



The Health Advocate

Your voice in healthcare

Providing culturally safe end of life care for Aboriginal and Torres Strait Islander children and young people

We aren't even close to Closing the Gap, but with genuine reform, we could be

Homes celebrating culture and Country

Powerful Pictures

Closing the Gap in Primary Care: Co-creation of programs with community

CLOSE THE GAP

+MORE
INSIDE

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KYLIE WOOLCOCK
Chief Executive
AHHA


Closing the Gap

Fundamental change is needed to Close the Gap, and for many, that change can be confronting and difficult. However, the Productivity Commission's recent review of progress on the National Agreement on Closing the Gap is optimistic that change can indeed be achieved, despite acknowledging the widening gap.

As the review highlights, the gap is not a natural phenomenon but one that is 'a direct result of the ways in which governments have used their power over many decades'. So, it is not surprising that the first recommendation to be found in the report is around the need for power to be shared between First Nations Peoples and non-indigenous Australians. The COVID-19 crisis has shown us this is possible. It does, however, require the Government as well as those in other stewardship roles, to trust that relinquishing power will achieve better health outcomes for Aboriginal and Torres Strait Islander People.

Other recommendations from the review call for mainstream government systems and culture to be fundamentally rethought, as well as introducing greater accountability within these systems. Recommendations explicitly call for those that are funded and contracted to provide First Nations health care to be held to account and abide by the Priority Reforms in the Agreement.

By listening to our colleagues, AHHA has been able to reflect on the organisation's role in Closing the Gap, and it has become clear that success will be dependent on a commitment to embedding the four Priority Reform Areas in our own activities. Only then, will we be able to support the genuine systemic reform needed.

This issue of The Health Advocate shares the views and actions being taken by our members and colleagues across the system to Close the Gap. 

A close-up portrait of a middle-aged man with dark skin and short, dark hair. He is looking directly at the camera with a neutral expression. The background is blurred, showing some greenery and a blue object. The lighting is soft, coming from the side.

“By listening to our colleagues, AHHA has been able to reflect on the organisation’s role in Closing the Gap, and it has become clear that success will be dependent on a commitment to embedding the four Priority Reform Areas in our own activities.”

AHHA in the news


3 NOVEMBER 2023



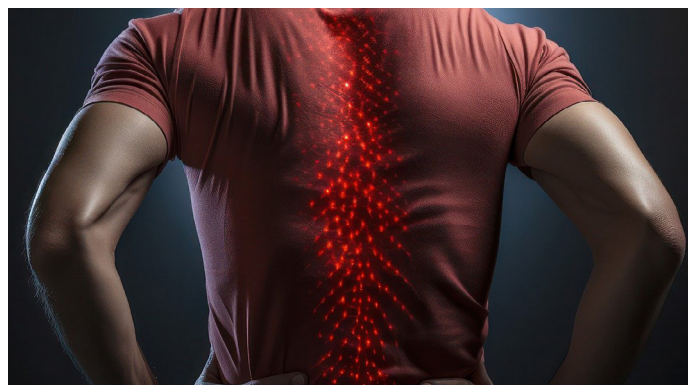
AHHA welcomes new Board Members at 2023 AGM

AHHA was pleased to announce the appointment of two new Board Members at the 2023 Annual General Meeting (AGM), held during the 2023 Value-Based Health Care Congress in Brisbane 26-27 October.

We welcomed Dr Tina Janamian, Group Chief Executive of Australian General Practice Accreditation Limited (AGPAL), and Mr Mike Bosel, Chief Executive Officer, Brisbane South Primary Health Network, as newly elected members of the AHHA Board.

Ms Yasmin King, CEO of SkillsIQ, was also re-elected to the Board and remains Chair of AHHA's Audit & Risk Committee. Ms King has served on the AHHA Board for several years and continues to provide dedicated expertise and leadership to AHHA. 


28 NOVEMBER 2023



Patient experiences: the primary care journey for people with musculoskeletal pain

The patient's care journey in health care presents numerous opportunities for the health system, or provider, to add value to the patient's care, turning the experience from a reactive one, to a proactive one.

A Perspectives Brief released by the Deeble Institute for Health Policy Research, explores the experience of patients with musculoskeletal (MSK) pain as they journey through the Australian primary care system.

