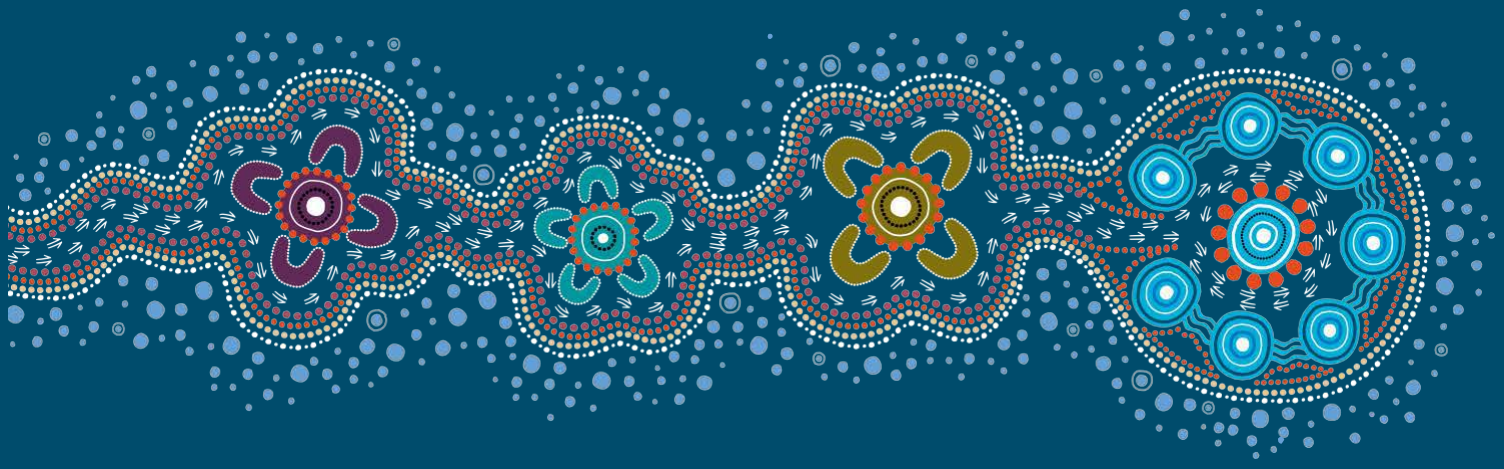
AHCWA
Aboriginal Health Council of Western Australia

WA Aboriginal Community Controlled Health Sector Conference

MARCH 2019



# *'Lead the Way Challenge the Possibilities Imagine the Future'*

# Conference Summary Report

## 27th and 28th March 2019

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## Day One

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# Day One

## Master of Ceremonies (MC)
## Mr Garry Goldsmith

Garry Goldsmith introduced himself to the Conference Delegates – he is a proud Narungga man from Guuranda Djulta (Yorke Peninsula) South Australia and has worked in the Aboriginal Community Controlled sector for more than 20 years.

Having hosted the last four NACCHO Members Conference and the 2018 AHCWA Conference, Garry acknowledged the traditional owners of this land, Elders past, present and emerging.

Mr Goldsmith reminded attendees of housekeeping and of the event Sponsors and expressed appreciation for their support and encouraged delegates to visit with the representatives of the Booths. He noted that it always requires sponsorship and financial support to hold conferences like this and AHCWA say a big thank you to all of the Sponsors and Booth Holders this year for their contributions and support, and also noted the contribution again this year by the Kimberley Aboriginal Medical Service (KAMS) for the barista coffee cart provided free for participants over the course of the event.

Sponsors:

- Australian Government Department of Health;
- Western Australian General Practice Education and Training (WAGPET);
- Western Australian Government Department of Health;
- Aboriginal Medical Services Education 24/7 (AMSED);
- National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)
- Zenith Insurance Services
- HESTA – An Industry Super Fund
- Kimberley Aboriginal Medical Service (KAMS)

Booth Holders:

- Diabetes WA
- Australian National University
- Rural Health West
- Australian Indigenous Health*InfoNet*
- Hepatitis WA
- Western Australian Aids Council (WAAC)
- Telstra Health
- Tomorrow's Dream
- Aboriginal Health Council of Western Australia (AHCWA)
- Commonwealth Bank
- Program of Experience in the Palliative Approach (PEPA)
- Breast Screen WA
- Health and Disability Services Complaints Office
- Health Consumers Council of WA
- Department of Communities
- Tackling Indigenous Smoking (TIS)
- WA Cervical Cancer Prevention Program
- Sexual Health Quarters (SHQ)

## Welcome to Country – Elder James Kearing (Snr)

Mr Goldsmith introduced Elder James Kearing (Snr) who delivered the Welcome to Country.

## Koolangkas Kreate Dancers

The Koolangkas Kreate dancers, a group of Aboriginal young men and boys performed traditional and modern dance storytelling themes, including vocal entertainment for the forum delegates. Mr Goldsmith (MC) thanked the Elder James Kearing (Snr) and the Koolangkas Kreate Dancers for their wonderful Welcome to Country.

## Welcome to Conference Delegates
## Deputy Chairperson, Aboriginal Health Council of Western Australia, Mr Raymond Christophers and
## Chairperson of the AHCWA CEO Network Forum, Ms Lesley Nelson

Mr Goldsmith introduced Mr Raymond Christophers, Deputy Chairperson (AHCWA) to present the Welcome to Conference Delegates.

Mr Raymond Christophers welcomed everyone to AHCWA's annual conference and thanked the Koolangkas Kreate Dancers for their outstanding performance. He acknowledged the traditional owners of the land, Elders in the room, Board Members and Directors of all of the Aboriginal community controlled health services (ACCHSs), The Hon. Ken Wyatt, Mark Roddam, distinguished guests, ladies and gentlemen. He offered an apology from Vicki O'Donnell who was not able to be present.

Ms Lesley Nelson said "Kaya Wanju" – hello and welcome and announced it was a pleasure to welcome everyone to the 2019 conference and paid her respects to all Elders, all ACCHO Chairs, Board Members, CEOs and The Hon. Ken Wyatt, Donnella Mills, Mark Roddam, Wendy Casey, Russell Simpson and other dignitaries. She highlighted the following:

- With the participation of 23 Aboriginal Community Controlled organisations from across the WA, this conference provides the opportunity for delegates to gather and engage with peers' programs and services to showcase and celebrate.
- These two days involve hearing keynote speakers, other guests and presenters sharing their experiences on services and well-being.
- Presentations will also showcase innovative programs and advancement in technology to improve the health of Aboriginal people.
- This year's theme was selected to highlight the sector's outstanding services and the member's contribution in leading the way in service provision.
- To acknowledge members who are working tirelessly in the sector to 'Close the Gap'. Their immense contribution will be recognized and awarded at the Conference dinner tonight. Minister Ken Wyatt will be presenting the awards to the worthy recipients. The sector is encouraged to work collectively to challenge governments to redirect funding from mainstream services, otherwise culturally appropriate services cannot be delivered.

## Question and Responses: Delegate Discussion before Official Opening

Jackie Oakley announced that Derbarl Yerrigan Health Service's 45th anniversary year was not mentioned in the introductions and as it is mothership of all ACCHSs and AMSs, she requested the milestone be acknowledged.

Sandy Davies (GRAMS) highlighted Tom Calma for his contribution to the success of the Tackling Indigenous Smoking Programs in WA. The programs are delivered Australia-wide and WA has achieved the highest decreases in smoking rates.

Sandy advocated that the WA government department adopt these successful programs and made the following statements:

- The success of smoking cessation rates are linked to programs that are designed and delivered locally to suit regional contexts. Additionally, these programs have been funded without restrictions being attached to program design and delivery. Hence, the call is for government funding without restrictions placed, on local community initiatives designed to suit local regions.

Sandy made special acknowledgement to the tobacco teams around Australia and a team of six young men who are delivering significant success toward smoking cessation rates in the Murchison/Geraldton region. At the 2018 conference, the tobacco program presenters were ignored and not properly acknowledged. It is imperative that their contribution to respiratory disease is recognized.

**Delegate Comment:** For some time, the Conference has underplayed the impact of two key issues impacting Aboriginal people's access to health services, they are racism and suicide, particularly racism in suicide prevention services.

- An appeal was made to address the issues by having more honest conversations and posing realistic questions to government funders, (WACHS) in terms of how they are responding to these key issues.
- The reality is that Aboriginal people are not accessing mainstream hospitals due to racism and that must be addressed. The Minister needs to commit to regional funding as many Aboriginal people are averse to accessing mainstream services.

John McNamara: Highlighted that a team of researchers working at the Kimberley Health and Kids Institute ((Telethon) are conducting important Indigenous-based research in Broome.
John Jackie: A representative of the Telethon team highlighted that a team of visionaries including Glenn Pearson, Vicki O'Donnell and others had established a launching platform for researchers.
This led to partnerships with Aboriginal organisations to get involved with ground-up research projects and ensure that all health knowledge is retained in the community. Following are examples of projects:

- SToP Trial (See, Treat, Prevent skin sores) - 9 communities, 3 regions (skin sores).
- Infectious control at KAMS – 19 children diagnosed- possible dialysis.
- 'Lungs' at KAMS - Aboriginal mothers have problem articulating health problems.
- Yarning circle at BRAMS – waiting on the findings.
- 'Many Healthy Lungs' at Derbarl Yerrigan – developing base-line measure of Aboriginal people with healthy lungs. Volunteers were needed.

**Delegate Comment:** A delegate requested all First Nations people and representatives here, including ACCHSs and NACCHO stand together to fight for allocated funding to be redirected to Aboriginal providers as they best placed to deliver services to Aboriginal people.

## Official Opening
## The Hon. Ken Wyatt AM, MP
## Minister for Aged Care; Minister for Indigenous Health

**"Kaya Wanju – thankyou and welcome to Whadjuk Noongar country"**

The Hon. Ken Wyatt paid respects to all Elders past and present and to the Aboriginal and Torres Strait Islander people present at this year's conference; and distinguished guests.

Minister Wyatt acknowledged Warren Snowdon MP for establishing a bipartisan approach toward Aboriginal health and wellbeing; including Senator Patrick Dodson and Roger Cook MLA, Deputy Premier of WA.

Reflecting on the actions underpinning the conference themes, The Hon. Ken Wyatt highlighted the challenge of ensuring that Aboriginal people have access to the full range of health care services that are available to all Australians.

- Figures show that while 40,000 people are accessing renal dialysis services, the reality is that only 13% are on the organ transplant list.
- In view of this dire reality, there is leadership, innovation and imagination in the sector to (a) set good health foundations; (b) drive positive outcomes; and (c) elements in the sector to fulfil this potential.
- While the foundations of good 'health and wellbeing' are essential elements, it appears absent in the children who have suicided. There is an incredible gap in some communities.
- While approaches are holistic, the focus should be based on insights gained from youth (NT), that their minds need nurturing and that suicide occurs outside service hours of 9am to 5pm. This has implications for access hours to services.

**Key Health Milestones**

Since the 2018 AHCWA conference, The Hon. Ken Wyatt identified numerous major health milestones that have been achieved. Some key actions include:

- COAG Health meeting (Alice Springs, July 2018), Indigenous leaders convinced the Council to set 'Indigenous health' as a standing priority on the agenda.
- COAG 'Indigenous Workforce Plan' prioritises rapid growth of ATSI Health professionals.
- Commonwealth funded $160M toward Indigenous 'health research' targeting cures for (1) avoidable blindness; (2) avoidable deafness and (3) rheumatic heart disease.
- $35M assigned toward development of a vaccine for rheumatic heart disease. WA Telethon Kids Institute leading project.
- Investment of $2.3 million to drive a national project to increase the low rates of ATSI people to be recipients of donor kidneys.
- The ATSI Youth Health Strategy 2018-2023 focusses on growing leadership and resilience, helping to tackle suicide and continue vital work in supporting young people.
- The Hon. Ken Wyatt commended AHCWA's leadership which complements the national moves toward the COAG Health Council to grow the Indigenous workforce.

**Future Employment Opportunities**

The Hon. Ken Wyatt highlighted that a larger workforce would be needed to fill future employment needs in the health sector. It is predicted that more than a million employees will be needed by 2050 to work in Aged Care. In NDIS, 1.4 million workers will be needed. In early childhood services they will need 940 000 employees over the next 20 to 30 years.

**Coroner's Report: Suicide Prevention**

In response to the tragic deaths of young people in WA, the WA Coroner's recommendations highlighted the need for suicide prevention programs to grow from the ground up and to be respectful of culture. Critical elements for success include working with local communities; understanding their specific need and supporting local activities. The Hon. Ken Wyatt reported, that the Office of the Prime Minister was leading the government's response to the Coroner's report and recommendations.

In January a group of people including Elders, experts and youth gathered to discuss responses to the Kimberley region, the key message is:

- The importance of communities wrapping themselves around young people; and
- Ensuring young people need to feel loved with a sense of belonging and purpose.

The Hon. Ken Wyatt announced an extra $7.46 million to fund six locally focussed programs toward reducing the incidence of suicide. Strategies include fast tracking the delivery of school-based support programs in Kimberley and Pilbara. Some initiatives include the following:

- Targeting social media programs;
- Expand Ambassador mental health project (ATSI youth focus);
- Employ young Aboriginal men and women (e.g. Brilliant Jacob/Montana - Kimberley);
- Expand "Red Dust' role model in mental health and wellbeing – (e.g. Darwin, NT);
- Nine community liaison officers appointed in the Kimberley to work with uniquely vulnerable young people and families.

**National Plans**

The National plans will be based on results from the Kimberley and Darwin trials, to set the blueprint for local engagement with strategies.

Key themes emerging from young people discussions:

- Health services need to be accessible outside the 9-5 working hours;
- Mentors and role models are critical in their lives;
- Family and community networks need to be accessible to young people;
- Young people need champions (Mothers, Fathers, Uncles, Aunties, Elders) to be there for them.

**Closing the Gap Data: Charter of Rights for 'Aged Care'**

To address the gap and ensure that Indigenous seniors can access the full range of aged care services, The Hon. Ken Wyatt announced the establishment of a 'Charter of Rights' in Aged Care. This will ensure access to services that deal with complex health conditions, especially during the frail-aged years. The 'Charter of Rights' sets out obligations that must be co-signed by the recipient and the service provider.

**Inclusive Indigenous Voice and Health Reform**

The Hon. Ken Wyatt was heartened to see that the Prime Minister, Senator Nigel Scullion and Pat Turner formed an Alliance, to focus on some Indigenous national priorities. These national priorities must deliver real outcomes and ensure every member and community shapes the health services delivered.

He declared the conference officially open.

## Keynote Address
## Mr Mark Roddam
## First Assistant Secretary, Indigenous Health Division
## Australian Government Department of Health

Mark Roddam focussed on Indigenous primary health care which comprises 60% of the total budget, with 85% going to the ACCHO sector and state and territory clinics.

Mark provided an update on the first large evaluation ever attempted on primary health care. The key elements are highlighted:

- The evaluation takes a holistic approach to how well the primary health care system is working for Aboriginal and Torres Strait Islander people;
- It has been co-designed with ATSI stakeholders; the Health Sector Group and broader community engagement;
- 20 place-based sites across Australia were identified, to listen to local voices about the impact on the ground, in supporting improvements and providing a national picture.
- The AHCWA and WA Aboriginal Heath Partnership Forum were involved in narrowing down the selection to 3 sites in Western Australia;
- Outcomes will be used to support improvements in the delivery of quality and culturally appropriate health services, and to inform the future direction of health services for Aboriginal and Torres Strait Islander people.

**New Funding Model IAHP: Progress**

The Government has decided to defer implementation of the Funding Model for one year, with a new group start date of 1 July 2020. NACCHO, other independent advisors and health economists would be doing more work on this to ensure that funding is distributed with transparency and consistency.

**Primary Health Care (ATSI) Reforms**

Projects include:

- Increasing rates of MBS 715 health assessments for Aboriginal and Torres Strait Islander people through the development of communication products (Indigenous Firm 33 Creative);
- Reviewing the Practice Incentives Program (PIP) Indigenous Health Incentive, to improve its efficiency and effectiveness to support general practices, and to provide culturally appropriate health care for Aboriginal and Torres Strait Islander people with chronic disease; and
- Improving access to, and effective use of, PBS medicines by Aboriginal and Torres Strait Islander people. Indigenousreporting@health.gov.au

**Health Data Portal**

The Health Data Portal is now a safe and secure web-based system that has been successfully used by numerous funded health organisations. Two new functions have been introduced that have been welcomed by the sector and has really set the Portal apart from OCHREStreams, the previous reporting system. These are:

- Automated data validation; and
- QLIK Dashboard.

