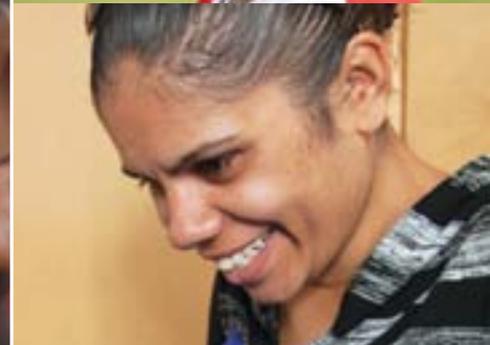


Department of Health

health

Koolin Balit

Statewide action plan:
2013 to 2015

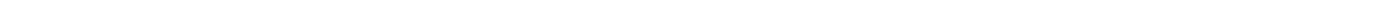






Koolin Balit

Statewide action plan: 2013 to 2015





Koolin Balit Statewide action plan: 2013 to 2015

Koolin balit – healthy people in the Boonwurrung language

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February 2014 (1401009)

Please note:

Throughout this document, the term Aboriginal is used to refer to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

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Abbreviations

ABS	Australian Bureau of Statistics	OCHRE-Streams	Online Community Health Reporting Environment Streams
ACCHO	Aboriginal community controlled health organisation	PCM	Prevention community model
ACCO	Aboriginal community controlled organisation	PCP	Primary Care Partnership
ACSC	Ambulatory care sensitive conditions	PRISM	Health services Program Report for Integrated Services Monitoring
AHLO	Aboriginal hospital liaison officer	RAP	Reconciliation action plan
AHMAC	Australian Health Ministers' Advisory Council	RVEEH	Royal Victorian Eye and Ear Hospital
AHPACC	Aboriginal Health Promotion and Chronic Care	RWAV	Rural Workforce Agency Victoria
AIHW	Australian Institute of Health and Welfare	SACS	Subacute ambulatory care services
BACC	Building Aboriginal Cultural Competence (cultural training)	SPHCAP	Strengthening Primary Health Care for Aboriginal People
CEO	chief executive officer	SSA	State Services Authority
CtHG	Closing the Health Gap	STI	Sexually transmissible infections
DEECD	Department of Education and Early Childhood Development	Telkaya	Statewide drug and alcohol network to support workers
DEEWR	Department of Education, Employment and Workplace Relations	VAAF	Victorian Aboriginal Affairs Framework
DHS	Department of Human Services	VACCHO	Victorian Aboriginal Community Controlled Health Organisation
HACC	Home and Community Care	VCCR	Victorian Cervical Cytology Registry
HARP	Hospital Admission Risk program	VAED	Victorian Admitted Episodes Dataset
ICAP	Improving Care for Aboriginal and Torres Strait Islander Patients	VCCR	Victorian Cervical Cytology Registry
KMHLO	Koori mental health liaison officer	VHEAS	Victorian Healthy Eating Advisory Service
LINs	Local Indigenous Networks	VHEE	Victorian Healthy Eating Enterprise
MACS	multifunctional Aboriginal children's services	VINAH	Victorian Integrated Non-Admitted Health Minimum Dataset
MAV	Municipal Association of Victoria	VPDC	Victorian Perinatal Data Collection
MCH	maternal and child health	VPHAP	Victorian Prevention and Health Promotion Achievement Program
MOU	memorandum of understanding	VPTAS	Victorian Patient Transport Assistance Scheme
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey (ABS)	VPHS	Victorian Population Health Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey (ABS)	YES	Youth Employment Scheme
NIRA	National Indigenous Reform Agreement		
NPAPH	National partnership agreement on preventive health		
OAAV	Office of Aboriginal Affairs Victoria		

Introduction

Koolin Balit is the Victorian Government's strategic directions for Aboriginal health for 2012 to 2022.

This statewide action plan covers the period from 2013 to 2015, working towards making a significant and measurable impact on improving the length and quality of the lives of Aboriginal Victorians, as outlined in *Koolin Balit*.

This action plan outlines the detail of what the Victorian Department of Health and other relevant departments such as the Department of Education and Early Childhood Development (DEECD), in partnership with organisations such as Victorian Aboriginal Community Controlled Health Organisation (VACCHO), will do in the period up to the end of 2015, and what we expect to change as a result of this action.

This action plan covers all the aims and strategies identified in *Koolin Balit*. The key priorities and enablers of *Koolin Balit* will also form the basis of action plans to be prepared in each Department of Health region.

Koolin Balit and this action plan are focused on health outcomes for Aboriginal Victorians and the Department of Health's areas of responsibility in influencing these outcomes. In order to achieve an integrated approach informed by a social determinants model of health we recognise the need for strong partnerships and coordination with community organisations and other government departments. Actions from other departments are referenced in this action plan.

The action plan has been developed in close collaboration with the whole-of-government Victorian Aboriginal Affairs Framework (VAAF) to ensure consistency.

Principles underlying the statewide action plan: trust and respect as the basis of partnerships

Koolin Balit outlines nine principles for work in Aboriginal health:

- cultural respect
- consultation with Aboriginal community
- a holistic approach
- Aboriginal health as a core responsibility for all
- working in partnership
- localised decision making
- building the capacity of health services and communities
- accountability
- evidence-based decision making.

Both the independent evaluation of Victoria's Closing the Health Gap initiatives and the Victorian Aboriginal health conference held in 2012 provided strong evidence that building genuine relationships based on trust and respect provides the basis of partnerships that produce real and measurable outcomes. The Government's partnership with VACCHO, who endorsed and contributed an introduction to *Koolin Balit*, is particularly important. Key external partners are identified in each section.

This plan is available at <aboriginalhealth@health.vic.gov.au>.

Koolin Balit's vision, objectives, key priorities and enablers

Vision

Within a decade, the length and quality of life of Aboriginal people in Victoria will have improved significantly and measurably.

Objectives

To achieve this vision the Victorian Government has the following objectives:

1. to close the gap in life expectancy for Aboriginal people living in Victoria
2. to reduce differences in health outcomes between Aboriginal and non-Aboriginal people for infant mortality rates, morbidity and low birthweights
3. to improve equity of access to health services and improve health outcomes for Aboriginal people.

