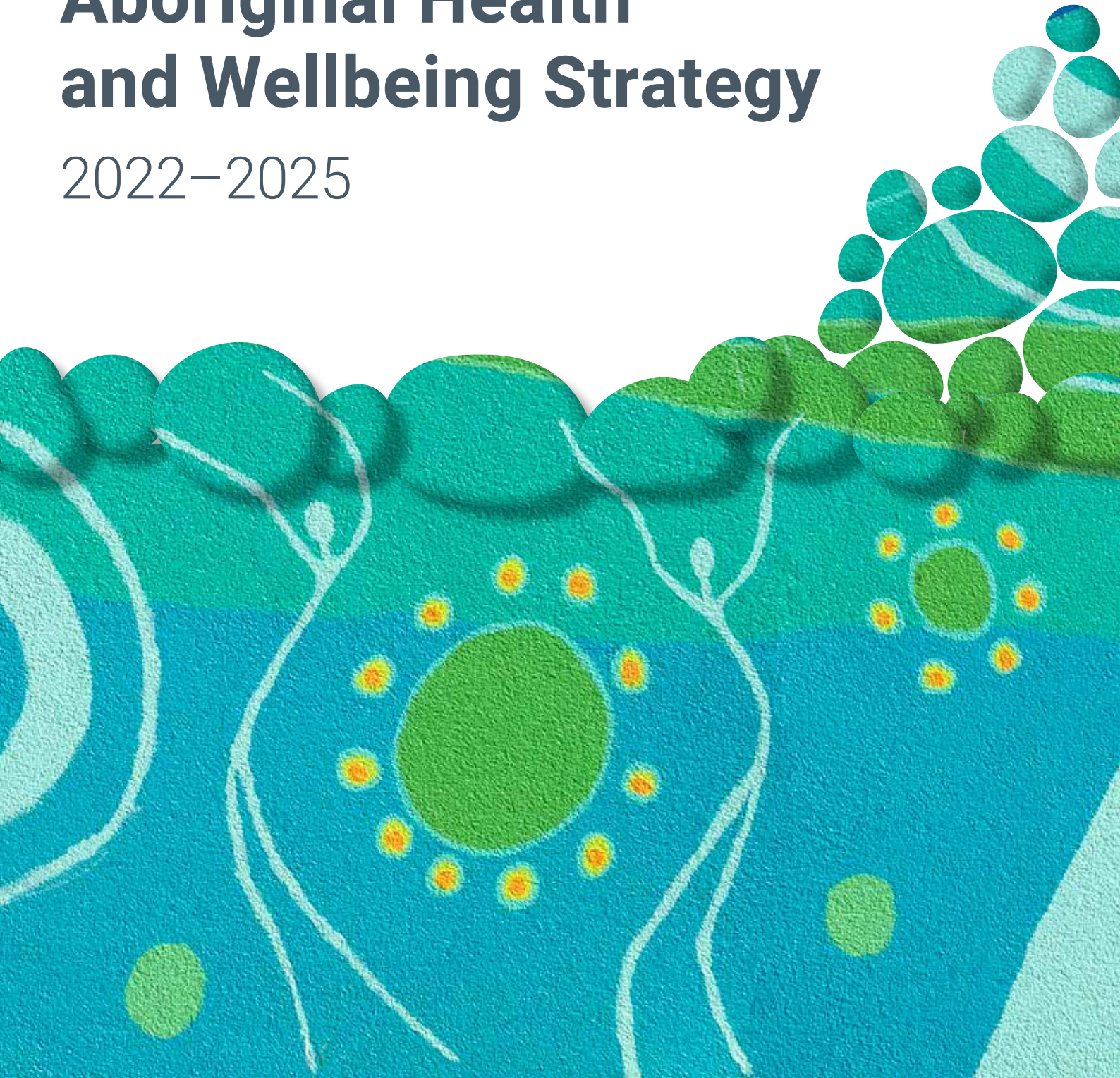




Government of **Western Australia**
North Metropolitan Health Service

Aboriginal Health and Wellbeing Strategy

2022–2025



Listening and Doing

Kaya Wandjoo – Aboriginal people matter



Acknowledgement of Country

The North Metropolitan Health Service (NMHS) acknowledges the Noongar people as the traditional owners and custodians of the land on which we work, and pays respect to their elders both past and present. NMHS acknowledges that the majority of its business is conducted on Whadjuk Noongar Boodjar, and a number of services are conducted statewide. NMHS recognises, respects, and values Aboriginal cultures as we walk a new path together.

Using the term Aboriginal

Within Western Australia, the term “Aboriginal” is used in preference to “Aboriginal and Torres Strait Islander” in recognition that Aboriginal people are the original inhabitants of Western Australia. “Aboriginal and Torres Strait Islander” may be referred to in the national context, and “Indigenous” may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Art “Kaya” and Art “Boorda” by Nerolie Bynder

Nerolie Bynder is a proud Badimia-Noongar-Yamatji woman, contemporary visual artist, mother, and grandmother.

“One (Kaya) is the entry of the spirit from the bottom. The spirit stands for all the people’s inner spirit coming to heal holding the healing leaves.

The second one (Boorda) is the spirit leaving above and in a good way. Now happy. Continuing onto its next journey”.



Kaya



Boorda



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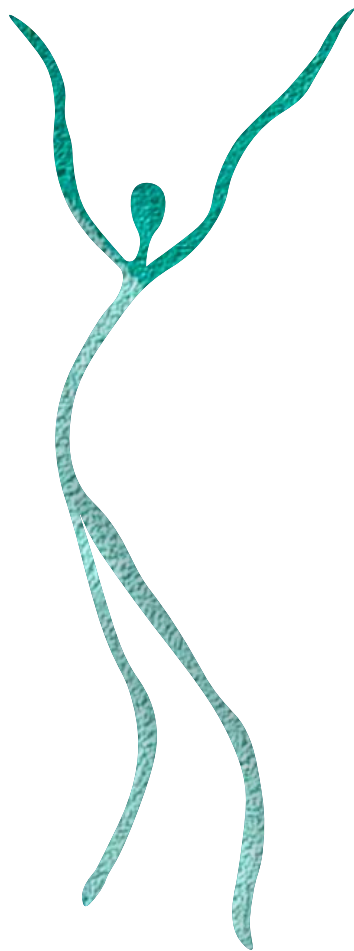
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1. Introductions

1.1 From the Chief Executive

Kaya Wandjoo – hello and welcome!