**MBS Review – Aboriginal and Torres Strait Islander Health Reference Group**

The MBS review has been undertaken with the 'Aboriginal and Torres Strait Islander Health Reference Group'. The draft report was released February 5, 2019, online submissions for comments are open.

The ATSI Health Reference Group were involved in an intense process of engagement to review the MBS items. Following are the short-term and long-term recommendations.

**Short-term draft recommendations**

1. Enable bulk-billing incentives to be billed in conjunction with allied health services;
2. Enable all allied health services to be provided as group services;
3. Change terminology for M1 and M3 items;
4. Pool access to TCA/GPMP and HA items;
5. Increase number of allied health sessions;
6. New item for follow-up services after HA;
7. Update health assessment (Item 715) content;
8. Update 715 Referral Form;
9. Enable AHWs to claim 'on behalf of medical practitioner items' (10987, 10988, 10997);
10. Enable nurses to claim for immunisation and wound-care items (10988 and 10989);
11. Research to inform MBS provision by non-registered AHPs.

**Longer-term draft recommendations**

1. Invest in Aboriginal and Torres Strait Islander workforce (AHWs and AHPs);
2. Invest in an awareness campaign to improve understanding of roles and scope of practice of AHWs and AHPs;
3. Establish an MBS data governance, reliability and monitoring group to look at claims data and ensure accuracy;
4. Ensure that all MBS revenue generated from 19(2) directions for S/T clinics is invested back into primary care;
5. Enhance social and emotional support services through a new MBS rebate.
6. Promote culturally safe health services.

MBSReviews@health.gov.au

**Streamlining Government Grants Administration Program**

The Streamlining of this program is part of the Government's vision for a smaller, smarter, more productive and sustainable public sector.

- The Community Grants Hub (the Hub) in the Department of Social Services, has been established to improve efficiency and sustainability of grants funding processes. From mid-2019, the Hub will be delivering all grant management services across most Health grants.

## Questions and Responses:

**Delegate 1**: What was the cultural and traditional aspect of the grant assessment?
**Response**: Ability to deliver comprehensive primary health care in a culturally appropriate way is the key factor within the assessment. Leaving 'Capital Works' aside, the other four grants projects are not competitive grants rounds. The funds will be allocated.

**Delegate 2**: When you looked at the evaluation did you look at remote clinics that provide 24 hours service of care and dual model of acute medicine and clinical care?
**Response:** We want our 20 sites to be as diverse as possible and in different contexts, so we can capture all scenarios of care from metropolitan to the very remote.

**Delegate 3:** Currently Aboriginal Workers can only claim item No. 9 even though they do more items under Doctors supervision. Can the Department explore Health Workers being able to claim more items to reflect expertise and raise status and value.
**Response:** Commonwealth representative to be sent an email.

**Delegate 4:** Listening to Stan Grant on the importance of our identity, identity of culture, identity of language and identity of place. Identity of the stolen, at the onset, we need to address some of these issues when it comes to service delivery.

**Delegate 5:** There is a blatant expectation that Aboriginal Health Workers can live through 40 degrees heat without being sleep deprived and tired. No consideration is given to subsidies for housing, electricity, water or air conditioning.
**Response:** Thank you for putting this on the table and that is something that should be addressed.

## Derbarl Yerrigan Health Service Aboriginal Corporation Led the Way in the City and 45th Year Anniversary Ms Jackie Oakley Chairperson

Jackie thanked AHCWA for the opportunity to present a key note address to make the 45th Anniversary of the Perth Aboriginal Medical Service (PAMS) more commonly known these days as Derbarl.

Ms Oakley acknowledged that she was talking to everyone on Whatjak Boodja, acknowledging her Elders past and present and acknowledging being here on this journey as the Chairperson of Derbarl Yerrigan Health Service Aboriginal Corporation (DYHSAC) because of the pathway that was forged by Derbarl's founding members over 45 years ago.

Ms Oakley highlighted the foundational work of Project Officer, Marie Bartlett, which began more than 45 years ago in preparing the groundwork to establish the first Aboriginal Medical Service in WA (previously known as the Perth AMS).

The founding members came through the FACATSIA, academia, professional and philanthropic ranks and formed an Alliance after attending a 1969 Summer School at the University of Western Australia motivated by the outcome of the 1967 Referendum when "Australians voted overwhelmingly to amend the Constitution to include Aboriginal people in the census and allow the Commonwealth to create laws for them."

Important historical actions as follows:

- In 1969, 'Redfern was the first AMS established flagship' in 1971.
- Perth AMS was set up under the 'first constitution' to service Aboriginal people in WA.
- The Alliance was created to address the inequitable health status of Aboriginal and Torres Strait Islander people and to be self-determining.
- The Health working group included people from the New Era Aboriginal Fellowship Group who had a hostel on the site where the DYHSAC is currently located.
- Miss Marie Bartlett worked with the 'Health working group' and actioned all community, political, legal and administrative tasks to realise the vision.
- A video of Miss Marie Bartlett's account of those times was shown:

- A sub-committee was formed with Doctors, Nurses and other volunteers to form the Perth Aboriginal Medical Service;
- Phillipa Cook (Nurse) and The Aboriginal Advancement Council worked at night to promote the idea of an AMS;

- With $100,000 funding and community volunteers the Beaufort Street house was renovated to clinic standards;
- John Dawkins (Chairperson, PAMS Committee) recommended that the clinic become an incorporated body and access funding.

**Significant Actions**

Jackie reflected on the establishment of PAMS from which all regional AMSs sprouted.

- Whilst Derbarl's 45th milestone is acknowledged, the Board decided that a celebration was not appropriate.
- Derbarl is focussed on recovery and commitment to deliver its core services.
- The CEO's recovery action clarified that Derbarl could no longer support the Elizabeth Hansen Autumn Centre.
- The servicing of remote area patients would be the responsibility of the WA Country Health Services from 1 July 2019.

**Change: Lead the Future**

Ms Jackie Oakley highlighted, that in view of the abysmal failure of 'Close the Gap' targets, an enormous opportunity lays ahead to apply a cultural lens to the factors impeding the achievement of the set targets. This included working collectively to identify the 'currency of influence' and reflecting on the 'Uluru Statement'.

**Derbarl – Future Planning**

- To 'Close the Gap', sustainable good health must incorporate the social determinants of health that prevail in the communities' where clients live;
- In terms of service delivery for the future, this includes a commitment of the Board to a full forensic analysis and adopt all internal processes vital to ensure that Derbarl's future is always safe.
- Right of community to expect leading edge standards that accord with mainstream benchmarks that meet all relevant cultural imperatives.

**Questions and Responses:**

**Delegate 1**: The Delegate thanked Derbarl for the care of patients at the Autumn Centre and wondered where the patients will be transferred to?
**Response**: Jackie Oakley expressed great concern about their welfare, however, said it is now the responsibility of WACHS.
**Delegate 1**: Implored the WA government to fund WACHS to provide patients with these accommodation services for life saving treatment.

## Broome Regional Aboriginal Medical Service Led the Way in the Kimberley and 40th Year Anniversary
## Ms Erina Tenaka,
## Acting Chief Executive Officer of BRAMS

Ms Erina Tenaka began by outlining the key historical moments through BRAMS 40 year history.

**History: 1935 to 1980**

During 1935 to 1965, the Broome Native Hospital operated as a segregated medical service under the Department of Native Affairs. In 1972, the Department of Health took responsibility for Aboriginal Health.

- In 1978, BRAMS was established in four rooms of the St John of God Convent building on Barker Street in Broome and survived on donations;
- BRAMS established the first remote Aboriginal Health Service and it also established a Training School for Aboriginal Health Workers (AHWs) and supported the Milliya Rumurra Alcohol Rehabilitation Centre.

**1980s BRAMS**

- During the period 1983 to 1985, a Perth based Aboriginal Health Training Provider (Marr Mooditj) and BRAMS School of Health Studies is established. During this time, training for AHWs was also successfully established in Broome. In 1983, eight AHW students graduated;
- 1983 to 1985, Lottery West and Department of Indigenous Affairs provided a grant of $250 000 for a new clinic. In 1984, the government funded the School of Health Studies;
- On 12 April 1985, BRAMS new medical centre was officially opened by The Hon. Peter Dowding;
- 1985,the second intake of students graduated as AHWs from the BRAMS School of Health Studies;
- 1986, BRAMS and the East Kimberley Aboriginal Medical Service, became an advocacy body for Kununurra, Halls Creek and Fitzroy Crossing, which became the Kimberley Aboriginal Medical Service (KAMS) Council;
- BRAMS School of Health Studies transferred to KAMS.

**2001 Onwards**

- 2001-2003: KAMS supported the development of the Kimberley Satellite Dialysis Centre (KSDC) with BRAMS. The late Dr Puggy Hunter (RIP) is officially acknowledged for his long-term contribution;
- BRAMS officially opened the KSDC for services outside metropolitan WA. After five years of service, in 2008 a hand over was conducted to KAMS;
- 1983-2000: The morning Doctor service at the Broome District Hospital commenced in 1983 and consisted of comprehensive specialist services.;
- In 2003, the Rural Clinical School got an intake from BRAMS and Dr James Kilpatrick was the first student.

**40 years Celebration - Acknowledgements**

The 40-year journey was celebrated with the community of Broome on June 26, 2018, to thank them for the journey and their support. Sponsors were KAMS; DAHS; AHCWA; KRED Enterprises and NAIDOC and they were thanked for their support. Staff were also thanked for delivering the best care possible and for working as a team.

Today the organisation employs a diverse workforce of approximately 50 staff members to deliver a comprehensive clinical service to meet a range of general and specialist treatment. BRAMS is the only fully bulk-billing clinic in Broome.

- The WA Aboriginal 'Brief Intervention Training Package' developed with AHCWA in 2018, led BRAMS being a recipient of the 'Wellbeing Being Award' along with others.

In conclusion, Ms Erina Tenaka, offered her gratitude to the founders of BRAMS for their dedication and drive in establishing the service. Board members were acknowledged for their due diligence and passion over the last 40 years.

## Geraldton Regional Aboriginal Medical Service Led the Way in the Gascoyne/Murchison 40th Year Anniversary
## Mr Sandy Davies, Chairperson
## Ms Vicki Martyn, GRAMS Tackling Indigenous Smoking Coordinator
## Panel Members, Peggy Mallard, Billy Mallard, June Austin, Margaret Culbong

### Vicki Martyn, GRAMS Tackling Indigenous Smoking Coordinator

**Healthy Lifestyles:**

- The presentation incorporated showcasing smoking health initiatives currently being undertaken by the TIS team at GRAMS;
- The TIS team focus, is to target children at schools as they represent the future and need the awareness education. Children are having impact on each other.

**GRAMS Family Fun Day:**

- Over 2000 people attended the GRAMS 'Family Fun Day' and the TIS team was amazed by children's interest in pictures of healthy and unhealthy lungs.
- Parents' feedback revealed that they gave up smoking and there are now more ex-smokers for the first time. The major factor parents attribute for giving up smoking, is their children who were educating them and begging them to give up.

**TIS Team: Programs and Collaboration:**

- Vicki spoke to the photographs displayed in the presentation and described the various activities undertaken by the TIS team and how their 'No Smoking' educational campaigns were having a positive impact on awareness and action on both children, parents and the community.
- Parents revealed: "*that children told them that the TIS mob said if they didn't give up, they were going to die, and they wanted them to be around for a bit longer…*"
- Photographs of various activities were highlighted at the forum (e.g. Kids, Meekatharra School; the Basketball program; Shine kids went to Melbourne, etc);
- Vicki highlighted that through a range of activities, a high level of collaboration is created among all TIS teams and the AMSs;
- More photographs of activities highlighted training on the 'Quit Skills Program' and that Sean Choolburra volunteered his time with the TIS team;
- Photographs shown of: 'Respect Yourself' signage posted around town; Facebook page on 'Buccaneers Score board; Elders' Day luncheon; Stop Smoking winning poster (school North of Meekatharra); Mens' Groups; sponsored jumpers (Indigenous round at GAFL) - 'Smoke Free' signs on the grounds were also highlighted.
- The TIS team was proud to announce that WA is the only State to achieve a significant fall in smoking rates, dropping from 14.3% to 11.8% in 2017-2018.

**Winners: Dr Bob Elphick Award 2019:**

- Vicki Martyn invited David Batty (BRAMS) and Patricia Pearce (AHCWA) to the floor to announce that they are members of the 'WA Aboriginal Tobacco Control Strategic Leadership Group' who won the 2019 'Elphick Award';

- Since November 2013, this group collaborated on developing culturally appropriate resources to increase awareness and provide resources to the community:

    - The brochure is titled 'Pathway to a Healthy Body' and 13,100 brochures have been distributed;
    - Well received by Aboriginal communities; children share the information at home;
    - A book version representing all regions is available for health practitioners;
    - Its success is attributed to collaborative team work.

## Youth Conference Feedback:
## Hayley Thompson, AHCWA Aboriginal Youth Program Coordinator
## AHCWA Youth Committee

Hayley Thompson provided an update on the Youth Committee's meeting held 25 March 2019:

- AHCWA's Chairperson (Vicki O'Donnell) requested that the Youth Committee focused on issues affecting young people;
- This involved examining the Coroners' 42 recommendations;
- The Youth Committee workshopped this and chose 11 recommendations to focus on as a group;
- This was discussed at the 'Youth Conference' held 26 March 2019 among 33 young Aboriginal people including two from the South Australian Aboriginal Health Council and one representative from NACCHO, Canberra.

**Introductions:**

- The Youth Committee introduced themselves;
- Oliver Tye (Policy Officer, NACCHO) expressed his amazement at how effectively the WA Youth Committee operated to ensure that everyone's voice was heard. He shared plans for a National Youth Committee;
- After the NACCHO Youth Conference held last year (Brisbane), ideas were raised to set up a permanent voice for Aboriginal youth;
- A draft 'Terms of Reference' has been developed with CEO Affiliates' feedback, to establish a permanent National Youth Committee;
- When the 'Terms of Reference' is approved, the representatives of the National Youth Committee will meet to determine the conference agenda;

It is hoped that a National Youth Committee will be established by the end of the year. Regular meetings would be held in parallel with Board and CEO meetings, communicating from the group up to national levels.

In conclusion, Hayley Thompson, highlighted WA is leading the way for the voice of young people to be heard and NACCHO wants to replicate AHCWA's work and make it a national voice for youth.

**WA Aboriginal Youth Health Strategy 2018-2023:**

- At last year's conference, the AHCWA Youth Committee along with The Hon. Ken Wyatt launched Australia's first 'WA Aboriginal Youth Health Strategy 2018-2023'. This was developed largely through the support of the AHCWA Youth Committee;
- This strategy identifies five key Health Domains and the Youth Committee is charged with advocating it to communities and Aboriginal health service providers.

**Five Key Health Strategies**

**1. Strength in Culture**

Includes a range of activities:

- Cultural camps with Elders, regionally every year;
- Language video (Youth speaking their regional language);
- NAIDOC Week activities;
- Youth Conference (build on it);
- Connecting youth with leaders and mentors;
- Teaching and learning our history (social impacts of health);
- Cooking classes / Bush Tucker.

**2. Strength in Family and Healthy Relationships**

- Family and Wellbeing training across the State;
- Moorditj Leader training;
- Services linking up together;
- Aligning strategic plans;
- Youth Mental Health First Aid Course delivered across the State.

**3. Educating to Employ**

- Work experience students in AMSs/ACCHOs;
- Resume workshops;
- Careers expo for students;
- Empowering forum;
- Recommendation to ACCHOs to employ more Aboriginal youth.

**4. Empowering Future Leaders**

- Governance Training;
- Leadership Pathways;
- Succession Planning;
- Professional Development opportunities in your ACCHO;
- School Leaver Engagement Workshop.

**5. Healthy Now, Health Future**

- Sponsoring sporting events;
- Deadly Choices rollout;
- Alignment of current ACCHO Youth Programs;
- Making our clinics more youth friendly, adding more technology (e.g. free WiFi);
- Building on strategies already being delivered by organisations.

**Coroner's 42 Recommendations**

The Youth Committee discussed the Recommendations from the report and how they could implement them, not just in the Kimberley but across the State. The Committee selected 11 of the recommendations and discussed them, their feedback is as follows:

**1. Regulating Sly Grogging**

- Sly grogging is reselling alcohol to make a profit, usually to communities that are dry communities;
- More education around the effects of alcohol consumption at a younger age;
- Having strict punishment endorsed for selling alcohol.

2. **Drug and Alcohol Rehab for Young People**

- Back to country/cultural camps, to learn from Elders about responsibility, respect, kinship, identity and connection to culture;
- Use of appropriate language for youth (positive outlook);
- Parent and guardian education;
- Programs delivered by local people;
- Training local community members to be a role model to others.

