Draft ACT
ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH PLAN

Priorities for the next Five Years
2016 - 2020
Message from the Minister

It is well documented that Aboriginal and Torres Strait Islander peoples experience poorer health than other Australians. Governments have responded by committing to close the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and other Australians with a target year of 2031.

Early in 2015, the ACT Government reaffirmed its commitment to Reconciliation and Wellbeing of Aboriginal and Torres Strait Islander communities, by signing the *ACT Aboriginal and Torres Strait Islander Agreement 2015-2018*.

The *ACT Aboriginal and Torres Strait Islander Health Plan, Priorities for the next Five Years 2016 – 2020* directly responds to the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* and seeks to improve the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples living in the ACT and region.

Importantly, this health plan has been developed around a framework that respects Aboriginal and Torres Strait Islander community control, leadership, bilateral relationships, cultural integrity and values and principles of human rights.

The health plan provides a platform for improving access to health and health care services for Aboriginal and Torres Strait Islander peoples here in the ACT.

And over the next five years, it is important for government, health services and programs, representative bodies, community controlled organisations and the local Aboriginal and Torres Strait Islander communities to work together on the priorities for change, presented against the focus areas of the plan.

Meegan Fitzharris MLA
Assistant Minister for Health
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Introduction

The ACT Aboriginal and Torres Strait Islander Health Plan, Priorities for the next Five Years 2016-2020, outlines the objectives and priorities to closing the life expectancy gap between Aboriginal and Torres Strait Islander peoples and other Australians in the ACT and region.

The health plan, responds to several national Aboriginal and Torres Strait Islander health plans, frameworks and strategies within one plan for the ACT. Consultations with the local ACT communities on national health policy as well as community forums held by the ACT Aboriginal and Torres Strait Islander Elected Body (ATSIEB) were undertaken over the past few years. The health concerns and views captured from these consultations have helped inform the development of the health plan.

Agreement to the list of focus areas addressed in the health plan was reached at a community health workshop facilitated by Professor Ngiare Brown on behalf of ACT Health in August 2014. Participants at the workshop recommended:

- The health plan is developed within the framework of community control, leadership, respectful bilateral relationships, cultural integrity and values and principles of human rights; and
- Access to health services by Aboriginal and Torres Strait Islander peoples is increased through improved collaboration and sustainability between government, health services, community controlled organisations, representative bodies and the local Aboriginal and Torres Strait Islander communities.

Six focus areas of the health plan provide background information and evidence, based on national health data as well as ACT data on the health conditions of the ACT Aboriginal and Torres Strait Islander population. Priorities for change are presented against each of the focus including service delivery and health performance measures. The health plan has also taken into consideration the health services and programs currently in place.

The health plan reflects the ACT Government’s commitment in the Aboriginal and Torres Strait Islander Agreement 2015-2018, 'Healthy mind, healthy body', to focussed and effective services for Aboriginal and Torres Strait Islander peoples in the ACT.

‘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 human beings, 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).
Background

1. Population
The ACT Aboriginal and Torres Strait Islander population was 5,185, as at Census 2011 which included 51.2 per cent males and 48.8 per cent females. They represented 1.5 per cent of the ACT population and 1.0 per cent of the total Aboriginal and Torres Strait Islander population of Australia. The Australian Bureau of Statistics (ABS) estimates this population could increase to 6,101 and 6,148 by 2021, with an average annual growth rate of 2.4 per cent.

2. Health Status
Data provided in the Australian Capital Territory, Chief Health Officer’s Report 2014 indicated that in 2012 – 2013, 79.5 per cent of Aboriginal and Torres Strait Islander peoples reported their health to be good. Below is a snapshot of the health conditions of Aboriginal and Torres Strait Islander peoples presented in the report.

<table>
<thead>
<tr>
<th>Health condition</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes and circulatory diseases</td>
<td>Hospitalised at almost four times the rate of their non-Aboriginal and Torres Strait Islander counterparts for diabetes and almost twice the rate for circulatory disease.</td>
</tr>
<tr>
<td>Chronic conditions, acute conditions and vaccine preventable conditions</td>
<td>Hospitalised at twice (2.2 times) the rate for chronic conditions, 1.7 times the rate for acute conditions, and 1.6 times the rate for vaccine-preventable conditions.</td>
</tr>
<tr>
<td>Low birth rate</td>
<td>Low birth rate is twice as common among babies born of Aboriginal and Torres Strait Islander mothers as among babies born of non-Aboriginal and Torres Strait Islander mothers (13 per cent compared with 5 per cent) during 2007-2011.</td>
</tr>
<tr>
<td>Three or more long-term health conditions</td>
<td>The percentage of ACT respondents aged 15 years and over to the 2012 – 2013 Australian Aboriginal and Torres Strait Islander Survey that reported they had three or more long-term health conditions (such as diabetes, asthma, cancer and osteoporosis) was 46 per cent, which was higher than that for their national counterparts.</td>
</tr>
</tbody>
</table>

The Chief Health Officer’s Report 2014 also notes that the small population of Aboriginal and Torres Strait Islander peoples in the ACT limits the extent to which statistics can be reported without compromising confidentiality of individuals and the extent to which reliable rates can be calculated. The Australian Bureau of Statistics (ABS) has determined that the population is too small to calculate life expectancy tables’ specific to the ACT.

1 Australian Capital Territory, Chief Health Officer’s Report 2014
Guiding Principles

The following principles are based on the *United Nations Declaration on the Rights of Indigenous Peoples*, referencing articles on health that, ‘constitute the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world’\(^2\).

The rights to life, physical and mental integrity, the right, without discrimination to improvement of economic and social conditions, the right to be actively involved in developing and determining health programs and the right to traditional medicines and maintaining health practices\(^3\).

**Principle 1**
Acknowledges, the traditional custodians of the land, recognises the diverse cultures and histories of Aboriginal and Torres Strait Islander peoples, the important role of key representative bodies and local Aboriginal and Torres Strait Islander community controlled organisations.

**Principle 2**
Provides a holistic approach to healthcare that acknowledges the Aboriginal and Torres Strait Islander concept of health, defined as, spiritual, cultural, social and emotional well-being as well as the physical health of the whole community.

