WA Aboriginal Health and Wellbeing Framework 2015–2030
About the artist

**Jonelle (Nellie) Green** was born in Morawa, Western Australia. Nellie's people are the Badimaya people (Yamatji mob) of the Central Wheatbelt area, WA. She has three sisters and two brothers.

Nellie has a professional background in Indigenous higher education and is a keen activist involved in social justice and the human rights of Aboriginal people. Nellie was the 2000 NAIDOC Aboriginal Artist of the Year in the ATSIC Noongar (Perth) Region awards. She has a Bachelor of Applied Science (Indigenous Community Development and Management) Honours from Curtin University, WA.

At the time of publication, Nellie resides in Melbourne and is the Manager of Indigenous Student Services at La Trobe University.

About the artwork – Transcendence

*Transcendence* captures all the ways we transcend those things that can drag us down. Instead, we link-up and stay connected to those important things that are all interconnected – like a blanket of spirit from our Country and Ancestors that wraps us up and keeps us safe.

This image represents the strong circle of connectedness that exists in Aboriginal communities. It represents the collaboration that is necessary between our communities and other stakeholders if there is to be a sustained change in the health indicators of Aboriginal people in Western Australia.

Above all, *Transcendence* reinforces the concept of how the strength of spirit that drives Aboriginal people does indeed transcend all that we are confronted by in today’s society.
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Acknowledgement of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

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.
Acknowledgements

Aboriginal Health at the Department of Health, Western Australia thanks all participants who demonstrated their commitment to Aboriginal health and wellbeing by participating in the consultation program and attending the Consultation Forum to inform the strategic directions of the *WA Aboriginal Health and Wellbeing Framework 2015–2030* (the Framework).

The Aboriginal Health team would also like to thank the WA Health Senior Aboriginal Leadership Group members, who helped to guide the development of this document and facilitated the Consultation Forum. The collection of such valuable feedback and information would not have been possible without you.

In addition, an important thank you to the Aboriginal Expert Reference Group who provided high level strategic guidance, cultural knowledge, content expertise and community linkages during the development of the Framework.

Consultation

To inform the development of the Framework, Aboriginal Health undertook an extensive statewide consultation program. Aboriginal Health senior representatives travelled across the State and met with key stakeholders, including the Aboriginal Expert Reference Group, WA Health Senior Aboriginal Leadership Group, Regional Aboriginal Health Planning Forums and Aboriginal young people for input into the Framework’s development.

In addition, Aboriginal Health held a consultation forum to seek further input and guidance from senior Aboriginal professionals, Aboriginal community members, and people who provide health services to Aboriginal people, to develop the direction of the Framework.

The *WA Aboriginal Health and Wellbeing Framework Consultation Report* outlines in detail the extensive consultation process and identifies key themes which were incorporated into this Framework.

Feedback was sought on the draft Framework from a range of key stakeholders. The feedback received was positive and the majority was incorporated into the final Framework.
The Dance of Life: an Aboriginal understanding of health and wellbeing

The Dance of Life was developed by Professor Helen Milroy and consists of five dimensions – cultural, spiritual, social, emotional and physical – within which are a number of layers that reflect historical, traditional and contemporary influences on health. This concept emphasises the intersection of the layers and dimensions that creates the interconnectedness for a whole-of-life approach to Aboriginal health and wellbeing.

The Dance of Life painting is the last in a series that depicts a multi-dimensional model of health and wellbeing from an Aboriginal perspective. This painting brings all of the dimensions together to reflect the delicate balance of life within the universe. The dimensions include the biological or physical dimension, the psychological or emotional dimension, the social dimension, the spiritual dimension and finally but most importantly, the cultural dimension. Within each dimension there are additional layers to consider, including the historical context, the traditional and contemporary view as well as our gaps in knowledge.

The potential solutions for healing and restoration of wellbeing come from considering additional factors encompassing issues at the coal face of symptom presentation and service delivery such as education and training, policy, the socio-political context and international perspective. As the painting suggests, we can only exist if firmly grounded and supported by our community and spirituality, whilst always reflecting back on culture in order to hold our head up high to grow and reach forward to the experiences life has waiting for us.

The stories of our ancestors, the collective grief, as well as healing, begin from knowing where we have come from and where we are heading. From the Aboriginal perspective, carrying the past with you into the future is, as it should be. We are nothing if not for those who have been before, and the children of the future will look back and reflect on us today.

When we enable a person to restore all of the dimensions of their life, then we have achieved a great deal. When all of the dimensions are in balance, within the universe, we can break free of our shackles and truly dance through life.


Reflective of Professor Milroy’s model and in keeping with earlier definitions of Aboriginal health and wellbeing, this Framework works from a cultural understanding of health and recognises the following five dimensions:

- physical health
- psychological health
- social health and wellbeing
- spirituality
- cultural integrity.

In mapping a path for the future and the development of an Aboriginal health and wellbeing framework, it is important to acknowledge and work within an Aboriginal understanding of health and wellbeing and a global human rights approach.

This Framework acknowledges the importance of the cultural determinants of health and aims to promote Aboriginal perspectives as an approach to improving health and wellbeing of Aboriginal people.

The cultural determinants of health originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. Cultural determinants include, but are not limited to:

- self-determination
- freedom from discrimination
- individual and collective rights
- importance and value of Aboriginal culture
- protection from removal/relocation
- connection to, custodianship, and utilisation of country and traditional lands
- reclamation, revitalisation, preservation and promotion of language and cultural practices
- protection and promotion of traditional knowledge and Aboriginal intellectual property
- understanding of lore, law and traditional roles and responsibilities.

“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.”

(National Aboriginal Health Strategy, 1989).

Culture equals health
The Framework at a glance

Vision
Aboriginal people living long, well and healthy lives.

Aim
The WA Aboriginal Health and Wellbeing Framework 2015–2030 identifies a set of guiding principles, strategic directions and priority areas to improve the health and wellbeing of Aboriginal people in Western Australia for the next 15 years.