The North Metropolitan Health Service (NMHS) acknowledges the Noongar people as the traditional owners and custodians of the land on which we work, and we pay respect to their elders both past and present. We sincerely recognise, respect, and value Aboriginal cultures as we walk a new path together. In that spirit, I am very pleased to introduce this NMHS Aboriginal Health and Wellbeing Strategy.

This Strategy aims to guide us in addressing the issue of our services not being as accessible as they should be for Aboriginal people. We want to think about how we can change our services to better fit in with Aboriginal people.

The Strategy outlines what we have heard, and what we will do to improve the health and wellbeing of Aboriginal people in Perth's north metropolitan region within Western Australia (WA), and those coming from outside the region to use our services. This document has three parts:

- **Background** – what we have heard about the situation and the issues facing Aboriginal communities, and what governments have planned to do.
- **Practical priorities** – what we as NMHS will be doing to address three key issues, as identified by our Aboriginal communities.
- **Working together** – how we will govern and evaluate the work to address those key issues, in collaboration with our Aboriginal communities.

Under the Strategy, our three practical priorities are as follows:

- **Cultural security for Aboriginal people** – improving our services so that Aboriginal people feel culturally secure using them;
- **Engagement with Aboriginal people** – listening to, and acting on, what Aboriginal people are telling us; and
- **Strengthening our Aboriginal workforce** – having more Aboriginal people join us to help care for everyone, and better supporting our Aboriginal staff to advance in their careers.

I'd warmly encourage our staff to read this Strategy and then put it into practice, reflecting our values of Care, Respect, Innovation, Teamwork, and Integrity, and working together to achieve our vision of "one team, many dreams – one integrated NMHS". As an organisation, we have started taking practical steps through a key initiative (Kaya Wandjoo – Aboriginal people matter) in our Operational Plan.

We acknowledge the work done by many people to help improve the health and wellbeing of Aboriginal people. Most importantly, we thank the Aboriginal communities in our region for their contributions to us as NMHS, and to our broader WA community. We need their kind collaboration to continue letting us know how we are doing in caring for them.

Tony Dolan
A/Chief Executive, NMHS

1.2 From the Aboriginal Cultural Advisory Group

Kaya,

We are the Aboriginal Cultural Advisory Group for NMHS, and our people have stood proud and strong on this land since the Dreaming.

We are pleased to see NMHS's commitment to recognising our people's health and wellbeing as important business, by genuinely listening to find common ground of understanding that unifies a space of respect and healing for our nation.


It is essential that we continuously remain grounded to the present, acknowledging our past and celebrating our future.

Through this new Aboriginal Health and Wellbeing Strategy, NMHS shows it wants to listen – to make positive changes to improve the health and wellbeing of our people in a space of respect and healing for our nation, not just through past work, but in its latest Operational Plan (under the initiative, Kaya Wandjoo – Aboriginal people matter). Through this Strategy, NMHS wants to listen to our people, and make real changes to help improve the health and wellbeing of our people.

While we have a long way to go, it is essential that we continuously remain grounded to the present, acknowledging our past and celebrating our future with our emerging generations walking together for our future.

NMHS Aboriginal Cultural Advisory Group





**Noonakoort
moort nitja burrange
noongar boodja**

Noonakoort moort kwomba

Djinunge nitja mungarrt – koorah

**Noonakoort moort yirra yarkinje
kwomba noongar boodja**

Koorah – nitja – boordahwan

Noonakoort moort yarkinje noongar boodja

Nyidiung koorah barminje noonakoort moort

Wierrnbirt domberrinje

Noonakoort moort koort boodja

Nitja gnulla moorditj karl boodja

All our Noongar people stand here on Noongar land.

Past, present, and future.

We stand strong on our land.

The mungart tree symbolises our strength and survival.

All of our people stand firm on our land.

Our people are here to stay – we will always be.

– Noongar recognition statement, *Noongar (Koorah,
Nitja, Boordahwan) (Past, Present, Future)*
Recognition Act 2016

2. Background

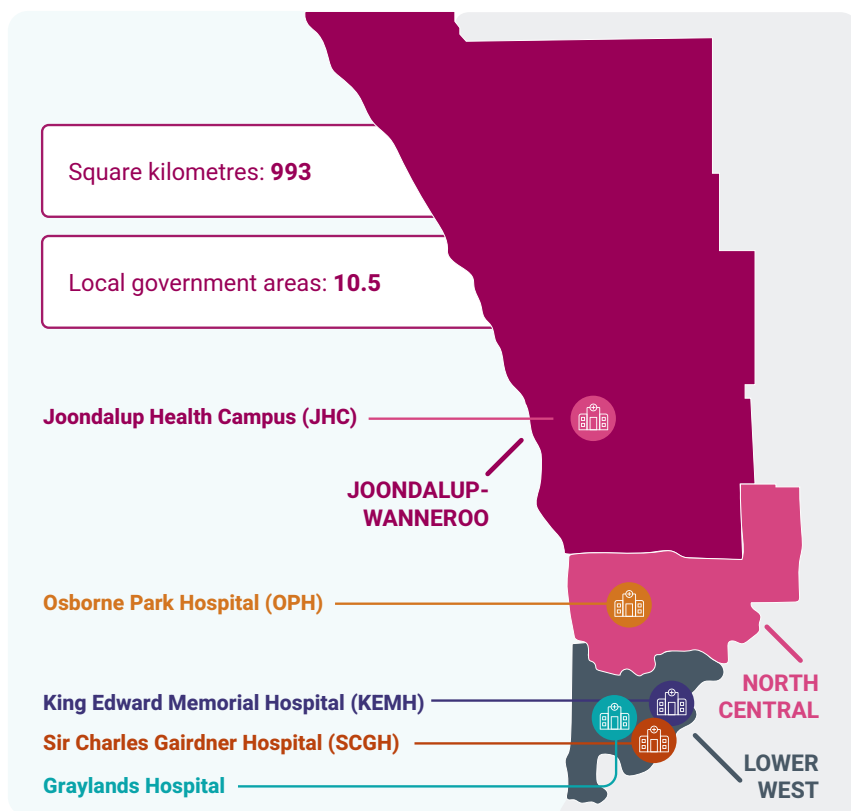
2.1 Understanding Aboriginal people's health and wellbeing

