboriginal and Torres Strait Islander Peoples.[26]

CALHN's frameworks and reports

- Aboriginal Employment and Retention Strategy
- Clinical Audit Framework
- Clinical Services Plan
- Community and Consumer Engagement Framework
- Department of Health and Wellbeing Service Level Agreement
- Disability Access and Inclusion Plan
- Gender Equality & Respect Action Plan
- Health Literacy Approach
- Integrated Governance Program 2021
- Reconciliation Action Plan
- Strategic Ambitions
- South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017.

South Australian Government plans, agreements and frameworks

- South Australian Aboriginal Affairs Action Plan 2020-2021
- SA Health Aboriginal Cultural Learning Framework
- SA Health Performance Framework 2020-2021
- SA Health Workforce Framework 2017-2022
- Wellbeing SA Strategic Plan 2020-2025
- National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023
- National Agreement on Closing the Gap
- National Cultural Respect Framework, 2016-2026
- National Key Performance Indicators for Aboriginal and Torres Strait Islander Health.

Research translation

- SA Aboriginal Chronic Disease Consortium Roadmap for Action 2017-2021
- South Australian Aboriginal Diabetes Strategy 2017-2021
- South Australian Aboriginal Heart and Stroke Plan 2017-2021
- South Australian Aboriginal Cancer Control Plan 2017-2021.

References (endnotes)

1   https://centraladelaide.health.sa.gov.au/aboriginal-employment-strategy

2   www.lowitja.org.au/content/Document/Lowitja-Publishing/LEAD-Report-WEB.pdf

3   CALHN, Aboriginal Patient Data, Patient separations and ED presentations, November 2019 to May 2020

4   www.closingthegap.gov.au/national-agreement/targets

5   CALHN, Aboriginal Patient Data (ibid)

6   Gibson O, Peterson K, McBride K, et al. 2017, South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide

7   SAHMRI, CALHN Gaps and Needs Analysis (ibid)

8   Pearson K, Schwarzkopf A, Dawson C, et al. on behalf of the Leadership Group guiding the Centre for Research Excellence in Aboriginal Chronic Disease

9   SAHMRI, CALHN Gaps and Needs Analysis (ibid)

10   www.who.int/health-topics/social-determinants-of-health#tab=tab_1

11   National Aboriginal Health Strategy Working Party, 1989, National Aboriginal Health Strategy, Canberra

12   SAHMRI, CALHN Gaps and Needs Analysis (ibid)

13   www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2013-2023

14   www.health.gov.au/sites/default/files/documents/2021/12/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031_2.pdf

15   www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html

16   www.wacountry.health.wa.gov.au/~/media/WACHS/Documents/About-us/Publications/Strategic-plans/FINAL_WACHS_Aboriginal_Health_Strategy.pdf

17   National Aboriginal Health Strategy Working Party 1989, National Aboriginal Health Strategy, Canberra

18   Commonwealth of Australia House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, 2012, Our Land Our Languages: Language Learning in Indigenous Communities, Canberra

19   Pearson K, Schwarzkopf A, Dawson C, et al. on behalf of the Leadership Group guiding the Centre for Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE), 2020, Aboriginal community-controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia

20   www.who.int/health-topics/social-determinants-of-health#tab=tab_1

21   Commonwealth of Australia, Department of Health, My Life My Lead – Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017

22   Prof. Ngiare Brown (undated), cited in The Lowitja Institute – Cultural Determinants Roundtable, Melbourne 26 November 2014, Background paper, online: www.lowitja.org.au/sites/default/files/docs/Cultural-Determinants-Roundtable-Background-Paper.pdf

23   https://healingfoundation.org.au//app/uploads/2020/07/HF_Glossary_of_Healing_Terms_A3_Poster_Jul2020_V1.pdf

24   www.wacountry.health.wa.gov.au/~/media/WACHS/Documents/About-us/Publications/Strategic-plans/FINAL_WACHS_Aboriginal_Health_Strategy.pdf

25   https://news.curtin.edu.au/stories/listen-decolonisation-collective-effort-australians/

26   https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standardlander-health

Glossary, definitions and abbreviations

CALHN catchment	About 464,692 people or 26.8% of South Australia's overall population. CALHN services a growing population in the central Adelaide metropolitan region. CALHN is the largest and most densely populated local health network, with around 1,730 people per square kilometre
CALHN Aboriginal Community population	Inclusive of Aboriginal Peoples in metropolitan Adelaide as well as regional and remote South Australian locations and borderlands
Aboriginal Way	'The Aboriginal Way' is a term discussed throughout the Aboriginal Health Framework and Action Plan consultation process. It reflects Aboriginal ways of being and doing, prioritising connection to Culture and centred on language, beliefs, traditions and practices that are linked to ways of being. These include storytelling, differing communication styles across the range of nonverbal and verbal communication, cultural practices, symbols and images to share information and promote understanding and meaning. The Aboriginal Way has at its heart connection to Country and Community
Yarn Up	A term discussed by Aboriginal consumers as a way to make sure Aboriginal Peoples including staff have avenues to voice ideas, concerns and feedback about CALHN's sites and services. Yarning up encompasses individuals being empowered to report feedback about quality, safety and racism as well to promote areas of good practice, with the goal of improving the service experience for Aboriginal Peoples
Our consumers	Our consumers are those people who access services provided by CALHN. Their interests can be represented by themselves, their families, their carers and appointed Consumer Representatives.

Disclaimer

The information in this plan is current at June 2022 and is intended for use as a guide of a general nature that may or may not be relevant to some consumers or circumstances. This publication is also not exhaustive of the subject matter, and any staff implementing these recommendations must exercise their own independent judgement or seek professional advice relevant to their circumstances.

Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others who come into contact with CALHN health professionals. While these guidelines are directed at health professionals with appropriate qualifications and skills, they are not to be viewed as clinical advice.

Accordingly, CALHN and its employees and agents have no liability (including without limitation liability by reason of negligence) to any users of the information in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on this information, whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

For more information

Aboriginal and Torres Strait Islander Health and Wellbeing Hub

Royal Adelaide Hospital
T: (08) 7074 5460
E: Health.ATSIUAdmin@sa.gov.au

Health
Central Adelaide
Local Health Network

Government
of South Australia

Contact us Health.ATSIUAdmin@sa.gov.au