**Principle 3**
Delivers, health care and health services that are designed to meet the health needs of Aboriginal and Torres Strait Islander peoples and which are delivered in a culturally safe and competent health environment.

**Principle 4**
Strengthens partnerships based on shared ownership and working together across government, health services, community controlled organisations and the community to establish cooperative effort, respectful dialogue and action.

**Principle 5**
Optimises engagement and involvement of community controlled organisations, and Aboriginal and Torres Strait Islander peoples in decisions that directly impact on the immediate and long term health care needs of Aboriginal and Torres Strait Islander peoples.

**Principle 6**
Recognises that the social determinants of health including, education, employment and income have a significant impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

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\(^1\) United Nations Declaration on the Rights of Indigenous Peoples

\(^2\) Ibid

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Objectives of the Health Plan

1. Provide one health plan that sets strategic direction for the ACT in relation to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples living in the ACT and region, thereby, contributing to reducing the gap in life expectancy.

2. Provide a strategic platform upon which services contribute to improving access to health and health care services for Aboriginal and Torres Strait Islander peoples by delivering programs and services that are appropriate to health needs, and, which are provided in a culturally skilled and safe healthcare environment.

3. Provide strategic direction for government, health services and programs, representative bodies, community controlled organisations and the local Aboriginal and Torres Strait Islander communities to work together to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

4. Respond to the **ACT Aboriginal and Torres Strait Islander Agreement 2015 – 2018** specifically, *‘Healthy mind, healthy body’*, that focuses on effective services for Aboriginal and Torres Strait Islander peoples in the ACT.

5. Respond to the range of national health plans, strategies and frameworks that seek to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples:
   - National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023;
   - National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013;
   - National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing 2014 – 2019 (in development);
   - National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy 2014-2019;
   - National Aboriginal and Torres Strait Islander Cancer Framework 2015
   - National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-215
STRATEGIC STRUCTURE

One ACT Aboriginal and Torres Strait Islander Health Plan

Strategic Direction

Aboriginal and Torres Strait Islander Community Controlled Organisations

Aboriginal and Torres Strait Islander Community Controlled Community Controlled Organisations

Government health and community services

Primary health services

Aboriginal and Torres Strait Islander key representative Bodies

Non-government Organisations

Partnerships

Service Delivery

Health Performance

Access and health and Wellbeing
Focus Areas

1. MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELLBEING

Ten per cent of the health gap between Aboriginal and Torres Strait Islander peoples and other Australians in 2003 has been linked to mental health conditions and, another 4 per cent of the gap is attributed to suicide.¹

What we know

The Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing recognise cultural differences and acknowledge the impact of historical and social determinants including the importance of employment, housing and education. Mental health and mental illness are influenced by the same factors that impact on all people – the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.

Racism and discrimination, from evidence that is emerging, is having a profound effect on the health and well being of Aboriginal and Torres Strait Islander peoples and their ability to seek a range of services. For example:

¹‘Racism has been shown to affect the health and well being of a high proportion of Aboriginal and Torres Strait Islander people in contemporary Australia, creating a barrier to accessing health services and to the process of healing and reconciliation. Racism and discrimination has been cited as a direct cause of psychological distress as well as negatively influencing wellbeing via pathways such as smoking and alcohol and substance misuse. Racism also affects people’s ability to seek health, housing, welfare or other services from providers they perceive to be unwelcoming or negative towards them’⁵.

Suicide rates of Aboriginal and Torres Strait Islander people at the national level for the period 2001 – 2010 were twice that of other Australians. Incarceration can have a harmful effect on rates of suicide and self-harm. Prisoners are at heightened risk of suicide and overdose death in the immediate post-release period⁶.

The harmful use of Alcohol and Other Drugs (AOD) contributes significantly to the burden of disease and social disadvantage for Aboriginal and Torres Strait Islander peoples. It is associated with family and community breakdown, violence, crime and incarceration, financial burden, poor mental health and wellbeing, hospitalisations, premature death, and suicide⁷. Illicit drugs have been estimated to cause 3.4 per cent of the burden of disease and 2.8 per cent of deaths compared to 2.0 per cent and 1.3 per cent among the non-Indigenous population⁸.

Connection to body, mind and emotions, family and kinship, community, culture, country and spirituality and ancestors are considered protective factors for overall

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¹ Australian Institute of Health and Welfare, Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people, November 2014
² Ibid
³ National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023
⁴ Australian Institute of Health and Welfare, Australian Institute of Family Studies, Reducing alcohol and other drug related harm, 2010
⁵ Australian Bureau of Statistics, Australian Institute of Health and Welfare, The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples, 2008
⁶ Australian Bureau of Statistics, The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples, 2010
⁷ National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023
social and emotional wellbeing. Maximising the benefits of the protective factors, while minimising the risk factors is about promoting social and emotional wellbeing\textsuperscript{9}.

\textsuperscript{9} National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2014 - 2019
Priorities for Change

Strengthen the partnerships between mental health and alcohol and drug services, Aboriginal and Torres Strait Islander community controlled organisations, justice health, and the community by working together to improve recovery and healing from stress and trauma and by providing culturally responsive service delivery that offers outreach and access to transport.

1. Promote the protective factors of strong connection to body, mind and emotions, family and kinship, community, culture, country, spirituality and ancestors into mental health, alcohol and drug, and justice health policy, programs and service delivery in an effort to minimise the risk factors.

2. Support early intervention services that promote mental health and social and emotional wellbeing, including the provision of counselling support to deal with the harmful impact of the use of alcohol and other drugs.

3. Promote the use of the annual health check (MBS 715), available to all Aboriginal and Torres Strait Islander peoples, provided by general practitioners and local health services to encourage early detection, diagnosis and intervention for common and treatable conditions.

4. Support the action areas of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2014-2019 (in development).

5. Support the priorities of the National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy 2014-2019.

6. Support the employment of Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing, alcohol and other drug workers, through recruitment policy that offers appropriate training and development leading to professional qualifications in early intervention, social and emotional wellbeing and suicide prevention.