Guiding principles
- Cultural security
- The health and wellbeing of Aboriginal people is everyone’s business
- Partnerships
  - Aboriginal community control and engagement
- Access and equality
- Accountability

Strategic directions

Equitable and timely access to the best quality and safe care
Prevention and early intervention
Promote good health across the life course
A culturally respectful and non-discriminatory health system
Individual, family and community wellbeing
A strong, skilled and growing Aboriginal health workforce

Priority areas
- Addressing risk factors
- Managing illness better
- Building community capacity
- Better health systems
- Aboriginal workforce development
- Data, evidence and research
- Addressing the social determinants of health
1. Vision
Aboriginal people living long, well and healthy lives.

2. Introduction

2.1 Purpose
The WA Aboriginal Health and Wellbeing Framework 2015–2030 (the Framework) has been developed to ensure Aboriginal people in Western Australia have access to high quality health care and services, while assisting community to make good health a priority through a focus on prevention. It is a high level conceptual framework outlining a set of strategic directions to improve Aboriginal health and wellbeing outcomes for the next 15 years.

The Framework acknowledges the importance of:

- Culture as a determinant of health and wellbeing of Aboriginal people
- Aboriginal people’s definition of health and the strength of community
- Partnerships between services and community to encourage new ways of working.

The Framework has been developed for Aboriginal people by Aboriginal people.

It will guide the approach that WA Health, other government agencies and non-government organisations, Aboriginal community controlled organisations and the community may adopt to improve the health and wellbeing of Aboriginal people in WA. The Framework recognises that Aboriginal engagement and involvement is essential to improve Aboriginal health and wellbeing. It also provides broad direction at policy, organisational and individual levels.

It is acknowledged that services and programs may already be contributing to the direction of the Framework. Future service delivery approaches should complement the Framework’s principles and strategic directions.

The Framework’s strategic directions will set the pathway that health and wellbeing stakeholders may take to achieve the vision of Aboriginal people living long, well and healthy lives. It highlights the priority areas identified through consultation. To achieve real change in health outcomes takes time. This is a long-term agenda and provides a 15 year focus to ensure strong outcomes can be achieved.

The Framework is intended for broad application across WA. Implementation will require system-level action across health and the broader social determinants. Flexible solutions at the local level are required. While the Framework is not funded, it provides the opportunity for progressing priority actions with existing resources and offers direction for any future funding.

“The crux of wellness for community is family.”
(Warmun Remote Community, WA)
2.2 Policy context

In 2008, the Council of Australian Governments (COAG) committed to work with Aboriginal people to achieve equality in health status and life expectancy between Aboriginal and non-Aboriginal people by the year 2031.

The National Indigenous Reform Agreement (NIRA), signed in 2008, established a framework of national targets and policy building blocks. Two of the targets, to halve the gap in child mortality by 2018 and close the life expectancy gap by 2031, are directly related to improving health outcomes.

In response to the NIRA, the National Partnership Agreement (NPA) on closing the gap in Indigenous health outcomes committed Commonwealth, States and Territories to a $1.6 billion contribution over four years to closing the gap in life expectancy within a generation. Western Australia’s four year commitment was $117.43 million and was the largest investment in Aboriginal health by any WA government. At the same time, through the NPA on Indigenous early childhood development, Western Australia also invested strongly to increase access and use of child and parent health services by Aboriginal families and to improve ante-natal, pre-pregnancy and sexual reproductive health for Aboriginal women.

Western Australia has continued to support and invest in the delivery of services and programs that seek to close the gaps in Indigenous health outcomes via the investment plan, WA Footprints to Better Health Strategy.

From a WA Health perspective, the WA Aboriginal Health and Wellbeing Framework bases its context within the WA Health Strategic Intent 2015–2020 which commits WA Health to strengthen and embed the approach to improve the health and wellbeing of Aboriginal people living in WA.

This Framework provides a long-term, evidence-based policy framework and is aligned to a range of national and Western Australian policies, which support better health outcomes for Aboriginal people, including:

- National Aboriginal and Torres Strait Islander Health Plan 2013–2023
- WA Health Strategic Intent 2015–2020
- WA Footprints to Better Health Strategy 2014–2018
- WA Health Aboriginal Cultural Learning Framework
- WA Health Aboriginal Workforce Strategy 2014–2024.

2.3 Community health and wellbeing

Through an extensive consultation process, Aboriginal people have said that cultural, family and community connectedness is central to their health and wellbeing.

“Community is where we live, support family, maintain our connections to country and culture and go to school and work. These factors are important in developing a strong sense of community. We need to feel safe in our community and know we can find help, including health services close by if we need them. Maintaining and developing the connections between community and services is important in developing healthy communities.”

Community health and wellbeing was described as:

- A strong sense of identity, culture, connection to family, community and country.
- Community interaction, supporting each other, having elders to talk to, families making spirits healthy, participating in ceremony and passing on culture.
- Kids playing sport and having access to healthy cooking, good food and bush tucker.
- Aboriginal cultural beliefs and values contribute to the health and wellbeing of Aboriginal people.
Storytelling, participation in cultural activities and cultural responsibilities through kinships.

Safe places where people yarn, listen, learn, belong, are happy, friendly and connected. Both physical and spiritual health and inclusive of mind, body and spirit.

Individual, family and community responsibility, where people are engaged and respectful of the need to be accountable as a collective for Aboriginal health and wellbeing.

2.4 Western Australian context

Western Australia’s Aboriginal population has a young age profile. This is reflective of higher birth rates and shorter life expectancy. In contrast, the non-Aboriginal population is ageing.

Aboriginal people represent 3.4 per cent of the total WA population (Hocking et al, 2010). Of these, 62 per cent live in rural or remote areas. This presents challenges in the provision of health care and services (Department of Health, 2014b: Hocking et al, 2010).

Aboriginal life expectancy is 15.1 years lower for Aboriginal men, and 13.5 years lower for Aboriginal women than other non-Aboriginal Western Australians (ABS, 2013). The difference in life expectancy is largely due to a higher incidence of chronic diseases (AIHW, 2013).