Around 6300 Aboriginal people live in the Perth north metropolitan region covered by NMHS services.¹ This is roughly 1.2 per cent of the region's population, which is lower than the overall Perth metropolitan (1.6 per cent), WA state (3.1 per cent), and Australian national (7.6 per cent) figures. While these figures will change with time, it is well established that Aboriginal people, overall, experience a greater burden of disadvantage than non-Aboriginal people. While nationwide Aboriginal health programs and other initiatives seem to have contributed to improvements in Aboriginal people's life expectancy, hospitalisation figures show higher use by Aboriginal people than non-Aboriginal people in some key areas (eg: Emergency Department presentations).

'Health' and 'wellbeing' are often reduced to sets of numbers in reports. These kinds of reporting are important for monitoring and assessing our performance as a health service, but they do not tell the whole story, particularly if we are looking at the situation from different points of view. How do Aboriginal people define health and wellbeing?

For Aboriginal people, health means not just an individual's physical wellbeing, but refers to the social, emotional, and cultural wellbeing of the whole community around that individual.² Members of the community achieve their full potential as human beings, and thereby bring about the total wellbeing of their community. This is a broad view of health, and likewise there are many determinants of health, with cultural determinants being a key part of the picture. Stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across other determinants of health.³

A key aim for us as NMHS will be to continue growing in our understanding of health and wellbeing from Aboriginal people's point of view, and to continue developing our services to better suit our Aboriginal communities.⁴





2.2 How the Strategy fits in with other work

This Strategy aims to address the underlying issue of our services not being accessible for Aboriginal people. In this Strategy, we are prioritising certain goals that fit in with the broader health system’s goals to improve the health and wellbeing of Aboriginal people. This does not mean that we are ignoring other goals, or saying that those goals are not important. The health system is complex, and we expect that improvements in one area should help lead to improvements in other areas – we need to start somewhere.

This Strategy aligns with previous work at local, state, and national levels, but in particular, we want to consider alignment with the National Partnership on Closing the Gap 2020, Sustainable Health Review (SHR), WA Aboriginal Health and Wellbeing Framework 2015–2030 (AHWF), and the NMHS Strategic Plan 2020–2025 (NMHS Strategic Plan) and NMHS Operational Plan 2021–2023 (NMHS Operational Plan).

2.2.1 National Agreement on Closing the Gap

In July 2020, the Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian governments endorsed a new National Agreement on Closing the Gap. The National Agreement included four priority reforms,⁵ and

the parties to the agreement acknowledged that “strong Aboriginal and Torres Strait Islander cultures are fundamental to improved life outcomes for Aboriginal and Torres Strait Islander people”.

This Strategy aligns most directly with Priority Reform 3 (transforming government organisations). Under that reform, NMHS as a government organisation is committed to:



2.2.2 Sustainable Health Review

The SHR is the most recent whole-of-system review of the WA Government health system (WA Health), which NMHS is part of. The SHR Final Report was released in 2019 and has eight enduring strategies and 30 recommendations. Those recommendations aim to drive a cultural shift from a predominantly reactive, acute, hospital-based system to one with a strong focus on prevention, equity, early child health, end-of-life care, and seamless access to services at home and in the community through use of technology and innovation.⁶

This Strategy aligns most closely with SHR Enduring Strategy 1 (commit and collaborate to address major public health issues). Under Enduring Strategy 1, SHR Recommendation 3a specifically addresses Aboriginal health and wellbeing, aiming to “reduce inequity in health outcomes and access to care with focus on Aboriginal people and families in line with the WA Aboriginal Health and Wellbeing Framework 2015–2030”.⁷ Priorities in implementation for SHR Recommendation 3a include:

Increasing Aboriginal Leadership

- Employment of additional Aboriginal staff, including in leadership positions, to meet the WA Health target of 3.2 per cent of Aboriginal employees by 2026, with priority given to increasing the proportion of Aboriginal nurses, allied health professionals, and medical practitioners as part of multidisciplinary teams

Strengthening Partnerships

- Ongoing recognition and strengthening of Aboriginal Community Controlled Health Services as leaders in Aboriginal primary health care, including through sustainable funding for partnerships in prevention and early intervention, including mental health

Improving Cultural Competency

- Expansion of mandatory system-wide cultural learning to develop knowledge and understanding of Aboriginal health and to support the growth of a culturally competent and responsive health system

2.2.3 WA Aboriginal Health and Wellbeing Framework

The AHWF identifies key guiding principles, strategies, and priority areas for the coming years to improve the health and wellbeing of Aboriginal people in WA. It has an accompanying Implementation Guide and a Monitoring and Reporting Plan.

The AHWF has six strategic directions,⁸ of which Strategic Direction 3 (a culturally respectful and non-discriminatory health system), Strategic Direction 5 (a strong, skilled, and growing Aboriginal workforce), and Strategic Direction 6 (equitable and timely access to the best quality and safe care) line up directly with this Strategy's cultural security and workforce priorities. We recognise that racism is a key social determinant of health for Aboriginal people, and both our services and our work environment must be free of racism and unfair discrimination. Safe care is not just clinically safe care, but also culturally safe care. We also recognise that a sustainable, skilled Aboriginal workforce, ranging from entry to leadership roles, is vital to help address the significant health issues faced by Aboriginal people.