7. Develop capacity of staff working in mental health and social and emotional wellbeing, alcohol and drug services, and justice health by providing cultural training that presents the historical impact and effect of past experiences on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

8. Collect quality data on the number of Aboriginal and Torres Strait Islander patients and clients by recording data on appropriate forms and where required undertake training in identification i.e. ‘Asking the Question’ to obtain accurate and reliable status that can be used for policy development and reporting purposes.
2. CHRONIC DISEASE

Chronic disease contributes to two-thirds of the health gap between Aboriginal and Torres Strait Islander peoples and other Australians. Fifty eight per cent of excess deaths are due to chronic disease (i.e. circulatory disease as well as cancer, diabetes, respiratory disease and kidney disease). For kidney disease the mortality gap has widened in recent years because the rate of increase in deaths is faster for Aboriginal and Torres Strait Islander Australians. There has been no improvement in deaths due to diabetes and the incidence of end stage renal disease has more than tripled over the last decade\textsuperscript{10}.

What we know

The National Recommendations for Better Cardiac Care for Aboriginal and Torres Strait Islander People 2014, identified that heart and cardiovascular conditions make the greatest contribution to the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and other Australians and urgent attention is required to address this problem.

Aboriginal and Torres Strait Islander peoples are also at greater risk of disability due to increased exposure to factors such as low birth weight, chronic disease, infectious diseases, accidents and violence, mental health problems, substance use and limited access to treatment and rehabilitation services\textsuperscript{11}.

The range of health conditions of the ACT Aboriginal and Torres Strait Islander population outlined in the Australian Capital Territory, Chief Health Officer’s Report 2014 include:

- **Tobacco use** by Aboriginal and Torres Strait Islander residents is **consistently significantly higher** than that reported by non-Aboriginal and Torres Strait Islander residents.

- **Overweight and obesity** (self reported) in ACT residents aged 15 years and over was 58.3 per cent compared with 65.6 per cent at the national level.

- **Inadequate daily vegetable consumption** (according to the 2013 NHMRC guidelines), by almost all (96 per cent) ACT residents aged 15 years and over, which was similar to the national figure (95.1 per cent), where as 68.2 per cent of ACT respondents reported **inadequate fruit consumption** (according to the 2013 NHMRC guidelines) compared with the national figure of 57.2 per cent.

- **Alcohol consumption** (14.3 per cent of Aboriginal and Torres Strait Islander residents aged 15 years and over) exceeding the NHMRC 2009 lifetime risk guidelines (i.e. drinking no more than two standards drinks on any day) and 65.7 per cent exceeded the NHMRC 2009 single-occasion risk guidelines (i.e. drinking no more than four standard drinks on a single occasion), (Australian Aboriginal and Torres Strait Islander Health Survey 2012 – 2013).

\textsuperscript{10} ACT Chronic Conditions Strategy – Improving Care and Support 2013-2018
\textsuperscript{11} National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023
• **Chronic kidney** disease is around **four times the rate** of non-Aboriginal and Torres Strait Islander people in the ACT, but hospitalisation rates for dialysis and chronic kidney disease were lower in the ACT than nationally.

• **Diabetes** and hospitalisation of Aboriginal and Torres Strait Islander people was almost **four times the rate** of their non-Aboriginal and Torres Strait Islander counterparts, and almost **twice the rate for circulatory diseases**.

• **Low birth weight** is more than **twice as common** among babies born of Aboriginal and Torres Strait Islander mothers as among babies of non-Aboriginal and Torres Strait Islander mothers in the ACT (13 per cent compared with 5 per cent).

Aboriginal and Torres Strait Islander people are less likely to receive treatment to prevent or address poor oral health, resulting in oral health care which often takes place in the form of emergency treatment which is reported in *Australia’s National Oral health Plan 2015-2024*12.

Aboriginal and Torres Strait Islander 15 year olds have 50 per cent more tooth decay than the rest of the population. Socio economic factors have a profound impact on oral health with research showing a strong link between income and the risk of poor oral health. Socio economic status is also linked with levels of sugar, tobacco and alcohol consumption which in turn impacts on oral health13.

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12 *Australia’s National Oral Health Plan 2015 – 2024*
13 Ibid
Priorities for Change

*Strengthen the partnerships between health services, the Aboriginal and Torres Strait Islander community controlled organisations and the community by working together to support access for peoples with chronic illness to multiple service providers.*

1. Support initiatives for Aboriginal and Torres Strait Islander peoples that focus on tobacco cessation, healthy lifestyle behaviours, chronic disease prevention and management, disability, carer responsibilities and opportunities for older people to be active, healthy and culturally connected to community.

2. Promote the use of the annual health check (MBS 715), available to all Aboriginal and Torres Strait Islander peoples, provided by general practitioners and local health services to encourage early detection, diagnosis and intervention for common and treatable conditions.

3. Promote the benefits of healthy food, vegetables and fruit and the importance of exercise to improving health and wellbeing.

4. Encourage all Aboriginal and Torres Strait Islander peoples, aged 20 years and over without known cardiac disease to receive a cardiovascular risk assessment every two years, and appropriate management of identified risk factors.

5. Promote importance of coordination and care planning for Aboriginal and Torres Strait Islander peoples with chronic illnesses, including rehabilitation programs for cardiac conditions by building capacity through hospitals and community outreach services.

6. Recognise the issue of financial constraints experienced by Aboriginal and Torres Strait Islander peoples and support capacity for them to complete their medical treatment by utilising services that offer transport and assistance.

7. Support key strategies identified in *Australia’s National Oral Health Plan 2015 – 2024* for Aboriginal and Torres Strait Islander peoples through dental health services to improve oral health outcomes.

