



CULTURALLY RESPONSIVE ABORIGINAL HEALTHCARE FRAMEWORK GUIDE

Hunter New England and Central Coast Primary Health Network

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2018-2020

MINISTER'S FOREWORD

All Australians have the right to access effective, high quality, comprehensive, culturally appropriate, primary health care services.

I believe that true and lasting gains in the health of First Nation people are made when individuals and families have a say in those areas that impact on their health and wellbeing.

The Coalition Government is committed to working closely with Aboriginal and Torres Strait Islander people and families and listening to their perspectives on how to achieve this goal.

While there have been significant improvements in life expectancy, child mortality and smoking rates, more needs to be done, working and walking together with Aboriginal and Torres Strait Islander Australians.

Culture is central to First Nations people's wellbeing and needs to be embraced and embedded across the entire health system, to act as both a protector and an enabler of better health.

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To improve Aboriginal and Torres Strait Islander health experiences and outcomes, we must take an innovative, holistic approach to care. We need to drive health system improvements by challenging our current approaches and considering new ways of working.

Primary Health Networks (PHNs) play a key role in supporting system change. They work across the health system to better coordinate and integrate health services around the needs of patients. A priority for PHNs is building effective relationships between primary health care providers, including Aboriginal and Torres Strait Islander health services.

The Framework, developed by the Hunter New England and Central Coast PHN, supports this collaborative approach to improve the integration and coordination of Aboriginal and Torres Strait Islander primary healthcare services.

The Framework supports holistic approaches that consider the cultural and social determinants of health and is underpinned by core values, including self-determination, equity, respect, and empowerment.

It identifies key health and wellness goals, such as increasing timely diagnosis and effective treatment of chronic disease, and outlines specific strategies to help achieve those targets.

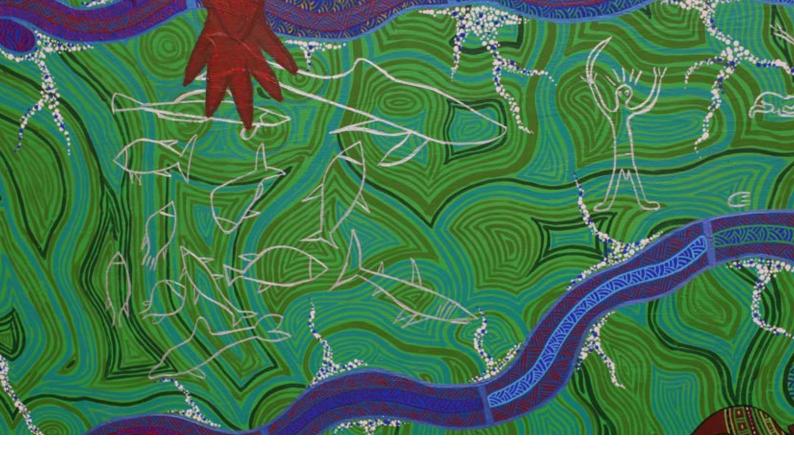
The Framework is a foundation document that will contribute to a stronger, healthier future for First Nations people. I commend the Hunter New England and Central Coast PHNs' commitment to working with local families and communities, for local families and communities.

The Hon Ken Wyatt AM, MPMinister for Indigenous Health

A Framework to Guide the implementation of Culturally Responsive Aboriginal Healthcare across the Hunter, New England & Central Coast Primary Health Network - 2018-2020

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MESSAGE FROM OUR CEO

While the primary health care environment has undergone significant changes over the last ten years, one area that has seen little change is an improvement in the health outcomes for Aboriginal communities.

A fundamental step towards improving health outcomes for Aboriginal people is to assist the mainstream health system better understand and incorporate Aboriginal culture and customs.

Our PHN has produced this framework to help embed cultural respect principles into our region's primary health care system. The development of this framework has actively involved the people who receive the health services we fund, as well as our staff and our service providers. It will provide our service providers, partners and the PHN with a guide to help deliver quality, culturally safe, responsive health care to Aboriginal and communities across our region and contribute towards Closing the Gap.