Key priorities

Key stages of life

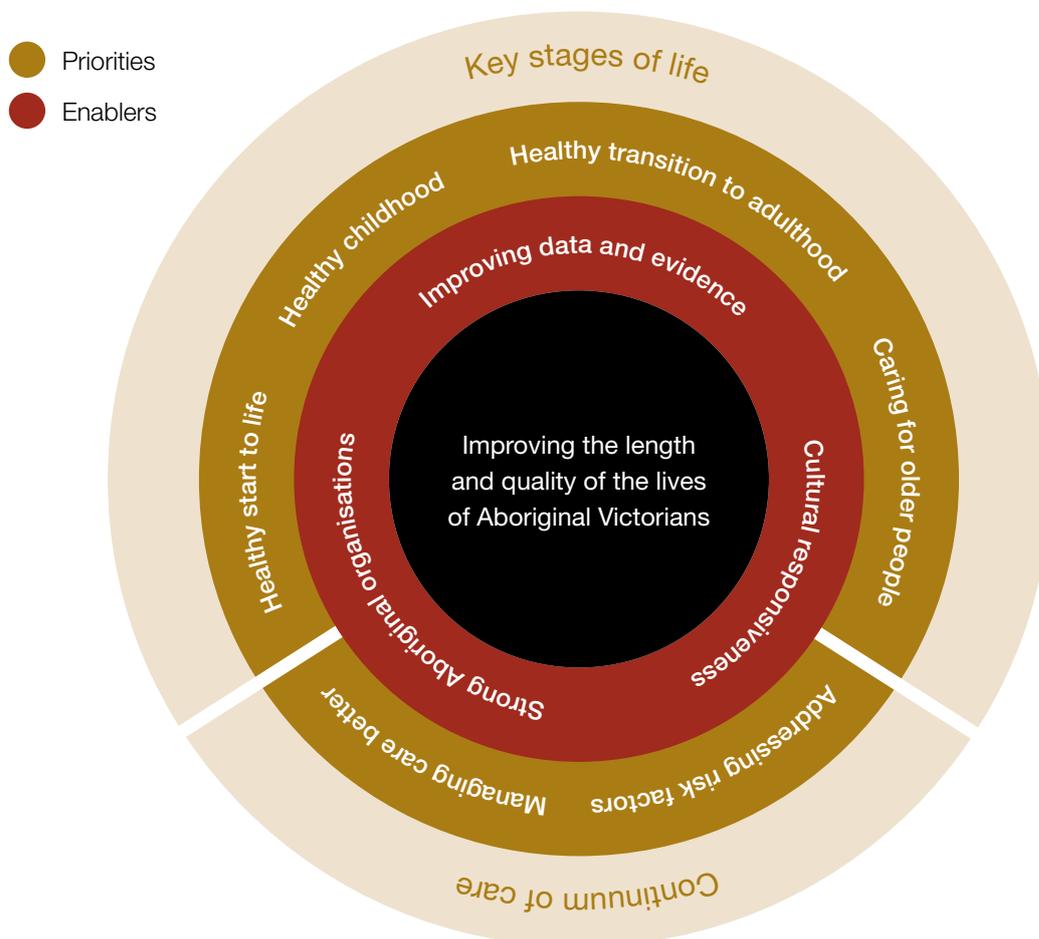
1. A healthy start to life
2. A healthy childhood
3. A healthy transition to adulthood
4. Caring for older people

Continuum of care

5. Addressing risk factors
6. Managing illness better with effective health services

Enablers

1. Improving data and evidence
2. Strong Aboriginal organisations
3. Cultural responsiveness



Linking actions to the vision, objectives, key priorities and enablers

The remainder of this document takes the vision, the objectives and the aims set out in *Koolin Balit* for each of the priorities and enablers.

For the headline indicator under each of the priorities and enablers, the following information is provided:

- the current status in relation to this aim
- targets and milestones for the life of this action plan
- a description of what will be done to achieve the targets/milestones
- target(s) for 2022, taking in the whole of the 10-year life of *Koolin Balit* as a strategic directions document.

Further aims are set out for each priority and enabler, outlining similar details. These aims consist of the points in *Koolin Balit* described as ‘We aim to...’ and ‘We will achieve our aims by...’ It should be noted that not every one of these in *Koolin Balit* is itemised separately below, as several of them have been combined, as they are closely related.

The targets and statements about “What we will do” were correct at the time of finalisation of this document. It is acknowledged that some actions change over time as circumstances change.

Achieving the vision: whole of life indicators

Three high-level indicators can show us how well we are doing in achieving our vision that ‘Within a decade, the length and quality of life of Aboriginal people in Victoria will have improved significantly and measurably.’



Headline indicators

Improved quality of life

Current status	What we will do	2015 target/milestone	2022 target
31.3 per cent of Aboriginal adults ¹ report excellent or very good health compared with 44.0 per cent of non-Aboriginal adults. (2008) ²	All the measures outlined in this action plan	Reduced gap between Aboriginal and non-Aboriginal adults reporting excellent or very good health	The gap between Aboriginal and non-Aboriginal adults reporting excellent or very good health on track to be closed by 2031 ³
22 per cent of Aboriginal adults report ‘high or very high’ levels psychological distress compared with 11.4 per cent for non-Aboriginal people. (2008) ⁴	Several of the measures outlined in this action plan	Reduced gap between Aboriginal and non-Aboriginal adults reporting ‘high or very high’ levels psychological distress	The gap between Aboriginal and non-Aboriginal adults reporting ‘high or very high’ levels psychological distress on track to be closed by 2031 ⁵

Supplementary aim

A major aim is to close the gap in life expectancy. All the measures outlined in this plan will contribute towards this. However, at the moment we are unable to measure life expectancy for Aboriginal people in Victoria due to issues relating to statistical methodology.

We will work with the Australian Bureau of Statistics, the Australian Institute of Health and Welfare and the Victorian Registry of Births, Deaths and Marriages to establish an accepted measure of life expectancy in Victoria within the timeframe of this action plan.

¹ ‘Adult’ is defined as a person aged 18 years or older, unless otherwise specified.

² VPHS (2008).

³ This is the target in the Victorian Aboriginal Affairs Framework (2012).

⁴ VPHS (2008). Levels of psychological distress measured by the Kessler 10 scale.

⁵ This is the target in the draft Victorian Aboriginal Affairs Framework (2012).

Key priority one: A healthy start to life

Headline indicator

Reduce the rate of Aboriginal perinatal mortality



Current status	What we will do	2015 target/ milestone	2022 target
The Aboriginal perinatal mortality rate: 20.4 per 1,000, compared with 6.6 per 1,000 for non-Aboriginal babies (2009) ⁶	<p>Implement the recommendations of the Koori maternity services review</p> <p>Continue service development in ACCHOs and mainstream health services</p> <p>Strengthen links between program initiatives across government.</p> <p>Support initiatives that improve positive lifestyle behaviours during and after pregnancy</p>	Reduced Aboriginal perinatal mortality rate	By 2023, close the gap in perinatal mortality rates ⁷

Supplementary aims

We will also monitor and report on progress on the following:

- **Decreasing the percentage of Aboriginal babies with low birthweight**

During the life of this action plan we aim to decrease the percentage of Aboriginal babies with a birthweight below 2500 grams,⁸ working towards closing the gap between Aboriginal and non-Aboriginal babies with a birth weight below 2500 grams by 2023.⁹

- **Reducing smoking in pregnancy by mothers of Aboriginal babies**

We will implement actions including training and other support for health workers, as well as social marketing and mobilising community support for smoking cessation during pregnancy, informed by VACCHO's Gorean Narrkwarren Ngrn-toura – Healthy Family Air project. A number of strategies listed under priorities 2, 3 and 5 will also contribute to this aim.