8. Develop capacity of staff working in health services in the area of chronic diseases by providing cultural training that presents the historical impact and effect of past experiences on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

9. Collect quality data on the number of Aboriginal and Torres Strait Islander patients and clients by recording status on appropriate forms and where required undertake training in identification i.e. ‘Asking the Question’ to obtain accurate and reliable status that can be used for policy development and reporting purposes.
3. COMMUNITY HEALTH

3.1 Maternal and Child Health

*Health risk factors such as maternal smoking, alcohol and other drugs consumption by both parent’s, inadequate nutrition, stress, illness and infection can all disrupt the development of the child before birth and are associated with low birth weight, which connects with long-term effects on learning and behaviour, and the development of chronic disease later in life.*

*What we know*

The *Australian Capital Territory, Chief Health Officer’s Report 2014*, refers to the percentage of ACT Aboriginal and Torres Strait Islander women who reported smoking during pregnancy as six times higher (55.9 per cent) than the overall ACT percentage.

Low birth weight is more than twice as common among babies born of Aboriginal and Torres Strait Islander mothers as among babies of non-Aboriginal and Torres Strait Islander mothers in the ACT (13 per cent compared with 5 per cent) during 2007 - 2011.

The average rate of immunisation coverage for Aboriginal and Torres Strait Islander children from 1 July 2010 to 30 June 2012 was 84.7 per cent for children at 12-15 months, 94.8 per cent at 24-27 months and 89 per cent at 60-63 months. These figures, however, should be interpreted with caution due to the low numbers of Aboriginal and Torres Strait Islander children in the ACT.

Attempts have been made to try and pursue different strategies to increase immunisation rates, including follow up with parents of children identified as overdue for immunisations and investigating immunisation promotion opportunities with the Aboriginal and Torres Strait Islander communities.

Drinking alcohol while pregnant may result in a range of impairments and cognitive social and emotional dysfunction over the child’s lifetime, otherwise known as foetal alcohol spectrum disorder (FASD). Negative role modelling around gambling, drinking and other substance misuse, as well as the absence of a mother or father due to incarceration, can contribute to child abuse and neglect.

Higher rates of child abuse and neglect, reported in the *Australian Institute of Health and Welfare, online Indigenous Observatory Reports* state that compared to non-Indigenous children during 2011-2012, Indigenous children aged 0-17 were:

- 8 times as likely to be the subject of substantiated child abuse or neglect (42 per 1,000 children compared with 5 per 1,000)
- 10 times as likely to be on care and protection orders (55 per 1,000 children compared with 6 per 1,000)
- 10 times as likely to be in out-of-home care (55 per 1,000 children compared with 5 per 1,000)

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14 Australian Capital Territory Chief Health Officer’s Report 2014
15 Ibid
16 Ibid
Priorities for Change

_Strengthen the partnerships between health services, maternal and child health services, the Aboriginal and Torres Strait Islander community controlled organisations and the community to work together to improve maternal and child health and early childhood development._

1. Support initiatives that focus on, antenatal care (1st trimester), perinatal depression and stress, reducing smoking and alcohol intake, healthy nutrition, routine testing and management of diabetes, birthing options, positive parenting and family connections, sexual and reproductive health and breastfeeding.

2. Promote the protective factors of strong connection to body, mind and emotions, family and kinship, community, culture, country, spirituality and ancestors in an effort to minimise the risk factors for mothers, young parents and children.

3. Promote the use of the annual health check (MBS 715), available to all Aboriginal and Torres Strait Islander peoples, provided by general practitioners and local health services to encourage early detection, diagnosis and intervention for common and treatable conditions.

4. Promote the availability of the MBS health assessments for children 0-14 years (ear and hearing health including immunisation) provided by local health services and maternal and child health services to encourage early detection, diagnoses and intervention for common and treatable conditions including increasing immunisation rates.

5. Support the employment of Aboriginal and Torres Strait Islander peoples in the health sector, in particular, maternal and child health workforce through recruitment policy that offers appropriate training and development leading to professional qualifications.

6. Develop capacity of staff working in health and maternal and child health services by providing cultural training that presents the historical impact and effect of past experiences on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

7. Collect quality data on the number of Aboriginal and Torres Strait Islander patients and clients by recording status on appropriate forms and where required, undertake training in identification i.e. ‘Asking the Question’ to obtain accurate and reliable status that can be used for policy development and reporting purposes.
3.2 Older People’s Health

**Older Aboriginal and Torres Strait Islander people play an important role within community structures because of their particular connections to culture, language, customs and country**\(^{17}\).

**What we know**

In 2010-2012, life expectancy for Aboriginal and Torres Strait Islander males was estimated to be 10.6 years lower than that of non-Indigenous males (69.1 years compared with 79.7 years) and 9.5 years lower for females (73.7 compared with 83.1 years)\(^{18}\).

Older Aboriginal and Torres Strait Islander peoples have poorer health and higher rates of disability than other Australians in the same age group. For example, older Aboriginal and Torres Strait Islander peoples were reported at the Census to be almost 3 times as likely as non-Indigenous people to need help with self-care, mobility or communication tasks. Dementia is an emerging problem for this population group, especially in the 50-79 year age range\(^{19}\).

Many older Aboriginal and Torres Strait Islander peoples will have been impacted by historical policies leading to the forcible removal of children from families and communities. The consequences of these removal policies have long-term resonance, including social, physical and psychological devastation for Aboriginal and Torres Strait Islander peoples directly involved, as well as families and communities.

Older Aboriginal and Torres Strait Islander peoples also often still have caring responsibilities, sometimes for multiple generations. Involving older Aboriginal and Torres Strait Islander peoples in community and cultural events have a positive impact on their social and emotional wellbeing.

There were 26 residential aged care facilities in the ACT as at June 2012, catering for 1,886 persons (537 males and 1,349 females, including six Aboriginal and Torres Strait Islander people)\(^{20}\).

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\(^{17}\) National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023

\(^{18}\) Aboriginal and Torres Strait Islander Health Performance Framework Report 2014

\(^{19}\) Australian Institute of Health and Welfare, Older Aboriginal and Torres Strait Islander people, 2011

\(^{20}\) Australian Capital Territory, Chief Health Officer’s Report 2014
THE HEALTH OF OLDER
ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

Priorities for Change

Strengthen the partnerships between health and aged care services, the Aboriginal and Torres Strait Islander community controlled organisations and community to work together in partnership to improve the health and wellbeing of older Aboriginal and Torres Strait Islander peoples.

1. Support initiatives that provide opportunities for older people to maintain social and cultural connections with community, healthy lifestyles, carer arrangements and options for ageing on country.