In recent years there have been some improvements in Aboriginal health outcomes including:

- All-cause mortality rate from 2007 to 2011 decreased by 6.2% per year for males and by 3.6% for females (Department of Health, 2014a).
- The rate of avoidable mortality from 2007 to 2011 decreased by 11.6% per year for males and 6.4% per year for females (Department of Health, 2014a).
- The rate of death from circulatory diseases from 2007 to 2011 decreased by 11% per year for males and 10.6% for females (Department of Health, 2014a).
- Infant mortality decreased by 27% from 15.4 per 100,000 in 1996 to 11.3 per 100,000 in 2010 (Department of Health, 2013).
- Child (0 to 4 years) mortality decreased by 49% from 392 per 100,000 in 2000 to 199 per 100,000 in 2012 (Department of Health, 2014b).

While these improvements are positive, there are areas needing further work to close the gap in life expectancy between Aboriginal and non-Aboriginal people. These include: chronic diseases, kidney diseases, injury, disability and low birth weight (AIHW, 2013).

Aboriginal people overall experience a greater burden of disadvantage and have a higher risk of developing chronic disease and suffering injury. About 80% of the mortality gap between Aboriginal people and other Australians aged between 35–74 is due to potentially avoidable chronic diseases (Department of Health, 2012). Data also shows that Aboriginal people experience much earlier onset of a number of chronic diseases, in some cases up to 20 years earlier than the non-Aboriginal population.

In WA, Aboriginal people experience higher levels of psychological distress than non-Aboriginal people (AIHW, 2013). Aboriginal people have higher exposure to a range of risk factors compared to non-Aboriginal people that contributes to poor health outcomes.

The environments and locations where Aboriginal people live affects their health and wellbeing and ability to lead thriving lives (CSDH, 2008). Aboriginal people living in areas classed as “remote” or “very remote” experience significantly higher rates of chronic diseases compared to other areas of WA. Many illnesses and diseases experienced by Aboriginal people are due to the poor environmental health conditions in which they live (AIHW, 2013; Queensland Health, 2008).
## WA Aboriginal health and wellbeing – at a glance

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health status and outcomes</strong></td>
<td>WA Aboriginal males are expected to live to 65.0 years of age and Aboriginal women to 70.2 years of age in 2010 to 2012.(^1)</td>
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<td>48.6% of all potentially preventable hospitalisation for Aboriginal people were due to chronic conditions from 2008 to 2012.(^2)</td>
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<td></td>
<td>In 2012, 63 deaths were caused by circulatory disease, the leading cause of death of Aboriginal people in WA.(^3)</td>
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<td></td>
<td>WA Aboriginal infant mortality in 2011–2013 per 1,000 live births was 5.8 in males, 4.2 in females and 5.1 for all persons. In comparison, the non-indigenous infant mortality rate in WA 2011–2013 per 1,000 live births was 2.3 in males, 2.3 in females and 2.3 for all persons.(^4)</td>
</tr>
<tr>
<td><strong>Determinants of health</strong></td>
<td>40% of Aboriginal people (15 years and over) were current daily smokers in 2012–2013.(^5)</td>
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<td></td>
<td>39.1% of Aboriginal adults (15 years and older) were obese in 2012–2013.(^5)</td>
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<td></td>
<td>63.7% of Aboriginal adults (15 years and older) in WA do not eat two serves of fruit in 2012–2013.(^5)</td>
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<tr>
<td></td>
<td>92.5% of Aboriginal adults (15 years and older) in WA do not eat five serves of vegetables daily in 2012–2013.(^5)</td>
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<td></td>
<td>56.9% of Aboriginal people in WA consumed alcohol at high risk of short term harm in 2012–2013.(^5)</td>
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<td></td>
<td>29.8% of Aboriginal adults (18 years and older) in WA reported high or very high levels of psychological distress in their lives in 2012–2013.(^5)</td>
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<td></td>
<td>28.5% of Aboriginal people in WA lived in overcrowded housing in 2008.(^6)</td>
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<tr>
<td><strong>Health system performance</strong></td>
<td>84.9% of Aboriginal children aged 12 to 15 months in WA were fully immunised as at 30 September 2014.(^7)</td>
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<td></td>
<td>In 2011, 2.6% of hospitalisations of Aboriginal people in WA resulted in discharge against medical advice compared with 0.4% of hospitalisations of non-Aboriginal people.(^8)</td>
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<td></td>
<td>Aboriginal people represent 1.1% of the WA Health workforce in 2006.(^6)</td>
</tr>
</tbody>
</table>

### Source

2. Health status report on Aboriginal chronic conditions potentially preventable hospitalisations for the Western Australia State. Epidemiology Branch (Public Health and Clinical Services Division) in collaboration with the Cooperative Research Centre for Spatial Information (CRC-SI). Generated using data from the WA Hospital Morbidity Data Collection. Accessed Friday, 14 November 2014 by David Gibson (Epidemiology).
3. Guiding principles

The guiding principles of the Framework are based on Aboriginal community consultation and available evidence. They are designed to underpin system responses and Aboriginal health policies, strategies and programs in Western Australia.

Cultural security

 Programs and services need to:
- identify and respond to the cultural needs of Aboriginal people
- 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.

The health and wellbeing of Aboriginal people is everybody’s business

- All areas of the WA health system consider and respond to the needs of Aboriginal people by being inclusive of Aboriginal needs as part of their core business and not only through specific funded programs.
- By recognising Aboriginal people have a holistic view of health and wellbeing, services work together to acknowledge and address the impact of the cultural and social determinants of health.

Partnerships

- Ongoing collaboration with the Aboriginal community to create a two-way transfer of skills and ensure that Aboriginal people’s cultural rights, beliefs and values are respected in the development of health and wellbeing responses.
- Identify and address shared priorities by working across state and Commonwealth government, as well as with Aboriginal community controlled health organisations, community and non-government organisations to address the determinants of Aboriginal health.
- A coordinated and collaborative approach to service delivery through knowledge exchange, information sharing and the pooling of resources, where possible.

Aboriginal community control and engagement

- Ongoing participation by Aboriginal people and organisations in decision-making to take back care, control and responsibility of their health and wellbeing.

Access and equality

- Programs and services are physically and culturally accessible to Aboriginal people, are inclusive of the needs of Aboriginal people and incorporate Aboriginal ways of working.