- **Increasing breastfeeding rates for mothers of Aboriginal babies**

- We will support programs that aim to improve maternal and infant nutrition including breastfeeding;
- strengthen links between programs and initiatives across departments in relation to breastfeeding;
- explore opportunities from the evidence, key findings and recommendations in the Aboriginal Early Childhood Nutrition and Physical Activity Needs Assessment Report, published by VACCHO, including through future work under the DEECD/MAV maternal and child health reform project.
- investigate options for VACCHO to extend the scope of the Certificate IV in Indigenous Women and Babies Health course to include early childhood nutrition, and extend delivery to a broader range of practitioners;
- support Aboriginal early childhood services to develop programs and policies to support breastfeeding, healthy eating and active play; and fund VACCHO to lead and implement actions from the Victorian Aboriginal nutrition and physical activity strategy.

⁶ Annual data from the Victorian Perinatal Data Collection (VPDC). Perinatal mortality includes stillbirths and deaths up to 28 days.

⁷ This is a VAAF target.

⁸ The most recent reliable available figures show 15 per cent of Aboriginal babies had a birthweight below 2500 grams compared with 6.4 per cent of non-Aboriginal babies (VPDC 2008).

⁹ As measured by the VPDC. This is a VAAF target.

- **Supporting programs that aim to improve positive lifestyle behaviour during and after pregnancy to help provide an optimum environment for the baby to grow, including:**

- increasing early access to antenatal care (prior to 12 weeks gestation)
- professional development for Koori maternity services midwives
- having systems in place for early recognition and response to mental health problems in new mothers
- implementing *Reducing the alcohol and drug toll: Victoria's Plan 2013–2017*, including promoting healthy communities and awareness of the impacts of risky drinking on unborn babies
- investigating options for VACCHO to extend the scope of the Certificate IV in Indigenous Women and Babies Health course to include early childhood nutrition, and extend delivery to a broader range of practitioners
- establishing two further rural mother-baby services, in consultation with local Aboriginal health organisations
- reviewing the maternal and child health service model to identify evidence-based approaches to providing support that is more proportionate to the needs of vulnerable families, including actions to improve linkages with other services
- improving data collection.

Key partners include:

VACCHO, ACCHOs, maternal and child health services, mainstream health services, Quit Victoria, Aboriginal Early Childhood services, and Commonwealth government departments.

Key priority two: Healthy childhood

Headline indicator

Increase the proportion of Aboriginal children participating in maternal and child health key age and stage visits



Current status	What we will do	2015 target/ milestone	2022 target
51.6 per cent of Aboriginal children receive the 3.5 year age and stage visits compared with 64.4 per cent for all children (2007–08) ¹⁰	<p>Develop strategies that improve the identification and engagement of Aboriginal children through maternal and child health (MCH) service improvement plans</p> <p>Implement a media campaign focusing on participation rates at the 3.5 year MCH key age and stage visit</p> <p>Provide continued outreach to ACCHOs through MCH services</p> <p>MCH services will work closely with the Early Start Kindergarten program (three year olds) to increase participation at the 3.5-year-old key age and stage visit</p> <p>Primary school nurses and the Koorie education workforce will work closely with Aboriginal families and other services</p> <p>Maximise an integrated approach between Aboriginal health programs and the six Aboriginal Best Start partnerships</p>	Substantially increased proportion of Aboriginal children receiving 3.5-year age and stage visits	No gap between proportion of Aboriginal and non-Aboriginal children receiving 3.5-year age and stage visit

Supplementary aims

We will also monitor and report on progress on the following:

- Increasing the rate of Aboriginal children immunised at key age milestones**

This will be achieved by implementing health promotion and related activities through the Regional Immunisation Initiatives Program.

- Reducing the proportion of Aboriginal children and young people exposed to passive smoking (living in households with a current daily smoker)**

We aim to do this through continuing to implement Goren Narkwarren Ngrntoura – Healthy Family Air: Reducing smoking amongst pregnant Aboriginal women in Victoria, using a holistic approach including denormalisation of smoking and social marketing; and Maternity services, Koorie maternity services and MCH will continue to refer pregnant women who smoke to smoking cessation programs, including Quit Victoria.

- **Improving the oral health of Aboriginal children**

During the life of this action plan we will: conduct an analysis of the trends in dental hospitalisation rates for Victorian Aboriginal children; implement a range of oral health and nutrition promotion interventions, including Smiles 4 Miles in some Aboriginal early years settings; work with public and private providers to maximise the use of state and federal government dental programs; support Dental Health Services Victoria to promote oral health.

- **Improving the nutritional health of Aboriginal children**

By 2015 at least 50 per cent of Victorian Aboriginal children's services (MACS and family centres) will have a nutrition policy and be targeted for nutrition training and a menu assessment by the Victorian Healthy Eating Advisory Service (VHEAS). At least 20 per cent of schools with canteens and 10 or more Aboriginal students will be targeted for a canteen menu assessment by the VHEAS and for participation in the Victorian Prevention and Health Promotion Achievement Program (VPHAP).

We will support VACCHO in its implementation of the Victorian Aboriginal nutrition and physical activity strategy and as a key stakeholder within the Victorian Healthy Eating Enterprise (VHEE).¹¹ As part of the VHEE, VHEAS and VPHAP we will work with VACCHO to support schools, early childhood and health services and local communities to promote healthy eating and develop health promoting environments.

- **Increasing the physical activity of Aboriginal children**

By 2015 we aim to have an increased proportion of Aboriginal children exercising for at least 60 minutes every day.¹²

We plan to do this through implementing a range of initiatives, including those funded and supported through the NPAPH which includes a focus on children's health; and linking initiatives where possible with Best Start, Supported Playgroups and Parents Groups Initiative, the Indigenous Kindergarten Program, Aboriginal In Home Support and Home Based Learning Programs,

Koori maternity services, MCH services and MACS, and continuing to support Clontarf Sports and Wannik Dance academies.

- **Improving ear health to ensure it does not provide a barrier to educational achievement**

During the life of this action plan we will work with RWAV as the contracted purchaser for ear health services on behalf of the Commonwealth government to support services in enhancing ear health management, and delivering additional ear health services to Aboriginal children.

- **Improving access and coordination of health services for Aboriginal children in out-of-home care**

We plan to achieve this through rolling out a new model of care, known as the Pathway to Good Health, in a partnership between the Department of Health, the Department of Human Services and Aboriginal health services.

Key partners include:

VACCHO, ACCHOs/ACCOs, mainstream health services, RWAV, MCH services, kindergartens, primary school nurses, the Koorie education workforce, Aboriginal Best Start partnerships, Quit Victoria, Aboriginal Early Childhood services, Dental Health Services Victoria, VHEE, VHEAS, VPHAP, Multifunctional Aboriginal Children's Services, Clontarf Sports Academy and Wannik Dance Academy, and Commonwealth government departments.