The AHWF also identified seven priority areas based on consultation with Aboriginal communities, data and evidence, and alignment with key state and national policy documents.⁹ AHWF Priority Area 4 (better health systems), Priority Area 5 (Aboriginal workforce development), and Priority Area 7 (addressing the social determinants) will be directly addressed by work on this Strategy's priorities.

NMHS's Director of Aboriginal Health chairs the NMHS Aboriginal Health Working Group (AHWG), which reports directly to the NMHS Chief Executive and has sub-groups at each NMHS site. AHWG is responsible for strategic planning for NMHS on all organisational issues relating to Aboriginal people's health and wellbeing, including alignment with the AHWF and reporting under that framework through the NMHS Aboriginal Health and Wellbeing Action Plan (AHWAP).



2.2.4 NMHS Strategic Plan and NMHS Operational Plan

Our mission as NMHS is to promote and improve the health of our people and our communities. Following on from this mission, the NMHS Strategic Plan involves six strategic priorities.¹⁰ This Strategy particularly aligns with:

- **Strategic Priority 1** – Enabling healthy communities. We will empower Aboriginal people in our communities to live healthy lives, and co-design and collaborate with Aboriginal people to improve services. To achieve this, we will listen to our Aboriginal communities and engage better with them, particularly in terms of health promotion and prevention activities.
- **Strategic Priority 2** – People-centred care. We will provide services that recognise Aboriginal people, their abilities, and their cultures, and we will listen to them about what matters to them. To achieve this, we will work to improve Aboriginal consumer and carer satisfaction, and increasingly involve them in designing, implementing, and evaluating services.
- **Strategic Priority 5** – Trusted, engaged, and capable people. We will prioritise the wellbeing of our Aboriginal workforce, demonstrate our values in everything we do, encourage our Aboriginal people to have a go, and inspire them to be their best selves. To achieve this, we will provide more and better support to Aboriginal people joining us and working with us, both in terms of cultural aspects and professional development.

The Strategy directly aligns with one of the 13 priority initiatives in the NMHS Operational Plan. Under Operational Initiative 4 (Kaya Wandjoo – Aboriginal people matter) of that plan, we are aiming to make NMHS services places where Aboriginal people feel safe, heard, and important, and where cultural needs are met. This is a high aspiration, and one that we are committed to.



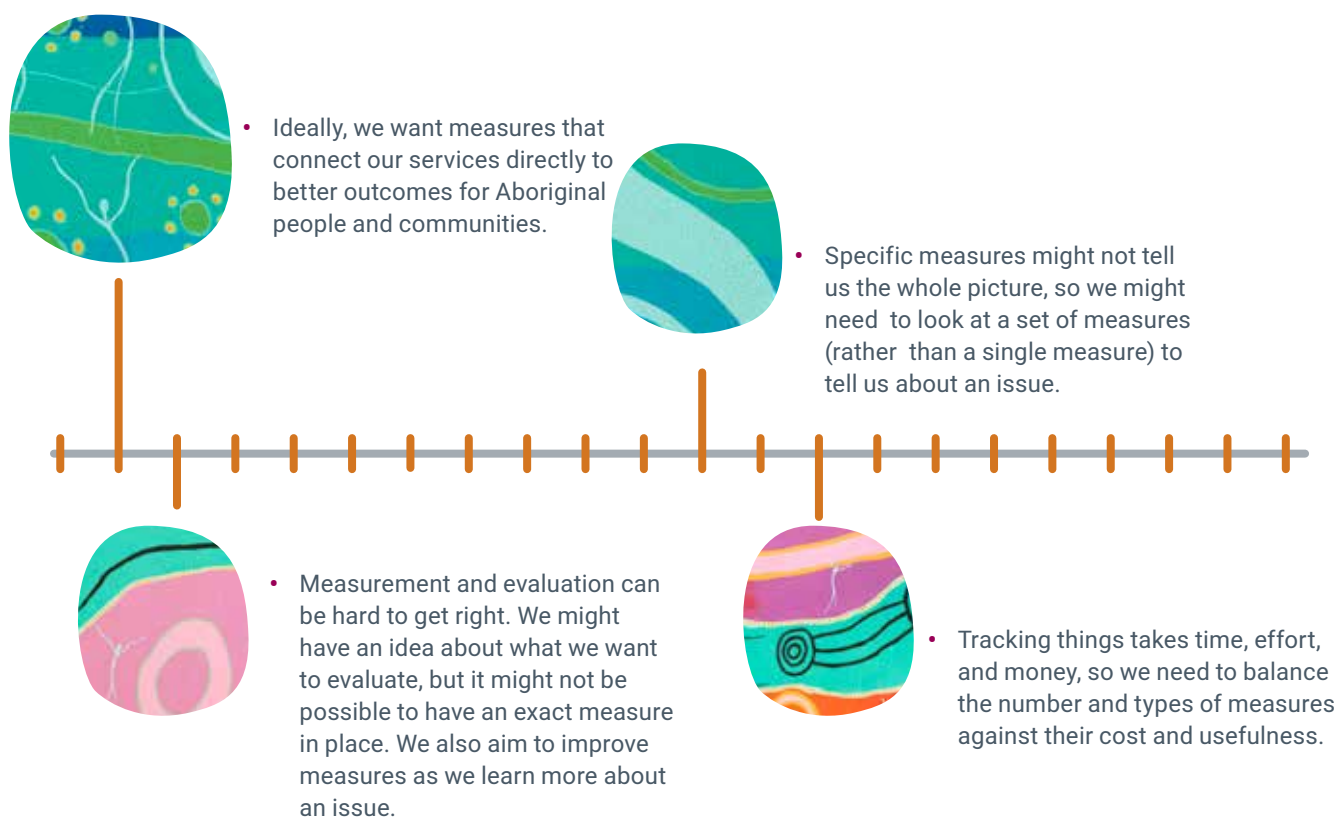
2.3 Measuring how we are doing

An important challenge for any government organisation, including NMHS, is to measure and evaluate how we are doing. Under this Strategy, we want to be confident that the changes we make will have a positive effect on our Aboriginal communities.