Primary Health Networks are relatively new players in the primary health care space but they can play a vital role in closing the gap in health inequities by ensuring the health services they plan and commission are done in a culturally responsive manner.

Our experience to date has included trying to improve the capacity and capabilities of the Aboriginal health workforce. Currently our PHN is helping over 30 Aboriginal people across our region gain qualifications in Aboriginal Health, Drug & Alcohol and Mental Health, and we hope to increase this further in the near future.

For Aboriginal people we recognise that health is not just about physical well-being, it is also the social, emotional and cultural well-being of the whole community which is important. This means that if we are to close the gap in Aboriginal health then it is vital we support more Aboriginal people to work in the health field. Our aim is to empower Aboriginal people and to demonstrate respect for their cultural beliefs, values and family systems.

We strongly believe our commitment to place Aboriginal people and communities at the centre of the decision making process and implementing a whole of organisation approach to Aboriginal health will lead to improved health outcomes for Aboriginal people and communities within our region.

Richard Nankervis



OVERVIEW

The Hunter, New England and Central Coast Primary Health Network (HNECC PHN) has a fundamental commitment to achieve meaningful and sustainable improvements in health outcomes for Aboriginal people living within our region.

The framework is a strength based and Aboriginal rights framework. It recognises the critical need to effectively engage with and involve members of the Aboriginal community in the design and delivery of healthcare services and programs that address and respond to Aboriginal health disparities.

The health disparity and life circumstances and expectancy patterns between Aboriginal and non-Aboriginal Australians are stark. Effective remedies to address both the underlying causes and the illnesses themselves are complex, contested and elusive.

Recognising this disparity the Coalition of Australian Governments (COAG) established a strategy aimed at closing key social, education, economic and health gaps between Aboriginal and other Australians. The Closing the Gap strategy has its genesis in the 2005 Social Justice report and the subsequent work of a coalition formed in 2006 of national peak bodies including the Human Rights and Equal Opportunity Commission (HREOC), the Australian Indigenous Doctors Association (AIDA), the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), the Indigenous Dentists' Association of Australia (IDA), Oxfam

Australia, the National Aboriginal Community Controlled Health Organisation (NACCHO) and Australians for Native Title and Reconciliation (ANTAR).

The coalition of national peak organisations was soon joined by a number of other Australian organisations that in 2007 launched what was referred to as the National Indigenous Health Equality Campaign.

The campaign provided the impetus for the Coalition of Australian Governments (COAG) to initiate and implement in December 2007 what has become known as the Closing the Gap (CTG) strategy.

In March 2008 the National Indigenous Health Equality Summit was held in Canberra and it was at this summit that the Close the Gap Indigenous health equality targets were publicly announced. The Indigenous health equality summit statement of intent was signed in March 2008 with the express purpose to:

> ...work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by the year 2030.



Almost 10 years after the adoption of the Closing the Gap strategy, the report for 2017 clearly indicates that little traction is being achieved. The Australian Human Rights Commission in its Close The Gap - Progress & Priorities report 2017 commented:

...despite closing the gap being a national bipartisan priority, it is clear that Australian governments at all levels are, in key respects, failing Australia's First Peoples.

In February 2016, the Close The Gap Campaign (the Campaign) welcomed the Prime Minister's words at his first Closing the Gap report to Parliament where he said 'we have to stay the course on key policy priorities' and that it is time for governments to 'do things with Aboriginal people, not do things to' Aboriginal people. In his speech, the Prime Minister said:

I will honour that commitment not by delivering to Indigenous Australians, but by working with Aboriginal and Torres Strait Islander leaders and their communities across Australia.

And yet, as shown by the recent report of the Australian National Audit Office regarding the Indigenous Advancement Strategy across nearly every government funded program, initiative or portfolio responsibility we see the continuation of imposed, unengaged and often rushed service delivery.

Long-standing Close the Gap campaign leader and CEO of The Lowitja Institute, Mr Romlie Mokak said during the 2016 Medicine & Society Oration that:

Power in the policy world sits with others, not with Aboriginal and Torres Strait Islander peoples. It resides outside of the domain of Aboriginal and Torres Strait Islander people. We must redress the power imbalance.