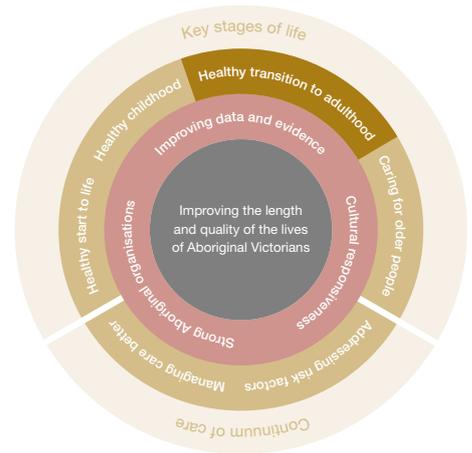
¹¹ The VHEE comprises statewide and local initiatives to improve the health and wellbeing of Victorians through nutrition.

¹² 67.4 per cent of Aboriginal children aged 4–14 years exercise for at least 60 minutes every day (2008). Source: NATSISS, Australian Bureau of Statistics, 2008.

Key priority three: Healthy transition to adulthood

Headline indicator

Reduce the take-up of smoking in adolescence



Current status	What we will do	2015 target/ milestone	2022 target
47.7 per cent of young Aboriginal adults smoke, compared with 24.2 per cent of young non-Aboriginal adults (2008) ¹³	<p>Implement social marketing targeting adolescents focusing on de-normalisation of smoking and other strategies</p> <p>Continue to support Quit's 'Kickstart' camp for young Aboriginal males in partnership with VACCHO</p> <p>Link with relevant Commonwealth funded programs</p>	Reduced smoking rate for young Aboriginal adults	Further reduced smoking rate for young Aboriginal adults

Supplementary aims

We will also monitor and report on progress on the following:

- Improving access to mental health services earlier for young Aboriginal people**

By 2015 we aim to have improved access to mental health services across the age range through the Aboriginal Metropolitan Mental Health Service Redevelopment project; developed an integrated mental health/physical health liaison and consultation model to improve access to mental health services in northern Melbourne; provided support to service providers to employ culturally sensitive approaches to service provision; implemented the Youth Justice Mental Health initiative; explored opportunities for local prevention, early identification and intervention; implemented the Victorian *Aboriginal suicide prevention and response action plan 2010–15* and the Aboriginal Youth Suicide Prevention and Community Support Project; implemented and evaluated ACCO based suicide prevention projects in Morwell and Echuca; and implemented mental health professional learning and programs across the promotion/prevention-intervention continuum.

- Reducing the use of illicit drugs and risky drinking among young Aboriginal people**

By 2015 we aim to have increased young Aboriginal people's access to Alcohol and other drugs services.

We plan to do this through: working with the Alcohol and other drugs sector, including the Telkaya network, to better support young people; continuing to require schools to deliver 10 hours of drug education per year at each level; and funding and supporting Bunjilwarra Youth Healing Service to operate as a dedicated 12 bed residential alcohol and drug rehabilitation service for Aboriginal Youth.

- Reducing the rate of young Aboriginal people with sexually transmitted infections**

By 2015 we aim to have improved notification data from ACCHOs, working towards having a majority of ACCHOs conducting testing for sexually transmitted diseases, and delivering increased detection and treatment.

We plan to do this through supporting the capacity of ACCHOs in developing more effective screening, testing and treatment for young Aboriginal people; and linking with relevant Commonwealth-funded programs.

Key partners include:

VACCHO, ACCHOs/ACCOs, mainstream health services, including mental health services, Quit Victoria, Youth Justice services, Telkaya network, schools, Bunjilwarra Youth Healing Service, and Commonwealth government departments.

¹³ VPHS 2008. Adults aged 18–29 years.

Key priority four: Caring for older people

Headline indicator

Enable all older Aboriginal people to access the information, support and culturally appropriate service responses that will maximise their health and wellbeing



Current status	What we will do	2015 target/ milestone	2022 target
<p>Aged care assessment services and HACC Assessment Services¹⁴ implementing new practice guidelines to strengthen assessment and care planning for older Aboriginal people</p> <p>Eight regional diversity plan submitted (2012)</p> <p><i>Elder Abuse Prevention and Response Plan</i>, incorporating Aboriginal specific components, developed in 2012</p>	<p>Strengthen partnerships with ACCOs</p> <p>Implement cultural awareness training for aged care assessment services and HACC assessment services workers</p> <p>Support HACC funded agencies in developing and implementing <i>diversity planning and practice</i> plans that include a focus on Aboriginal communities, and support this requirement with a guide</p>	<p>Increased number of Aboriginal people accessing aged care assessment services and HACC assessment services</p> <p>HACC funded organisation submit diversity plans annually</p>	<p>Improved access to information, support and culturally appropriate service responses, reflected in an increase of Aboriginal people accessing a range of culturally appropriate HACC services</p>

Supplementary aims

We will also monitor and report on progress on the following:

- **Improving coordination of the range of services for older Aboriginal people**

By 2015 we aim to have all HACC funded organisations with current access roles transitioned to the Access and Support activity, working towards improved coordination of services.

We plan to do this by implementing the transition of HACC funded auspice organisations with access roles to the new HACC Access and Support activity.

- **Increasing Aboriginal people's access to palliative care**

By 2015 we aim to be providing a sustainable and culturally safe palliative care service system accessible to

Aboriginal people from all over Victoria, working towards a service system in which Aboriginal people from all over Victoria can access services in the setting of their preference, to the same extent as other Victorians.¹⁵

We plan to do this through developing and implementing of the Victorian Aboriginal palliative care program.

Key partners include:

VACCHO, ACCHOs/ACCOs, Victorian Committee for Aboriginal Aged Care and Disability, mainstream health services, including mental health services, HACC funded agencies, and Commonwealth government departments.

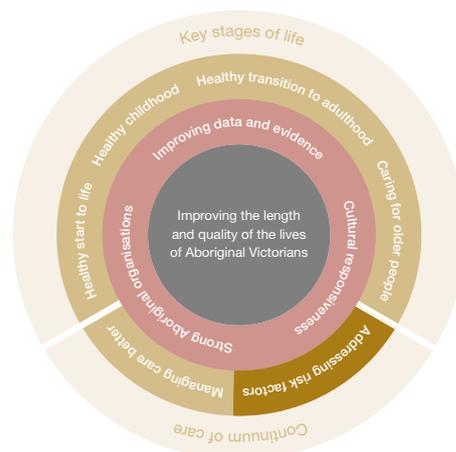
¹⁴ The actions in relation to HACC referred to in this Plan relate to the period up to 1 July 2015, at which time funding and management of the HACC Program will be divided between the Commonwealth and Victoria. HACC services to people under 65 (under 50 for Aboriginal and Torres Strait Islander people) will be wholly funded and managed by the Victorian government until the National Disability Insurance Scheme becomes fully operational across Victoria in 2019–20. For people aged 65 and over (50 and over for Aboriginal and Torres Strait Islander people), all community care and residential care services will be funded, regulated and managed by the Commonwealth Government.