The Brief 'Describing the Primary Care Journey for People with Musculoskeletal Pain' is authored by researchers from Queensland Health, highlights the variation in patient care pathways and experiences in primary care for the management of MSK pain and disorders, including discordance with best-practice guidelines and the contribution of a health system that does not currently support the provision of multidisciplinary VBHC. The Brief also provides some commentary on how these pathways could be optimised to improve patient outcomes. 

HAVE YOUR SAY...

We would like to hear your opinion on these or any other healthcare issues.

Send your comments and article pitches to our media inbox: communications@ahha.asn.au

1 DECEMBER 2023




Placing consumers at the Centre of Australia's Healthcare system

AHHA was delighted to announce the appointment of Clare Mullen, Executive Director of the WA Health Consumers' Council (HCC) to the Australian Centre for Value-Based Health Care Advisory Group.

Clare's background is in change management and communications in the health and social care sector in the UK and Australia. She is passionate about creating opportunities for people who use the health system and people who work in the health system to work together to improve health outcomes.

Having worked in health and social care in the UK and Australia for over 20 years, including in the

WA Health Department and the WA Primary Health Alliance, she brings both her lived and learned experience to her work.

In 2019, AHHA established the Australian Centre for Value-Based Health Care, recognising that a person's experience of health and health care is supported and enabled by a diverse range of entities, public and private, government and non-government. The Centre brings these stakeholders together around a common goal of improving the health outcomes that matter to people and communities for the resources to achieve those outcomes, with consideration of their full care pathway. 

AHHA in the news

4 DECEMBER 2023




Australian Government
Department of Health
and Aged Care

National Health and Climate Strategy

AHHA welcomes newly released National Health and Climate Strategy

AHHA congratulated the Australian Department of Health and Aged Care, The Hon Mark Butler MP Minister for Health and Aged Care and The Hon Ged Kearney MP, Assistant Minister for Health and Aged Care, on the release of the National Health and Climate Strategy. In an Australian first, the Strategy confronts the real and immediate threat climate change has on the health and wellbeing of all Australians and our healthcare system.

The National Climate and Health Strategy was launched at the inaugural health day, at COP28, which was being held in the United Arab Emirates. Healthcare systems are impacted by climate change as more frequent and extreme weather events lead to more emergency room visits, hospitalisations and deaths. They are also a significant contributor to the emissions accelerating climate change. The Strategy acknowledges that even with efforts to slow and mitigate climate change, our healthcare system needs to be supported along with communities to face the health implications of climate change. 


8 DECEMBER 2023

Mid-Term Review of the National Health Reform
Agreement Addendum 2020-2025

Health reform heading in the right direction

AHHA welcomed the recommendations in the National Health Reform Agreement (NHRA) Mid-term Review Final Report, released following the National Cabinet Meeting held in Canberra in early December 2023.

AHHA also acknowledges governments' early consideration of the recommendations and commitment to healthcare funding and reform announcements, including a continued focus on addressing elective surgery waiting lists, funding to further Strengthening Medicare measures and policy to secure the future of the NDIS. Expanding the focus of the National Health Reform Agreement beyond hospital funding to include health care more broadly has long been the missing piece in Australia's health reform agenda.

The fact that this has been acknowledged in the Review's Final Report is a step in the right direction towards a more sustainable and holistic healthcare system that can achieve better health outcomes for the Australian people and their communities. However, realising the Report's recommendations will require both recognising the place-based nature of health and the adoption of joint planning through a whole-of-government approach. 



MARILYN JOY
Senior Communications,
Marketing and Events
Officer, Palliative Care
Australia

Providing culturally safe end of life care

for Aboriginal and Torres Strait Islander children and young people

End of life discussions can be hard. This new support tool is designed to help initiate those sensitive discussions in a way that is culturally safe and holistic.



Yarning Companion facilitator guide

>

Culturally safe care for Aboriginal and Torres Strait Islander communities is an ongoing critical need in healthcare and especially so when it involves children and young people living with a life-limiting illness.

At the heart of providing culturally safe care is creating a space to hold challenging end-of-life discussions so that care can be planned in a way that honours the child and their loved ones' choices, beliefs, and cultural needs.

'The cultural and spiritual needs are so important to consider when delivering palliative care to Aboriginal and Torres Strait Islander children, young people and their families,' says Tanya Quinn, a proud Gamilaraay woman and an Aboriginal Health Worker in paediatric palliative care and chronic and complex needs at the Sydney Children's Hospital Network.