In his Medicine and Society Oration, Romlie Mokak went on to say that:

...we are outsiders to the intimate internal discussions about our very own health and wellbeing.

Clearly a new model is required if greater traction and success is to be achieved in the Closing the Gap strategy, a model that requires a departure from tried and failed approaches to community engagement and one that inspires Aboriginal community and healthcare leadership.

We are committed to working with members of the Aboriginal community to negotiate and implement culturally safe and responsive healthcare for members of the Aboriginal communities located in our region.



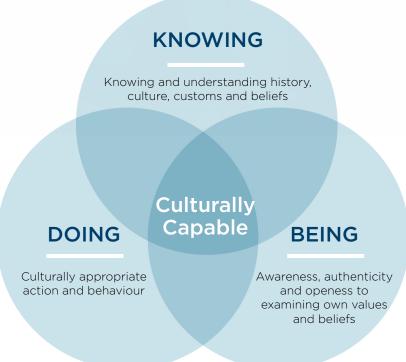


Figure 1: The Commonwealth Aboriginal and Torres Strait Islander Cultural Capability Model. Effective practice in all three domains contributes to an employee becoming culturally capable.



ABORIGINAL DEMOGRAPHICS FOR OUR REGION

HNECC PHN has an estimated Aboriginal population of **65,200**. This represents **5.4%** of the total population of the region of just over **1.2 million**. In percentage terms, the Aboriginal population of our region is almost two times that of the national average of **2.8%** and **2.9%** of NSW average.

A copy of our **HNECC Aboriginal Health Profile 2018** by clicking on the link if reading this framework on line, or alternatively it is available on our website.

ABORIGINAL SOCIAL DISADVANTAGE INDICATORS

Aboriginal health disparities don't exist in a socio-political vacuum, the underlying causes are multifactorial and require inter-sectoral responses. Historically government policies and programs coupled with discriminatory societal attitudes and practices have led to a situation where Aboriginal people have experienced significant socio-economic disadvantage.

Environmental health should also be viewed within a social and cultural context and is included here as an Aboriginal social disadvantage indicator. Environmental health focuses on the physical, chemical, biological and social factors which affect all people including Aboriginal populations within their surroundings. This involves the provision of adequate infrastructure including housing, water supply and sewage systems and minimising environmental health risk factors.

Examples of health problems associated with the environment include: cancers and skin infections, cardiovascular and renal diseases and respiratory difficulties. Diseases can also be spread as a result of poor environmental health including pollution, poor animal management as well as insects and gastrointestinal illnesses.

To improve the health of our Aboriginal communities and to reduce treatment cost we need to prevent health problems by ensuring people reside in a healthy environment.

The Australian Indigenous Health Info Net is one of Australia's leading Indigenous health research and advocacy groups and it is both informative and instructive to consider what the agency has to say about Aboriginal social disadvantage indicators. The key measures in these areas for Aboriginal and Torres Strait Islander people nationally include: >>

Education

The 2016 Australian Census reported that:

- The large majority of 3 to 17 year old children (81%) were attending pre-school, primary school or secondary school. There was no significant difference in attendance between males and females.
- Attendance at Universities or other Tertiary Institutions increased for 18 to 24 year old males to 7% and females 12%. Over the last 10 year period females were consistently more likely than males to attend a University or other Tertiary Institution.
- In 2016, the proportion of 20 to 64 year olds who did not attain a post-Year 12 level qualification was 50 per cent.
- In 2016 educational attainment across all types of higher non-school qualifications in particular, the proportion having attained a Post Graduate Degree, Graduate Diploma or Graduate Certificate qualifications was 2 per cent, or 2,676 people.

Employment

In 2016, the unemployment rate for Indigenous people of working age was 18.4 per cent, 2.7 times the non-Indigenous unemployment rate (6.8 per cent). In 2016, the national Indigenous participation rate was 57.1 per cent, compared with 77 per cent for the non-Indigenous population.

Income

The median real equalized gross weekly household income for Aboriginal and Torres Strait Islander households in 2011-13 was \$465 compared with \$869 for non-Indigenous households.