¹⁵ Currently Aboriginal people access inpatient palliative care at a rate of 0.95 per 1,000 Aboriginal people compared with 1.53 per 1,000 for non-Aboriginal people (VAED 2011–12). Reliable data is not available for community palliative care,

Key priority five: Addressing risk factors

Headline indicator

Reduce the proportion of Aboriginal adults who are current smokers



Current status	What we will do	2015 target/ milestone	2022 target
The smoking rate is 32.8 per cent for Aboriginal adults (2008) ¹⁶ Victorian Aboriginal Quitline introduced (2011)	Continue implementation of Green Narnkwareen Ngrn-toura – Healthy Family Air, focusing on organisational development, training and community development Continue funding the Victorian Aboriginal Quitline	Reduced smoking rate for Aboriginal adults	Smoking rate of 21 per cent for Aboriginal adults (2023) ¹⁷
ACCHOs are progressively adopting smoke-free policies	Work with VACCHO to achieve smoke-free ACCHOs across the state	All ACCHOs to have a smoke-free policy	All ACCHOs to be smoke-free

Supplementary aims

We will also monitor and report on progress on the following:

- Reducing the proportion of Aboriginal adults drinking at risky and high-risk levels**

By 2015 we aim to achieve a measurable increase in the number of Aboriginal people accessing Alcohol and other drugs services.

We plan to do this through implementation of *Reducing the alcohol and drug toll: Victoria's Plan 2013–2017*.

- Reducing the proportion of Aboriginal adults who are obese¹⁸**

By 2015 at least five ACCHOs will have Healthy Eating Policies and VACCHO will have facilitated the establishment of at least six workforce mentoring partnerships focused on healthy eating.

We plan to do this through supporting VACCHO to implement actions from the Victorian Aboriginal nutrition and physical activity strategy; supporting the implementation of local AHPACC health promotion programs focusing on exercise and nutrition; strengthening workforce and program links in healthy eating and physical activity across government (including Commonwealth-funded healthy lifestyle workers); supporting ACCHOs to develop workplace nutrition and catering policies, including for community events; engaging Aboriginal organisations and communities in the VHEE and Healthy Together Victoria to provide Aboriginal adults with information, skills and access to healthy food; and facilitating workforce mentoring partnerships through VACCHO.

¹⁶ VPHS 2008, 5 year-age standardisation.

¹⁷ See Victorian Aboriginal Affairs Framework.

¹⁸ 22.8 per cent of Aboriginal adults are obese, compared with 16.7 per cent of non-Aboriginal adults (VPHS 2008). Obesity is defined by the World Health Organization as a body mass index (BMI) of greater or equal to 30 kg/m².

- **Reducing the prevalence of oral diseases among Aboriginal adults**

By 2015 we aim to have established baseline data on self rated oral health status, dental visit frequency, and avoidance of dental visits because of cost for Victorian adults including Aboriginal people. This will be used as a basis for considering a target for 2022.

We plan to do this through analysing responses to questions related to oral health included for the first time in the 2011–12 VPHS. We will also work with public and private providers to maximise the use of state and federal government dental programs.

Key partners include:

VACCHO, ACCHOs/ACCOs, mainstream health services including mental health services, Dental Health Services Victoria, Quit Victoria, Telkaya network, AHPACC partners, VHEE partners, practitioners participating in the Aboriginal Spectacle Subsidy Scheme, PCM Prevention Area Partnership Groups, and Commonwealth government departments.

Key priority six: Managing care better with effective services

Headline indicator

Improve Aboriginal people’s access to the range of primary, acute and mental health services



Current status	What we will do	2015 target/milestone	2022 target
Differences in access and care currently contribute to poorer health outcomes for Aboriginal people ¹⁹	Engage with clinicians and networks to develop, disseminate and implement systems of care and best practice guidelines for Aboriginal patients Revise quality of care report guidelines to reflect new ICAP key result areas/ Continuous Quality Improvement criteria Develop and implement the ICAP/ Koori mental health liaison officer (KMHLO) Continuous Quality Improvement tool Implement the AHPACC guidelines and strategic directions and Continuous Quality Improvement process	All acute health services with more than 20 Aboriginal separations will: <ul style="list-style-type: none"> report on ICAP/KMHLO related initiatives and outcomes in their quality of care reports from 2013–14 use Continuous Quality Improvement tools to improve practice have cultural awareness training for clinical staff have best practice guidelines for Aboriginal patients developed and in place 	Improved and measurable increase in access to clinical procedures for admitted patients Best practice guidelines for Aboriginal patients continue to be implemented Continuous Quality Improvement tools and quality of care reports indicate consistent progress from 2013–14 to 2021–22 against ICAP key result areas
	Deliver Aboriginal eye health initiatives, including the Aboriginal Spectacle Subsidy Scheme, to remove barriers to service access	Baseline data established for the number of Aboriginal people attending eye health consultations through practitioners participating in the Aboriginal Spectacle Subsidy Scheme	Increased number of Aboriginal people attending eye health consultations through practitioners participating in the Aboriginal Spectacle Subsidy Scheme

Supplementary aims

We will also monitor and report on progress on the following:

- **Reducing the rates of Aboriginal patients leaving hospital against medical advice and leaving hospital emergency departments before receiving treatment²⁰**

We plan to do this through continuing to implement ICAP related initiatives; implementing initiatives through the ICAP program to improve Aboriginal identification in emergency departments, data collection and cultural responsiveness; and implementing the Emergency Care Clinical Engagement project.

- **Improving health outcomes and services for adults with chronic conditions**

By 2015 we aim to have reduced the rate of ambulatory care sensitive conditions (ACSC) for chronic conditions for Aboriginal people.²¹

We plan to do this through improving the prevention and management of chronic disease within primary care settings through programs such as the AHPACC partnership initiative; including recorded numbers of Aboriginal clients to HARP and SACS in VINAH reports back to health services

¹⁹ See Department of Health 2011b; AIHW 2005; AHMAC Standing Committee on Aboriginal and Torres Strait Islander Health Working Party 2004.

²⁰ 1.7 per cent of Aboriginal patients leave hospital against medical advice compared with 0.4 per cent for non-Aboriginal people (VAED 2010–11). 8.9 per cent of Aboriginal people leave the emergency department before receiving treatment compared with 6.4 per cent for the total population (VEMD 2010–11).

²¹ Ambulatory care sensitive conditions (ACSC) rates for chronic conditions for Aboriginal people 20.8 per 1,000; for non-Aboriginal people 16.9 per 1,000 (VAED 2011–12).

to reinforce good data collection practice; continuing to implement the early chronic kidney disease detection initiative, including engagement of general practitioners; developing and implementing model of care co-ordination with a focus on cultural safety for Aboriginal patients with acute coronary syndrome at St Vincent's Hospital; and establishing baseline data to measure referral to and attendance at cardiac rehabilitation and follow-up with patients and their primary care providers.