There are several reporting requirements already in place for NMHS, including reporting through Health Service

Performance Reports and in accordance with the AHWF (through the AHWAP), Aboriginal and Torres Strait Islander Health Performance Framework (HPF),¹¹ and other requirements. These measures focus on compliance – are we doing what we are supposed to be doing? They give us some of the picture. More than that, though, we want to look at whether we are actually achieving the goals set out in this Strategy.

Before we get to the three practical priorities in this Strategy, and how we plan to measure progress, it is important to note some general points:



In the following section, we will describe some of the measures we are tracking, or planning to track, in relation to Aboriginal health and wellbeing. These are just to give a picture of the kinds of things we are looking at. Further work on measures is taking place as part of Operational Initiative 4 (Kaya Wandjoo – Aboriginal people matter).

3. Practical priorities

3.1 Cultural security for Aboriginal people

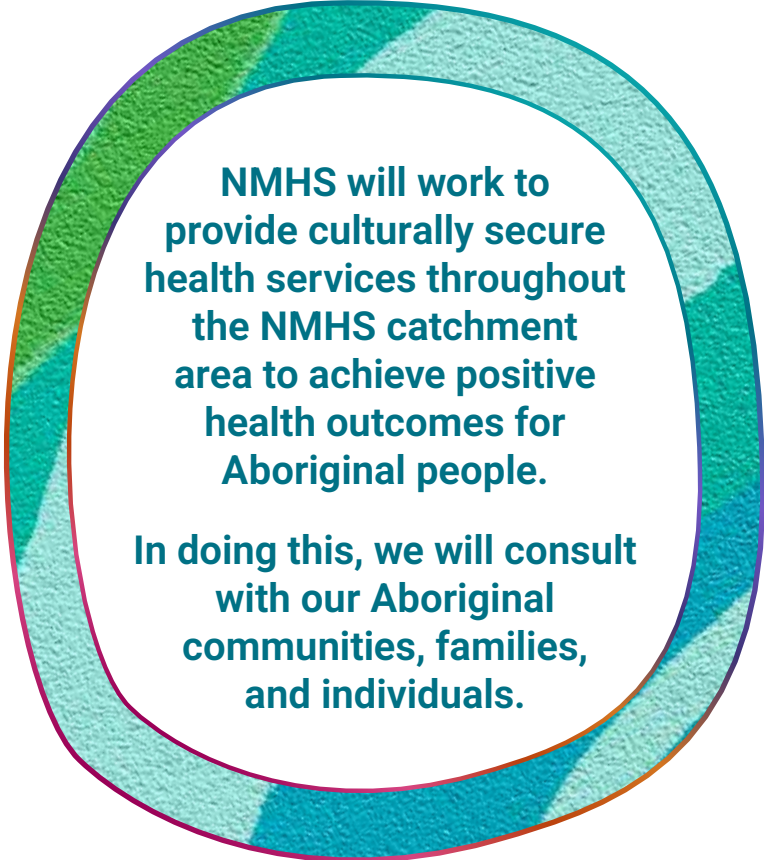
3.1.1 What we have heard

Aboriginal people need to feel comfortable and secure when using our health services. Without cultural security, they will not want to use those services. Better cultural security will help both communities (as a whole) and individuals to benefit from our services.

Cultural security involves a commitment to the principle that the design and provision of programs and services offered by the health system will not compromise the legitimate cultural

rights, values, and expectations of Aboriginal people.¹² It focuses primarily on systemic change that seeks to assist health professionals to integrate culture into their delivery of programs and services, and to adopt a cultural lens to view practices from the perspective of Aboriginal people and culture. The emphasis is that the responsibility for the provision of culturally secure health care lies with the system as a whole, and not just the individual health practitioner.

3.1.2 What we will do



NMHS will work to provide culturally secure health services throughout the NMHS catchment area to achieve positive health outcomes for Aboriginal people.

In doing this, we will consult with our Aboriginal communities, families, and individuals.

We need to improve how we cater to Aboriginal people's health care needs, and to do that, we need to reassess how we measure cultural competency. To help with this, we have started considering the measures we need to use, and will be establishing NMHS Aboriginal Health dashboard reporting to help us track progress.

Whilst Aboriginal cultural awareness training is mandatory and part of our induction process for all NMHS staff, we are continually seeking ways to improve our staff's cultural awareness and provision of culturally competent services to Aboriginal patients. In an ongoing process to improve, we will be seeking feedback and advice from Aboriginal people and Aboriginal organisations.

As one example, more of our Aboriginal cultural training could be provided through workshops led by Aboriginal people. As another example, we could review, expand, and recruit more of our Aboriginal workforce across all our services.¹³ In addition to their current valuable work, Aboriginal liaison officers might be able to help more in developing our overall staff's cultural awareness.

3.1.3 What we will check

The overarching way we will know if our services are culturally secure for Aboriginal people is if our Aboriginal people make use of our services. We have heard clearly that if Aboriginal people do not feel comfortable using our services, they just tend to avoid those services. We want to change this situation.

As an example, let us think about Discharge Against Medical Advice (DAMA). People can choose to leave hospital sooner than it is clinically safe for them to do so – this is known as a DAMA. We would aim to reduce DAMA rates because, all things considered, it is best for people to leave hospital only when it is clinically safe for them to do so. There could be a few reasons for a DAMA, but one possibility is if people feel uncomfortable with the way they are being treated. While there is not necessarily a direct link between cultural security and DAMA rates, and there are many more factors affecting DAMA, we would expect better cultural security to help us decrease DAMA rates to some extent.

Following on from that, one way we can help our staff make our services more culturally secure is by ensuring they become more culturally aware. The WA Department of Health developed the Aboriginal Cultural eLearning (ACeL) program for use across WA Health. The ACeL program provides a solid introduction to Aboriginal culture, and everyone working in WA Health is required to complete it. In practice, particularly in a demanding work environment where patient care is the top priority, it can take time for this requirement to be met. We can identify the areas within NMHS where completion rates are lower, and take steps to support staff in those areas to complete the training. Completion rates, site data, and completion times can help guide us in specific steps to improve staff uptake of the ACeL program.