Accountability

Through strong leadership and governance, ensure the health system is accountable for achieving outcomes in Aboriginal health:
- align activity to the directions of the Framework
- establish defined and measurable performance indicators and monitor performance against them
- embed evaluation into the implementation of activity
- be responsive to performance.
4. Strategic directions

The Framework seeks to guide the approach that WA Health, other government agencies, non-government organisations and the community adopts to improve the health and wellbeing of Aboriginal people in Western Australia. It recognises the need to respond in a coordinated, flexible and practical way to improve health outcomes for Aboriginal people. The strategic directions support evidence-based best practice, re-empowerment of Aboriginal people, and a service system in which the health and wellbeing of Aboriginal people is everybody's business.

The Framework includes the following six strategic directions:

- Promote good health across the life course
- Prevention and early intervention
- A culturally respectful and non-discriminatory health system
- Individual, family and community wellbeing
- A strong, skilled and growing Aboriginal health workforce
- Equitable and timely access to the best quality and safe care.

Figure 1: Strategic directions
4.1 Strategic direction: Promote good health across the life course

**Strategic outcome:** Aboriginal people engage with culturally secure, evidence-based programs and services at transition points across the life course to support ongoing health and wellbeing.

Health and wellbeing is shaped throughout the life course. For Aboriginal people, health disadvantage is shaped by the accumulated life experiences of social, economic and cultural inequality. There are critical periods of growth and development that influence the life course path. This has implications for health and wellbeing and future life opportunities of Aboriginal people.

The strength of using a life course approach is that it focuses attention to the broader factors affecting health and wellbeing as people move through the stages of life. Applying a life course approach supports the identification of key transition periods, to provide a point of intersection between health, mental health and social and emotional wellbeing. Wraparound services and cross-agency collaboration to strengthen holistic solutions across the life course are important. Addressing health risks through prevention and early intervention initiatives during developmentally sensitive periods, provides greater returns for the resources invested (Commonwealth of Australia, 2013).

A healthy start to life lays the foundation for positive health outcomes throughout life. Early childhood influences subsequent risk of obesity, malnutrition, mental health problems, heart disease and contact with the justice system (CSDH, 2008). Childhood is a crucial period for establishing positive health and social behaviours. These skills are learnt through family and community. A healthy transition to adulthood further supports positive health throughout life, to grow a healthy ageing Aboriginal population. Supporting older generations and creating culturally safe inclusive environments where people grow old on country, maintain culture and pass on their knowledge and stories is important.

All people need social protection across the life course, as young people, in working life and in old age (CSDH, 2008). A life course approach is necessary to address the intergenerational mechanisms that impact on health inequalities for Aboriginal people. This approach acknowledges that at every stage of life, there is the potential to prevent the development of disease or risk of injury, and improve overall health and wellbeing (Department of Health, 2012). This approach has the ability to draw on the cultural strength of family and community to promote positive health behaviours and support good choices through the different stages of the life course.

This Framework is aligned to the *National Aboriginal and Torres Strait Islander Health Plan 2013* (Commonwealth of Australia, 2013) and uses five key transition periods where positive experiences can prevent ill health and promote healthy life outcomes.
Figure 2: The life course

- **Mother and babies** receive the best possible care and support for a good start to life.
- Support preconception planning, identification of maternal health risk factors, access to antenatal care, healthy birth weight, infancy health, positive physical and mental health.

- Meeting key childhood developmental milestones.
- Encourage healthy nutrition, immunisation, regular physical activity, positive mental health, prevention of obesity. Address risks by providing early childhood education, safe child settings, environmental health, family support and education.

- Youth receive the services and support they need to thrive and grow into healthy young adults.
- Support healthy behaviour choices by encouraging safe sex practices, positive mental health and wellbeing, reduced alcohol and drug use and less contact with the justice system.

- Adults have the health care, support and resources to manage their physical and mental health and have long productive lives.
- Encourage healthy lifestyle behaviours, chronic disease prevention, social and emotional wellbeing, health checks and injury prevention.

- Older people are able to stay culturally connected and live out their lives as active, physically and mentally healthy individuals.
- Support ageing on country, services to maximise independence, culturally secure aged care and palliative care.
4.2 Strategic direction: Prevention and early intervention

**Strategic outcome:** Aboriginal people, families and communities are provided with the opportunities to engage with evidence-based prevention and early intervention initiatives and the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.

Preventive health approaches aim to support good health and stop or reduce factors that contribute to poor health (ANPHA, 2013). Health systems with strong primary health care are more efficient, have lower rates of hospitalisation, fewer health inequalities and better health outcomes. Investing in preventative actions are less expensive and have a positive impact on health outcomes; whereas expenditure on treating symptoms is more costly and has a lower rate of success in improving health outcomes (SCoH, 2013).

Prevention and early intervention strategies aim to use efficient and effective strategies to reduce the future need for acute, high cost or intensive health responses. Prevention initiatives align activity to key transition periods during the life course.

Many of the health conditions experienced by Aboriginal people are preventable. Between July 2008 and June 2010 in WA, 41.5% of hospitalisations were for potentially preventable conditions compared to 3.2% for non-Aboriginal people (AIHW, 2012). Health care systems need to enable Aboriginal people, families and communities to be in control and actively supported in decision making regarding their health and wellbeing (SCoH, 2013).

Using a range of preventative public health approaches, Aboriginal people can be supported to develop the knowledge, attitude and skills to choose healthy lifestyles, promote healthy environments and address lifestyle risk factors.

To achieve this, activity should focus on improving:

- health literacy through social marketing and education activities
- access to information, testing, and treatment, care and support services
- availability and access to tools and equipment to support healthy behaviour choices (Commonwealth of Australia, 2014).

There is a need to improve targeted prevention effort, including population-wide approaches for Aboriginal people, alongside improving broader health promotion programs (Commonwealth of Australia, 2014). Strength-based approaches to prevention and early intervention initiatives are important for Aboriginal people. There is a role for prevention to build Aboriginal people’s capacity to engage with and adopt healthy lifestyles, through increased health literacy.

A broader focus on community-based and family-focused approaches to prevention that encompasses a broader restoration of health of the family and community is required. Prevention activity must have meaning for Aboriginal communities and work within the Aboriginal view of health and a whole-of-community perspective. Culture must be central to prevention initiatives targeting Aboriginal people.

The World Health Organization defines prevention as:

“Approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability.”