- **Improving access to high-quality screening, assessment and treatment services²²**

We plan to do this through developing and implementing a cancer screening strategy for Aboriginal people to improve awareness of cancer and access to cancer screening services; working with the Commonwealth to trial alternative pathways for participation in the bowel cancer screening program for Aboriginal people; and improving screening data capture and analysis to improve understanding of the impact of cancer on Aboriginal people. See also strategies to prevent lung cancer listed under priorities 2, 3 and 5.

By 2015 we also aim to have established baseline data on eye care referrals, following which future targets will be set. We plan to increase the identification of eye health issues, such as diabetic retinopathy, and referral to specialist treatment through the Aboriginal Spectacle Subsidy Scheme; and to deliver health checks and appropriate referrals through local AHPACC partnerships.

By 2015 we also aim to have disseminated an appropriate evidence base to support increased testing, diagnosis and treatment of blood borne viruses and sexually transmissible infections. We plan to support VACCHO and ACCHOs in identifying target populations through building and disseminating the appropriate evidence base.

- **Developing and implementing a new Aboriginal metropolitan-wide mental health/social and emotional wellbeing service model**

By 2015 we aim to have implemented the Aboriginal Mental Health Metropolitan Service Redevelopment

Project and Training Initiative, (Northern Metropolitan region) and progressed the Aboriginal Mental Health Metropolitan Service Redevelopment Project Plan in partnership with key stakeholders.

- **Improving the coordination and integration of services for Aboriginal people accessing and moving between health care settings**

We plan to achieve this through: completing the two Strengthening Primary Health Care for Aboriginal People (SPHCAP) demonstration projects; promoting the use of the PCP service coordination framework to ACCHOs, including a specifically adapted version of the Service Coordination Tool Templates (SCTT) and e-referrals; implementing AHPACC guidelines and strategic directions and Continuous Quality Improvement process; improving early detection of Chronic Kidney Disease in Aboriginal people through the renal clinical engagement project; developing and implementing the ICAP/Koori mental health liaison officer Continuous Quality Improvement tool; providing one off ICAP funding to support acute health service improvements; revising Quality of Care report guidelines to reflect new ICAP key result areas and Continuous Quality Improvement criteria; working in partnership with Medicare Locals to develop culturally safe and appropriate referral pathways between local general practices and ACCHOs; implementing culturally responsive discharge and referral processes through Aboriginal eye health initiatives; developing discharge planning and care coordination strategies through clinical engagement projects; and identifying options to improve access to VPTAS.

Key partners include:

VACCHO, ACCHOs/ACCOs, mainstream health services including mental health services, AHPACC partners, clinical networks, participants in the Aboriginal Spectacle Subsidy Scheme, Networking Health Victoria, providers of cancer screening, PCPs, Medicare Locals, and Commonwealth government departments.

22 Reliable Victorian data on cancer incidence, treatment and outcomes in Aboriginal people is not available. National data indicate that cancer is a major cause of death among Aboriginal Australians, with significantly higher mortality rates than non-Aboriginal Australians, higher incidence and lower survival rates for several cancers, and lower participation in cancer screening (AIHW, National Breast and Ovarian Cancer Centre 2009; AIHW 2008; AIHW 2011; AIHW 2010; Steering Committee for the Review of Government Service Provision 2012).

Enabler one: Improving data and evidence

Headline indicator

Improve the identification of Aboriginal people when they use services



Current status	What we will do	2015 target/milestone	2022 target
<p>Hospital data shows a substantial increase in patients identified as Aboriginal since commencing ICAP in 2004. In 2011 the accuracy of Aboriginal identification of hospital inpatients was 78 per cent²³</p> <p>Aboriginal participation rates are not currently measured accurately in a range of programs</p>	<p>Provide guidance in improving identification through the ICAP resource kit</p> <p>Provide customisable Aboriginal identification materials/templates to health services</p> <p>Provide cultural awareness training in a range of services</p> <p>Conduct regular audits of hospital inpatient records in partnership with the Australian Institute of Health and Welfare</p> <p>Work with the Australian Bureau of Statistics to ensure all health datasets comply with national best practice guidelines for collecting Indigenous status in health data sets</p> <p>Develop strategies to improve identification through the clinical engagement projects</p> <p>Support ACCHOs through VACCHO members' meetings, to underscoring the need for accurate identification in blood borne viruses/STI notifications</p>	<p>Improve identification rates of Aboriginal hospital inpatients</p> <p>Establish baseline identification rate for Department of Health client datasets, including:</p> <ul style="list-style-type: none"> • hospital emergency patients and outpatients • community health service clients • HACC clients • alcohol and drugs services clients • mental health services clients • infectious diseases notifications 	<p>People are routinely asked to identify Aboriginal status when attending health services</p> <p>Identification rates of Aboriginal hospital inpatients further increased</p>

Supplementary aims

We will also monitor and report on progress on the following:

- **Improving surveying to provide better evidence about Aboriginal health, wellbeing and connection to culture and community**

By 2015 we aim to have released the 2011–12 VPHS with Aboriginal adult data results.

- **Improving the quality of service and workforce data that is collected from ACCHOs, without adding to the burden of reporting, and feeding back to service providers**

By 2015 we aim to have access to OCHREStreams web based reports from all ACCHOs (by 2014).

We plan to work with the Commonwealth Department of Health and the Department of Human Services (DHS) on a minimum data set and OCHREStreams web based reporting system and negotiate with the Commonwealth Department of Health and ACCHOs to access OCHREStreams reports. This work builds on roundtable reporting, which was introduced in 2009, and on the minimum data set for ACCOs/ACCHOs, put in place in 2011.

- **Maximising the use of research and information to develop evidence-based interventions to improve the health of Aboriginal people in Victoria**

We plan to support the sector to implement Life is health is life Aboriginal health promotion resource and the Evidence-based oral health promotion resource (both released in 2011); and work with VACCHO on the outcomes of the Aboriginal early childhood nutrition and physical activity needs assessment report.

- **Improving health service planning and delivery for Aboriginal people through comprehensive and consistent information monitoring and management of data relating to Aboriginal health and service provision**

By 2015 we aim to have released the 2011–12 VPHS and be using DH data sets to inform population health planning decisions about Aboriginal services.

- **Assisting the transfer of learning from research, good practice examples and evaluations into practice**

By 2015 we aim to have all health services with more than 20 Aboriginal separations reporting on ICAP/ Koori mental health liaison officer related initiatives/ outcomes in their 2013–14 and subsequent quality of care reports and Continuous Quality Improvement tools;²⁴ and implemented a dissemination/training program for Life is health is life.