3.2 Engagement with Aboriginal people

3.2.1 What we have heard

Aboriginal people need to be able to better engage with NMHS, and feel comfortable in communicating with our staff and providing feedback to us. We need to provide helpful information to, and support better communications for, Aboriginal people. We need to stop making assumptions about Aboriginal people, and treat them respectfully and equitably.

3.2.2 What we will do



This listening will happen at every level, from immediate feedback from Aboriginal people using our services, through to formal consultations with Aboriginal leaders. More broadly, we will review the ways we engage with Aboriginal people. We want NMHS services to be places where Aboriginal people are heard.

A key first step will be to consult Aboriginal elders through the NMHS Aboriginal Cultural Advisory Group (ACAG). The group consists of recognised elders and senior community representatives, and provides cultural direction and protocols on Aboriginal health matters, on behalf of the Aboriginal communities of the NMHS region. We will engage with ACAG as we plan and deliver programs to help improve Aboriginal health and wellbeing.

Our Aboriginal liaison officers are valuable members of our workforce, and we can look at ways to expand their roles. For example, we could ask them to help more of our Aboriginal patients provide feedback within our services and, accordingly, review their capacity as a team.

3.2.3 What we will check

Various measures already exist that can help us assess how well we are engaging with our Aboriginal people, and many of them relate to direct consumer responses.

As an example, let us think about MySay Healthcare Survey response rates. NMHS uses the survey to measure patient experience, helping us identify what we are doing well and where we need to focus our attention to improve.

All eligible patients are sent an invitation to participate by SMS 48 hours post-discharge (eg: after leaving a hospital), and the survey takes only a few minutes to complete. Patients who do not have a mobile telephone can still provide feedback to NMHS (eg: in person at a hospital). Aboriginal people make up around 1.2 per cent of Perth's north metropolitan population, so we would expect that (on average) around 1.2 per cent of survey response rates would come from Aboriginal people.

A percentage significantly lower than 1.2 per cent could indicate problems with obtaining feedback from Aboriginal people, while a figure higher than 1.2 per cent would suggest that Aboriginal people are providing feedback more than non-Aboriginal people are.

In terms of patient safety and clinical quality, we ask patients to fill in point prevalence surveys (which identify the number of people with a disease or condition at a specific point in time) and return those surveys to us. Currently, response rates from Aboriginal people on these surveys are much lower than for non-Aboriginal people. We need to engage better with

Aboriginal patients to participate in these surveys, so that we can better understand the safety and quality issues commonly associated with Aboriginal patients. This could, for example, be achieved through asking our Aboriginal liaison officers to help encourage Aboriginal patients to respond, and help them with using the response tools.


As mentioned above, improving our consumer engagement is something we will be talking about with Aboriginal elders and others. Under the NMHS Operational Plan, we will be holding workshops with Aboriginal people to plan the best way forward.

3.3 Strengthening our Aboriginal workforce

3.3.1 What we have heard

It is vitally important for NMHS to have more Aboriginal people in our workforce, and for them to have opportunities to develop and take on a range of roles. This will help us provide better support for Aboriginal patients and their families.

3.3.2 What we will do



NMHS will work to help build a representative, skilled Aboriginal health workforce across all occupational groups and levels.

We will do this by prioritising the employment and career development of Aboriginal people in our workforce.

The NMHS Aboriginal Employment Strategy 2020–2025 has four priorities: (1) make it a priority to develop capacity in NMHS’s workforce to better support Aboriginal employees; (2) proactively identify and support the talents of Aboriginal people; (3) consciously build an organisational culture in which all people are treated fairly and respectfully; and (4) take responsibility for improving the representation and inclusion of Aboriginal people in NMHS’s workforce.

We need to consider how we support and develop our Aboriginal workforce, including planning for funding and other resourcing requirements. For example, it may be that we need to employ more Aboriginal liaison officers in certain services, or ensure that Aboriginal liaison officer positions are stable, so that we can both provide attractive positions and benefit from the development of expertise and relationships by having permanent staff in those positions.

3.3.3 What we will check

NMHS already monitors various measures relating to the employment of Aboriginal people in our workforce. In general, the biggest set of measures we watch is the percentage of Aboriginal employees in the NMHS workforce, whether looking at the picture overall or at specific occupational groups. We would aim for those percentages to be at least the same as the proportion of Aboriginal people in our region's population. For example, Aboriginal people make up around 1.2 per cent of Perth's north metropolitan population, so we would ideally want 1.2 per cent or more of our workforce to be Aboriginal people.

As another example, let us think about employment opportunities offered to Aboriginal cadets, interns, graduates, and trainees who complete an Aboriginal employment program.

NMHS is providing several ways for Aboriginal people to strengthen their skills and develop new skills to advance in their careers, but it is important that these programs also lead to more Aboriginal people joining our workforce. This process started in 2021 and, as time passes, we aim to be able to offer more jobs to Aboriginal people coming through these programs.

A set of measures already exists in our Aboriginal Workforce Policy Report (AWPR). These measures allow us to keep track of information relating to various aspects of employment of Aboriginal people in NMHS. As an example, the AWPR includes information on the number of Aboriginal medical graduates who applied for, and who were then appointed to, junior medical officer positions within NMHS.



4. Working together

4.1 Leadership and governance

NMHS's Director of Aboriginal Health is the lead for Aboriginal health and wellbeing initiatives within NMHS. The Director of Aboriginal Health has a direct communication line to the Chief Executive, as shown in the governance structure diagram below.