( WHO, 2004).
It is difficult for individuals to change or moderate their health behaviours if they are not supported to do so. Recognising the important role families and communities can have in prevention and supporting individual's attitudinal and behaviour change is essential.

Improving and maintaining basic environmental health conditions in Aboriginal communities is key to improving Aboriginal health outcomes (Wayte et al., 2004). Public health approaches to prevent health problems will be enhanced by ensuring healthy environmental conditions.

Health services need to enhance their capacity to deliver culturally secure public health programs and look to expand their core business or programs to be inclusive of Aboriginal needs. A skilled public health workforce, inclusive of environmental health, is essential. Enhancing organisational knowledge of public health activities to address lifestyle risk factors has the potential to strengthen Aboriginal engagement across the life course.

4.3 Strategic direction: A culturally respectful and non-discriminatory health system

**Strategic outcome:** WA Health recognises racism as a key social determinant of health for Aboriginal people. Health care, whether government or community provided, is to be free of racism and discrimination.

A health care system free of racism is a key social determinant of health for Aboriginal people and can lead to positive health outcomes (Commonwealth of Australia, 2013). Racism and discrimination experienced by Aboriginal people in the delivery of health services contributes to low levels of access, engagement and compliance with treatment (Awofeso, 2011).

Experiences of racism are compounded by the traumatic legacy of colonisation, forced removals and other past government discriminatory policies (Commonwealth of Australia, 2013). There are a number of pathways from racism to ill-health. Experiences of discrimination are linked to poor self-assessed health status, psychological distress, depression and anxiety, and health risk behaviours such as smoking and harmful alcohol and other drug use.

The Framework recognises the need to embed structures, policies, and processes across health to ensure a culturally respectful and non-discriminatory health system can be achieved. Building the system’s capacity, capability and responsiveness to prevent and reduce systemic racism, can be progressed by improving the cultural and language competency of health services.

A health system that is underpinned by a culturally secure framework recognises the importance of culture and connection to country, spirituality, family and community. This can be achieved by providing the non-Aboriginal workforce with access to Aboriginal cultural education and training opportunities. Training will increase the understanding of the cultural and historic reasons why Aboriginal people view health needs, outcomes and services differently. This will build the capacity of the WA Health workforce to embed Aboriginal cultural understanding in:

- its day-to-day involvement with Aboriginal clients and colleagues
- service design and delivery
- policy and planning at all levels.
4.4 Strategic direction: Individual, family and community wellbeing

**Strategic outcome:** Well communities support strong culture and good health and wellbeing through a strong network of healthy relationships between individuals, their families, their kin and community.

WA Health structures, policies and processes harness individual, family and community capability and enhance their potential.

Wellbeing for Aboriginal people is a holistic concept that is much broader than just physical health. Central to Aboriginal culture is the collective responsibility to maintain cultural and social obligations, including health and wellbeing.

Strong, resilient families and communities can prevent illness, respond in a timely manner when illness occurs, care for and manage chronic illnesses that impact on family, and reduce the chances of hospitalisation. Strong family networks have the capacity to ease the pressures on the health system, provided they are supported to do so.

It is important to recognise the legacy of intergenerational trauma on social and emotional wellbeing. Strengthening family systems of care forms the basis of innovative approaches to improving future health and wellbeing of Aboriginal people. The preservation, promotion and strengthening of culture, cultural practices and language, through the delivery of health care and services, will enhance the protective factors of culture. It will also encourage greater access to culturally appropriate health services.

Social and emotional wellbeing is essential for Aboriginal people. It provides a foundation for effective engagement with health promotion strategies. When people are re-empowered their health improves. The level of control Aboriginal people have over their lives and within their community is a major factor in determining health outcomes (Marmot, 2004).

The environments in which Aboriginal people live, has a significant impact on health and wellbeing. Aboriginal communities are burdened by illness and disease due to poor environmental health conditions at a much higher rate than the non-Aboriginal population (AIHW, 2013; Queensland Health, 2008). Environmental health conditions need to be conducive to good health. This includes access to healthy food options, clean water and adequate sanitation.

Aboriginal people, families and communities need to be supported to strengthen cultural systems of care. Where possible, Aboriginal people should have access to health care and services without having to leave family, community and country. Good environmental health conditions are critical to support care closer to home and returning care to the home.

There should be a stronger focus on the delivery of cost effective, innovative, community-based approaches to service delivery and enhanced primary health care.

Services at the local level should recognise the protective factors of culture and its effect on positive wellbeing. Recognition of, and engagement with cultural strengths will improve Aboriginal people’s access to timely and culturally appropriate health care and services.

"Health is that state of being in which a person's body mind and spirit are in balance, functioning with a high level of wellness and in tune with the natural and social environments, as well as the spiritual environment."

(AR Peile, 1997).
4.5 Strategic direction: A strong, skilled and growing Aboriginal health workforce

**Strategic outcome:** A strong, skilled and growing Aboriginal health workforce across all levels, including clinical, non-clinical and leadership roles.

The non-Aboriginal workforce is able to understand and respond to the needs of Aboriginal people.

Building a sustainable, skilled Aboriginal health workforce from entry level to leadership roles, using a variety of career pathways and employment opportunities to improve health service delivery is critical. It is recognised that more Aboriginal people working in the health system is required to help address the significant health issues faced by Aboriginal people. Aboriginal people bring to the health sector a diverse range of skills including the ability to break down barriers to access, and bring cultural perspective which help meet the need of Aboriginal people (Department of Health, 2014c).

Employment and working conditions impact on the health equity of Aboriginal people. Evidence indicates that work insecurity and casual contracts negatively affects mortality and mental health outcomes (CSDH, 2008).

The Aboriginal workforce needs to be supported by a culturally safe work environment and strategies to improve recruitment, retention, education and training. Employing more Aboriginal people in the health workforce and supporting them to develop their skills and leadership potential, is an important way of incorporating Aboriginal cultural perspectives into our health services.

A non-Aboriginal workforce that understands and respects Aboriginal people’s perspectives and reflects this in their day-to-day involvement with Aboriginal people is important. Fostering a workplace culture that supports and respects the knowledge of its Aboriginal staff is paramount. Equally important is having a competent health workforce with appropriate clinical, management, community development and cultural knowledge and the skills to address the health needs of Aboriginal people.
4.6 Strategic direction: Equitable and timely access to the best quality and safe care

**Strategic outcome:** Aboriginal people receive safe care of the highest quality, in a timely manner, to ensure best possible health care to meet their health needs.