2. Promote the use of the annual health check (MBS 715), available to all Aboriginal and Torres Strait Islander peoples, provided by general practitioners and local health services to encourage early detection, diagnosis and intervention for common and treatable conditions.

3. Support the employment of Aboriginal and Torres Strait Islander peoples in health services, in particular, aged care services through recruitment policy that offers appropriate training and development leading to professional qualifications.

4. Develop capacity of staff working in the aged care workforce by providing cultural training that presents the historical impact and effect of past experiences on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

5. Collect quality data on the number of Aboriginal and Torres Strait Islander patients and clients by recording status on appropriate forms and where required, undertake training in identification i.e. ‘Asking the Question’ to obtain accurate and reliable status that can be used for policy development and reporting purposes.
3.3 Disability and Carer Support

*Aboriginal and Torres Strait Islander peoples are often subject to a number of predisposing factors for disability, including low birthweight, and higher rates of chronic disease, infectious diseases, accidents, violence, mental health problems and substance abuse*21.

**What we know**

According to the Australian Aboriginal and Torres Strait Islander Health Survey 2012-2013, 36 per cent of Indigenous Australians (an estimated 228,000 people) had some form of disability. An estimated 14,000 people, 6.4 per cent of the Indigenous population had severe or profound disability. Indigenous Australians were twice as likely as non-Indigenous Australians to have severe or profound disability (based on age-standardised rates)22. The data collected apply to people living in private dwellings (and exclude those in aged care facilities and other non-private dwellings) in both non-remote and remote areas of Australia.

People with disability may face additional difficulties accessing and participating in education and employment. For Aboriginal and Torres Strait Islander peoples the rates of participation in education and employment are significantly lower. Through the National Disability Agreement, all Australian Governments developed a National Indigenous Access Framework, which aims to ensure the needs of Aboriginal and Torres Strait Islander peoples with disability are addressed through appropriate service delivery arrangements23.

The First Peoples Disability Network Australia makes reference to: *The high prevalence of disability, approximately twice that of the non-indigenous population, occurs in Aboriginal and Torres Strait Islander communities for a range of social reasons, including poor health care, poor nutrition, exposure to violence and psychological trauma (e.g. arising from removal from family and community) and substance abuse, as well as the breakdown of traditional community structures in some areas. Aboriginal people with disability are significantly over-represented on a population group basis among homeless people, in the criminal and juvenile justice system and in the care and protection system (both as parents and children).*

The ACT Government, *caring for carers policy, 2003* refers to the 1998, Australian Bureau of Statistics data on the number of carers in the ACT which is 43,000 carers representing 14 per cent of the population, or one person in seven. Aboriginal and Torres Strait Islander carers were over 1.15 per cent of carers.

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21 Australian Institute of Health and Welfare, The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples 2015

22 Ibid

23 Aboriginal and Torres Strait Islander Health Performance Framework Report 2014
Priorities for Change

Strengthen the partnership between health services, the Aboriginal and Torres Strait Islander community controlled organisations and the community to work together to improve information and access for people with a disability to appropriate services and programs.

1. Support initiatives that provide opportunities for people with a disability to maintain social and cultural connections with community, healthy lifestyles and carer arrangements.

2. Promote the use of the annual health check (MBS 715), available to all Aboriginal and Torres Strait Islander peoples, provided by general practitioners and local health services to encourage early detection, diagnosis and intervention for common and treatable conditions.

3. Support the employment of Aboriginal and Torres Strait Islander peoples in the area of disability and carer support through recruitment policy that offers appropriate training and development leading to professional qualifications.

4. Develop capacity of staff working in the disability and carer support workforce by providing cultural training that presents the historical impact and effect of past experiences on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

5. Collect quality data on the number of Aboriginal and Torres Strait Islander patients and clients by recording status on appropriate forms and where require, undertake training in identification i.e. ‘Asking the Question’ to obtain accurate and reliable status that can be used for policy development and reporting purposes.
3.4 Young People’s Health

Many Aboriginal and Torres Strait Islander young people grow up in difficult circumstances, including living with the impacts of intergenerational trauma and families and communities with lesser housing, education and employment opportunities. In some cases they may suffer from a disrupted home life and family disruption typified by alcohol and other substance abuse, welfare dependency, contact with the justice system and family violence24.

What we know

The ACT Aboriginal and Torres Strait Islander population had a much younger age structure than that of the total population with over half (55 per cent) of Aboriginal and Torres Strait Islander peoples aged 24 years and under compared to 33 per cent of the non-Aboriginal and Torres Strait Islander population.

The Australian Capital Territory, Chief Health Officer’s Report 2014 reported that, significantly more Aboriginal and Torres Strait Islander secondary students reported having ever smoked than non-Aboriginal and Torres Strait Islander students, and, significantly more Aboriginal and Torres Strait Islander students reported having ever used an illicit substance in their lifetime than their non-Aboriginal and Torres Strait Islander counterparts.

Aboriginal and Torres Strait Islander peoples also take their lives at younger ages than non-Indigenous Australians, with the majority of suicide deaths occurring before the age of 35 years. The greatest difference in rates of suicide between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians was in the 20-24 years age group for females and the 25-29 years age group for males25.

Suicide is strongly associated with harmful use of Alcohol and Other Drugs (AOD). In Queensland, from 1998 to 2006, two-thirds of Aboriginal and Torres Strait Islander peoples who died by suicide had consumed alcohol, and more than one-third had used drugs such as cannabis, amphetamines, inhalants or opiates at the time of their deaths26.

A range of protective factors against mental illness and suicide that include, developing resilience, strong support networks, strong connection to culture, a sense of belonging and problem solving from an early age can help to promote positive mental health and wellbeing.

Young Aboriginal and Torres Strait Islander people are also a priority group identified in the Fourth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2014 – 2017. The much younger age structure of the Aboriginal and Torres Strait Islander community, compared to the non-Indigenous population has implications for the sexual health and wellbeing of this population.