3. **Family Advocates**

- Someone with experience and knowledge in the community that can act as the middle man from the service provider to the client;
- Trusted person;
- Local community organisation/service to advocate;
- Problems with current family advocates include being short staffed, high turnover, not enough services, not enough awareness of what is available and not enough funding.

4. **Consultation with Aboriginal Communities**

- Aboriginal communities know the current issues in the community and know what help they need. Government needs to consult with Aboriginal Communities before making decision on our health, especially the youth;
- Involve the community in the whole process;
- Consultation with community needs to be culturally appropriate and safe.

5. **Video Statements for Victims of Domestic Violence**

- To promote community awareness;
- Improve closure and help the healing process;
- Empowerment;
- This will reduce the need to repeat your story as much;
- Need to ensure it is culturally safe;
- Reduce the risk of triggers (PTSD).

6. **Holistic Approach**

- All ACCHOs currently strive to have a holistic approach to health, it is essential to treat the whole patient;
- Need to understand how to identify ‘high risk’ people when they aren’t accessing mental health services;
- The use of MBS Item 715 (Annual Health Check) to create opportunistic screening for mental health;
- More targeted/individual approach;
- Recognition of social determinants of mental health.

7. **Recreational Facilities**

- More youth programs;
- More sporting facilities;
- Having cultural trips out of town;
- Access to recreational equipment;
- Safe house/chill zones in the town;
- After-hour safe spots;
- Traditional art and craft days;
- Learning life skills;
- Funding/sponsorship available to deliver sporting days.

**8. Suicide Prevention and Intervention Training**

- Targeting high risk youth in the communities and implementing more suicide awareness sessions/workshops;
- Encouraging youth to speak out if they notice a friend or family member acting strangely;
- Building relationships with youth through community mentors;
- Have a professional in all communities so youth can have a single contact that they trust;
- Ensure all health professionals are trained in this specific area, as well as teachers and youth workers;
- Educating Elders and parents so they are able to understand the signs and symptoms;
- Have guest speakers in schools telling their personal stories.

**9. Re-engagement Classrooms**

- Having alternative learning styles;
- Rewards program;
- Transport services;
- Home visits to support family;
- Learning aids;
- Life skills;
- TAFE or work experience opportunities;
- Online learning;
- Trying to limit staff turnover to have staff that know their students well and how they learn.

**10. Aboriginal Language Classes in School**

- Schools to focus on teaching local Aboriginal language;
- Having excursions out bush and to significant sites;
- Inviting Elders to come in;
- Increasing language blocks.

**11. Traditional Cultural Healing and Mental Health**

- Use of Traditional Healers within the ACCHOs;
- Youth camps supported by Elders;
- Practicing culture (song, dance, painting, learning or speaking your language, going out bush);
- Have Cultural Mentors;
- Education available for non-Aboriginal staff around traditional healing;
- Education about cultural history and its impact on health.

**AHCWA Youth Committee – Additional Recommendation**

Supporting families who have young people experiencing mental health issues:

- Education for parents and youth in schools around mental health. Learning how to read the signs;
- Culturally appropriate resources;
- Support networks in place;
- ACCHO to do more home visits;
- Role models with past experiences to talk with young people;
- Group meetings with people suffering mental health and parents support groups;
- Family being involved with treatment;
- AHW/AHP involvement.

### Questions and Responses:

**Delegate 1**: This is a very comprehensive report but noticed that there are no initiatives on dealing with social media.
**Response:** Hayley responded that the Youth Committee's focus was on empowering young people in terms of managing their reactions to negative social media, powerless to change social media.

**Delegate 2:** A program created in Carnarvon 5 years ago with the Australia Communications and Media Authority, titled '*Be Deadly Online*'. This is a series of animated cartoons that focusses on dealing with the social media issues. It specifically targets Indigenous communities across Australia, especially remote regions.
**Response**: Hayley thanked the delegate for this information and wanted the Youth Committee to be informed of initiatives working in communities.

**Delegate 3:** Congratulated the AHCWA Youth Committee on their recommendations and advocated for them to be funded. Assistance was also offered for funds.

**Delegate 4:** Encouraged AHCWA and NACCHO to join her in a submission to the Productivity Commission on the dismal funding inequity of mental health and youth suicide for WA. Given WA has the highest rate of youth suicide per capita, funding should be based on a percentage of $9 Billion.

## Public Health Issues and Outbreaks
## Dr Marianne Wood
## AHCWA Public Health Medical Officer

Dr Wood began by highlighting the most appropriate definition of Public Health:

"it is about those big picture collective things which contribute to good health (or bad health) … *it is infrastructure, laws, policies and more broadly the social determinants. And importantly, public health is inextricably linked with Human Rights*…"

- This also includes advocating for rights and entitlements; Influencing policy; building work capacity; providing support; networking- partnerships, and it also underpins the ACCHOs Model of Care…".

**Determinants of Health**

Dr Wood outlined key determinants of health and some key actions, particularly for Aboriginal people and those living in regional and remote contexts.

**Safe Water** is a human right, regional and remote areas are concerned and they want surety that drinking water is safe.

- Some water contains nitrates, arsenic, uranium and various germs;
- Researchers identified a link between water contamination and kidney disease (Dr Christine Jeffries-Stokes);
- Contaminants that make drinking water unsafe should be treated as a health priority (AMA President Dr Tony Bartone);
- Testing is vital to alleviate babies being at risk of contamination.

**Clean Air** is a human right and there are two important clean air issues:

- Exposure to tobacco smoke, and while high rates continue with individual smokers, progress is being made with second-hand smoke;

- Environmental red dust which contributes to lung disease and makes trachoma worse, and a new theory being researched that respiratory germs 'feed' on the iron in the dust. Understanding these things can assist with powerful arguments to tar-seal roads.

**Access to Healthy Affordable Food**

- Basic human right is access to affordable food and people in remote communities face exorbitantly higher prices for food, on top of availability of food.

**Quality Housing**

- Housing is a human right, Aboriginal people face major public health issues, stemming from overcrowding, e.g. ear disease, rheumatic heart disease, trachoma and mental health.

**Sanitation**

- As a result of partnerships between ACCHOs and the Department of Health, there is greater focus on Environmental Health programs;
- People need to have access to clean running water for washing, showers and working toilets;
- Work programs are also upskilling local people to do the work and the repairs are getting done.

**Safety – Physical and Cultural**

- 'Safety' and being 'free from fear' is a human right. Be safe in own community and to be culturally safe;
- The figures on family violence are damning;
- Aboriginal women are 35 times more likely to be hospitalised than non-Aboriginal women;
- WA Aboriginal mothers are 71/2 times more likely to be murdered;
- On average in Australia – every week a woman is murdered by her partner or ex-partner (Aboriginal and non-Aboriginal together).

**Cultural Safety Actions**

- AHCWA instigated Cultural Safety Training and major organisations have implemented cultural safety training and RAP plans;
- Hospital Accreditation – All hospitals will need accreditation for cultural safety and Dr Wood encouraged the Sector to approach their local hospitals to work on the plans now.

**Right to Science and Knowledge**

- Article 15 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) requires states to: recognize the right of everyone to enjoy the benefits of scientific progress and its applications;
- Scientific knowledge needs to be shared with those who might benefit from it. Too often the 'grass roots' don't know what research has been done; and too often the messages are written in language that is hard to understand – we need to do this better;
- Aboriginal people should be leaders and partners in doing scientific research – joining the different rights of science, participation and respect for culture and that is happening slowly more.

**Connectivity**

- Connectivity is the ability to connect in the digital world, not yet a human right though people are calling for it to be one. The capacity to participate in society is, however a right and more and more participation requires connectivity;
- Connectivity is vital for AMSs – regional communication is vital for urgent health needs.

**Access to High Quality Health Care**

- This of course is our core ACCHOs business. High quality means providing evidence-based care and engaging in continuous quality improvement, informed by the local needs of the community.

**Good Start in Life**

- A good start in life is a human right and ACCHOs play an important role with access to child health services;
- Child health supported by WA Country Health Services with nine member services have 5 year contract to provide child health and/or school health and many passionate specialists.

**Education and Health Literacy**

- Education is a human right, school education is beyond our brief, health literacy is not, and something we could do better.
- Focus on being better communicators to Aboriginal clients ensuring health information is understood. Not enough training on how to be a good communicator – how to tell health stories in a way that resonates with the person.

**Employment and Workforce Issues**

- Ear health and immunisation training – the only nationally accredited training in the country for Aboriginal Health Practitioners;
- New training partners linked with research (Many Lungs project), and there is availability of Indigenous sponsorships, scholarships and bursaries available.

**Closing the Distance Health Gap**

- The further away you live from a major city the lower life expectancy is, both Aboriginal and non-Aboriginal. Semi solutions include:
  - Remote nurses; telemedicine; mobile outreach services;
  - Supportive laws – stop discriminatory access practices in remote communities (Poisons Act changed – nurse can now give medications);
  - Medicare needs to stop discriminatory practices on who can claim fees.

**Solutions to Public Health Issues**

- Strong advocacy through:
  - A collective ACCHOs/community voice;
  - Committed supportive partnerships;
  - Local expertise with local stories;
  - Good backing data;
  - Patience.

## Question and Response

**Delegate 1:** Two suggestions highlighted: developing a ‘Domestic Violence Plan and ‘Action Plan’ on domestic violence. Despite high rates of domestic violence in the Kimberley, no funds are available. Statistics are not accurately reflecting incidences as women do not report it to police; include data from Patient Information systems.

**Delegate 2: Fitzroy:** The Department no longer communicates to communities about levels of contamination of water supplies. The clinic can’t make link between drinking water and child health. Action needed.

## Social and Emotional Wellbeing:
## Mr Rob McPhee
## Deputy CEO of Kimberley Aboriginal Medical Services Ltd (KAMS)

### Purpose

- Understand the current and future role of the WA ACCHO sector in the delivery of Social and Emotional Wellbeing (SEWB) and Mental Health services across WA;
- Provide an Aboriginal community controlled perspective on what an appropriate service delivery model for the provision of SEWB and Mental Health services to Aboriginal people across the state of Western Australia should look like;
- Define the operational and practical steps that can be taken to address the SEWB and mental health needs of our member services' communities.

### Project Background

- ACCHOs have a long history in the delivery of SEWB services both formally and informally;
- Current SEWB policy and funding environment sits outside health portfolio resulting in issues of funding, consistency and integration;
- SEWB and mental health are part of the holistic approach to primary healthcare;
- Project discussed and agreed to by WA CEO Network;
- WAPHA approached and agreed to fund project;
- Langford Aboriginal Association contracted by AHCWA to undertake the work.

### Project Steps

- Appointment of consultants by AHCWA;
- Establishment of Project Advisory Group;
- Face to face engagement with WA ACCHO sector;
- Literature and policy review;
- Final report;
- Implementation of recommendations.

### Key Themes

- ACCHOs best placed to deliver SEWB as one stop shop – existing infrastructure, Aboriginal staff, culturally appropriate, existing programs and services;
- SEWB is holistic and extends further than mental health, focuses on life pathways of individuals and families and covers social, emotional, spiritual and cultural wellbeing;
- Many patients have high SEWB needs and physical health is impacted by mental health;
- Focus on whole of family support and family inclusion. Need to work with whole family not just individuals;
- Services need to be community focussed and driven through ACCHOs;
- Need for 24/7, flexible and immediate, one stop shop support;
- Currently many places only have police and hospital after hours;
- Flexible also extends to mode of delivery such as, in home support, on country and in schools. Mainstream/government services are not able to do this;
- Cultural safety embedded into framework across workforce and programs;
- Open door policy - people come to ACCHOs because they feel comfortable, they are not judged and they believe they will get the best help;
- Trauma informed, Aboriginal Mental Health First Aid Training as something that should be mandatory (however it should be noted there is at least one that pointed out dissatisfaction with the program);
- Stigma attached to 'mental health';

- Funding is a main barrier to delivery – funding that is not appropriate to expectations doesn't quite 'fit' – for flexible funding to allow for community control and to suit needs of communities;
- SEWB can build relationships and capacity – it is more encompassing;
- SEWB is not clinical, but it needs to be connected to a clinical framework and standards because ACCHOs' primary work is in the clinic;
- People shift in their mental health from acute to non-acute and vice versa;
- Aboriginal people deserve the best evidence-based treatment. We need to look at this and find a balance;
- Need support for workers – focus for wellbeing of staff, risk of burnout;
- If you take away the competition you are more likely to have a better scope of working in partnership;
- There needs to be funding going into prevention, instead of waiting for a crisis to happen;
- Wide interest in increasing number of social workers and professional staff;
- SEWB shifts focus to prevention and long term wrap around approach to deliver greater, more sustained outcomes;
- Community employment/community workforce - high priority area;
- Non-Aboriginal organisations with Aboriginal dollars is wrong;
- All regions, including metro should be focus areas;
- Capacity building needed for community workers;
- SEWB is broad and includes social support, supporting people with practical things, basic counselling and professional psychological support. It needs to be broader than the confinements of clinical models;
- There is a real big difference between Aboriginal staff delivering services to community people, they understand the language, the complexities of people's life, we as Aboriginal people can relate to and we are more empathetic and understanding, not far removed from their reality;
- Youth need to be trained in providing counselling – peer support;
- SEWB teams need to be multi-disciplinary;
- Partnerships are impacted/fragmented by the nature of funding competition;
- Poor relationships = poor referral process which means people are not getting timely and appropriate access to the care and support they need, when they need it;
- Some people see SEWB and mental health as the same thing – but that SEWB activities are preventative, others view this as a changing process in and out of acute needs;
- Need to skill up family members as first responders to signs of self-harm;
- SEWB helps people through things that don't necessarily have mental health issues;
- Need for multi-agency, coordinated responses.

**Specific Community Considerations**

- Fluctuating, transient, remote populations;
- Well connected and resilient families;
- Intergenerational trauma;
- Impact of community closures and effects of further trauma and displacement;
- Alcohol misuse and family and domestic violence;
- Limited resources to respond to high suicide rates;
- History of colonisation and dispossession and associated social issues;
- Non-Aboriginal organisations delivering suicide prevention activities without understanding or experience;
- Need more funding for AOD positions/counsellors but focus needs to shift to SEWB model not just a clinical focus.

**Strengths of the ACCHO Sector**

- Cultural safety – Aboriginal staff, cultural healing;
- Connected to community;
- Existing SEWB services – holistic primary healthcare model;
- Existing clinical practices and governance that can be built upon to meet needs of future SEWB and mental health service delivery;
- Relationships and integration with other services;
- Flexible model – need to respond to needs as they present – not be forced to go through GP or come back in 4 weeks etc;
- One stop shop – opportunity to be treated holistically;
- Trusted.

**Challenges for the ACCHO Sector**

- Resources and funding – lack of resources, short term and inappropriate KPIs;
- Recruiting qualified staff;
- After hours model – self harm and family and domestic violence responses;
- External referral options – who, timeliness and accountability;
- Capacity building in mental health skills, related clinical governance, workforce, systems and processes;
- Mainstream services being funded but not effective.

**Proposed Model**

- Flexible to suit specific needs of clients;
- Co-design principles to establish model that suits location and service;
- Features of an SEWB model include:
  - Counselling;
  - Advocacy;
  - Referral support and case management where required;
  - Emergency relief and support;
  - Transport;
  - Health promotion / education;
  - Organising and supporting group support such as grief and loss, men's/women's groups, on country healing;
  - Brief intervention support;
  - Clinical intervention.
- Have both a clinical and non-clinical focus:
  - Streamlined referral pathways internally between primary healthcare team and externally for more acute cases or where needs are outside scope of SEWB practice limits;
  - Needs to have flexibility for self-referrals and not a requirement for only via GPs;
  - Strong clinical governance aligned to national clinical standards and accreditation requirements.
- Teams that may include:
  - Aboriginal mental health and SEWB professionals;
  - Cultural advisors;
  - Elders;
  - GPs;
  - Traditional healers;
  - Social workers
  - Counsellors
  - Psychologists

**Policy Context**

- 5th National Mental Health and Suicide Prevention Plan;
- Senate Inquiry into Rural and Remote Mental Health;
- WA Mental Health Framework;
- WA Coroner's report;
- Learnings from the Message Stick Report;
- Productivity Commission Inquiry into benefits of Mental Health.

**Next Steps**

- Finalise the project report;
- Formalise a SEWB/MH model for delivery through WA ACCHOs;
- Bring SEWB and mental health funding bodies together with our sector to agree on a way forward to prioritise the strengthening and funding of the delivery of SEWB / MH services through the ACCHO sector;
- Joint advocacy with NACCHO to ensure Commonwealth government prioritise implementation.