'The connection to Country, connection to spirit, connection to community is integral in our culture,' Ms Quinn says.

'It is also critical to acknowledge the impacts of transgenerational trauma. Our mob has gone through so much trauma over hundreds of years that continues to be felt and passed through the generations.'

Sensitive communication is an important component in planning ahead. But how do we bring that to practice? The newly launched 'Working Out What's Right For Your Child' discussion starter cards and the 'Yarning Companion' facilitator guide have been designed to support healthcare professionals start a conversation with Aboriginal and Torres Strait Islander families about end-of-life preferences for their child, or young person.

'These resources were inspired by and adapted from a more adult-focused series of discussion starters developed in 2017,' says Camilla Rowland,

Chief Executive Officer, Palliative Care Australia (PCA)

'In 2022, as part of the Paediatric Palliative Care National Action Plan Project, a group of health professionals from across Australia identified the need for a similar resource tailored to the specific needs that arise in the paediatric and adolescent, young adult context.'

With funding from the Australian Government Department of Health and Aged Care, a working group, which included paediatric and palliative care Aboriginal Health Practitioners, Aboriginal Health Workers, and Aboriginal Liaison Officers from urban and remote settings, came together to pursue the project.

Both the discussion starter cards and the facilitators' guide complement each other. The cards feature specifically crafted statements that initiate respectful conversations and have been designed to be less intimidating than answering direct questions. Families and communities can select the cards that are most important to them, giving them more control in the healthcare conversation. The Yarning Companion, on the other hand, consists of guidelines that support health care providers to sensitively create space for these conversations.

Planning care for the time ahead, honours the preciousness of a child's life highlighting to them that people and community around them, are there to support, love, and create moments of joy and connection.

Importantly this process also invites the important cultural needs and rituals unique to this family or community to be known, respected and fulfilled.

A beautiful representation of this is the artwork created by Ms Quinn for the cover of the Yarning



Cover page and description of the discussion starter cards

Artwork by Proud Gamilaraay woman Tanya Quinn (Antaw) © Yulanbay Art 2023

The bottom left circles are all the Aboriginal and Torres Strait Islander Paediatric Palliative families that we look after.

The bottom right and top left are all the lands, waters and animals all over Australia where our families live.

The top right are all our Aboriginal and Torres Strait Islander patients that have gone to Spirit as well as our Spirits and Ancestors who are all watching over us and guiding us to support our families.

The circle in the middle is a yarning circle and the symbols are people. It represents everyone coming together to have a yarn with the Discussion Starter Cards.

The path showing the feet walking around is everyone all over Australia walking together to support our families generally and during these difficult conversations.

Companion and the front side of the discussion cards.


‘The circle in the middle is a yarning circle... it represents everyone coming together to have a yarn with the discussion starter cards. The path showing the feet walking around is everyone all over Australia walking together to support our families generally and during these difficult conversations.’

While these resources are a step in the right direction, it cannot replace empathetic, sensitive, human connection. It is important that health care teams build trust and rapport from the very start in conjunction with their Aboriginal health workers.

‘Sit down and have a yarn, have a yarn and get to know them [the child or young person] and their family, make that conscious effort, it’s really not that difficult. Let’s not assume anything. Communication can make everything so much easier,’ Ms Quinn says.

The ‘Working Out What’s Right For Your Child’ discussion starter cards and the ‘Yarning Companion’ facilitator guide are available on the [Paediatric Palliative Care website](#).

‘These resources are a great asset to anyone working in paediatric palliative care. The support and skills it’ll provide health professionals will be invaluable in initiating those difficult conversations in a sensitive way and providing care that is culturally safe,’ Ms Rowland says.

‘I look forward to seeing these resources empowering health professionals, volunteers, and Aboriginal and Torres Strait Islander children and communities.’ 

The Paediatric Palliative Care National Action Plan Project is a collaboration between Palliative Care Australia and Paediatric Palliative Care Australia and New Zealand and is funded by the Australian Government Department of Health and Aged Care.



CLOSE THE GAP

We aren't even close to Closing the Gap, but with genuine reform, we could be

Media release first published by Close the Gap, February 2024

The Productivity Commission has released its report reviewing the implementation of the National Agreement on Closing the Gap (National Agreement) and its comprehensive and forward assessment has provided a path forward to genuinely make progress to close the gap.