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24 National Aboriginal and Torres Strait Islander Health Plan 2013-2023
25 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy May 2013
26 Ibid
Priorities for Change

*Strengthen the partnerships between health services, youth services and Aboriginal and Torres Strait Islander community controlled organisations and community to work together to improve the health and wellbeing of young Aboriginal and Torres Strait Islander peoples.*

1. Support initiatives that involve strengthening connections with community, culture, language, education and leadership to develop a strong sense of identity and pride in Aboriginal and Torres Strait Islander young people.

2. Promote the use of the annual health check (MBS 715), available to all Aboriginal and Torres Strait Islander peoples, provided by general practitioners and local health services to encourage early detection, diagnosis and intervention for common and treatable conditions.

3. Promote prevention strategies to address the harmful use of alcohol and other drugs and the association of use with suicide to young Aboriginal and Torres Strait Islander peoples, families and communities.

4. Support initiatives that focus on reducing harm, provide counselling and support and education to young Aboriginal and Torres Strait Islander peoples experiencing issues with alcohol and other drug use including risk taking behaviours.

5. Support youth programs that promote healthy lifestyle behaviours, including, sports, music, the arts, nutrition and chronic disease, sexual and reproductive health, and positive parenting for young Aboriginal and Torres Strait Islander peoples.

6. Support the employment of Aboriginal and Torres Strait Islander young people in the health sector through recruitment policy that offers appropriate training and development leading to professional qualifications.

7. Develop capacity of staff working in youth services by providing cultural training that presents the historical impact and effect of past experiences on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

8. Collect quality data on the number of Aboriginal and Torres Strait Islander patients and clients by recording status on appropriate forms and where required, undertake training in identification i.e. ‘Asking the Question’ to obtain accurate and reliable status that can be used for policy development and reporting purposes.
### 3.5 Women’s Health

*Aboriginal and Torres Strait Islander women are considered the most socially and economically disadvantaged and have the poorest health status according to the National Aboriginal and Torres Strait Islander Women’s Health Strategy 2010.*

**What we know**

The *National Aboriginal and Torres Strait Islander Women’s Health Strategy 2010* refers to the potential for significant health gains for women with improved prevention, early detection and treatment to address the high levels of risk factors and the burden of disease with earlier onset and lower survival rates.

The *Report to the nation: Cancer in Aboriginal and Torres Strait Islander peoples of Australia 2013* identified the three most common forms of cancer for Aboriginal and Torres Strait Islander females were breast (in females) (23 per cent), lung (14 per cent) and bowel (8 per cent) cancers. Breast cancer (in females) was the most common cancer for those aged less than 55 years, accounting for 14 per cent of all cancers diagnosed in this age group.

Family and community violence in Aboriginal and Torres Strait Islander communities impacts on health and wellbeing. Violence and hospitalisation for injury arising from assault are higher for Aboriginal and Torres Strait Islander peoples. The Women’s Legal Centre (ACT & Region) Incorporated provides an Aboriginal and Torres Strait Islander Women’s Law and Justice Support Program. Statistics provided on the Women’s Legal Centre website details the impact of the issue in the ACT:

- The ACT has the highest proportion of Aboriginal and Torres Strait Islander victims of physical violence in Australia. More than 33 per cent (one in three) reported physical violence or threats in the last year compared to 24 per cent (one in four) nationally.
- Family breakdown is much higher in the Aboriginal and Torres Strait Islander community than for the rest of the Canberra community.
- By the age of 5, less than half of Canberra’s Aboriginal and Torres Strait Islander children live with both parents. By the age of 10-14 years, slightly over 40 per cent live with both their parents.
- The number of Indigenous children involved with Care and Protection Services is about 7 times higher than for non-indigenous children.

Whilst Aboriginal and Torres Strait Islander peoples in Canberra make up only 1 per cent of the total population, they comprise approximately 10 per cent of people in the justice system.

Human immunodeficiency virus (HIV) infection is similar between Aboriginal and Torres Strait Islander peoples and other Australian populations. However, the differences in HIV diagnoses between the two population groups is that a higher proportion of infections in Aboriginal and Torres Strait Islander peoples is attributed to injecting drug use (13 per cent versus 2 per cent), and the population rate of diagnosis
was four times higher in Aboriginal and Torres Strait Islander women compared to other Australian women (2.2 per 100 000 compared to 0.5 per 100 000)\textsuperscript{27}.

Rates of infection reported for bacterial sexually transmissible infections (STI) are much higher in Aboriginal and Torres Strait Islander peoples than in other Australians. Rates of Chlamydia are 3.5 times higher\textsuperscript{28}.

High rates of STI, the disproportionate burden of viral hepatitis, and vulnerability to an HIV epidemic underline the urgency to address these infections in the Aboriginal and Torres Strait Islander population. Priority groups include Aboriginal and Torres Strait Islander peoples who: are young, inject drugs, sistergirls and transgender, living with HIV and viral hepatitis, and sex workers.
WOMEN’S HEALTH

AND ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN

Priorities for Change

Strengthen the partnerships between health services, women’s services, the Aboriginal and Torres Strait Islander community controlled organisations and the community to work together to improve early detection, prevention and intervention in Aboriginal and Torres Strait Islander women.

1. Support initiatives that provide opportunities to maintain social and cultural connections with community, healthy lifestyles including addressing the issue of family and community violence.

2. Support initiatives that promote breast screening, cervical screening, blood-borne viruses and sexually transmissible infections awareness, to increase prevention, diagnosis and treatment for Aboriginal and Torres Strait Islander women.

3. Promote the use of the annual health check (MBS 715), available to all Aboriginal and Torres Strait Islander peoples, provided by general practitioners and local health services to encourage early detection, diagnosis and intervention for common and treatable conditions.

4. Support the employment of Aboriginal and Torres Strait Islander women in the health sector, through recruitment policy that offers appropriate training and development leading to professional qualifications.

5. Develop capacity of staff working in women’s services by providing cultural training that presents the historical impact and effect of past experiences on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

6. Collect quality data on the number of Aboriginal and Torres Strait Islander patients and clients by recording status on appropriate forms and where required, undertake training in identification i.e. ‘Asking the Question’ to obtain accurate and reliable status that can be used for policy development and reporting purposes.
3.6 Men’s Health

Aboriginal and Torres Strait Islander men have the worst health outcomes of any group in Australia and die earlier from chronic diseases, such as cardiovascular disease, injury, respiratory disease, cancer and endocrine disease. They have higher rates of suicide than non-Aboriginal and Torres Strait Islander men, and have similar death rates from assault to females.