## Wind Up and Close:
## Mr Raymond Christophers, Deputy Chairperson of the Aboriginal Health Council of Western Australia (AHCWA)
## Ms Lesley Nelson, Chairperson of the AHCWA CEO Network

Raymond and Lesley, on behalf of the AHCWA Chairperson, Mrs Vicki O'Donnell, thanked Master of Ceremonies, Mr Garry Goldsmith, and Elder James Kearing Snr and the Koolangkas Kreate Dancers for a fantastic Welcome to Country.

Highlights of the day included:

- The Hon. Ken Wyatt got us thinking about the key themes for the conference and challenged us to turn these into realities. His speech outlined the value of holistic health and the Model of Care of the ACCHO sector. Additional funding for Indigenous Health and extension of the AHCWA Aboriginal Youth Health Strategy to 2021;
- We heard about the Coroners 42 Recommendations on the Suicides in the Kimberley and the need for a wrap-around services, Mentors for youth and families, and services being open outside regular hours;
- Sandy Davies spoke about the suicides of Aboriginal people giving us some confronting statistics and requesting the Minister address the need for funding now not after the election. The Hon. Ken Wyatt agreed to raise issues in Parliament, and work with other Indigenous politicians across parties to address this issue;
- Mark Roddam - Assistant First Secretary, gave us information on the Evaluation of Primary Health Care funding and the engagement of the Department through the Partnership Forum. He updated us on progress of the IAHP Funding Model, Primary Health Care Reforms, MBS reform, the Health Data Portal, Pharmacy Programs for Indigenous People and the Streamlined Grants Processes and Administration via the Community Grants Hub in the DSS;
- We had an emotive and informative presentation from Jackie Oakley and Marie Barlett on the 45 years history and future direction of Derbarl Yerrigan Health Service Aboriginal Corporation. We offer our support and confidence to the Board moving forward;

- Erina Tenaka gave a memorable presentation highlighting the 40 history and success of BRAMS and its wealth of programs;
- Sandy Davies and Margaret Colbung gave us a wonderful insight into the founding of the GRAMS through their recounting the personal sacrifices of founding members. The GRAMS TIS Team presented on their program, acknowledged all the WA Teams and spoke about the award won by the WA Aboriginal Tobacco Control Strategic Leadership Group, highlighting WA as the only state where smoking rates are falling.
- Congratulations to Hayley and the Youth Committee for a successful Youth Conference yesterday. They gave us direction and focus on the Committee's 11 priority recommendations from the Coronial Inquest they believed would have the greatest impact;
- Dr Marianne Wood gave us a run down on Public health issues and outbreaks, most of which are long term issues our people have faced with little or no progress such as water quality;
- Delegates were acknowledged for their discussion on the big issues of racism. Noting a united front on the return of funding to the sector, because ACCHOs are best placed to deliver holistic health care to our people;

## Close

Day 1 of the Conference was officially closed and would be followed by the Conference Dinner, Awards Ceremony and entertainment.

# Day Two

## Mr Garry Goldsmith
## Master of Ceremonies

Mr Goldsmith reflected on a successful and enjoyable Conference Dinner held the night before. He thanked the band for their performance and the Elders for their contribution at the Awards Ceremony in presenting awards to worthy winning recipients.

## Keynote Address
## The Hon. Roger Cook MLA – Deputy Premier of Western Australia; Minister for Health; Mental Health

The Hon. Roger Cook acknowledged the traditional owners of this land, Elders past and present and dignitaries, Hon. Warren Snowdon and Senator Pat Dodson for their inspirational advocacy in representing Aboriginal issues.

Hon. Roger Cook highlighted that a painting at Parliament House, by Noongar artist Christopher Pease called the “Roundhouse” reminds us that history and culture matter. This painting powerfully captures colonial invasion and Indigenous people standing strong and courageous. This informs the themes of the conference, Lead the Way, Challenge the Possibilities, Imagine the Future. The ACCHOs inspire and demonstrate this through their action and work to create a better future for Aboriginal and Torres Strait Islander people.

This was acknowledged at the Commonwealth Heads of Government 2018 meeting, the proven record of the sector, health knowledge, experience and leadership. Aboriginal leaders spoke of the importance of mutual trust and respect, the need to increase cultural capability and eliminate racism in all health settings. Also important is cultural safety to improve the health and wellbeing of Aboriginal people.

As the current Chair of the Commonwealth Health Council, Hon. Roger Cook will share feedback on the Indigenous roundtable in Broome, to be held in July 2019.

**Cultural Competence: Initiatives and Programs**

The Hon. Roger Cook highlighted some of the initiatives and effective programs, particularly in the area of cultural competency:

- The Aboriginal Health and Wellbeing Framework;
- Aboriginal mental health services;
- Having more Aboriginal employees, entry levels and leadership positions;
- Using more Aboriginal businesses (procurement);
- Reducing rates of ‘did not wait’ and ‘discharged against medical advice’.

The continued development of WA’s health system and cultural competence is vital to deliver a culturally responsive health service. Cultural competence is on-going, requires continuous reflection and review of the health professionals and health services.

To address this, an Aboriginal cultural competency curriculum will be developed. It will support the growth of cultural capabilities across the health systems. The Aboriginal cultural competence continuum is moving toward cultural responsibility for Aboriginal people.

- Cultural competence continuum is in its final development phase and will be launched mid-year;
- With the goal of cultural competence and cultural safety, the Department of Health is developing a new online cultural training package which will be launched in early 2020.

**Challenge the Possibilities**

We can challenge the possibilities through developing strong policy and strategies to develop a strong culturally competent workforce:

- All health service providers must develop and implement an action plan under the WA Aboriginal Health and Wellbeing framework 2015-2030;
- The WA Country Health Services' Aboriginal Health Strategy is under review and this strategy ensures that everyone is included in improving the health of Aboriginal people;
- Procurement of ACCHS' system has been modernised and streamlined through evaluated processes and outcomes;
- Aboriginal Procurement Policy: Involve whole of government procurement targets to purchase from Aboriginal businesses and government departments report on the targets' progress;
- The State Wide Aboriginal Mental Health Service develop strategies to improve access and provide culturally secure mental health programs;
- Aboriginal Mental Health Workers are part of a mainstream, multi-disciplinary team that engage family and community to work on issues of wellbeing and intergenerational trauma and reduce stigma. This service hosts 30 permanent Aboriginal FTE officers and 1 Aboriginal Mental Health consultant;
- We can challenge the possibilities by supporting positive mental health within the Aboriginal communities.

**Increasing Aboriginal Workforce**

Premier McGowan has charged The Hon. Roger Cook to coordinate a government response to the Coroners' Report into youth suicide in the Kimberley which began in 2016. The government is also committed to undertaking a final and comprehensive response, in terms of a whole of government and a whole of community, to better respond to the devastating issues. The government is committed to a positive contribution. The key to meeting the mental health needs of Aboriginal people is by employing more Aboriginal people.

- The statistics are slowly improving, 496 Aboriginal workers were employed across the system in December 2014 and today there are over 700;
- The WA Country Health Services, Aboriginal employment stands at 4.1% and is well ahead of the 3.2% target set by the sector. This increase coincides with the launch of Section 51, the pilot program to prioritise suitably skilled and experienced Aboriginal people to vacant positions. Section 51 has been mandated in all recruitment by WA's Health systems.

The Aboriginal Cadetship program initiated by the Department of Health attracts Aboriginal students into the health system while completing their studies in Health.

- The 2019 Cadets will work in the Child and Adolescent Health Service, Health Services Support, East Metropolitan Health Service and the Department of Health. Imagine the future, these young people will finish their degrees and join the workforce.

**The Aboriginal Leadership Excellence and Development Program (LEAD)**

This program is a systemised leadership initiative developed by the Department of Health. Core leadership modules are delivered by the Australian Institute of Management and has produced at least 15 graduates since 2016 with10 students completing the 2019 program.

- This program has a proven track record, as majority of LEAD participants have acted in or gaining high-level management and executive positions. LEAD is leading the way for Aboriginal people in the Health Department.

The Hon. Roger Cook paid recognition to David Russell-Weisz and Wendy Casey (Department of Health) for their strong leadership in challenging institutional culture and promoting cultural change.

**Take Home Leave Program**

This refers to patients who discharge against medical advice. WACHS adopted "Take Home Leave' as a measure of culturally safe practices. In 2017 a pilot program investigated four regional sites with identified high levels of data. This provided insights into Aboriginal patients' experience. A partnership with WACHS and the Northern Territory will identify strategies to reduce the rates of 'Take Home Leave'.

## Forming Partnerships

Better outcomes result when government and Aboriginal community-controlled organisations form partnerships. Congratulations are extended to Aboriginal alliances for being more effective.

The Hon. Roger Cook implored the sector to act now to work actively with key Ministers to influence the policies of future governments. He encouraged anyone with a radical idea to contact him and he would advocate the idea to the incoming government. The Hon. Roger Cook thanked the sector for their leadership, work and partnership with the Department of Health.

### Questions, Comments and Responses:

**Delegate:** Delegate disputed the employment rate of Aboriginal people as it is not reflected on the ground and also highlighted, that as of today, 39 Aboriginal people have taken their own lives and 16 people under the age of 17 have been lost. Current mental health services do not cater for Aboriginal people and advocated for the 23 ACCHOs to be funded by mental health funds to service remote communities. He implored the Minister for his commitment to urgent action and funding.

**Response:**

- The Hon. Roger Cook offered his deepest condolences to the delegate and everyone affected by the tragedies. People on the ground (e.g. WAPHA, KAMS) already know what works and what resources are needed to be effective. He reinforced two things - knowledge rests within the community and we must listen to the sector on how we can respond. The best way is through ACCHOs;
- While the employment data has improved it is frustratingly slow. This is a long-term process that we have delivered through partnership. We are ready and willing to work with you on any ideas you have on how we can move forward. My commitment to you is to work in partnership with you.

**Delegate:** The Mental Health Commission, about 15-20 years ago, did not know how to deliver mental health services to Aboriginal People. Twenty years ago, I wrote a paper for the Mental Commission: "Beyond Black: More than the Colour of Our Skin".

- The NDIS does not mention Aboriginal input into the development and delivery, but it is written in the aims and goals. NDIS have no idea how to approach or relate to Aboriginal people. The Aboriginal health sector always provides input at that level because it is on the ground with the knowledge to interpret and translate it into Aboriginal ways of doing things.

**Response:** The Hon. Roger Cook agreed that co-design with these types of programs is vital to have traction with the community and acknowledged her work in the community.

- The Mental Health Commission (MHC) is new, around 5 years and is developing it culture, workforce and practice. The Commissioner has a commitment to a culturally informed program. If you think MHC can benefit from a Forum with yourselves, Leaders, ACCHOs, and others, the Minister offered to organise a meeting.

**Delegate:** Last year a recommendation was approved for all remote clinics in WA to have emergency Telehealth, so I really hope that this will get escalated to the relevant body. The clinic runs a 24/7 emergency service and can't get the RFDS to attend in time, there is urgent need for investment for satellite and fibre network communications capability.

**Response:** The Minister agreed that it was very important for remote emergency clinics to get access to communications network capability.

## Keynote Address:
## The Hon. Warren Snowden MP, Shadow Assistant Minister for Indigenous Health, Shadow Assistant Minister for Northern Australia and Shadow Assistant Minister for External Territories

The Hon. Warren Snowdon acknowledged original owners of the land, colleagues Senator Pat Dodson and The Hon. Roger Cook, Vicki O'Donnell (AHCWA Chairperson) and Pat Turner (NACCHO CEO).

The Hon. Warren Snowdon began by expressing his commitment to work with ACCHOs nationally because this sector provides the best examples of comprehensive primary health care for people in this country.

- While some organisations encountered governance issues, the importance of good governance to ensure the long-term sustainability of community control health services is a high priority. Organisations with the right governance structure and skills-based Boards in place, have the community's confidence that it is moving in the right direction;
- The Minister acknowledged regular meetings with The Hon. Ken Wyatt and Senator Pat Dodson in Canberra to discuss Aboriginal and Torres Strait Islander peoples' health without the party politics. One area where there is disagreement concerns the funding by Ken of '*for profit'* health providers;
- The Hon. Snowdon also questioned why three Aboriginal community-controlled organisations (Derbarl Yerrigan, Moorditj Koort and the South West Aboriginal Medical Service) were not invited to submit a tender without any explanation.

**Building on Success**

The Hon. Snowdon highlighted that it was important to understand what underpins successful strategies and to build on them. ACCHO organisations implement health models differently to suit their context and deliver health outcomes for their population groups. What emerged from this is that health and wellbeing outcomes are more successful when delivered through local services.

- Reflecting on past strategies targeting Indigenous smoking cessation, he personally witnessed the withdrawal of funding by the then current Treasurer as it was considered ineffective. However, some years later, the program demonstrated evidence of success. This was a capricious decision made by a Treasurer without any understanding of the evidence delivered at the community level;
- Paid a tribute to The Hon. Ken Wyatt's leadership on his comprehensive approach to 'suicide workshops', held in Darwin. The discussions on the way forward included targeting rheumatic heart disease and road maps to eye health and this had the support of the sector.

**Proceeding Forward as a Nation**

The Hon. Snowdon acknowledged Pat Turner's outstanding achievement with 'Close the Gap' partnership arrangements reached in Brisbane yesterday. It involves a 10 year agreement between Aboriginal peak organisations, state governments and the federal government that will cement the development of a coordinated approach to reach 'Close the Gap' outcomes. In terms of the 'Uluru Statement', the following was highlighted:

- If elected in May, the prediction is that Pat Dodson will be the Minister responsible for First Nations people and the landscape will change in terms of engagement;
- While the current government is not committed to Aboriginal voice in Parliament or a Referendum on 'recognition', the opposition is;
- In terms of an Aboriginal voice, the likely mechanism to reflect this is a 'regional consultative structure' as the basis to commence communication with people living in communities;
- In the Kimberly for example, there is a plethora of ACCHOs that will be represented;
- Dictating to people and forcing policies on them is not tenable;
- Individuals, families and communities must have a voice in setting priorities in partnership with government;
- We all make mistakes, but we are determined to continue working with ACCHOs;
- Pat Turner is credited with pushing the decision-making process at the federal level with the COAG.

## Questions and Responses

**Delegate**: There are 35,832 Aboriginal people in the South West and only two ACCHOs. We are tired of hearing money going to ACCHOs above the 26th parallel. We have a higher number of clients per capita and the SW gets nothing. We need funds for the SW;

**Delegate**: Believes that the tiers of government are a barrier to efficient funding of ACCHOs, the state government has no control over the resources. If ACCHOs are the best at service delivery, then funding should be a priority;
**Response**: The Hon. Snowdon highlighted that governance changes will take a long time, and if they are successful at the elections, it will require enormous work and regional consultations.

**Delegate:** We have a group of young people with brain damage due to long-term petrol sniffing and other solvents. It has been occurring for more than 10 years.

- The impact on the community is dire: family and health resources are exhausted, the youth commit criminal acts for attention. The police attend but do not take them into custody;
- These young people need an MRI scan but would need heavy sedation to go into town;
- The clinic needs to arrange formal assessment for brain damage and there is uncertainty that applications would be accepted by NDIS.

**Response**: The Minister will follow through with this matter.

**Delegate**: Derby has lost funding for a Psychologist and a Health Worker (currently self-funded). SEWB funding is vital for families at risk.
**Response**: The Minister could not give a definitive answer but understands and supports it.

**Delegate**: The delegate asked the Minister to come to the Ngaanyatjarra Lands (Warburton) – there is a nursing home that needs upgrading and the people have not been assessed for the NDIS system.
**Response**: The Hon. Snowdon replied that he will visit their community after the election, provided he is voted in.

## NACCHO Keynote Address – From Consultation to Negotiation Reclaiming our Political Agency:
## Ms Pat Turner, Chief Executive Officer

Ms Turner acknowledged traditional custodians of the land, paid respect for their spiritual relationship to place, official custodians of Fremantle, their cultural heritage and beliefs and of all Aboriginal and Torres Strait Islander People.

- Ms Turner thanked AHCWA and NACCHO for welcoming her so warmly. She thanked Vicki O'Donnell for inviting her to give this keynote address;
- She expressed appreciation for the professional relationship shared between NACCHO and AHCWA, as they are exemplary in collaboration, prompt responses and policy advice;
- AHCWA always promotes their position in the best interest of improved health outcomes and delivery of member services, so our people can achieve a better-quality of life;
- They represent members' views fairly, are hard-working and the most responsive Affiliate;
- Very proud to support AHCWA for their professional, collaborative, coordinated approach to improving the health outcomes of Aboriginal people, no matter where they live.