We plan to support the adoption of evidence based methods through training and other activities, such as publishing of practical resources; disseminate the final reports of clinical engagement projects; continue support for AHPACC, ICAP, Koori mental health liaison officers and other programs through developing and continually improving guidelines, key result areas, Continuous Quality Improvement tools, networks and forums for staff and their managers; showcase best practice from the Koori Alcohol and other drugs workforce at Telkaya Statewide Network meetings; and work with VACCHO regarding dissemination of Aboriginal early childhood nutrition and physical activity needs assessment report.

Key partners include:

VACCHO, ACCHOs/ACCOs, mainstream health services including mental health services, the Australian Institute of Health and Welfare, AHPACC partners, clinical networks, providers of cancer screening, research organisations, HACC funded services, Telkaya network, and Commonwealth government departments.

24 Following one off funding (2011–12) to support health services to implement service development in line with findings of ICAP/ KMHLO review (Department of Health 2011b), and implementing findings of Improving culture of hospitals project (2011–12).

Enabler two: Strong Aboriginal organisations

Headline indicator

Support the strengthening of capacity and skills of employees in ACCHOs



Current status	What we will do	2015 target/milestone	2022 target
<p>188 CtHG training grants provided to ACCHOs and public health services (June 2012)</p> <p>53 Department of Health funded primary health care training places through VACCHO taken up by ACCHO staff (June 2012)</p> <p>Victorian Scholarship guide developed by VACCHO</p> <p>Health workforce and management resource guide developed and distributed</p> <p>CEO professional development survey completed</p> <p>Pilots of the draft scope of practice tool, clinical supervision and practice health atlas underway in ACCHOs</p> <p>More than 20 regional workforce projects underway</p> <p>Local level engagement of ACCHOs via Clinical Placement Networks commenced</p>	<p>Implement the <i>Victorian Aboriginal health workforce</i> program (VACCHO and the Department of Health)</p> <p>Support VACCHO to deliver mental health, nutrition and other training to ACCHO staff</p>	<p>6 Intrain Scholarships in Health offered (2013)</p> <p>105 Aboriginal health workers trained, 105 Aboriginal staff trained in nursing and allied health, and 105 Aboriginal staff trained in management²⁵</p> <p>Four service redesign pilots in ACCHOs completed</p>	Appropriately skilled employees in ACCHOs with employment pathways
<p>VACCHO nutrition and physical activity team have delivered accredited Aboriginal health worker training (Cert. III and IV) to 35 students and have set up three mentoring partnerships</p>	<p>Support VACCHO to establish additional mentoring partnerships focused on healthy eating</p>	<p>VACCHO to have facilitated the establishment of at least six mentoring partnerships focused on healthy eating</p>	
<p>Training and professional development package in place for HACC Aboriginal staff</p>	<p>Provide training and professional development program to upskill HACC Aboriginal staff</p>	<p>A training session for HACC Aboriginal staff held in each region</p>	

25 This training is available to Aboriginal employees in ACCHOs and mainstream organisations.

Supplementary aims

We will also monitor and report on progress on the following:

- **Ensuring community participation in program design and decision-making**

We plan to build on the Aboriginal Inclusion Framework; apply an Aboriginal health impact statement to significant new policies; review the role of regional Aboriginal health committees; continue to implement the roundtable reporting process; continue to consult closely with VACCHO and the community; and implement the AHPACC guidelines, strategic directions and Continuous Quality Improvement process.

- **Supporting ACCHOs in positioning themselves for the future and meeting the health needs of Aboriginal people through quality governance and management**

We plan to achieve this by continuing to implement the Victorian Aboriginal health workforce plan 2009–13 and any subsequent workforce plan; conducting governance training and CEO Forums (OAAV); promoting scholarships to CEOs; promoting grants and scholarships to ACCHOs; and further expanding the Practice Health Atlas pilot.

- **Strengthening and simplifying Aboriginal organisations' accountability to government**

We plan to achieve this by working with the Commonwealth Department of Health and the Department of Human Services (DHS) on minimum data set and OCHREStreams web based reporting system; negotiating with the Commonwealth Department of Health and ACCHOs to access OCHREStreams reports and to align the timing and requirements of strategic planning and reporting; and build on roundtable reporting.

Key partners include:

VACCHO, ACCHOs/ACCOs, Telkaya network, AHPACC partners, HACC funded services, Closing the Health Gap Steering Committees, PCM Prevention Area Partnership Groups, and Commonwealth government departments.

Enabler three: Cultural responsiveness

Headline indicator

Increase the cultural responsiveness of mainstream health including mental health providers so that Aboriginal people receive respect and high quality care as a matter of course



Current status	What we will do	2015 target/ milestone	2022 target
<p>Strengthened guidelines and other initiatives have been put in place arising from the ICAP/ Koori mental health liaison officer (KMHLO) and AHPACC reviews to support hospitals and community health services to improve cultural responsiveness through organisational change</p> <p>A majority of metropolitan and regional health services have identified Aboriginal health in their Statement of priorities</p> <p>PRISM reports now include Aboriginal health indicators</p> <p>Most health services have signed the Statement of intent</p> <p>34 trained in the Aboriginal Hospital Liaison Officer short course (June 2012)</p> <p>Reports on Aboriginal people's experience of state funded health services in place</p> <p>Building Aboriginal Cultural Competence (BACC) delivered 68 programs (38 to Department of Health staff and 30 to external health sector staff) in 2012</p> <p><i>Improving Cultural Awareness, Respect and Safety in Health</i> program in place with 413 trained (Sept 2012)</p> <p>Clinical engagement projects are in progress to improve care in a range of relevant clinical areas</p>	<p>Implement <i>Victorian Aboriginal health workforce plan 2009–2013</i> and any subsequent workforce plan</p> <p>Maintain inclusion of measures of cultural responsiveness in health services' annual Quality of Care reports</p> <p>Monitor Aboriginal health indicators in PRISM</p> <p>Deliver BACC training programs to staff from 40 ICAP health service providers</p> <p>Implement relevant actions from <i>Koori alcohol action plan</i></p> <p>Pilot a Koori Alcohol and Drug Diversion position as a pilot partnership between a mainstream service and an ACCHO in the Department of Health's North & West Metropolitan region</p> <p>Implement the Aboriginal Metropolitan Mental Health Service Redevelopment project to build the capacity of mental health services to provide culturally appropriate care</p> <p>Strengthen the KMLHO program by implementing a Continuous Quality Improvement tool</p> <p>Develop and implement a framework for culturally sensitive practice in specialist mental health services</p> <p>Implement the HACC <i>Diversity planning and practice</i> initiative (see footnote 14)</p> <p>Develop measures and systems to monitor and report on Aboriginal people's experience of services</p> <p>Implement Aboriginal eye health initiatives that focus on building the cultural responsiveness of services, such as those at the RVEEH</p> <p>Support clinical Engagement projects, focusing on improving outcomes and patient experience for Aboriginal people</p> <p>Implement findings of the Improving culture of hospitals project (2011–12)</p>	<p>Metropolitan and regional health services identify Aboriginal health as a priority</p> <p>Health services requirement to apply Continuous Quality Improvement tool introduced</p> <p>Successful application of mental health Continuous Quality Improvement tool</p> <p>ICAP/KMHLO key result areas aligned with recommendations from review</p>	<p>All health services meet the standards for high quality health services for Aboriginal people outlined in Koolin Balit (p7)</p> <p>Increased access of mental health services by Aboriginal people in Victoria</p>

Supplementary aims

We will also monitor and report on progress on the following:

- **Supporting stronger links between mainstream and Aboriginal community organisations**

By 2015 we aim to have established a baseline number of MOUs between ACCHOs and other health services, aiming towards all mainstream health services having an MOU with at least one ACCHO.