What we know

Aboriginal and Torres Strait Islander men often do not talk about their health and as a consequence, problems are often not acknowledged until they become too serious to ignore. All evidence shows that Aboriginal and Torres Strait Islander men use preventative health services less often than any other group.

Dr Mark Wenitong in his report, Indigenous Male Health, 2002 stated:

Indigenous males live their lives on a background of emotional distress that is characterised by enormous loss, trauma and grief (Indigenous Youth and Men’s Conference Western Australia October 1997) including:

- loss of land;
- loss of traditional ways;
- loss of roles as hunter/providers/warrior/teacher of young men;
- loss of health;
- lack of recognition of human status (by Terra Nullius);
- loss of freedom; culture taken away;
- loss of control over lives; and
- removal of children.

Blood-borne viruses and sexually transmissible infections in Aboriginal and Torres Strait Islander peoples is outlined in the Fourth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2014 – 2017. The strategy identifies particularly vulnerable groups of Aboriginal and Torres Strait Islander peoples who face additional stigma and discrimination associated with being young, a person who injects drugs, a sex worker, gay or a man who has sex with men, or a person living with HIV or viral hepatitis.

Men’s groups are being established in many communities as a way of addressing issues for men, in an environment that is safe, increases self-esteem and confidence through connecting with culture and identity and working on healing from grief and loss. Many men’s groups are also approaching the issue of alcohol and drugs and family and community violence.

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29 National Aboriginal and Torres Strait Islander Health Plan 2013 -2023
30 Dr Mark Wenitong, Indigenous Male Health, 2002
Priorities for Change

*Strengthen the partnerships between health services, the Aboriginal and Torres Strait Islander community controlled organisations and the community, men’s services and programs to work together to improve early detection, prevention and intervention in Aboriginal and Torres Strait Islander men.*

1. Support initiatives that provide opportunities to maintain social and cultural connections with community, healthy lifestyles including addressing the issue of family and community violence.

2. Promote the use of the annual health check (MBS 715), available to all Aboriginal and Torres Strait Islander peoples, provided by general practitioners and local health services to encourage early detection, diagnosis and intervention for common and treatable conditions.

3. Support initiatives that promote cancer screening in men, blood-borne viruses and sexually transmissible infections awareness, to increase prevention, diagnosis and treatment for Aboriginal and Torres Strait Islander men.

4. Support the employment of Aboriginal and Torres Strait Islander men in the health sector, through recruitment policy that offers appropriate training and development leading to professional qualifications.

5. Develop capacity of staff working in men’s services by providing cultural training that presents the historical impact and effect of past experiences on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

6. Collect quality data on the number of Aboriginal and Torres Strait Islander patients and clients by recording status on appropriate forms and where required, undertake training in identification i.e. ‘Asking the Question’ to obtain accurate and reliable status that can be used for policy development and reporting purposes.
4. COOPERATION AND SUSTAINABILITY, SERVICE DELIVERY, CULTURALLY SKILLED WORKFORCE

Working in partnerships to remove barriers to good health and building evidence around health interventions is critical for improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Partnerships also provide a mechanism to effectively engage with communities on their goals and priorities for health 31.

What we know

Strengthening partnerships between government, health services, Aboriginal and Torres Strait Islander community controlled organisations, representative bodies and the community requires ongoing commitment and effort to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples living in the ACT, therefore, contributing to closing the gap.

ACT Government’s commitment to Reconciliation and wellbeing of communities in the Aboriginal and Torres Strait Islander Agreement 2015-2018, refers to, Healthy mind, health body, including focused and effective services for Aboriginal and Torres Strait Islander peoples in the ACT.

The National Aboriginal and Torres Strait Islander Health Workforce Framework 2011-2015 aims to achieve equitable health outcomes for Aboriginal and Torres Strait Islander peoples through a competent health workforce that has appropriate clinical, management, community development and cultural skills.

A principle of the framework, Working together, refers to, Combining the efforts of government, non-government, the community controlled sector and private organisations within and outside the health sector and, in partnership with the Aboriginal and Torres Strait Islander health sector, providing the best opportunity to improve the broader determinants of health 32.

Racism and discrimination are barriers to Aboriginal and Torres Strait Islander peoples accessing health services. There is evidence that indicates, racism and discrimination contributes to poorer health for Aboriginal and Torres Strait Islander patients. The Medical Journal of Australia, Insight 10 June 2014 included an article, Racism means poorer health.

“Racism in health settings may contribute to poorer health through stress-mediated pathways as well as through reduced quality of health care and limited access to health services and other resources that protect and promote health”, Associate Professor Margaret Kelaher, Director of the Centre for Health Policy at the University of Melbourne, and colleagues wrote. The study found that the most common forms of racism in health care were name-calling, teasing and comments, being treated as unintelligent and being ignored.

31 National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023
32 National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-2015
Improving cooperation, sustainability, service delivery and providing a culturally skilled workforce will require focussing on the guiding principles and priorities reiterated in each of the focus areas of this health plan that relate to the following:

- Engaging and consulting with key stakeholders in decision making about health needs and priorities is best driven by local Aboriginal and Torres Strait Islander communities and ensures health needs are met in a culturally-appropriate way and promote collaboration between Aboriginal and Torres Strait Islander and mainstream services.

- Building capacity within Aboriginal and Torres Strait Islander health in the ACT requires increasing the recruitment and retention of Aboriginal and Torres Strait Islander peoples in the health workforce, including the provision of appropriate training, development and education.

- Improving access to health services by Aboriginal and Torres Strait Islander peoples requires, providing a culturally safe health environment, free from racism and discrimination.