**Close-the-Gap Targets: Aboriginal and Torres Strait Islander People Partnership**

The Prime Minister acknowledged that over the past 11 years, governments efforts to 'Close the Gap' were represented by well-meaning policy intentions, funded and implemented by top-down approaches that did not seek partnership with ATSI people.

- Late last year a Coalition of Peak ATSI bodies made representation to Prime Minister Morrison about an equal partnership, to decide together how future policies are developed, especially at the regional and local level;
- In December 2018, the government committed to work with the ATSI Coalition as equal partners in refreshing the 'Close the Gap' strategy;
- First time I've heard a genuine acknowledgement by government about why the 'Close the Gap' outcomes seemed steeped in failure - ATSI people not included in partnership;
- Messages conveyed in the Prime Minister's speech represent the culmination of months of intense negotiations between the Coalition, of which Vicki O'Donnell and ACHWA played an important part in the Prime Minister's Office and his Department as well as State and Territory Officials.

**Reclaiming Political Agency**

Ms Turner reflected on how this group of diverse Aboriginal organisations came together to claim their political agency.

- Late in September 2018, Ms Turner and policy staff lamented the failure of Close-the-Gap strategy and worried that the refresh process needed ATSI partnership;
- The first 'Refresh process' consultation in Broome involved the endorsement of prescribed information rather than genuine feedback;
- They were not informed by the170 submissions made by the Coalition of Peaks;
- An 'incomplete' agreement between the Commonwealth and states finished in December 2018;
- A further 13 key peak Aboriginal organisations were asked to join the Coalition of Peaks;
- On October 4, 2018, letters were sent to all First Ministers including the Prime Minister, the Premiers and Chief Ministers, the only response being from the NT Chief Minister who replied he would 'bear it in mind' at the COAG Meeting;
- A second letter was sent to all Ministers that the Coalition of Peaks needed firm agreement for an equal partnership with governments and Aboriginal people before the COAG meeting.

**Meeting with the Prime Minister; COAG Partnership**

The Coalition received a letter from the Prime Minister for a meeting with him on December 6, 2018. State representatives nominated by the Coalition of Peaks attended the meeting with other representatives.

At the meeting Ms Pat Turner addressed the Prime Minister to highlight these key points:

- Government policy has always endorsed partnership with ATSI people, and if he agreed to a partnership with the 'Coalition of Peaks', he would be the first Prime Minister to do so;
- If the Prime Minister agreed to equal partnership in Adelaide, the Coalition of Peaks would support him at his address to Parliament on February 14, 2019 to welcome the new Close-the-Gap Agreement.
- At a morning tea with the Prime Minister, Pat Turner asked the Prime Minister for a bi-partisan approach to the COAG partnership. On behalf of Pat, the PM's office contacted the Opposition Leader Bill Shorten's office to complete the action.

## Lead the Way, Challenge the Possibilities, Imagine the Future

Pat Turner highlighted that NAACHO and 40 other Aboriginal community-controlled organisations agreed, to negotiate a stronger position for our people on the Closing the Gap.

- Together the Coalition of Peaks accomplished political agency by leading the way and imagined the future of shared decision making with governments on policies and programs that have impact on our people and our communities;
- Vicki O'Donnell was instrumental in driving the discussion with the WA state governments and in securing their agreement too. Thank you Vicki.

**The Outcome:**

- First time ATSI people and ordinary members of the public have a seat at the COAG table;
- A new partnership agreement between the Prime Minister, Premiers, Coalition of Peaks and the Local Government Association of Australia;
- The overarching document, partnership agreement is on the NACCHO website;
- There is now a Joint Council on Close-the-Gap with Coalition of Peak representatives;
- Joint Council Representation – due to an imbalance of power, Pat Turner negotiated for 12 state representatives to be at the table:
  - Partnership Working Group – (sub-group where decisions and solutions are negotiated at the bureaucratic level);
  - Aboriginal Community Controlled Negotiation Group – Complementary state and territory representatives will negotiate implementation of Close the Gap initiatives over 10 years.
- This binding agreement has been signed by the Prime Minister, Pat Turner (Coalition of Peaks), Premiers, Chief Ministers of ACT, NT and the Local Government Association;
- Pat Turner acknowledged all Elders for passing on their knowledge, expertise and advocacy work to enable current and future leaders to carry on their hard-fought legacy.

### Questions and Responses

**Delegate**: Delegate questioned the representation of remote communities by the Coalition of Peaks, however, Pat Turner insisted that remote communities are represented at the COAG.

## Reflections of Aboriginal Health Research in Western Australia: Vicki O'Donnell, Chair of the Western Australian Aboriginal Health Ethics Committee (WAAHEC), Dr Julie Coffin, Research Professional (WAAHEC) and Tara Rowe, Ethics Officer (WAAHEC)

Vicki O'Donnell began by acknowledging the Traditional Owners of the land on which we meet today, the Whadjuk people of the Noongar Nation and paid respect to all Elders past and present and emerging.

**Why was the Committee Established?**

- In 1996 the Western Australian Aboriginal Health Ethics Committee was established to monitor the ethical standards of Aboriginal health research undertaken in Western Australia;
- The Western Australian Aboriginal Health Ethics Committee (WAAHEC) is one of three Aboriginal specific Human Research Ethics committee in Australia and is recognised and registered with the National health and Medical Research Council (NHMRC);
- In 2011 the Aboriginal Health Council of Western Australia (AHCWA) took over the Secretariat Support position;
- The committee supports research, which benefits Aboriginal communities; to provide advice using knowledge and expertise of its committee members to ensure research is conducted in a culturally appropriate manner and to confirm community consultation takes place where relevant.

**Meetings**

As the Committee is governed by the National Health Medical Research Council, we are required to meet a minimum of six times per year, we hold these face-to-face, video/teleconference and rotate between Perth metro, Kimberley and Pilbara, and hope to expand into the Murchison/Gascoyne region in the future. All submission and meeting dates are located on the AHCWA website – www.ahcwa.org.au/ethics.

**Research Sub-Committees**

There are a number of sub – committees set up in the Kimberley, Pilbara, Midwest and Metropolitan region/s and they ensure that researchers have demonstrated appropriate consultation has occurred prior to submitting an application for Ethics approval.

As the State Ethics Committee we have endeavoured to strengthen our processes and work collaboratively with the sub – committees who work constructively with prospective researchers by assisting them in getting the best possible local input and advice in developing proposals.

The objectives of the sub – committees are to:

- Encourage an approach to health research in the region to derive maximum benefit from any research activity that occurs;
- Develop and recommend strategies to minimise any negative impact of research on the people and health services of the region/s.

These sub – committees do not have:

- Decision – making powers as an entity; or
- Any mandate to grant Ethics approvals for research being proposed in the region.

As the State Ethics Committee is comprised of various regional representations we respect regional processes and will decline applications upon review if they haven't followed regional processes. The links to sub – committees can be found on the AHCWA website: www.ahcwa.org.au

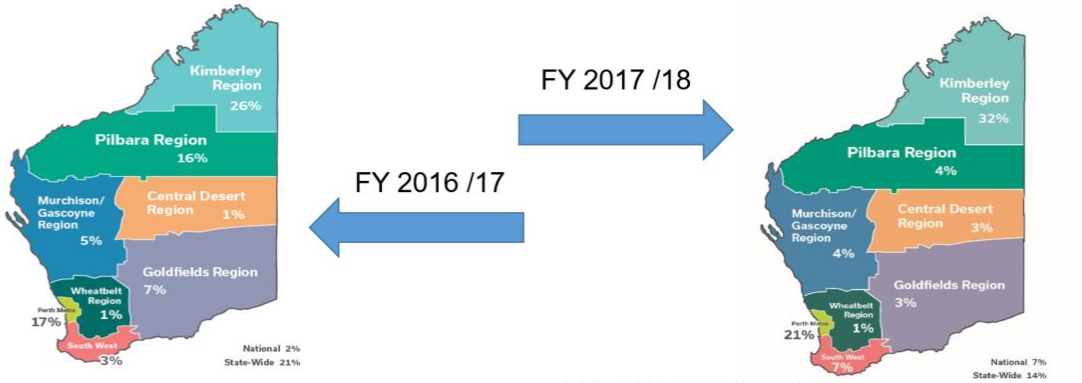
### Reviewing Applications – What we look for

When reviewing proposed health related research we ensure these questions have been answered:

- **Beneficence** – Is the project beneficial to the local Aboriginal community and peoples;
- **Community consultation and engagement** – Preliminary consultation, establishing the priorities of the community/organisation are, obtaining letter/s of support;
- **Participation** – Research maximising involvement of Aboriginal communities, community controlled health services (ACCHSs) and or / organisations;
- **Engagement** – Use of advisory groups with strong representation from the ACCHSs who will provide cultural guidance;
- **Consent** – Clear consultation and informed consent are the foundations of quality research, assist with developing trust with communities and participants;
- **Translation** – To transfer knowledge and information related to the research to Aboriginal communities as well as to health services, government agencies who may use it;
- **Culturally safe** – Proof that the research will be conducted in an environment which is spiritually, socially, emotionally and physically safe for people who are involved.

## Dr Julie Coffin, Research Professional (WAAHEC)

Dr Julie Coffin provided information on WAAHEC's research applications between 2016 – 2018:




In 2016 / 17 – the committee received:
140 – New Applications
71 Amendments to approved projects
the new applications increased by 6.38% from the previous year

**Research trend topics:**
- Primary Health Care / Aboriginal Health
- FASD
- Sexually Transmitted Infections & Blood Borne Viruses
- Child & Maternal Health

In 2017 / 18 – the committee received:
128 – New Applications
126 Amendments to approved projects
In 2017 /18 the committee approved 31% of the proposed new applications,

**Research trend topics:**
- Youth
- Social and Emotional Wellbeing
- Prison and Family Safety
- Immunisations
- Diabetes

### Examples of Research Projects: Transferability and Translation

Taking a multi-geographic view of research projects, allows evaluation of transferability and translation of knowledge from one or more regions across to other Aboriginal community contexts.

- Undertaken by ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance), this project involved improvement on testing, diagnosis and management of STIs and blood borne viruses across 20 WA Aboriginal communities. A good example of transferability from Perth metropolitan to the Kimberley, Murchison and Pilbara areas, including a treatment time-line and community acceptability;

- A project delivering good outcomes (TTANGO2) focussed on implementation and evaluation of the uptake, sustainability and impact of point–of–care (POC) testing for chlamydia and gonorrhoea infections in remote Aboriginal communities. This involved a portable machine (easy to use) to test the cost effectiveness and also included capacity building with Health Workers.

**Youth Projects: Leadership**

The Peer Education Pilot Program is aimed at recruiting up to six young Aboriginal and Torres Strait Islander youth aged between 16-25 years in Geraldton, Newman and Perth regions. The program aims to provide education, support and encourage their peers to:

- Identify and upskill future leaders in the Aboriginal Health Sector;
- Encourage young leaders to pass on relevant health information to other young people in the community.

The training takes place over two days encouraging young leaders with information about how to encourage their peers to engage in healthy behaviours and access relevant services focussing on:

- Sexual Health and Healthy relationships;
- Alcohol and Other Drugs;
- Mental and Emotional Wellbeing.

Once the training is completed the young leaders are supported by AHCWA to engage in health promotion activities in their community, i.e. distributing health promotion, information at community events.

All participants receive a certificate of completion, a training and work experience summary and are linked with other training and development opportunities, such as AHCWA Youth Committee.

**Next Generation: Youth Wellbeing**

This study is a good example of translation, methodology, longitudinal study and Aboriginal leadership at the highest level. This national study recruited adolescents aged between 10-24 years from central Australia, WA and NSW; and also targeted parents, educators and health care providers. It examines priorities around points of intervention, changes in resilience, risk behaviours, and mental and physical health outcomes over time.

- These research projects targeted six domains: Family/Community Environment and Cultural Engagement;
- Social Determinants (Education, Employment, Racism, Justice, Driving License, Housing);
- Physical health and Wellbeing (Adolescent health conditions);
- Sexual/Reproductive Health and Parenting;
- Risk Behaviour (Tobacco/Alcohol/Drugs, Risky Driving);
- Mental Health (SEWB).

**Translation**

Research should be about informing and new knowledge, more importantly it should be about translation. There are thousands of projects undertaken but we never hear about the results. Hence, this Committee's function is to ensure the information is accessible by community and relevant agencies.

- The Ethics committee strive on translation, the secretariat support provides a summary of all the approved projects every 6 months that is uploaded on the AHCWA website: https://www.ahcwa.org.au/ethics

## Questions and Responses:

**Delegate 1**: Can we get more research done on racism in the health space?

**Delegate 2:** WAHTN Member Responded that a study on racism in the health system has been completed with partners Fiona Stanley. A new 'WA Health Translation Network (WAHTN)' has been formed by all universities, hospitals and research institutes under one alliance. Funds are flowing into WA and this network needs Aboriginal involvement and strategies to examine Aboriginal issues and develop Aboriginal run research. This network needs Aboriginal people at all levels.

**Delegate 1**: Highlighted that research on racism has components around racism (e.g. health access; diabetes; stoke) but it needs Aboriginal filter and translation. We need a stand-alone project on racism.

**Delegate 2**: Responded that she is on her own at the WAHTN and needed Aboriginal leadership and guidance to support the work on the networks' health translation focus.

**Response**: Vicki responded that there should be more than one Aboriginal person sitting on the Translation committee and it should not be AHCWA. Research, for us is driven from the ground up and it needs to go through an ethics process to be approved by Aboriginal people.

With the translation process the WAHTN members need to discuss the research program, get the involvement of Aboriginal people, and send in the research application to the ethics committee for consideration of approval. This will be discussed later.

## Aboriginal Workforce Pathways, Leadership and Succession Planning: Julia McIntyre, Executive Manager Workforce at Kimberley Aboriginal Medical Services Ltd (KAMS) Clive Holt, Chief Executive Officer of Bega Garnbirringu and Lesley Nelson, Chief Executive Officer of South West Aboriginal Medical Service (SWAMS)

Lesley Nelson began by paying her respects to the original custodians of this Land and all Elders past and present. Lesley introduced Julia McIntyre and Clive Holt who took the presentations on behalf of the CEO Network discussions on Aboriginal workforce pathways, leadership and succession planning.

### Julia McIntyre, Executive Manager Workforce at Kimberley Aboriginal Medical Services Ltd (KAMS)

Julia began by acknowledging the Noongar people, on whose land we meet today and pay my respects to Elders past, present and future.

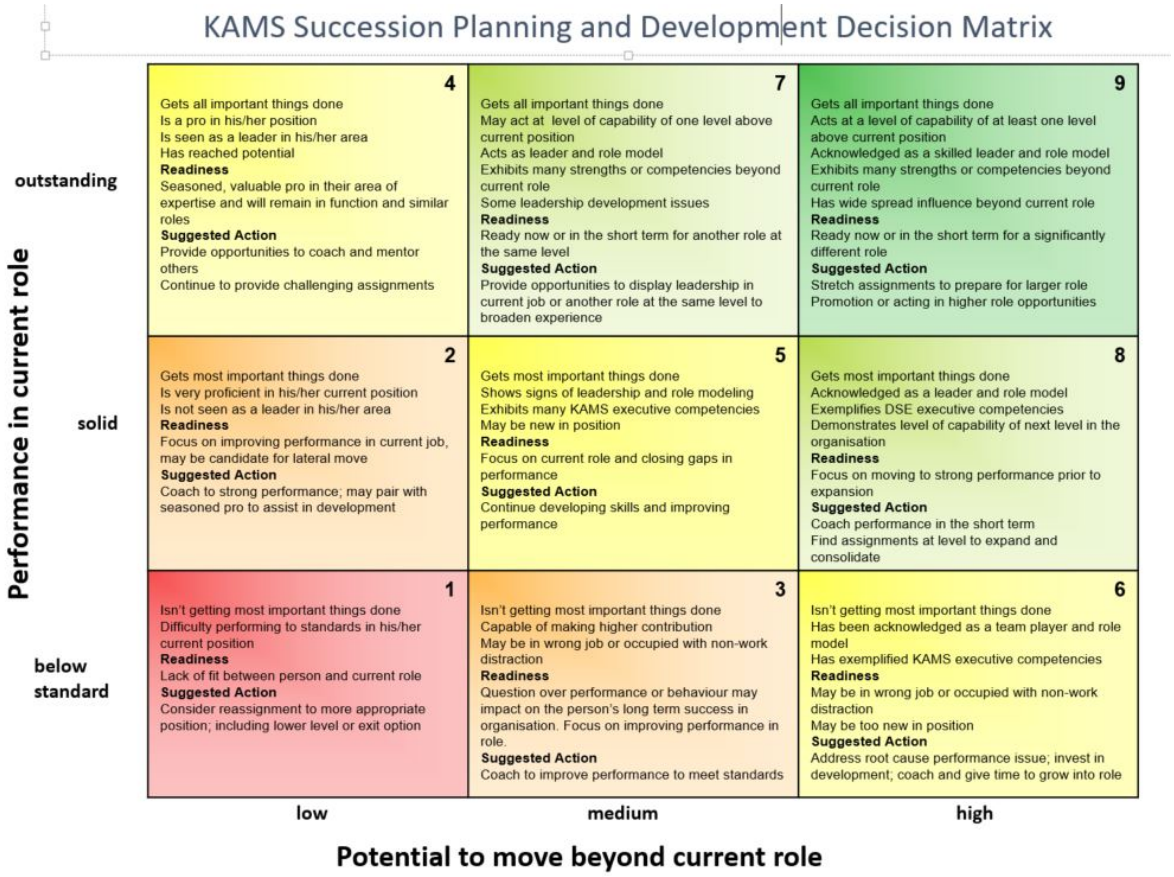
Focussing on succession planning, Julia highlighted that each year about 10% to 15% of corporations must appoint a new Chief Executive Officer due to resignation, retirement, dismissal or ill health. A 2010 survey by the search firm Heidrick and Struggles and the Rock Centre for Corporate Governance at Standford University revealed that only 54% of Boards were grooming a specific successor and 39% had no viable internal candidates who could immediately replace the CEO if the need arose. An organisation's top executive is one of the few variables over which Boards have total control – and their failure to plan for CEO transitions has a high cost.