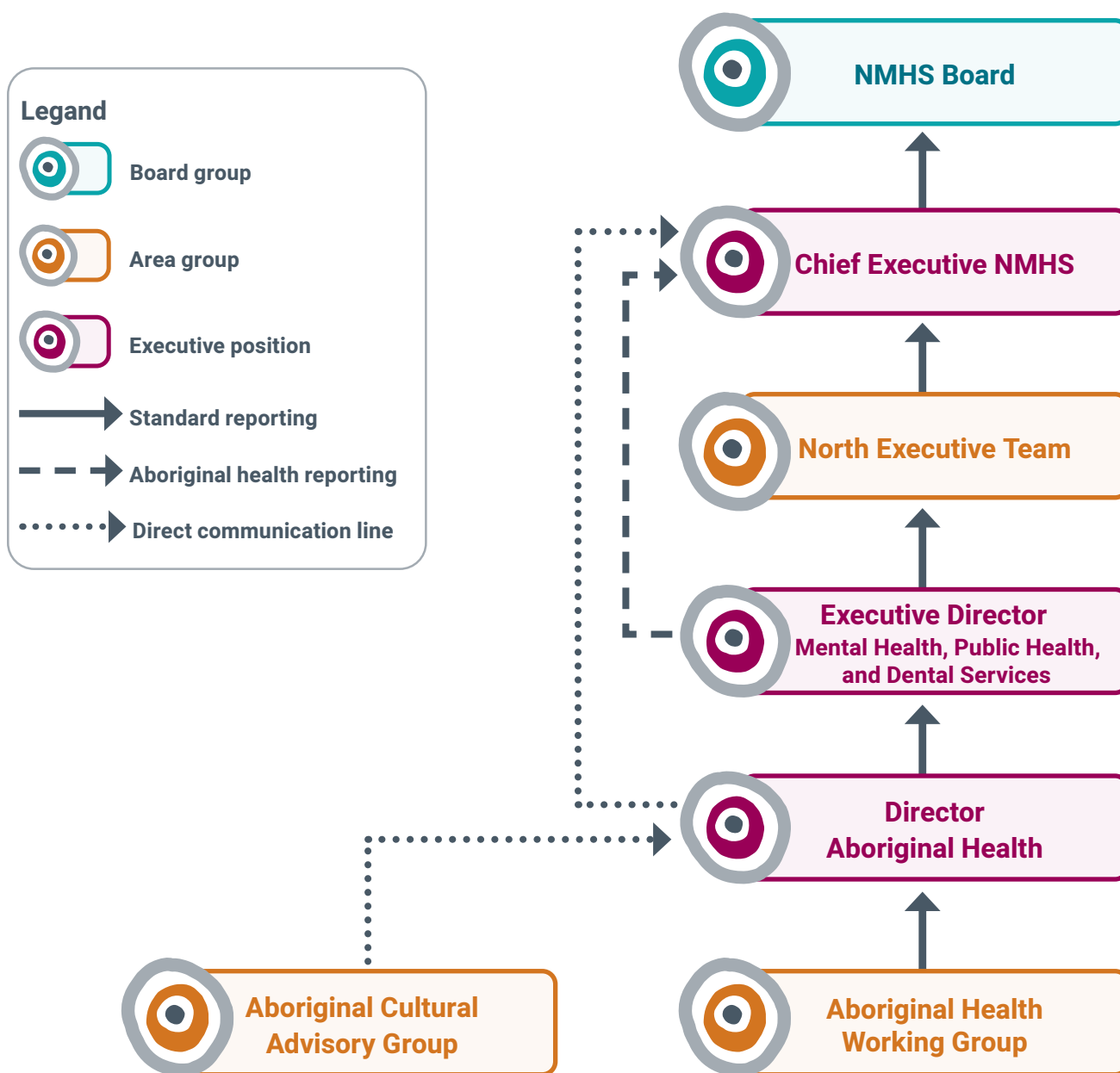


Figure 1: NMHS governance structure for Aboriginal health and wellbeing issues



We will continue to work on organisational issues through AHWG (and its sub-groups at each NMHS site), and continue to plan and consider how our leadership and governance structures can better support the aim of improving Aboriginal people’s health and wellbeing. At site level, we have already implemented Reconciliation Action Plans, and we plan on developing a reflective Reconciliation Action Plan for all of NMHS.

Under our leadership in NMHS, we are committed to improve our services to better fit with Aboriginal people. As mentioned above, one of the priority initiatives in the NMHS Operational

Plan is to make NMHS services places where Aboriginal people feel safe, heard, and important, and where cultural needs are met. This initiative is being sponsored by one of our Executive Directors, who is championing work in this area together with our Director of Aboriginal Health.

We recognise that providing cultural security for Aboriginal people, engaging with Aboriginal people, and strengthening our Aboriginal workforce are responsibilities for all of us in NMHS.

4.2 Evaluating performance

Key measures are already in place or are under development as part of Operational Initiative 4 (Kaya Wandjoo – Aboriginal people matter). Many of these exist to enable us to meet reporting requirements. We are reassessing and refining existing measures, and will develop new measures as needed. This will enable us to evaluate how we are performing in relation to our goals, as set out in this Strategy. For now, we want to reiterate that measurement and evaluation can be hard to get right, so this will need careful work.

4.3 Have your say



SCAN ME

We will continue to consult with Aboriginal communities – we need to hear from our Aboriginal people.

If you are an Aboriginal person, please let us know how you are feeling and what we can do to make our services better, whether you talk to our on-site staff who are caring

for you, send an email to our Aboriginal Health team at healthunit.aboriginal@health.wa.gov.au, scan the QR code, or call (08) 9380 7771.

If you are one of our valued NMHS staff, please build on the personal commitment you have already made to improve our community’s health by reconsidering what you can do to help our Aboriginal people feel more comfortable and better appreciated.

Please join us in walking together to improve the health and wellbeing of our Aboriginal people.