The capacity to access and use health care is vital to good and equitable health (CSDH, 2008). Australians should have equitable access to hospital-based medical and surgical procedures that effectively treat illnesses. While Aboriginal people are hospitalised more than non-Aboriginal people, they are less likely to receive a medical or surgical procedure (AHMAC, 2012).

The health system is not accessed equally by all Western Australians according to need. Poor access to timely, quality health services contributes to the existing health gap between Aboriginal and non-Aboriginal people. Common barriers to equitable and timely access to health care include:

- waiting times being too long
- care not available at the time requested
- lack of health services in the area
- transport and distance issues
- lack of affordable services
- poor environmental health conditions
- services are not culturally appropriate.

To reduce these barriers, the health system should focus on delivering culturally appropriate clinical care, increasing access to services, better use of evidence-based guidelines and reducing systemic racism. Current health reform processes present an opportunity to make the health system more responsive to the complex needs of Aboriginal people.

Health services can be enhanced by providing more culturally appropriate, competent and responsive health care and services. These services need to be effective both clinically and with respect to cost, be evidence-based and accountable.

Involving Aboriginal people in planning, design and implementation of health services will inevitably strengthen access. The coordination of health services with across government service provision is also critical (Wakerman, 2004).

Access to health services and programs can be improved by promoting their availability and ensuring Aboriginal people feel confident to attend. Improving the patient experience across the health system, through better integration of services, increased collaboration with Aboriginal community controlled health services, discharge planning and environmental health interventions is critical.

Geographical impact on health outcomes should be considered. Innovative approaches to providing access to appropriate and adequately resourced health care and services in rural and remote areas are essential.
5. Priority areas

Seven priority areas have been identified based on the following:

- Aboriginal communities have expressed they are important through the statewide consultation program.
- The data and evidence confirm they are important and are areas where we can make a difference.
- They reflect and encompass key state and national policy documents.

5.1 Priority area: Addressing risk factors

Reducing the modifiable risk factors that contribute to poor health outcomes for Aboriginal people is essential. Aboriginal people have higher exposure to a range of risk factors compared to non-Aboriginal people, contributing to the gap in health outcomes.

Risk factors need to be understood in the context of cultural, emotional and social wellbeing. The historical impacts of colonisation, dispossession and contemporary social factors such as institutional racism and poverty, has resulted in a pattern of exposure to factors that pose a risk to good health and wellbeing for Aboriginal people (Gray et al, 2007). The effects are present in the disadvantage experienced by Aboriginal people in life expectancy, child mortality, education and employment. To be effective in reducing risk, strategies should work within the historical, social and cultural context and address both the risk and the underlying social determinants (Gray et al, 2007).

Action to address risk factors will be more effective when undertaken systematically and holistically by a strong health workforce and in partnership with government, non-government organisations and community stakeholders (Gray et al, 2007). Action must be community-owned and driven. A strength-based approach to address community identified priorities is required. This means being community-led and linking with a range of partners involved in health and the broader social determinants.

Strengthening the role and evidence for peer education models and family champions to support Aboriginal people address risk factors is important (Commonwealth of Australia, 2014).

Improved health behaviour and lifestyles can be achieved through culturally secure prevention and education, working with community and strengthening individual and community capacity. Environments also need to support healthy behaviour choices. Health services have an important role to identify risk factors and intervene early by assisting individuals modify their risky behaviours. At a community level strong public health approaches and local community engagement to promote healthy lifestyles and change environments is essential.

A focus on risk factors – cardiovascular disease, type 2 diabetes, chronic respiratory diseases, cancers, mental illness and injury will maximise the potential for health improvements for Aboriginal people.

Risk factors and other health related influencing factors that require addressing include:

- alcohol and other drug use
- tobacco use
- mental health
- sexual health
- blood-borne viruses
- injury
- social and emotional wellbeing
- physical inactivity, obesity and nutrition
- suicide prevention
- family violence
- oral health
- environmental health
- prison health
- maternal health.
5.2 Priority area: Managing illness better

Managing illness better requires a broad range of health responses, including public health approaches, that improve and maintain Aboriginal health and wellbeing. Services need to be easily accessible and strengthen the family and community role in improving health and wellbeing and support returning care to the home.

When Aboriginal people are engaged and have access to culturally relevant health information and support, they will be better placed to adhere to treatment regimens and manage lifestyle related risk factors. This will lead to better clinical outcomes and better quality of life. There is potential for health gain and reducing the gap in life expectancy of Aboriginal people, through prevention strategies and improved management of existing illness and chronic diseases. Managing illness better recognises the need for attention on preventing risk factors, improving diagnosis, having access to appropriate tests and procedures, clinical treatment and self-management of chronic diseases.

People need to feel engaged in their health care, and have the option to be cared for within their community and on country, whenever possible. Enhancing the knowledge and skills needed to understand and use health information can directly affect health outcomes. It has the potential to improve how people navigate the health system, gain access and respond to information and services.

Suggested activities to address this priority area:

- Improve access to health information and services without having to leave family, community and country.
- Improve health knowledge to support Aboriginal people, families and communities to take back the care, control and responsibility for their own health and wellbeing.
- Incorporate traditional healing, knowledge and practices into services delivery.
- Recognise the importance of culture, community, holistic approaches and the right to self-determination.
- Support Aboriginal people to choose healthy lifestyles and engage with prevention and early intervention messages and activities.

5.3 Priority area: Building community capacity

The health and wellbeing of Aboriginal people is a vital component of developing a sustainable community. Aboriginal communities need to be re-empowered to live long, well and healthy lives. Community development and capacity building to support Aboriginal communities to take back care, control and responsibility of health is essential. There is a role for health structures and processes to harness individual, family and community capability.

The capability of community can be strengthened by supporting community decision making and control over health. Building community capacity will assist Aboriginal engagement in health services and ensure sustainability. Aboriginal participation and re-empowerment will build more equitable, healthy and resilient communities.