History Matters

Aboriginal peoples are acknowledged as the oldest continuous culture on the planet. Prior to the colonisation of Australia, Aboriginal people lived harmoniously with the land and enjoyed a lifestyle that was regulated through a series of age old customs, traditions and values.

The expansion of colonies meant that the customs, traditions and values were lost and many Aboriginal families became dislocated and dispossessed from lands that had been their homelands for thousands of years.

Government policies and programs often denied Aboriginal people access to many services and while efforts in the past may have been well intentioned they have failed to make any meaningful improvements in the health and wellness of Aboriginal people as a whole.

We understand and acknowledge how the past has shaped and influenced the present. We will work with Aboriginal communities, Aboriginal Controlled Health Organisations and other healthcare providers to redress this legacy. We will engage positively in exploring and implementing best practice models that respond to Aboriginal health and wellness needs and aspirations.

In Aboriginal Health, the most critical aim is to close the gap in life expectancy between Aboriginal and non-Aboriginal Australians. We recognise we cannot achieve this on our own and it will take a collective commitment which includes an incremental and strategic planning process that is anchored by the notion of coresponsibility.

To do this we are committed to strengthening the capacity and resourcing available to the community and the primary care sector. We will foster and develop partnerships, leading the sector toward patient centred culturally responsive integrated care.



Our PHN recognises that it is time to explore new healthcare strategies.

Aboriginal health remain elusive and often

contested.

In New Zealand improving health outcomes for the Māori of Aotearoa provide examples of a way forward. The Te Anga Aroturuki Hauora, Māori Health Responsiveness Framework identifies four critical prerequisites to improving health outcomes for Māori. These prerequisites are:

- Whanaungatanga kinship relationships
- Taonga tuku iho cultural heritage
- Te ao tūroa environment
- Tūrangawaewae land base.

In an Australian Aboriginal context, the Māori prerequisites would manifest as:

Connectedness to family and kinship structures

Our recent cultural audit and subsequent cultural training has enabled us to better understand that each of these factors are critical to the design and delivery of effective healthcare services and programs for Aboriginal people and their communities.

Acknowledgment of these factors moves Aboriginal healthcare practices beyond the treatment of illness to a position of sustained engagement and active participation in healthcare design and delivery. The consideration of other social and cultural determinants of Aboriginal health and wellbeing is also of critical importance.

Culturally defined and responsive healthcare are the core elements to enable processes to inform the development and delivery of effective Aboriginal healthcare policies and practices. Therefore, a more collaborative working relationship between all agencies and organisations involved with Aboriginal healthcare is of importance and we will work with these agencies to improve efforts to close the gap in Aboriginal health experiences and outcomes.



THE VISION FOR OUR FRAMEWORK

Our PHN's vision is 'Healthy People, Healthy Communities'. We have chosen this vision because it is deliberatively inclusive.

Nevertheless we acknowledge that Aboriginal specific health strategies are required if Aboriginal people and communities living within our region are to enjoy a level of health and wellbeing that is, at least, equivalent to that enjoyed by other Australians.

THE AIM OF OUR FRAMEWORK

Our aim is to work in partnership with Aboriginal communities located in our region so that we:

- 1. Have a whole of system focus that puts people and communities first
- Are responsive to the diversity of, and differences in, our communities and addresses health inequalities
- Help people to understand and care for their own health and support them as partners in a better health system
- 4. Support and are guided by GPs and other clinicians as leaders in a better health system
- Aim for the best use of health resources, with locally relevant services that are high quality, cost effective and culturally responsive
- 6. Collaborate with others to enable and coordinate timely and appropriate health care, so that people can stay well in their communities



ENABLING PRINCIPLES AND VALUES

Our Aboriginal Health & Wellness Framework is underpinned by a number of enabling principles. These principles and values serve to inform and define the nature and scope of the relationship that we have with members of the Aboriginal community and guides the design and implementation of culturally responsive healthcare services and programs.

The following provides a broad and emergent overview of each of these enabling principles.

Self Determination

Recognises and gives effect to the right of Aboriginal people and communities to be involved in all aspects of the design, formulation and implementation of healthcare services and programs adopted to address and respond to their healthcare needs and aspirations.