We call on government to progress the recommendations in the review, in particular, embedding the four Priority Reform Areas and establishing independent mechanisms in each jurisdiction to assess the implementation of the National Agreement.

Government must commit to embedding the Priority Reform Areas and building appropriate transparency and accountability measures to

ensure that the Closing the Gap Strategy is fit for purpose. This is how genuine, meaningful, and measurable improved life outcomes for Aboriginal and Torres Strait Islander peoples can be achieved.

As is evidenced in the review, without significant changes, the socio-economic targets are not likely to be met within the timeframes outlined in the National Agreement.

In the absence of other mechanisms such as the Voice, the importance of the Partnership Agreements is greater than ever. Government cannot keep tinkering around the edges hoping that transformational change will happen; and Aboriginal and Torres Strait Islander peoples and leaders should not have to keep working within



JUNE OSCAR AO
Commissioner of
Aboriginal and Torres
Strait Islander Social
Justice, Co-Chair of Close
the Gap



KARL BRISCOE
CEO National Aboriginal
and Torres Strait
Islander Health Workers'
Association, Co-Chair of
Close the Gap

“In the absence of other mechanisms such as the Voice, the importance of the Partnership Agreements is greater than ever.”

the confines of punitive policies and obstructionist systems.

As Karl Briscoe, Co-Chair of the Close the Gap Campaign and CEO of National Aboriginal and Torres Strait Islander Health Workers' Association (NAATSIHWP) noted “The only way to ensure that we close the gap is by creating genuine systemic reform. Embedding the Four Priority Reform Areas and transforming how they assess reporting of the strategy is essential to creating the holistic infrastructure needed to meet the socio-economic targets”.

Government must come to the table, in genuine partnership, as equals, with Aboriginal and Torres Strait Islander peoples. Self-determination, autonomy, appropriate financial resourcing,

support, and embedding Aboriginal and Torres Strait Islander ways of knowing, being and doing. This is how we close the gap. If we do not genuinely commit to these principles, any Agreement going forward will only be more of the same. Empty words and intentional, harmful, inaction. The Productivity Commission's review provided a clear directive on how best to move forward. The report is broad, thorough, and surprisingly optimistic in its overall assessment. No, we are not even close to Closing the Gap, but if in good faith, we adopt the recommendations in the review, we could be.



WILYA JANTA
COLLECTIVE

Homes celebrating culture and Country

Decolonising remote community housing for healthy homes and families in a changing climate

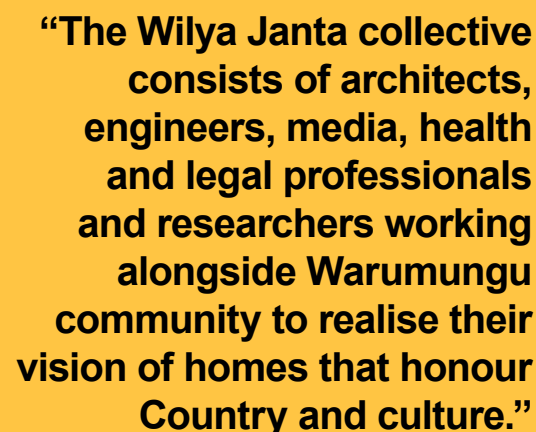


Norman Frank Jupurrurla and Serena Morton Nabanunga discussing home design with OFFICE architects.

Wilya Ajjul Janta ‘Standing Strong Together’ is a Warumungu-led community housing design project in Tennant Creek, Northern Territory (NT). Like other Aboriginal and Torres Strait Islander remote communities in Australia, Warumungu people have been plagued by decades of insufficient and substandard housing denying tenants a basic

right that is foundational to health and wellbeing (Lea et al, 2021).

Reflecting on the lived experience of founder Norman Frank Jupurrurla, his ancestors and his children and grandchildren, after people were forced off cattle stations in the late 60s with the introduction of equal pay, town camps began to



When it comes to housing, Warumungu community have been rarely afforded an opportunity to have a say about design for their homes, how they fit with cultural protocols

Wilya Janta continues a legacy of Warumungu Elders standing together for basic rights. A recent win in accessing rooftop solar for energy security showed how Warumungu-led activism can move Government systems towards more just outcomes (https://www.firstnationscleanenergy.org.au/tenant_creek). With the support of OFFICE, the first ever charitable architectural firm, in