There is a role for community-led responsibility for local health management, including environmental health issues and to build the resilience of individuals, family and community. Nurturing strong culture, through a network of healthy relationships between individuals, their families, their kin and community, can improve health and wellbeing. It provides the opportunity to work together and role model healthy behaviours through community champions. Communities working in partnership with health service providers to complement mainstream health services with traditional healing, knowledge and practices will strengthen cultural and spiritual connectedness.
Suggested activities to address this priority area:

- Increase the capacity of Aboriginal people, families and communities to take back the care, control and responsibility for their own health and wellbeing.
- Recognise family networks form the basis of innovative approaches to health and wellbeing.
- Identify skills and attributes to promote and build resilience in individuals, families and communities.
- Encourage Aboriginal people to choose healthy lifestyles and engage with prevention and early intervention messages and activities.
- Ensure a range of services work with Aboriginal communities to improve environmental health standards and manage risks.
- Support the strengthening of capacity and skills among Aboriginal community controlled organisations.
- Create systems that support communities and individuals to make informed choices and to participate in health planning and the delivery of services.
- Strengthen culture through health and wellbeing activities.
- Address internalised oppression (sometimes referred to as lateral violence).
- Improve health literacy across the community.
- Consider the needs of offenders through empowerment and capacity building skills.

5.4 Priority area: Better health systems

Access to responsive, high quality and culturally secure health services at the earliest possible stage is essential. Health services at all levels need to be delivered in a timely and culturally competent and safe manner, and where required, tailored to meet the unique and local needs of Aboriginal communities.

Building cultural responsiveness into health services is essential to strengthen Aboriginal health outcomes. A culturally competent workforce that has the clinical and cultural training to make them competent practitioners is required. This will enable the health system to respond in a safe, flexible and timely manner to the needs of Aboriginal people and ensure services are better equipped to be responsive. Recognising the important role of traditional healing, knowledge and practices will strengthen Aboriginal engagement with the health system.

Services and programs can be better informed by engaging with Aboriginal communities and increasing participation of Aboriginal people in planning, design and implementation. A collaborative and integrated approach to planning and service delivery, to address duplication and gaps in services is important.

A strong, responsive and cost-effective primary health care system that meets the needs of Aboriginal people is important to improve health and wellbeing and ease the burden on hospitals. Comprehensive primary health care provision can be enhanced through increased coordination and partnerships. Building linkages between Aboriginal community controlled health services and mainstream health services will enhance coordination.

A patient journey that meets the clinical health care needs as well as cultural needs of Aboriginal people will produce better health outcomes. This includes effective coordination and integration of culturally appropriate services across the health system. Increased collaboration with Aboriginal community controlled health services and improved transition care arrangements, including discharge planning, transfer of patient records and follow-up care is critical.
Suggested activities to address this priority area:

- Deliver health services in a culturally competent and safe manner to meet the unique and local needs of Aboriginal communities.
- Develop a culturally competent non-Aboriginal workforce.
- Ensure Aboriginal communities are engaged in program planning, design and implementation.
- Increase care coordination and the establishment of partnerships between Aboriginal community controlled health services and mainstream health services.
- Holistic care coordination and partnerships across government agencies and non-government organisations that impact on individual, family and community wellbeing.
- Build sustainable funding and work towards funding on the basis of evidence.
- Acknowledge the role of traditional healing and integrate traditional healing knowledge and practices into mainstream health services.
- Focus on the patient journey which meets the clinical and cultural needs of Aboriginal people.

### 5.5 Priority area: Aboriginal workforce development

Workforce development is needed to strengthen and retain a skilled Aboriginal workforce. The WA health system needs the structural capacity and flexibility to successfully sustain and engage a broad range of Aboriginal workers at all levels. A focus on increasing Aboriginal employment and career pathways across the WA health sector by planning and implementing long-term Aboriginal employment initiatives is required.

A workforce that is culturally relevant and responsive to Aboriginal perspectives will create an environment where Aboriginal staff choose to stay and further their careers.

Suggested activities to address this priority area:

- Build the confidence of Aboriginal people to seek and access employment opportunities within WA Health and have a culturally safe and supportive work environment.
- Aboriginal people have education and training opportunities that improve employability and offer professional development to enhance existing skill sets to further qualifications (formal or non-formal).
- Grow the number of Aboriginal people gaining tertiary qualifications and entering a career in health.
- Develop clearly defined and available career pathways that increase representation of Aboriginal people across health.
- Expand Aboriginal leadership opportunities across WA Health.
- Health services within WA Health to implement an Aboriginal workforce plan that is accountable through performance measures, monitoring and evaluation.
- The non-Aboriginal workforce has access to education and training opportunities to gain an understanding of the cultural and historic reasons why Aboriginal people view health needs, outcomes and services differently to the general population.
- Recognise the trained skill sets and cultural knowledge of the Aboriginal workforce.
- Support the Aboriginal workforce to form a key part of a multidisciplinary approach to responding to the needs of Aboriginal people.
- Develop an Aboriginal workforce with specialist skills in public health (health promotion and environmental health) to ensure awareness of health promotion priorities, and competency in best practice methods across the continuum of care.
5.6 Priority area: Data, evidence and research

In an effort to address Aboriginal health and wellbeing, there is a need for improved evidence about what works. There are numerous data collection methods across the health system at both a state and national level that includes information about the health of Aboriginal people. Work to improve the quality and accuracy of these datasets with regards to Aboriginal people is necessary.

Substantial resources and effort has been dedicated to improving Aboriginal health. It is critical that WA Health continually harnesses evidence specific to WA to ensure that effort is directed into initiatives that are likely to achieve the desired outcomes. A strategic approach to the progress, distribution and active implementation of evidence is required. All programs and services, whether mainstream or specific to Aboriginal people, need to be informed by evidence of what works for Aboriginal people.

Supporting quality data, research and evaluation is needed to ensure that Aboriginal health policies and programs are clearly evidence-based and informed by robust health research and data systems. It will also assist the translation of evidence into policy and practice. There is a role for data and evidence to improve health care and planning for Aboriginal people, through consistent monitoring and management of data.

The under-identification of Aboriginal people reduces effective monitoring of health outcomes. More work needs to continue to address under-identification. Associated with this is the need to develop a skilled workforce to undertake ethical and culturally relevant research and evaluation of Aboriginal health policies and programs.