You need to have a plan, an organised plan for succession:

- What roles are at risk?
- What roles do we need to have successors identified for?;
- Name them and be strategic about it;
- Think creatively and laterally, the obvious choice is not always the only choice;
- What are the not negotiable competencies a CEO or Executive must have in an ACCHO?

Identify your bench strength:

- Look at your organisational chart and conduct a risk assessment of each role in your SMT or EMT;
- Which roles pose the greatest risk to your organisation if they leave tomorrow? Then ask yourself what is the likelihood of them leaving 1-2 years, 2-5 years and so on?;
- Each individual identified as a successor needs a development plan and they are also the identified backfill for holidays and leave for the role;
- You need to communicate with each successor and ensure that they have a clear understanding of their journey.




The nine box matrix enables you as Managers to look at staff and map them against performance and potential. Main boxes focused on are 4, 7, 9 for Tier 1 – Outstanding; Solid citizens, boxes 2, 5 and 8, not ready but may be good for future; and Below standard, boxes 1, 3 and 6.

**Clive Holt, Chief Executive Officer, Bega Garnbirringu**

Clive acknowledged the Noongar people, on whose land we meet today and paid his respects to Elders past, present and future.

Clive explained whilst the Aboriginal workforce development strategies worked for Bega Garnbirringu, it was not a definitive model.

**Workforce development strategies – Why the 3-Tiered Approach**

- Creates entry level employment opportunities in health and non-health related fields;
- Facilitates professional development and career pathways for junior and middle level employees to aspire to management and executive roles;

- Creates strong and sustainable leadership at senior levels of the organisation;
- Forms the basis for Succession Planning.

**Current Workforce Profile – Bega Garnbirringu Health Service**

- 110 staff, we consistently have between 65-75% Aboriginal employees;
- Leadership Group of 20 staff comprised of Executives, Managers, Program Coordinators and emerging leaders;
- Of this group, 65% are Aboriginal, 60% are women and 90% did not start their employment at Bega in this position, but got there through an internal workforce development and promotion program;
- An internal development/promotion program creates a constant need to backfill junior and mid-level positions, ultimately creating career pathways within Bega and an aspirant culture within new/junior employees.

## Workforce development strategies – 3 tiered approach

| | |
|---|---|
| **Strong and sustainable leadership**<br>• Creating promotional opportunities through temporary re-deployment.<br>• Development of a leadership group.<br>• Ongoing leadership development training program.<br>• Leaders become mentors and coaches. | **Senior Management and supervisory staff** |
| **Creating an Aspirant culture**<br>• Clearly visible career pathways within organisation.<br>• A desire to achieve more.<br>• Professional development support.<br>• Linking performance to promotion. | **Middle / senior level program staff** |
| **Breaking down barriers to employment**<br>• Skill vs Attitude (Can Do, Can't Do, Won't Do model).<br>• Job de-aggregation.<br>• Linking qualifications to promotion.<br>• Applying 3 R's to Police certificates. | **Entry level staff** |

**Breaking down Barriers:**

Skill vs Attitude (Can Do, Can't Do, Won't Do model):

- Someone who is the right fit for the organisation, but lacks formal qualifications.

Job de-aggregation and linking qualifications to promotion:

- What elements of the job can be done without the formal qualification?
- Create an entry-level job (limited scope of practice) that facilitates the employment of someone without the formal qualification;
- Can mean spreading a job across multiple salary bands;
- Support the employee to obtain the formal qualification and link this to a promotion into the next salary band.

Applying 3 R's to Police certificates:

- Recency, Relevance and Risk.

The above approach has been successfully applied to the following roles at Bega:

- Aboriginal Health Practitioners;
- Environmental Health Workers;
- Finance Officers;
- Executive Assistants;
- IT Officers.

**Strong and sustainable leadership:**

Temporary re-deployment:

- When a senior position becomes vacant, look internally for someone with the right fit (skill vs attitude);
- Offer them a temporary re-deployment (usually six months) into the senior role while keeping their original job open (try before you buy);
  - This cascades down through the organisation resulting in the creation of more entry level vacancies on limited term contracts.
- Coach and mentor them during this period;
- Include them in the leadership group.

Development of a leadership group:

- Most of Bega's current leadership group have completed the Aspiring Leader course through Leadership WA and participate in quarterly follow-up training;
- Currently establishing a 3-tier leadership development program with Leadership WA to be rolled out across the whole organisation (leadership is not limited to senior positions).

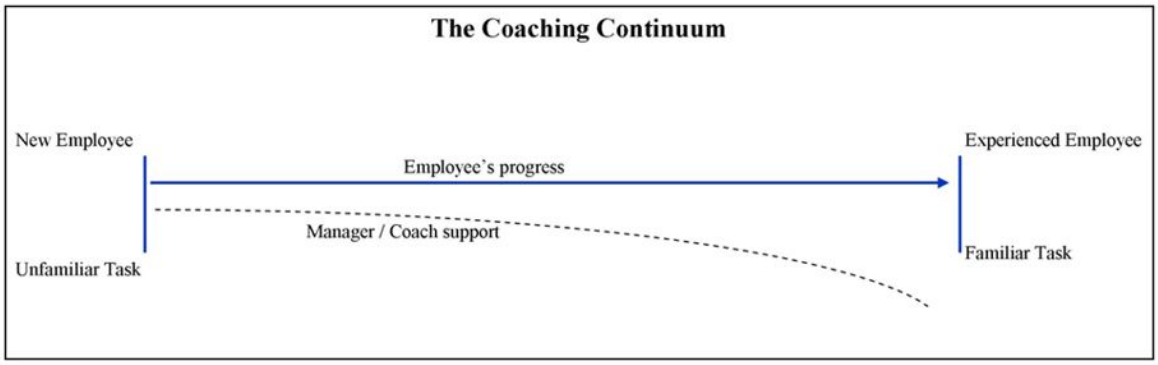
Leaders become mentors and coaches:

- People who have been through this process are more likely to appreciate the value of mentoring and coaching other employees.

Creating an Aspirant culture:

- For people who have been supported and developed into these positions, there are **clearly visible career pathways** and advancement opportunities within the organisation;
- Highlights promotional opportunities for top performers;
- Creates a desire to achieve more (aspirant culture), knowing that the organisation will support them with professional development opportunities.

**Applying the Coaching Continuum facilitates workforce development and forms the basis for Succession Planning**




Essential that all managers and supervisors understand and are committed to this as part of their jobs.

## Linking workforce development to Succession Planning

**Strong and sustainable leadership**

- Creating promotional opportunities through temporary re-deployment.
- Development of a leadership group.
- Ongoing leadership development training program.
- Leaders become mentors and coaches.

**Creating an Aspirant culture**

- Clearly visible career pathways within organisation.
- A desire to achieve more.
- Professional development support.
- Linking performance to promotion.

**Breaking down barriers to employment**

- Skill vs Attitude (Can Do, Can't Do, Won't Do model).
- Job de-aggregation.
- Linking qualifications to promotion.
- Applying 3 R's to Police certificates.


## The NDIS in WA – the Challenges and the Opportunities: Nicole O'Keefe, NDIS State Manager; Lexi Moreton, Director Transition, Tim Fettis, Director Community Mainstream Engagement and Aisling Blackmore, Psychosocial Pathway

Nicole O'Keefe began by acknowledging the traditional owners of the land on which we meet, paid respects to Aboriginal and Torres Strait Islander cultures and to Elders both past and present. She also thanked ACHWA, for organising today's conference, bringing us all together to Lead the Way, Challenge the Possibilities, Imagine the Future.

Nicole highlighted that NDIS is a significant reform and sits alongside the Disability Support Pension, Aged Care, Medicare and the Pharmaceutical Benefits Scheme.

- The previous Disability System:
    - Decided if a person received a package;
    - Allocated a local area coordinator;
    - Funded providers directly to deliver for a person.
    - Rationed available resourcing.
- The current Disability System:
    - WA Government and Commonwealth funds – available as needed insurance approach;
    - NDIA determines eligibility;
    - NDIA and participant develop plan based on a person's goals;
    - NDIA approves plan;
    - Participant chooses which providers deliver their services/supports.

**Principles of the NDIS**

Principles of the NDIS align with the *United Nations Convention on the Rights of Persons with Disabilities* and the *National Disability Strategy.*

- People living with disability have the same right as other members of the community to realise their potential;
- People living with disability, their families and carers should have certainty they will receive the care and support they need;
- People with disability should be supported to exercise choice in the pursuit of their goals and the planning and delivery of their supports;
- The role of families and carers in the lives of people with disability is to be acknowledged.

**What does the NDIS fund?**

NDIS funds reasonable and necessary supports related to a participant's disability to help them reach their goals. Supports can include:

- Essential core supports to live a better life at home and in the community;
- Supports to build capacity to become more independent – like learning to cook, learning to budget, using public transport, getting a job.
- Equipment and assistive technology supports including vehicle or home modification.

**What doesn't the NDIS fund?**

- Supports not related to a person's disability;
- Supports funded by a different mainstream service system such as Health, Aged Care and Education;
- Day-to-day living costs everyone pays for such as food, electricity and water.

**Community and Mainstream Principles**

- Supports determined by application of 'reasonable and necessary' NDIS guidelines;
- Wherever possible we assist participants to access mainstream systems. The NDIS is not intended to replace mainstream systems;
- There are key Principles that determine whether the NDIS or another system is more appropriate to fund particular supports;
- Health system (hospital/clinical), Justice, Mental Health system, Family support (i.e. care by the participant' family members), Employment system, Education system, Housing system, Transport.

**NDIS and the Health System**

NDIS will fund supports which help the participant manage ongoing functional impairment that results from their disability:

- Supports that enable participants to undertake activities of daily living;
- Non-clinical supports and aids and equipment;
- Some exceptions – nursing care that is integrally linked to disability care.

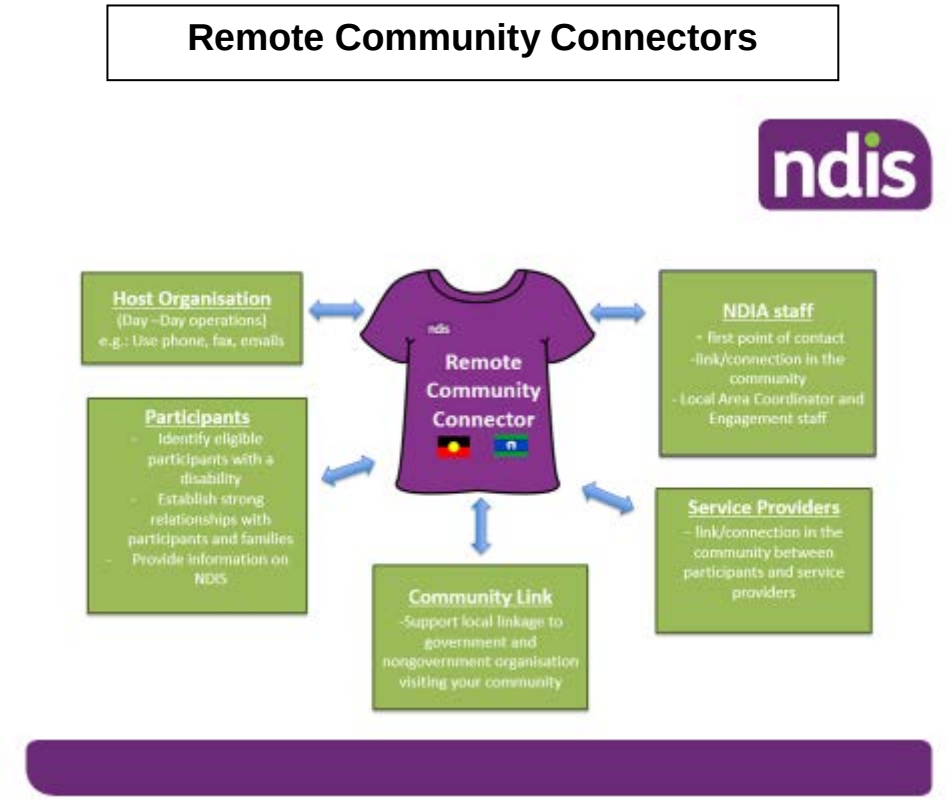
The health systems is responsible for assisting participants with clinical and medical treatment:

- Diagnosis and clinical treatment of health conditions (including ongoing or chronic);
- Supports directly related to maintaining or improving health status;
- Rehabilitation and support after a medical or surgical event;
- Medications and pharmaceuticals.

**NDIS Pathway**

**1. Awareness – How do people know about the NDIS?**

- NDIA advertising and targeted communications, newspapers, tv, radio, social media, internet (ndis.gov.au);
- Call 1800 800 100;
- Advice is sent by DoC/letters for existing disability service clients;
- NDIA Engagement sessions in Community;
- Remote Community Connectors with AMSs raise awareness and engagement.




**2. Testing Eligibility and Access to the NDIS – How do I get into the NDIS?**

- Has a disability that significantly affects their life;
- Is aged under 65 years;
- Is a citizen or permanent resident of Australia;
- Lives in an area where the NDIS is available – (can apply up to six months before an area rolls into the NDIS);
  - Transfer from the WA NDIS;
  - Transition from State Disability Supports or Commonwealth Program Supports;
  - Lodge an Access Request From (call 1800 800 110 and send with information and evidence to NAT@ndis.gov.au) to be approved by NDIA.
- Access/Evidence Coordinator at AMS – assists people access the Scheme.

Evidence, Access and Coordination of Planning

- To assist Aboriginal people with disabilities test eligibility into the NDIS, navigate the Scheme access process and to assist with coordination of the Scheme's development process;
- EACP staff;
- Locally employed through AMSs using existing information to assist with the NDIS access process;
- Can assist with gathering new information and coordinate NDIA planning with the participant.

**3. Building and NDIS Plan**

- An appointment between participant and the NDIA (or Partner) Planner – others attend at request of participant;
- A plan will be built based on the reasonable and necessary supports;
- Funds/budget will be developed against plan;
- NDIA (or Partner) Planner builds the plan with the participant;
- NDIA approves the plan;
- Evidence/Access Coordinator at AMS will assist with coordinating planning meeting between client and NDIA.

**4. Plan Management and Support Coordination**

- NDIS Plan Management:
  - Self-Managed – The NDIA will pay participant directly for these supports;
  - NDIA Managed – The NDIA will pay the support provider directly for these supports;
  - Plan Managed – The NDIA will pay the Plan Manager directly for these supports (Registered);
  - Combination of the above.
- Partners in The Community (Metro, inner Wheatbelt, Southwest and Great Southern only) can help participants use their plan;
- Support Coordination:
  - Can source and coordinate services and supports from providers to participants or groups of participants – are registered providers; are chosen and paid for through a participants plan.
- AMSs (and other organisations) can register to be Support Coordinators.

**5. NDIS Plan Utilisation – Supports and Services**

Existing Providers:

- Are registered – currently with Department of Communities and then with the National Quality and Safeguards Commission;
- The NDIA and DoC have a list of Providers;
- Provide a range of services and supports in areas/regions across WA.