Equity

Involves the acceptance that to effectively respond to Aboriginal healthcare needs and aspirations may require the 'unequal' distribution of healthcare resources to achieve 'equal' outcomes. Equity also recognises that many of the underlying factors impacting Aboriginal health and wellness disparities are unique to Aboriginal people and their communities necessitating specific tailored Aboriginal health policy and programming approaches.

Accountability

This principle acknowledges the need for greater accountability at all levels of Aboriginal healthcare service delivery. This is not to suggest that the current levels of services are ineffective or necessarily misguided, rather it argues the case for enhanced intersectoral collaboration and more open and transparent funding guidelines, efficient utilisation of limited human and material resources and effective monitoring and evaluation measures.

Co-Responsibility

The principle of co-responsibility involves instances where individuals who may not necessarily be a member of a marginalised or oppressed group choosing to act as advocate, providing clarity and/or where necessary defending the rights and freedoms of those who are marginalised, oppressed or who are being victimised and/or vilified.



Involves the positioning of Aboriginal people as genuine partners in the design, development and delivery of Aboriginal healthcare practices and programs. It situates Aboriginal people whereby they are able to 'negotiate' pathways to success rather than being simply consulted.

Reciprocity

The reciprocity principle recognises that there must be a genuine sense of shared responsibility between Aboriginal people as clients or the recipients of healthcare services and those agencies responsible for their delivery.

Mutual Respect

Recognises that the relationship between the PHN and members of the Aboriginal community must be built on, and function through, mutual respect and responsibility.

Community Empowerment

To avoid the historical government and other agencies control of resources, it is invaluable to respectfully empower Aboriginal people and their communities to engage with service providers to assist shift this historical paradigm. Equality must be supported and aligned across the PHN footprint which also means needing to sometimes treat people differently to achieve equal results.

Aboriginal capability strengthening recognises that many of the answers to Aboriginal disadvantage and sociopolitical marginalisation resides with the understanding and acceptance that Aboriginal societies, prior to colonisation, were structured and ordered societies bound by a common set of mores and traditions that have been destroyed or contaminated and processes must be put in place to reinvigorate and strengthen capabilities.

Illustrating this point the Harvard Project on American Indian Economic Development (The Harvard Project) that was established in 1987 by Professors Stephen Cornell and Joseph P. Kalt has worked with numerous American Indian nations to define and test new methods of engagement and empowerment. Applied research and service drives the Harvard Project, whose aim is 'to understand and foster the conditions under which sustained, self-determined social and economic development is achieved among American Indian nations.'

The Harvard Project research illustrates that sovereignty matters and when Aboriginal nations make their own decisions about what development approaches to take, they consistently out-perform external decision makers on health, governance, education, housing, and other issues.

LOOKING AHEAD

The year is 2030 and the way we provide health care has changed.

Aboriginal communities and health care providers are working together so services are focused more on prevention and people are more confident in looking after their own health and the health of their elders.

We have seen a significant decrease in the gap in the life expectancy of Aboriginal people and the rates of chronic diseases such as diabetes, COPD and heart failure are reducing with the rates of diseases in these areas comparable to rates in the non- Aboriginal community.

Aboriginal people report a greater connection to country and their communities. Local communities throughout the region recognise and value the contribution that Aboriginal culture can make in enriching the lives of all people.

KEY ABORIGINAL HEALTH AND WELLNESS TARGETS

We have identified key Aboriginal health and wellness targets and specific strategic initiatives. A 'whole of PHN' approach will drive efforts to address and respond to Aboriginal health and wellness needs.

Over the coming three year period the PHN will develop and implement a balanced scorecard approach to report on our progress in improving the following targets:

- 1 Increased engagement in positive health behaviours
- 2 Improved access to high quality health services
- The provision of greater levels of preventative care
- Increasing early diagnosis of disease
- 5 Effective treatment of chronic disease
- 6 Closing the young child mortality gap

MONITORING AND REPORTING ON OUR FRAMEWORK

Our 2017-18 Cultural Audit Report revealed that most of our contracted service providers have varying degrees of cultural competency. However, some organisations require further development in becoming more culturally appropriate.