Suggested activities to address this priority area:

- Involve Aboriginal people and communities in the research agenda.
- Conduct research that is ethical, culturally relevant and of practical value to Aboriginal people and their service providers.
- Focus on identifying ‘positive models’ or examples of success.
- Build the capacity of the Aboriginal workforce to undertake research and evaluation of Aboriginal health policies and programs.
- Ensure Aboriginal people are not left behind in health research and application.
- Conduct priority-driven research, delivered in partnership with Aboriginal communities, Aboriginal community controlled health services and WA Health.
- Ensure data is available for program evaluation, at the time programs are planned and implemented.
- Review existing data sources collected across the WA health system that can improve understanding of Aboriginal health utilisation and profiles.
- Build the evidence base on health inequality, the social determinants of health and what works to improve them.
- Identify strategies to address the under-identification of Aboriginal people.
5.7 Priority area: Addressing the social determinants

Health inequalities and disadvantage experienced by Aboriginal people is shaped by the broader social, structural and economic conditions in which they live. A social determinants approach takes into account the broader social, political, economic, cultural and environmental context in which people live and the impact these contexts have on health and wellbeing (Osborne, Baum and Brown, 2013). The historical context of colonisation, dispossession and contemporary social factors such as institutional racism and poverty must be considered when addressing the social determinants (Gray et al, 2007).

The daily conditions in which people live influence health equity. Access to quality housing, clean water and sanitation are human rights and basic needs for positive health outcomes (CSDH, 2008).

There are many drivers of ill health that lie outside the direct responsibility of the health sector. The burden of illness responsible for premature loss of life arises because of the conditions in which people are born, grow, live, work and age (CSDH, 2008). A broad approach to address the social and cultural determinants of health is critical to achieve health equity (Commonwealth of Australia, 2013). Effort across sectors to address the determinants of Aboriginal health at a state, regional and local level is required. Innovative local programs create the opportunity for effective partnerships to address local priorities and need. It is important that programs are designed to address key social determinants such as health, housing, education and employment.

Improving Aboriginal health outcomes requires an integrated approach. It should include the strengthening of community functioning, reinforcing positive behaviours, improving education participation, regional economic development, housing, environmental health and spiritual healing. It is vital for communities and individuals to have the ability to be re-empowered and translate their capability into action.

Suggested activities to address this priority area:

- Strengthen partnerships across all stakeholders to address the social determinants including health, housing, education and employment.
- Align local level program goals and opportunities.
- Create opportunities for collaboration between local services to address social determinants of health and local need.
- Focus on cultural determinants and promote strength-based approaches.
- Encourage ways of working across government that supports all sectors to consider the Aboriginal health impacts of their policies and practices. At the same time, examine how a healthier Aboriginal population can contribute to achieving the goals of other sectors.
6. Monitoring and accountability

WA Health will monitor progress against the strategic directions and priority areas set out in the Framework.

The Australian Institute of Health and Welfare’s biannual reports, *Aboriginal and Torres Strait Islander Health Performance Framework* for Western Australia and the Department of Health’s Western Australian datasets, provide a mechanism to monitor performance. These monitoring systems provide a good starting point for measuring health status and system performance and will be used as a source of information for reporting against targets, once developed.

Health status and health system performance data will need to be complemented with measures that provide information about other sectors related to the social determinants of health.

Five priority measures that will be monitored over the next 15 years include:

- Life expectancy and wellbeing
- Child mortality
- Health behaviours
- Aboriginal health workforce
- Health system performance and responsiveness.

7. Next steps

The *WA Health and Wellbeing Framework 2015–2030* will be part of a process for change and WA Health will have a key role in leading and overseeing its implementation. However, the Framework is an agenda shared by all those concerned with the health of Aboriginal people and communities in WA. Achieving the vision will involve all parts of the Western Australian health system, Aboriginal community, Aboriginal community controlled sector, non-government organisations and across government.

The Framework is intended for broad application across WA, and implementation will require flexible solutions at the local level. While the Framework is not funded, it provides the opportunity for progressing priority action with existing resources and provides direction for any new or future funding.

Implementation of the Framework will ensure that progress can be measured and monitored over time. The long term strategic directions will guide the development of action plans and set progress targets which will be aligned to established best practice, evidence and respond to new and emerging needs. These action plans will be developed and implemented across WA Health.

Action plans will include mechanisms to assist Aboriginal communities and other stakeholders to know, understand and have opportunities to provide feedback on:

- What the Department of Health is doing in Aboriginal health
- How effectively it is doing it
- How it can improve.

It is anticipated that regional and local responses will also be developed. These processes will be informed by specific recommendations from regional planning teams and further work at a regional and health service level. This approach will enable the development of localised strategic approaches and targets.
In addition, across sector collaborations are necessary to address the connections between health and social determinants.

WA Health encourages other parts of government, non-government organisations and the Aboriginal community controlled sector to demonstrate their commitment to this Framework by aligning their strategic planning.

<table>
<thead>
<tr>
<th>Strategic directions</th>
<th>What we aim to achieve</th>
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<tbody>
<tr>
<td>Prevention and early intervention</td>
<td>Aboriginal people, families and communities are engaged with evidence-based prevention and early intervention initiatives and choose healthy lifestyles.</td>
</tr>
<tr>
<td>Promote good health across the life course</td>
<td>Aboriginal people engaged at key transition points across the life course.</td>
</tr>
<tr>
<td>A culturally respectful and non-discriminatory health system</td>
<td>A health system free of racism.</td>
</tr>
<tr>
<td>Individual, family and community wellbeing</td>
<td>Aboriginal family systems of care recognised and supported.</td>
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<td>A strong, skilled and growing Aboriginal health workforce</td>
<td>A culturally secure workforce.</td>
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<td>Aboriginal people employed at all levels across the health system.</td>
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<tr>
<td>Equitable and timely access to the best quality and safe care</td>
<td>Aboriginal people receive safe care of the highest quality in a timely manner.</td>
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Successful implementation of the Framework recognises the importance of culture, strength of community and encourages new ways of working to achieve our vision *Aboriginal people living long, well and healthy lives.*
8. References


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