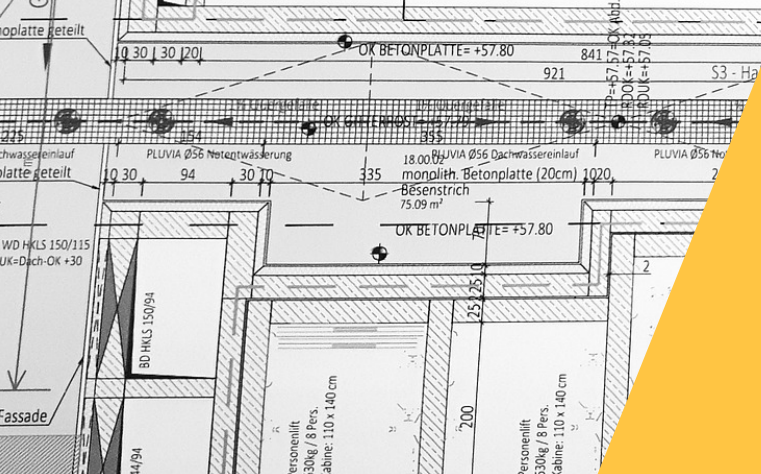


Three generations of the Frank family on Country where their new home will be built.

collaboration with Troppo and Professor Paul Memmott who has a long history with and is well regarded by Warumungu people, Elders have designed homes that accord with Warumungu protocol, being able to observe traditional practice while living in close proximity with extended family and relatives. The new homes have been thermally designed in aspect, structure and material, providing improved comfortability with minimal power requirements. Importantly, the homes have been designed for scalability, allowing individual households to modify without compromising time and costs. These homes allow for flux of visitors without physical over-crowding, conform to east-oriented sleeping practices, have lots of outdoor

living space including cooking areas, ensure cultural avoidance relations can be honored, and make use of smoking practices for spiritual cleansing and mosquito control. Once the first prototypes are constructed, Wilya Janta will have the evidence and business case to present to Government for delivery of future remote housing. A solution grounded in respect and culture.

The Healthy Environment and Lives (HEAL) Network strongly advocates for First Nations-led initiatives in climate adaptation. The HEAL's *Healing Country* project is working with Aboriginal communities on Whadjuk Noongar, Bundjalung and Warumungu Countries to develop community-led adaptation plans based on local climate change



Norm and Serena's housing design

concerns. Healing Country proudly supports Wilya Janta and is assisting with the recording and evaluation of their work. Following local protocol, the Wilya Janta evaluation will be created the Warumungu way, with community deciding their wellbeing domains of most value to measure and assess. From early conversations, community members have told us there is power and freedom in the simple act of being asked your opinion, of having a say in how your house looks and feels. Self-determination over housing design brings culture and protocol into everyday living and is an essential foundation for other social and economic determinants. From proper housing on traditional Country comes plans for developing cultural and economic development programs such as the bush medicine business. Elders talk of these benefits for their children and their children's children in an environment where they take back control of their future.

Aboriginal and Torres Strait Islander policy development has been devoid of systematic community input and decision-making. Persistent disparities in health, education and employment outcomes measured in 15 sequential Close the Gap reports are indicative of the failure of current systems, even following the 'refresh' designed to shift power from Government to community-controlled agencies (Productivity Commission, 2024). There is an inherent difficulty in Governments relinquishing power. When community-led initiatives like Wilya Janta succeed outside of Government processes — when new (old Warumungu) ways can be shown to achieve better

outcomes efficiently and effectively, Governments must listen and be open and nimble to maintain those same new (old) processes despite how foreign they may seem. Just like the two-snake story, working relationally and respectfully engenders reciprocity and responsibility. ha

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The importance of social connection

Social connection is something we all need — and crave when we don't get it. We look at the effects of loneliness and share some ways to help rebuild social connection.

The challenge of loneliness today

The COVID pandemic brought into sharp focus the simple need for human interaction and how we can take it for granted. At the end of the day, people need people to connect and make sense of their lives.