- Providing cultural training to health service staff enables greater understanding of and appreciation of the barriers, including, the historical impact and effect of past experiences on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

- Collecting quality data on the numbers of Aboriginal and Torres Strait Islander patients and clients accessing health services and programs provides the evidence necessary to respond to health needs.
Priorities for Change

*Strengthen partnerships between government, health, mental health and alcohol and drug, maternal and child health, aged care, youth, women's, and men's services, Aboriginal and Torres Strait Islander community controlled organisations and the community to improve health outcomes for Aboriginal and Torres Strait Islander peoples living in the ACT.*

1. Support the Government's commitment to Reconciliation and wellbeing of communities, in particular, *Healthy mind, health body*, contained within the *ACT Aboriginal and Torres Strait Islander Agreement 2015-2018*.

2. Improve access to health services by Aboriginal and Torres Strait Islander peoples through the provision of culturally safe and responsive health environments that are free from racism and discrimination.

3. Support the efforts of community controlled organisations in the delivery of primary health care services, health projects and initiatives to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples living in the ACT.

4. Focus on building capacity within Aboriginal and Torres Strait Islander health sector through recruitment and retention options outlined in the *ACT Aboriginal and Torres Strait Islander Health Workforce Action Plan 2013-2018*.

5. Provide ongoing engagement and consultation with key stakeholders including local Aboriginal and Torres Strait Islander community controlled organisations, representative bodies and the community on the health needs and priorities in a coordinated effort to limit the burden placed on organisations and staff.

6. Support initiatives that focus on providing opportunities to improve the mental health and wellbeing of staff working in Aboriginal and Torres Strait Islander community controlled organisations to deal with the pressure of demands placed on services.

7. Develop capacity of staff working in health services by providing cultural training that presents the historical impact and effect of past experiences on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

8. Collect quality data on the health conditions of Aboriginal and Torres Strait Islander patients and clients by recording status on appropriate forms that will provide an evidence base for future health policy development and reporting purposes.
5. HEALTH PERFORMANCE, QUALITY IMPROVEMENT AND REPORTING

The Closing the Gap, Prime Minister’s Report 2015, reported: limited progress had been made on life expectancy within a target year of 2031; long term progress was on track on halving the gap in mortality rates for Aboriginal and Torres Strait Islander children under five with a target year of 2018; and employment outcomes declined since the 2008 baseline to halve the gap in employment outcomes between Aboriginal and Torres Strait Islander people and other Australians within a target year of 2018\(^\text{33}\).

What we know

The ACT Government committed to Reconciliation and wellbeing of communities through its statement of commitment outlined in the ACT Aboriginal and Torres Strait Islander Agreement 2015-2018, with specific reference to, Healthy mind, health body, and focused and effective services for Aboriginal and Torres Strait Islander peoples in the ACT.

The objectives of this health plan sets the strategic direction for the ACT to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples, by improving access to health services that are responsive to health needs and which are delivered in a culturally skilled and safe healthcare environment.

Strengthening partnerships between government, the range of health services where Aboriginal and Torres Strait Islander peoples receive care, Aboriginal and Torres Strait Islander community controlled organisations, representative bodies and the community is a key to improving health outcomes and contributing to closing the gap.

The Australian Government’s Aboriginal and Torres Strait Islander Health Performance Framework monitors progress in Aboriginal and Torres Strait Islander health outcomes, health system performance and the broader determinants of health. Data and monitoring and evaluation material collected and analysed at all levels of government underpin reporting against the framework\(^\text{34}\). The Australian Commission on Safety and Quality in Health Care is also addressing the issue of safety and quality of care in relation to Aboriginal and Torres Strait Islander health within the recently revised National Safety and Quality Health Service Standards.

Reporting on improvements in health outcomes of Aboriginal and Torres Strait Islander peoples living in the ACT is a requirement of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 which underpins this health plan for the next five years. The Commonwealth is developing a Commonwealth cross-sectoral implementation plan as well as an implementation plan for each state and territory in the context of existing targeted activity which will determine a reporting process.

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\(^{33}\) Closing the Gap, Prime Minister’s Report 2015

\(^{34}\) National Aboriginal and Torres Strait Islander Health Plan 2013-2023
Priorities for Change

Improving health outcomes for Aboriginal and Torres Strait Islander peoples living in the ACT and contribute to closing the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and other Australians.

1. Strengthen strategic leadership across government, health services, Aboriginal and Torres Strait Islander community controlled organisations, representative bodies and the community to improve health outcomes.

2. Strengthen partnerships between government, health services, Aboriginal and Torres Strait Islander community controlled organisations, representative bodies and the community to work together to improve the health and wellbeing.

3. Consult and engage with Aboriginal and Torres Strait Islander community controlled organisations, representative bodies and the community on planning, design, measurement and evaluation to address the specific health needs of the community.

4. Support for the Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards that focus on improving the safety and quality of care for Aboriginal and Torres Strait Islander peoples.

5. Provide cultural training that presents the historical impact and effect of past experiences on the health and wellbeing of Aboriginal and Torres Strait Islander peoples, to improve staff skills and competency and for the provision of culturally safe health environments that are free from racism and discrimination.

6. Improve the collection of data by ensuring, Aboriginal, Torres Strait Islander and Aboriginal and Torres Strait Islander status is collected on appropriate forms to provide the evidence around health improvement for reporting purposes.

7. Review the access to health services and programs by Aboriginal and Torres Strait Islander patients and clients through quality data collection and safety and quality measures.

8. Report to government and the Aboriginal and Torres Strait Islander communities on improvements in health outcomes for Aboriginal and Torres Strait Islander peoples living in the ACT.
United Nations Declaration of the Rights of Indigenous Peoples

Article 7
1. Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person.

2. Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any other act of violence, including forcibly removing children of the group to another group.

Article 21
1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.

2. States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights of special needs of indigenous elders, women, youth, children and persons with disabilities.

Article 23
Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24
1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take necessary steps with a view to achieving progressively the full realisation of this right.
List of contributors to consultations on the Discussion Paper, Development of the ACT Aboriginal and Torres Strait Islander Health Plan, 2014-2019

Community consultation workshop participants 29 August 2014

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APPENDIX C

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23. National Recommendations for Better Cardiac Care for Aboriginal and Torres Strait Islander People 2014
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