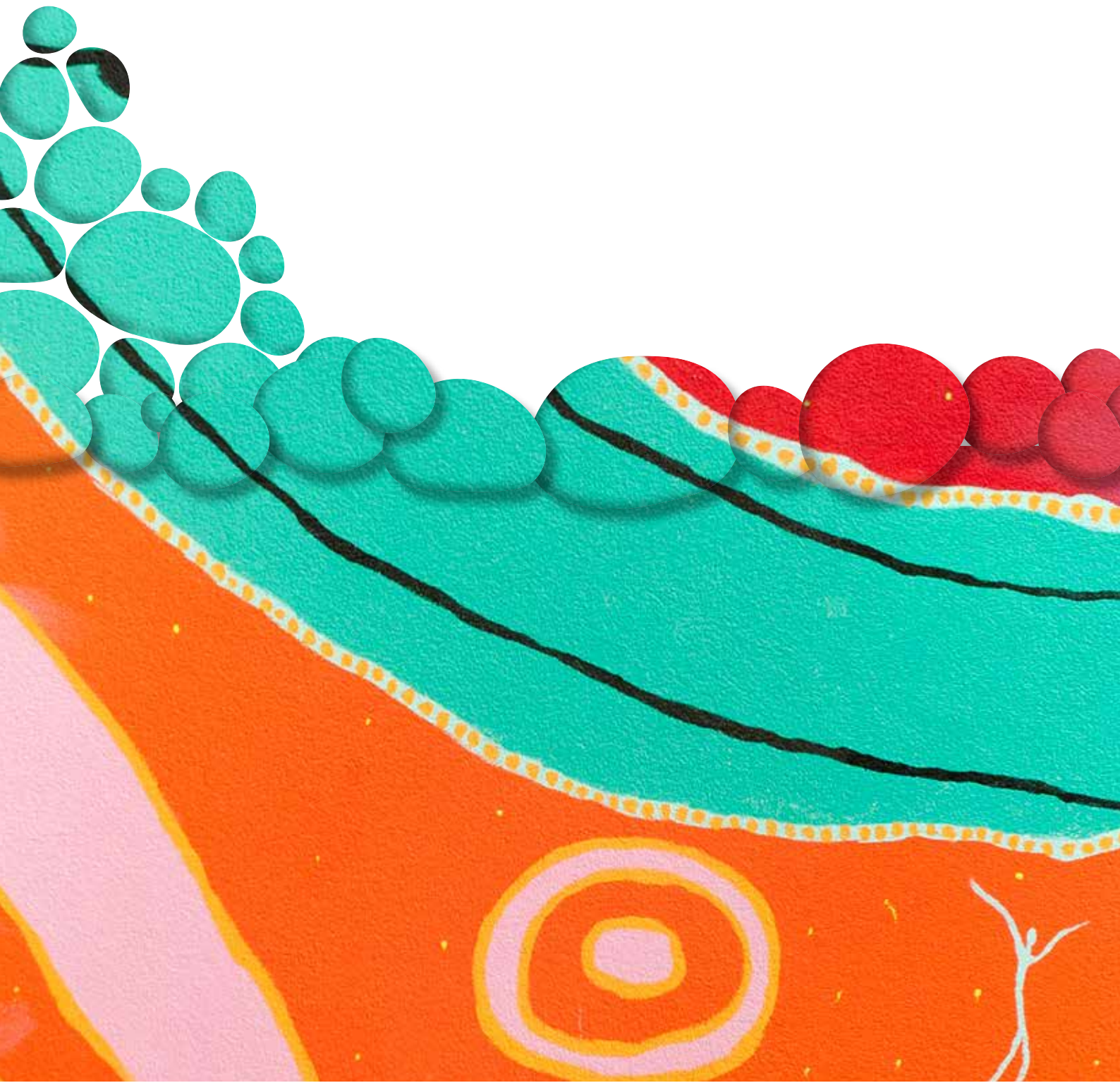


Mungart tree

Also known as “jam tree”, “raspberry jam tree”, or “fine leaf jam” in English, and Mungart or Mungat in Noongar. This tree is known for its use in Aboriginal food and lifestyle, producing resin and seeds for food, and hardwood for tools and weaponry.

Notes

1. NMHS Population and Health Profile 2017.
2. National Aboriginal Health Strategy 1989.
3. WA Country Health Service Aboriginal Health and Wellbeing Strategy 2019–24.
4. NMHS also recognises that there are many Aboriginal people coming from outside the Perth north metropolitan region to use our services.
5. National Agreement Priority Reforms: (1) formal partnerships and shared decision-making; (2) building the community-controlled sector; (3) transforming government organisations; and (4) shared access to data and information at a regional level
6. SHR Enduring Strategies: (1) commit and collaborate to address major public health issues; (2) improve mental health outcomes; (3) great beginnings and a dignified end to life; (4) person-centred, equitable, seamless access; (5) drive safety, quality, and value through transparency, funding, and planning; (6) invest in digital healthcare and use data wisely; (7) culture and workforce to support new models of care; and (8) innovate for sustainability.
7. Recommendations 3b and 3c relate to Culturally and Linguistically Diverse people and to people living in low socioeconomic conditions, respectively.
8. AHWF Strategic Directions: (1) promote good health across the life course; (2) prevention and early intervention; (3) a culturally respectful and non-discriminatory health system; (4) individual, family, and community wellbeing; (5) a strong, skilled, and growing Aboriginal workforce; and (6) equitable and timely access to the best quality and safe care.
9. AHWF Priority Areas: (1) addressing risk factors; (2) managing illness better; (3) building community capacity; (4) better health systems; (5) Aboriginal workforce development; (6) data, evidence, and research; and (7) addressing the social determinants.
10. NMHS Strategic Priorities: (1) enabling healthy communities; (2) people-centred care; (3) integration and connection; (4) innovative and adaptive models of care; (5) trusted, engaged, and capable people; and (6) sustainable and reliable.
11. The HPF supports a comprehensive, coordinated effort across and beyond the health sector to address the complex, interrelated factors that contribute to health outcomes experienced by Aboriginal Australians. The biennial HPF report is the authoritative evidence base for Aboriginal health policy, and is recognised for its innovative approach to combining evidence from national data collections and research literature with policy analysis. The HPF report presents a summary of data and policy analysis for 68 performance measures across three tiers: (1) health status and outcomes; (2) determinants of health, including socioeconomic and behavioural factors; and (3) health system performance.
12. AHWF Implementation Guide (2017), p. 7.
13. This approach would also apply to other NMHS positions directly assisting Aboriginal patients in the Perth north metropolitan region, regardless of specific position title (eg: Aboriginal Health Liaison Officer, Aboriginal Liaison Officer, Aboriginal Health Promotion Officer).



Kaya Wandjoo –
Aboriginal people matter