New Providers:

- Can register with Department of Communities and then with the National Quality and Safeguards Commission;
- To provide a variety of supports and services across WA.

Organisations, ACCHOs and AMSs:

- Can register to provide various supports and services.

**NDIS Streams for Psychosocial and Early Childhood**

Psychosocial:

- People with a disability as a result of their mental health condition may qualify for the NDIS.

Children aged 0-6 years and Early Support (ECEI):

- With developmental delay or disability;
- Supports families to help children develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout their life;
- Children with developmental delay will also be supported by services available through other government services and the community;
- Provide some short-term early intervention where it has been identified as the most appropriate support;
- NDIS access if your children requires longer-term early childhood intervention supports.

**NDIS Geographical Roll Out in WA**

- WA NDIS Trial Sites – Transfer Nearly Complete
  - Some metro (north east and south metro);
  - Inner Wheatbelt;
  - Lower SouthWest;
  - Kimberley and Pilbara.
- Commenced Roll Out – Transition (current DSC clients and New
  - Metro (some south and north);
  - Remaining Wheatbelt;
  - Goldfields-Esperence;
  - SouthWest (remaining);
  - Kimberley and Pilbara.
- From 1 July 2019 – Transition and New
  - Midwest – Gascoyne;
  - Great Southern;
  - Remaining metro sites.

**NDIS Stand-Up**

In line with the geographical Roll Out of the NDIS, there will be:

- NDIA Office locations and Staff in all regions – commenced;
- Partners in The Community – LAC and ECEI services – Mission Australia, APM and Wanslea – and one other early childhood Partner to be announced:
  - Metro;
  - Inner Wheatbelt
  - SouthWest
  - Great Southern (2019).
- Work with AMSs, contract negotiations being finalised in:
  - Goldfields;
  - Pilbara;
  - Kimberley;
  - Other sites to be commenced.

**Why Aboriginal Community Controlled Health Services?**

- Community governed;
- Accountable to community;
- Know their community best;
- Clinical expertise and service models;
- Recruitment and retention;
- Training;
- Existing service delivery footprint that includes clinical expertise as well as mainstream and community networks;
- Most appropriate organisation to deliver service;
- Our positive experience with AMSs.

**Summary – NDIA Roll Out with AMSs**

Commenced discussions and sought advice from ACCHOs, AMSs and AHCWA re rolling out NDIS (CEO Meetings and Roundtables).

Contracts in Goldfields, Pilbara and Kimberley with AMSs:

- Remote Community Connectors;
- Evidence, Access and Coordination of Planning.

Commenced discussions with AMSs on Provider Registration:

- Support coordinaton;
- Early childhood – including early supports;
- Other supports and services (such as Commonwealth programs transitioning, HAAC, therapy, other).

**Next Steps**

- To commence discussions with AMSs in other regions regarding Community Connectors and Evidence, Access and Coordination of Planning.

## Questions and Responses

**Delegate 1**: MD Remote Community: Can you clarify the nature of the job for the 'Evidence, Access and Coordination of Planning position.
**Response**: Depends on what works best for the AMS, either full time; part-time or casual including one or a few people can be engaged.

**Delegate 2**: Is the Community Connector a different position?
**Response**: Up to AMS, it can range in hours and existing staff can take up the role.

**Delegate 3**: I have a Disability (wheelchair bound) and Disability access is a real problem.
**Response**: The NDIS is in early stages and nationally, disability access is a real issue. The signs are positive for change, there will be more access to beaches and social housing strategies.

**Delegate 4**: We live in the remote region and we have not had time to put in our application?
**Response**: The application to transition to NDIS has been extended to June 30, 2020.

**Delegate 5**: Inquiry about access to programs for children and adults with FASD.
**Response**: This would be based testing the eligibility for 'functional impact'. Fully expect early childhood FASD would need early support, especially developmental delays. AMSs are pivotal in getting access to the scheme and it is critical to get it out to the regions.

## Improving Water Quality in Remote Aboriginal Communities: Panel Discussion with William (Chicky) Clements, Nirrumbuk Environmental Health Services, Rob Mullane, Principal Advisor/Manager Aboriginal Environmental Health (WA), Richard Theobald, Managing Scientist Water, WA Department of Health, Dr Sarah Bourke, Lecturer/Hydrogeology Coordinator at University of Western Australia

The panel discussion on improving water quality in remote Aboriginal communities began with an introduction to the Panel Members.

**Dr Sarah Burke (Lecturer, University of WA)**:

Sarah began the discussion about groundwater and explained that groundwater has accumulated in the ground over many thousands of years. It is found in the cracks and spaces in soil, sand and rock. It is stored in and moves slowly through geologic formations called aquifers. The groundwater stored within the earth is over 95% liquid fresh water. Rain naturally recharges groundwater and is a good source of water on which Aboriginal communities depend on and it is an essential resource for all. Water quality is usually not an issue, but at times when the aquifer may draw dissolved old rocks and minerals, the water quality may be affected. To ensure good water quality, risk assessments and risk management must differentiate between naturally occurring chemicals and harmful levels of contaminants.

**Richard Theobald, WA Department of Health**

The WA DOH is responsible for safe drinking water and complies with nationally accepted guidelines, which includes monitoring of mine sites and some remote communities. The 'Remote Essential Municipal Services' (REMS) program is administered by the Department of Housing and the Water Service Provider (WSP) service contract manager is involved with the monitoring.

**Role of WA Department Of Health**

- The State Regulator is responsible for:
- Drinking Water Quality;
- Waste-Water Disposal;
- Swimming Pool Design, Operation and Management.

The Australian Drinking Water Guidelines are applied to all drinking water providers including:

- Water Corporation;
- AqWest (Bunbury;
- Busselton Water;
- Minesites; Self-supply schools/colleges and correctional institutions;
- Remote Communities via the Remote Essential Municipal Services (REMS) system.

Remote Essential Municipal Services System Program is:

- Administered by the Department of Housing;
- WSP Service Contract Manager;
- Services provided by sub contract include Kimberley Regional Service Providers. Pilbara Meta Maya Aboriginal Corporation and Ngaanyatjarra Services.

**Department of Health Audit**

The Department of Health audits water quality every month.

- All service providers know their system and its performance in terms of control and what action is required when things go wrong;
- Monthly reports sent from WSP to DOH contain between 36-40 pages of data;
- Detailed results of chemical monitoring (e.g. chromium, nitrate and fluoride) are received every month for compliance with regulation;
- The compliance regime is rolled out every 12 months, in every community and locality;
- The DoH pushes all organisation to do better, to be in control and best prepared.

**Rob Mullane, Principal Advisor/Manager Aboriginal Environmental Health (WA)**

Mr Mullane had been working in the area of Aboriginal Environmental Health for many years, which included ensuring drinking water in Aboriginal communities was safe and well tested. He did raise concerns about the Aboriginal communities where there was no testing of water supplies. Often when the Elders returned to country, no testing of available water had taken place.

**William (Chicky) Clements, Nirrumbuk Environment Health and Services P/L**

Chicky provided a brief overview of the work he and his team undertake in remote Aboriginal communities. Chicky too raised concerns about water quality in remote Aboriginal communities where no water testing was being done.

### Questions and Responses

**Delegate 1**: (Jigalong, Pilbara) 'Drinking water quality' has dropped; microbial result for Ecoli at 100 is now below 5 or 6 and is rarely a 10. The community and health organisations never get the monitoring results and they should. Others in the audience agreed.
**Response**: Department of Housing owns the information and the community must approach the agency to access the information.

**Delegate 1**: Water contamination causes diarrhoea and if the AMS got access to the test results the illness could be prevented and treated.
**Response**: The Laboratory has a list of community email contacts, set up with the WSP to automatically send out warnings to everyone immediately. Rob Mullane suggested contacting the DOH to update the email addresses for their communities.

**Delegates Comments**:

- Our valley - live in communities where water does not get tested which was discussed;
- Results are sent to me often 5-7 days after the results – but it is always too late to take action;
- It was agreed from the floor that results should belong to the communities and the people, not DOH;
- It was suggested that the information on tests should be sent to the health clinics in communities and the nearest ACCHSs, not just the community office;
- Medical practitioners working in the ACCHSs need to be made aware of contamination in drinking water so that they can take action or lobby to have action taken;
- Nitrate levels affect babies and children and some researchers are questioning the link to the high rates of kidney disease.

**Responses:** Rob Mullane said there is no evidence to show that nitrate levels are at unacceptable rates as the results comply with regulation.

**Delegate Comments**:

- Naturally occurring uranium and nitrates are known to cause kidney damage according to Dr Christine Stokes's kidney project - drinking water could be causing this disease;
- Blood tests could not find a reason for anaemia, but the question was asked if anaemia could be caused by bad water quality;
- If drinking contaminated water, the red blood cells don't have the capacity to take up oxygen. The Department will supply bottled water to communities where there are babies under the age of 3 months. 'Blue babies' was discussed
- Reverse osmosis is safe but does not produce a sustainable supply. Other methods of treating water supplies was discussed.

**Response**: Many alternative systems are now available, but mechanical systems are best for water sustainability.

**Delegate Comments**:

- Easy to do microbial testing with today's technology with many commercial laboratories able to do these tests., Communities should not be waiting months for results;
- Data custodianship and resource management is an issue state wide, not just Aboriginal communities;
- Government doesn't value funding for monitoring but it is public data that communities and ACCHSs need to fight for;
- Across the valley - one community has salty water, others had calcium - limestone ranges. In the early days, old people picked those sites and did not test them before they built their communities on sites with not good quality water;
- It was suggested that Environmental Health Workers, do testing for a 24 months period to compare these results to DOH results;
- There is no funding for hardware which causes problems as basic washing and clothes washing is scarce in some communities.

### Recommendation about water quality:

**Forum discussion on Water Quality Transparency**

- The first resolution resulted in Rob Mullane from the Department of Health agreeing to speak to the Department of Housing Committee, to ask them to expand the email list to include all the AMSs for notification of water quality laboratory results;
- The laboratory analyses the tests and results automatically go to the Water Service Provider for the state and this is emailed/faxed to the Communities' office. Some AMSs and local governments also may get a report;
- The issues is that no notification is received unless there is an abnormality identified. There is always the chance that you could be accidently missed off the email distribution list even if there is an abnormality detected. Hence, this does not resolve the issue of gaining access to the communities' water test results.
- A delegate highlighted that taking a rights-based approach – the benchmark for water quality should be the same water quality as mainstream Australia;
- If communities don't have access to the results, how can they know it is clean and safe?
- Not receiving a notification does not prove the water is clean and safe.

**Departmental Response**

- If there are nitrates found in tested water supplies, the Department is obligated to issue new notifications every 3 months to communities and towns affected. Notifications are also sent to the clinics and households are supplied bottled water for children under 3 months of age. The Department of Housing will provide bottled water, free of charge, to households that want it. After approval from the DOH, communities can order their own bottled water and have this sent in by truck and then claim reimbursement from the DOH. The risk of contamination is very small and there have been recently no cases in WA. No community or town has nitrates over 100mg per litre (which is safe).

The community believes that there is no guarantee that the contaminated water (which is not given to babies) will not affect other members of the community. For example, the elderly and those with diabetes and renal disease are getting sick from the water.

**Delegates:**

- Jackie Oakley highlighted that any abnormality in the water is below the standard mainstream Australians expect and drink every day.
- The water test results require a transparent process and the public has the right to know about the water quality in the community.
- Jackie Oakley queried how the pastoralists get their water tested and Rob Mullane explained that it is not tested by the Department. Pastoralists do their own testing. He again raised concerns about communities that do not ever have any water testing done. He heard loud and clear that the ACCHOs need to know that the quality of drinking water is safe.
- Dr Marianne Wood said it would be very helpful to have a map which showed which communities had their water regularly tested. This would provide information for the sector to work with. She also requested the most recent results from community water tests.
- Rob Mullane said that reporting was an electronic system and immediate and the community can gain access to it, as long as they provide their current email addresses;
- This forum takes it seriously the rights to good quality drinking water and it is time to start delivering and taking action to Close the Gap. Water is an essential for good health and we need to get serious about water quality in our community;
- The Conference Delegates called for transparency and immediate information around water quality for Aboriginal people living in communities.
- There are ACCHSs in WA that provide clinical services in remote clinics and information on water quality and tests results need to be provided to these services. If water is found to be contaminated, these services can take immediate action to prevent sickness. Water tests should be sent to the communities and ACCHSs immediately whether the results are good or bad. What we are asking for is transparency and information around water quality for Aboriginal people living in communities.

## Eliminating Acute Rheumatic Fever through Empowered Local Decision-Making, Effective Partnerships, Knowledge Sharing and Sustained Government Support for Comprehensive Primary Health Care
## Professor Jeanette Ward, NACCHO Public Health Physician

Professor Jeanette Ward provided an overview of the process involved with developing the RHD Roadmap.

Professor Ward highlighted a major accomplishment by NACCHO END RHD and others involved with the charting of Australia's first comprehensive roadmap to end rheumatic heart disease (RHD). This began with the foundations laid at a roundtable of experts in Darwin, convened by the Indigenous Health Minister, The Hon. Ken Wyatt AM.

This Roadmap was developed to tackle the whole challenge and eliminate the disease as a significant Indigenous public health problem.

**Background of RHD Roadmap**

- February 2018 Minister Wyatt's roundtable and announcement of a whole of government and community approach to RHD Roadmap;
- April 2018 preliminary departmental draft was undertaken;
- Nov 2018 NACCHO proposal to develop Roadmap with the sector and END RHD;
- END RHD comprises ten founding partners;
- END RHD Engagement Working Group;
- RHD Roadmap Working Group;
- December 2018 preliminary draft;
- January 2019 draft rounds x 2 resulted from consultation with the sector;
- 29 January 2019 final draft submitted to the Commonwealth.

**RHD Roadmap Report**

The RHD Roadmap report incorporates six strategic domains along with matching activities. Time periods for all six domains are: Immediate 2019-2021; Medium term 2022-2027; and Longer term 2028-2031:

- **Domain 1 – Structural and systems support, evaluation and monitoring**
  **Activities ('the *What*') include:**
  - National and local decision-making;
  - Health workforce investment;
  - Focus on the patient journey and system performance;
  - Accountability and metrics.
- **Domain 2 – Primordial prevention**
  Activities (the '*What*') include:
  - Whole-of-government approaches to reduce social, economic and health system inequity;
  - Ensure safe and sufficient housing to reduce health impacts of crowded and inadequate housing;
  - Place-based community-led action.
- **Domain 3 – Primary prevention**
  Activities (the '*What*') include:
  - Share knowledge of disease transmission;
  - High quality primary health care resourced;
  - Effective CQI.
- **Domain 4 – Secondary prevention**
  Activities (the '*What*') include:
  - Earlier diagnosis of Acute Rheumatic Fever (ARF) and RHD;
  - Secondary prophylaxis delivery;

    - Agreed care plans and action to resolve persistent service gaps.
- **Domain 5 – Tertiary care**
  Activities (the '*What*') include:
    - Systems for medical care / surgical care / reproductive health;
    - Fail-safe clinical handover.
- **Domain 6 – Strategic research investments**
  Activities (the '*What*') include:
    - Consensus for national research priorities;
    - National RHD research strategy;
    - Leadership positions for Aboriginal researchers.

**Destination for each Domain**

- Aboriginal and Torres Strait Islander people and organisations engaged in sustained, genuine partnerships based on effective governance and accountability;
- Equity of environmental determinants of health for Aboriginal and Torres Strait Islander people;
- All Aboriginal and Torres Strait Islander people with a skin sore or sore throat receive timely, culturally responsive and evidence-based treatment to prevent the development of ARF;
- Anyone with ARF is promptly diagnosed and has a co-designed care plan for secondary prophylaxis and other essential services;
- All Aboriginal and Torres Strait Islander people with severe RHD are able to access timely assessment and culturally responsive services. Women with RHD are supported to make informed decision about and during pregnancy;
- A reliable, responsive and productive national effort producing evidence to address inequitable rates of ARF and RHD in Australia.

**Case Studies**

Within the report submitted, Aboriginal input into the included case studies describe what history really looked like and when you reach your destination. Professor Ward acknowledged the Aboriginal colleagues who assisted with the development of these case studies.

**END Destination**

Communities celebrating success in eliminating ARF through empowered local decision-making, effective partnerships, knowledge sharing and sustained government support for comprehensive primary health care.

**COAG**

Following a submission on the 29 January 2019, negotiated changes by the Department were made before the report became an inclusion as an agenda item at the COAG Health Council.

Four separate 'high priority health issue' Roadmaps went to the COAG Health Council on 8 March 2019:

- Renal Health;
- Eye Health;
- RHD;
- Hearing Health.