We plan to support Regional Aboriginal Health Committees as a platform for broader partnership development; support the requirement in the ICAP key result areas for hospitals to develop relationships with Aboriginal organisations, supported by ICAP Continuous Quality Improvement tool; strengthen Aboriginal Health Promotion and Chronic Care (AHPACC) partnerships between mainstream health providers and ACCHOs; encourage cultural training delivered by local Aboriginal organisations where appropriate; provide student placement opportunities; revise the Practical Guide to Municipal Public Health and Wellbeing Planning to make specific reference to local governments working in partnership with local Aboriginal organisations and networks. have senior Department of Health staff follow up with CEOs and boards of health services on a regular basis regarding their implementation of the Statement of intent; host an annual health service CEO level summit.

- **Increasing the number of Aboriginal people in the mainstream health workforce**

By 2015 we aim to have an increased proportion of Aboriginal people employed in the mainstream public health workforce;²⁶ 30 Victorian public health services having an Aboriginal Employment Plan (by 2013); eight Victorian cadetships in nursing and midwifery undertaken in 2013, with a pilot completed in 2013 and further work undertaken depending on pilot outcomes, a nursing and midwifery cadetship manual completed

(2013); and uptake of traineeships and cadetships in Victorian public health services and community health.

We plan to achieve this by implementing the Victorian Aboriginal health workforce plan 2009–2013 and any subsequent workforce plan; continuing support for clinical placement networks; requiring Victorian public health services with 500 staff or more to develop an Aboriginal employment plan, with up to 32 plans to be developed with support from DEEWR; increasing the capacity of mainstream health services to offer traineeships/ cadetships through CtG training grants, Victorian Government YES and DEEWR, and by prioritising Indigenous allocation of the YES and supporting the sector to source Commonwealth traineeship subsidies where relevant; supporting regional project positions to develop career pathways, traineeships and work experience opportunities in health services (2011–13); promoting existing resources to support employment and training (including employer funding guide and cultural resource guide); improving skills and employment opportunities for Aboriginal Victorians through the Intrain scholarship program; circulating the Aboriginal early graduate nurse program guide to Victorian public hospitals (2013); and the SSA surveying public health services to provide more accurate Aboriginal workforce data.

- **Maximising professional development and employment pathways for Aboriginal people in mainstream and Aboriginal community organisations**

By 2015 we aim to have implemented the Aboriginal recruitment and retention strategy for the public health sector 2012–2015; and an annual training calendar introduced for Aboriginal Hospital Liaison Officers (AHLOs), Koori mental health liaison officers and AHPACC workers.

26 Aboriginal people currently comprise 0.1 per cent of the mainstream Victorian public health workforce (2011).

We plan to continue to implement the Victorian Aboriginal health workforce plan 2009–2013 and any subsequent workforce plan and *Karreeta Yirramboi*; increase the capacity of ACCHOs to host clinical placements; make a range of training and supports available to ICAP funded health services, including the AHLO short course; extend participation in departmental training calendar to ACCHO staff; support VACCHO to identify training needs of AHLOs, Koori mental health liaison officers and AHPACC workers, and to provide training and support; continue to support clinical placement networks; develop opportunities for traineeships, work experience and pathways for Aboriginal employment and training through regional workforce projects (2012 and 2013).

- **Modelling good practice in the Department of Health**

By 2015 we aim to have increased Aboriginal employment within the Department of Health. We aim to update the Department of Health Aboriginal inclusion framework statement, and to have regular cultural competence training as a regular part of the department's training calendar.

We plan to implement strategies to embed the Victorian Government Aboriginal inclusion framework into practice; develop a Department of Health reconciliation action plan to follow the joint Department of Health/ the Department of Human Services (DHS) reconciliation action plan; implement and evaluate the Aboriginal recruitment and retention strategy 2010–2013; support the Department of Health/DHS Aboriginal Staff Support Network; include cultural competency training in the Department of Health's induction program and the online training program for 2013 and 2014; introduce an Aboriginal Health Impact Statement to apply to major new policies, programs and initiatives; and provide regular reporting to the online *Karreeta Yirramboi* Report.

Key partners include:

VACCHO, ACCHOs/ACCOs, mainstream health services including mental health services, AHPACC partners, Royal Victorian Eye and Ear Hospital, HACC funded services, clinical networks, Closing the Health Gap Steering Committees, training providers, local Aboriginal organisations and networks such as LINS, clinical placement networks, Department of Education, Employment and Workplace Relations and other Commonwealth government departments.



Next steps

Regional Koolin Balit action plans

The statewide action plan covers statewide programs and projects as well as those funded and supported through central office. Many local Closing the Health Gap projects have been implemented across the state. Such local projects are generally not referenced in the statewide action plan.

Each Department of Health region will implement a regional action plan reflecting their regional priorities and how they will contribute to achieving the priorities set out in *Koolin Balit*. Regional action plans are based on the identified needs and priorities of the region, within the framework of *Koolin Balit*. They therefore may not cover all of *Koolin Balit's* key priorities and enablers.

Reviewing progress

Progress towards the milestones in the statewide action plan will be consistently monitored and will be reviewed at the end of 2015.

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Appendix: Aboriginal Community Controlled Health Organisations

Dhauwurd-Wurrung Elderly & Community Health Service
Gunditjmara Aboriginal Co-operative Limited
Kirrae Health Service Inc
Wathaurong Aboriginal Co-operative Limited
Winda-Mara Aboriginal Corporation
Mullum Mullum Indigenous Gathering Place Limited
Gippsland and East Gippsland Aboriginal Co-operative Limited
Lake Tyers Health & Children's Services Association Inc
Moogji Aboriginal Council
Lakes Entrance Aboriginal Health Association
Ramahyuck District Aboriginal Corporation
Ballarat and District Aboriginal Co-operative Limited
Budja Budja Aboriginal Co-operative Limited
Goolum-Goolum Aboriginal Co-operative Limited
Mungabareena Aboriginal Corporation
Rumbalara Aboriginal Co-operative Limited
Bendigo and District Aboriginal Co-operative
Mallee District Aboriginal Services
Murray Valley Aboriginal Co-operative Limited
Njernda Aboriginal Corporation
Aboriginal Community Elders Services Inc
Victorian Aboriginal Health Service Co-operative Limited:
Dandenong & District Aborigines Co-operative Limited
Ngwala Willumbong Co-operative Limited