The report also highlighted the PHN's Executive and staff have a strong commitment to change and enhance the provision of culturally responsive health services for Aboriginal people and their communities. The report recommends a staged strategic approach to achieving sustainable cultural change with short, medium and long-term approaches. A copy of the report can be accessed below, if reading this framework on line, or alternatively it is available on our website.

Additionally, it will be important over the life of the framework to build an evidence base of the strategies and approaches that we are implementing to improve the health and wellbeing of Aboriginal people across our region.

Development of data and information that allows analysis of culturally accessible, responsive and safe health service delivery will require ongoing collaboration with our service providers and partners.

Additionally the Framework will undergo an evaluation at 3-year intervals. Issues and challenges impacting the Framework will be reported to our Executive on a regular basis. Finally we have listed below the planning and reporting documents that we produce and publish on Aboriginal Health. These documents will continue to be key sources of information, data and analysis for monitoring health and wellbeing outcomes for Aboriginal and Torres Strait Islander people in our region.

Reports and planning documents

HNECC Health Planning Compass 2018

HNECC Aboriginal Health Profile 2018

HNECC Aboriginal Health and Wellbeing Needs Assessment Report

HNECC Aboriginal Health and Wellbeing Needs and Action Summary April 2017

HNECC Cultural Audit Report 2017-18

Commissioning of Funding of Indigenous Services



APPENDIX 1: DEFINITIONS

Our framework has adopted the following definitions from the Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee.

The definitions provide some direction to the use of terminology, however, as noted by the Standing Committee we need to be mindful of the existing terminology that others have made within the area of cultural respect.

Cultural awareness

Demonstrates a basic understanding of Aboriginal and Torres Strait Islander histories, peoples and cultures. There is no common accepted practice, and the actions taken depend upon the individual and their knowledge of Aboriginal and Torres Strait Islander culture. Generally accepted as a necessary first step and a foundation for further development, but not sufficient for sustained behaviour change.

Cultural competency

A set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals to enable that system, agency or those professionals to work effectively in cross-cultural situations

Cultural capabilities

The skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.

Cultural safety

Identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients' rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes. Cultural safety is not defined by the health professional, but is defined by the health consumer's experience—the individual's experience of care they are given, ability to access services and to raise concerns.

The essential features of cultural safety are:

- a) An understanding of one's culture
- b) An acknowledgment of difference, and a requirement that caregivers are actively mindful and respectful of difference(s)
- c) It is informed by the theory of power relations; any attempt to depoliticise cultural safety is to miss the point
- d) An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations people's living and wellbeing, both in the present and past
- e) Its presence or absence is determined by the experience of the recipient of care and not defined by the caregiver.

Cultural responsiveness

Refers to health care services that are respectful of, and relevant to, the health beliefs, health practices, cultures and linguistic needs of Aboriginal and Torres Strait Islander consumer/patient populations and communities.

Cultural responsiveness describes the capacity to respond to the health care issues of Aboriginal and Torres Strait Islander communities. It is a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community interacted with. It thus requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual.

Cultural security

Commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal and Torres Strait Islander people.

It is achieved by developing accessible and effective health care systems for Aboriginal and Torres Strait Islander people, based on acknowledgement of these people's right to self-determination, empowerment and health care; and as such, an understanding of, and responsiveness to, their cultural views, beliefs and knowledge systems, which play an integral role in adherence to health care services.

Cultural respect

The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people.

Cultural respect is about shared respect. It is achieved when the health system is a safe environment for Aboriginal and Torres Strait Islander peoples and where cultural differences are respected. It is a commitment to the principle that the construct and provision of services offered by the Australian health care system will not knowingly compromise the legitimate cultural rights, practices, values and expectations of Aboriginal and Torres Strait Islander peoples.

The goal of cultural respect is to uphold the rights of Aboriginal and Torres Strait Islander peoples to maintain, protect and develop their culture and achieve equitable health outcomes.



HNECC PHN acknowledges the traditional owners and custodians of the lands that we live and work on as the First People of this Country.

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