Ministers committed to working jointly to ending RHD and referred the roadmaps to the Australian Health Ministers' Advisory Council for review and reporting back in November 2019.

**Opportunities in WA (Immediate)**

- Adhere to COAG Implementation Principles and guarantee continuing Aboriginal and Torres Strait Islander leadership;
- Consider high-level cross-sectoral committee with mandate to address social and environmental determinants;
- Increase access to local environmental health services in RFS Communities and share results;
- Link to WA Register and Control Program Action Plan 2018 – 2021.

## Precision Public Health – Ancient, Old and New Knowledge and Technology for Health

## Gareth Baynam, Adjunct Policy Advisor on Clinical Genomics at Department of Health WA,

Dr Gareth Baynam began by acknowledging the original custodians of this land, the Noongar people and Elders past, present and emerging.

**Precision Public Health**

Gareth highlighted that Precision Public Health is essentially about equity and social inclusion and empowerment. It involves the application of new approaches, new data in partnership and respecting traditional approaches in Public Health.

- This involves using existing knowledge and to learn from the communities that we serve, on how new technologies can be used in partnership with traditional concerns.

**Application of Spatial Mapping**

- This first example is an African example - includes the application of spatial mapping technology (e.g. Google Maps) to capture a granular understanding of census data on child mortality.
- At the granular level, national data is not concerning, at the pixel local level, the data clarifies many areas of concern. Hence, interventions can be targeted more appropriately. At the local level, the problems become more visible and opportunities for implementation greater.
- Using spatial mapping technology, child mortality linked to armed conflict was over three times greater than the number of deaths in the conflict itself. After the data was dissected, the ‘Mappa Project’ (mapping health services closer to home) identified that it is the distance of health services from home is the most important predictor of child mortality. Access to health services is the key to saving lives.
- Precision Public Health involves the old and new technologies being applied in a culturally safe manner with AMSs and Aboriginal people developing and implementing those technologies.

**Genetic Maps: Case Studies**

A trained Paediatrician, Dr Baynam specialises in genetics and works with colleagues internationally to solve problems for families around the world.

- A family known for over 10 years, had three children, all born with the same undiagnosed rare condition (intellectual disability, lung/kidney issues, seizures, autism, and increased risk of cancer);
- Dr Baynam worked hard on finding the cause by using new technology that identifies a specific genetic change. After two years, a laboratory in Canberra undertook the test to prove genetic change. With this knowledge, the children were diagnosed with Intellectual Cancer X3 and treated with existing drugs;

- Two German siblings aged 12 years, were diagnosed with Intellectual Cancer X3 and their colonoscopies revealed many polyps in their bowel. To prevent cancer risks they have regular colonoscopies;
- Power of families in sharing information on an international scale;
- CLINIFACE: Using facial recognition technology, 3D tools are being developed to identify hundreds of conditions by detecting subtle changes in the face from the normal range. One family helped another family use the technology to diagnose their conditions;
- A case study of a girl aged 4 in Japan, presented with learning disability, congenital heart disease and very short stature for her age. Through partnerships with colleagues in Japan, the diagnosis revealed the genetic condition RX and treatment was developed in 48 hours;
- By sharing these stories in a secure way, these children have had international impact in terms of diagnosis and treatment of very rare conditions.

**Impact of Technology**

Technological tools have also reduced the need for people to travel. For example, a girl's 3D image of her teeth was referred to us from a remote town in WA for diagnosis. Rather than travelling to Perth to see a Paediatrician, measuring the width of incisors was enough for a diagnosis and treatment.

- A boy from regional WA had undertaken gene testing and diagnosis was completed by measuring a 3D picture of his ear lobes;
- Work is underway on the application of facial recognition technology for diagnosis of FASD;
- Families who are sharing their stories are creating a global network of support for others.

**Mapping Language – Life Languages**

This project examines mapping of language and while lay language has been translated for computers in English, Spanish, Russian and Mandarin, Indigenous languages have not been translated anywhere in the world.

To address this inequity, the current project with the United Nations focusses on translation of Indigenous languages globally and begins with Australian Aboriginal languages in WA. Currently the project is working on goodwill, partnerships and organic growth.

- A public-private partnership between Aboriginal medical students, Aboriginal Elders and senior people, linguists and language centres, etc. have been established;
- This will retain and empower Aboriginal languages by pairing them to a universal medical language, the Human Phenotype Ontology (HPO).
  - The Human Phenotype Ontology is a bridge between people and computers - create connected communities.
  - Australian Aboriginal Language to HPO translations is in the process and includes regions: North, Pilbara – Nyangumarta; South -Noongar; Central – Badimaya.

**Life Language Project**

The outcomes include health transformation through language, unique genetic language, our unique attributes, fusion of knowledge and voice of the Doctor, People and Indigenous people.

## Questions and Responses

**Delegate 1**: How many children would fit the NDIA criteria 'not affecting total functional capacity?
**Response:** The rule of thumb is the more combination of issues, the more severe the intellectual disability, half would be considered as underlying genetic causes.

## Future Technology 1: Respiratory Disease Diagnosis and Management
## ResApp Health
## Dr Kay Taylor, VP of Strategic Development and Operations at ResApp Health

### Clinically validated Smartphone Respiratory App

Dr Kay Taylor began by highlighting that respiratory disease is diagnosed largely using clinician judgement and a number of assessments including consultation using a stethoscope, x-rays, scans, spirometry, blood and/or sputum tests. These are time consuming, expensive, subjective and at times not accurate. More importantly, they are less accessible.

### ResApp Diagnosis

ResAPP is developing a world first clinically tested respiratory disease diagnostic test and management tools for smart phones.

- This App is able to diagnose paediatric and adult respiratory illnesses, such as Asthma, Pneumonia, Croup, Bronchiolitis, COPD and upper respiratory tract disease;
- It works on a Smart Phone and no additional hardware or accessories are required, you simply download the APP;
- For remote communities, there is no connectivity required, all the data capture and analysis are performed in real time on the device;
- In Australian Indigenous communities, 1 in 5 have respiratory diseases long term, and are 2 times more likely than non-Indigenous children to be hospitalised;
- More than 25% of Australian Aboriginal adults report having a respiratory disease.

### Development and Application

The technology is developed by A/Professor Udantha Abeyratne at the University of Queensland. The team uses machine learning or artificial intelligence technology to identify signatures within the cough sounds and these are used instantly to differentially diagnose respiratory diseases. The ResAPP qualities are outlined below:

- Is able to automatically improve performance and learn new diseases from new clinical datasets;
- It has over 4,000 patients' cough and breathing sounds and matching clinical signs, symptoms and diagnosis;
- Core patent granted in US, Australia and Japan, National phase examination in Europe, China, South Korea;
- Unique opportunity for remote areas and telehealth settings;
- Able to be used by minimally trained healthcare staff under supervision of a clinician;
- Four easy to use screens for diagnosis and analysis.

### Evidence

There is compelling evidence from clinical trials in Australia and the US.

- **Breathe Easy Paediatric** found 83-97% agreement by 3 US hospitals (blind studies);
  - 585 patients, double-blind, prospective study at two Australian hospitals completed.
- **SMARTCOUGH** found 73-77% PPA and 71-86% NPA compared to clinical diagnosis for upper respiratory tract disease, lower respiratory tract disease and asthma/RAD;
  - 1,470 patients, double-blind, prospective study at MGH, Cleveland Clinic and Texas Children's Hospital completed.
- Regulatory approval attained at multiple jurisdictions.

## Future technology 2: Foot Ulcer Management
## Dr Olufemi Oshin, Consultant Vascular Surgeon, Royal Perth Hospital

Dr Oshin began by acknowledging the traditional owners of the land, the Noongar people and Elders past, present and emerging.

**Technological Solutions: Indigenous Diabetic Foot Health**

Dr Oshin highlighted that 'diabetic foot health' is a significant health problem and diabetes is the fastest growing chronic health condition in Australia.

With 1.7 million Australians having diabetes and many undiagnosed, this equates to a diagnosis of 1 person every 5 minutes.

- Diabetes affects all systems of the body;
- With the cardiovascular system, two thirds of people will have some form of cardiac disease;
  - If it manifests early, for those who don't have diabetes (10-15 years);
  - The leading cause of death is Type 2 Diabetes;
- Kidney disease is also a direct consequence of diabetes (20-30%).Retinopathy is the leading cause of preventable blindness;
- Diabetic Foot Disease is the forgotten condition. There is a stigma attached to it as people think it is a life style choice.

**Comparing Diabetic Foot Disease**

When diabetes is compared on a global scale, it ranks in the top 10 cause of global causes of disability.

- Every day in every Australian region with 100,000 people, 1000 people are at risk of diabetic foot disease, 200 have diabetic foot disease, 50 have had a previous diabetes amputation, 4 people are in hospital because of diabetic foot disease, 1 person will have a diabetes amputation every 20 days and 1 person will die from diabetic foot disease every 60 days.

Diabetic foot disease is Australia's leading cause of amputation, is within the top 20 causes of hospitalisations, has mortality rates worse than most cancers and costs Australia an estimated $1.6 Billion each year.

**Diabetes and Indigenous Australians**

- Four times more common than non-Indigenous, with a prevalence of 4-33%;
- Risk factors:
  - Obesity;
  - Smoking;
  - Socioeconomic disadvantage;
  - Access to healthcare.

**Amputations: Western Australia**

If you are Aboriginal and under the age of 50 years, your risk of having a major amputation as a result of diabetes is 38 times higher compared to a non-Aboriginal person.

- If you are over 50 years of age (shorter life span), still have a higher risk;
- Evidence suggests that clinicians working as a multi-disciplinary team, can improve patient outcomes;
- Multi-disciplinary care is not as effective in Australia due to its geographic expanse and technology is required to shrink Australia to deliver high quality care;
- The barriers to high quality foot care also include late presentations, due to a reluctance to see a Doctor;

- Technology can be used to bridge the gap, two people not communicating can now speak the same language.

**Silhouette Technology**

Its cameras have lasers that can measure the size of the 'foot wound/ulcer' and takes the guess work out work for clinicians. This technology allows the clinician to keep track of the wound/ulcer's progress and if necessary, refer to specialist services.

The device can be attached to a Smart Phone to enable mobility and engage with the community to bring them up to date. Hence, technology shrinks distance and the photo can be shared with clinicians in Perth. The patient can be treated in a culturally safe manner and ensure it is culturally acceptable.

**Technology tried and tested**

This device enables better care:
- Earlier presentation;
- Greater patient engagement;
- Self-determined care;
- Reduction in amputation rates;
- Meet Closing the Gap targets.

### Questions and Responses

**Delegate 1:** Haven't heard of this technology before, wondering about costs.
**Response**: Cost is an issue - put in for a grant to get this technology for research. $6000 licence fee and $1000 for the device.

## Acknowledgements, Wind Up and Close:
## Mrs Vicki O'Donnell - Chairperson of the Aboriginal Health Council of Western Australia (AHCWA)

Vicki thanked the Day Two presenters:

- The Hon. Roger Cook spoke about many issues affecting Aboriginal health in WA, responded to questions on suicides, mental health funding and workforce initiatives. (See recommendation at end of report).
- The Hon. Warren Snowdon also spoke about the role of the AMSs and the support given to AMSs and talked about the new world, should they be elected as the incoming government. Should they get elected he should be held into account for his promises made at the Forum.
- Pat Turner, CEO, NACCHO spoke about being seated at the 'Close the Gap' COAG roundtable, including other face to face meetings with the Prime Minister and members of COAG.
- The presentation on Aboriginal Research in WA pointed to the huge work load associated with ethics applications and stressed on the importance of employing Aboriginal people as investigators, leading the research projects and being acknowledged for doing so. The names of the ACCHSs involved in research should also be named in the publications. Aboriginal participation must be placed at the highest level because it is Aboriginal intellectual property that is being used to get the outcomes from research.
- Julia McIntyre, Clive Holt and Lesley Nelson presented a great talk on leadership and Aboriginal workforce pathways with many examples of succession planning and growing Aboriginal leadership in our ACCHSs.
- Nicole O'Keefe spoke on the implementation of the NDIS and highlighted some challenges and opportunities on new ways of working with the AMSs and NDIS across WA;

- The panel discussion on improving water quality to remote Aboriginal communities was of great interest to all delegates and a recommendation from Members will be made in relation to this. (See recommendation at end of report).
- Professor Jeanette Ward delivered the Rheumatic Heart Disease Roadmap presentation which tackles prevention, however, without good water quality, the wellbeing of Aboriginal children living in communities is threatened;
- Gareth Baynam's presentation on Precision Public Health was inspirational and interesting to hear that as Aboriginal people we have connections that we can trace, particularly to rare diseases. This 3D technology will save young ones from having to come to Perth for treatment;
- Two presentations on Technology:
  - ResAPP Health, presented by Dr Kay Taylor; and
  - Foot Ulcer Management by Dr Olufemi Oshin and we have a recommendation to the floor. A recommendation would be made in relation to this new technology.

## Conference 2019 Recommendations supported by Members:

***Recommendation 1**: A formal letter to The Hon. Roger Cook for a forum/roundtable to be held with the Mental Health Commission to raise concerns about:*

- *The lack of funding for preventative mental health care;*
- *Encourage transparency on where the MHC provides service funding;*
- *Preventative funding being granted to mainstream services that are not culturally appropriate, nor supported by Aboriginal people. Calls to reassess these programs and redirect funds to the ACCHS where the work is actually being done 24/7;*
- *Issues with acute services not providing services outside of normal business hours and weekends;*
- *Providing information to the MHC about the actual work the 23 ACCHS in WA are doing without funding from any source or department to do so;*
- *Highlighting the unacceptably high numbers of suicides and self-harm in the Aboriginal community;*
- *Seeking information on the MHC's recent actions to address the high numbers of suicides and self-harm in the Aboriginal community;*

***Recommendation 2**: **Improving Water Quality in all Aboriginal Communities***

*In relation to the testing of water supplies in all Aboriginal communities the following action is sought:*

- *Water test results (whether abnormalities are detected or not) in Aboriginal communities should be transparent and we request that results be sent to the community's office, the nearest Aboriginal community controlled health service (ACCHS) and the community's health clinic (if there is one);*
- *Water quality standards in Aboriginal communities must be the same as water quality for all Australians;*
- *AHCWA requests details of every Aboriginal community that undergoes water testing, information on what the water is tested for (eg: salt, nitrates, arsenic, uranium etc.) and how often the testing takes place.*

**Action:** Send Rob Mullane a copy of the recommendation.

***Recommendation 3: Foot Ulcer Management***

*For Aboriginal Medical Services to engage this new technology, as the ACCHSs we provide clinical services for patients with foot ulcers, and not the podiatrist who visits every six weeks.*

***Recommendation 4:*** *Sandy Davies suggested having a one or two day sector workshop after AHCWA's AGM later in the year to invite the new Ministers to attend.*

***Recommendation 5****: Send a letter to The Hon. Ken Wyatt requesting him to direct the mental health funding of $1 million to the AHCWA WA Youth Committee to action the recommendations agreed to at the Youth Conference, to address the prevention of youth suicide.*

***Recommendation 6****: Write to The Hon. Ken Wyatt on behalf of the sector, to approach Minister Greg Hunt (responsible for $60 million health research fund) before the election to release funds to ACCHSs in WA.*

**2018 Recommendations:** Vicki advised that the recommendation from the 2018 Conference was to appoint a young person to the AHCWA Board. This could not be actioned until the AHCWA Constitution is amended, but Wade Garwood (member of the AHCWA Youth Committee) has attended Board meetings as an observer for the past 12 months. His contribution to the AHCWA Board has been invaluable.

## Conference Close

Vicki thanked Raymond Christophers and Lesley Nelson for representing AHCWA when she was unable to attend the previous day. She thanked all AHCWA Members and other invited guests for attending the Conference, making special mention of the guest speakers. She thanked Ms Donnella Mills (NACCHO Chairperson) and Pat Turner (NACCHO CEO) for attending both the Members Planning Day and the Conference.

Vicki congratulated the AHCWA staff who had organised all of the events and paid recognition to the large number of award winners working tirelessly in the sector.

MC Garry Goldsmith was acknowledged for the wonderful job he does every year. Garry responded by saying that AHCWA exemplifies what a State Affiliate should be. He explained that instead of guest speakers being given small gifts, AHCWA made a donation to Manna Inc. which is a charity that provide meals and support to the homeless, many of whom are Aboriginal.

Vicki thanked all delegates for their contribution to what was a very successful 2019 AHCWA Conference and looked forward to catching up again at the AHCWA Annual General Meeting in November 2019. She wished everyone safe travels and officially closed the Conference.