We humans are social beings. We come into the world as the result of others' actions. We survive here in dependence on others. Whether we like it or not, there is hardly a moment of our lives when we do not benefit from others' activities. For this reason, it is hardly surprising that most of our happiness arises in the context of our relationships with others. - The Dalai Lama

In fact, loneliness is now understood to be an important social, health and economic problem. It affects at least one in four Australians aged 12 to 89, costs the Australian government around

\$2.7 billion a year, and can have wide-ranging and long-term mental and physical effects.¹

COVID, remote work, online communications and a return to busy lives have made it harder to build trust and social connection. It's even more challenging for people who were already isolated or who experienced a lack of care when most vulnerable.¹

Coming together to connect — today

Stronger social connection can offer many mental health benefits including increased feelings of happiness, purpose and belonging, as well as improving self-esteem and self-worth.²

It's important to understand that there are simple, everyday things that can help reduce feelings of loneliness, and rebuild confidence and connection. A good first step is to reach out to a friend or family member you can rely on for



support if you're experiencing feelings of anxiety and depression. Organisations like [Beyond Blue](#) can help provide mental health support today.

Direct, face to face communication is usually best. A phone or video call or SMS, can also help kick start a process to build connection.²

Connection often stems from positivity, happiness, and confidence. To create a more positive, growth-focused mindset, it can help to pursue a hobby or carve out time for the things you enjoy most. Enrol in a book club, an art class, or join a sports club or exercise class — whatever it is you're interested in. Meditation can clear and focus the mind. Seeking out opportunities to volunteer your time or skills to a cause that's meaningful to you may also help create a sense of purpose and help rebuild connection, within yourself and with other people.

Worried about someone?

Sometimes all it takes is a conversation to change someone's life. If you're worried someone you know or care about might be feeling lonely or withdrawn, here are some tips from the national

charity RUOK?™ 3 about how to check in with them:

1. Ask
2. Listen
3. Encourage action
4. Check back in

* [Visible Network Labs: Social connection quotes](#)

1 [Ending Loneliness Together \(2022\). Strengthening Social Connection to Accelerate Social Recovery: A White Paper.](#)

2 [Strong social connections, better mental health](#)

3 R U OK?™ Limited ACN 138 676 829, <https://www.ruok.org.au/how-to-ask>

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Powerful Pictures



Two years ago, in this publication, we described work that we had undertaken in communities in Far North Queensland to validate our approach to rapidly ruling out heart attack in First Nations People who present to hospital emergency departments with symptoms of a possible heart attack. We had questioned whether the diagnostic methods that we use to rapidly rule-out a heart attack would be safe and effective in First Nations Australians, who were underrepresented in studies originally establishing these methods. Coronary heart disease (CHD), which causes chest pain ('angina') and heart attack, is the single most common cause of hospital admission and death in First Nations Australians, with disproportionate effects at younger ages. First Nations Australian people, who continue to experience complex health disparities, remain ten times more likely to die from CHD between the age of 35-44 years and four

times more likely between the age of 55-64 years than non-Indigenous Australians (AIHW, 2015).

We were able to show that existing emergency department assessment processes were safe, enabling First Nations people with possible heart attacks to benefit from efficient, evidence-based care (Cullen et al, 2022). In the process of this work, we observed that even in First Nations Australians in whom a heart attack had been ruled out, the residual risk of CHD remained high because of a high prevalence of risk factors such as hypertension, diabetes and tobacco use (Stephensen et al, 2023). At that time, we highlighted the opportunity that this could present for the earlier detection of CHD, before a heart attack had occurred, and when better preventive measures could help to reduce risk and improve outcomes.

We have now seized this opportunity and are



(From left) Laura Stephensen, Andrew Goodman, Dr Andrea McKivett, Jeremy Rigney, Prof Louise Cullen, Dr Gregory Starmer, Dr Sean Nguyen, Prof Ray Mahoney, Dr Katrina Starmer, Prof William Parsonage, Virginia Campbell

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undertaking further work in the same communities to offer enhanced diagnostic testing to all First Nations people who present to hospital with chest pain and focussing specifically on detection of underlying CHD in those people where a heart attack has been ruled out on their initial assessment; The Powerful Pictures Study. Central to this will be the use of Computed Tomography Coronary Angiography, or CTCA, which is a form of imaging of the heart that has emerged as the gold standard for the detection of CHD, even at a very early stage.

The CTCA investigation, results, and the appropriate treatments that follow, forms part of a complex health service intervention; a new model of care. This must be implemented in a way that is not only feasible, but above all in a way that is culturally sensitive and acceptable to help achieve

better outcomes for First Nations people. For that reason, in the initial stages of the Powerful Pictures study we are undertaking an extensive period of consultation across communities and health service providers to co-design the intervention and maximise the likelihood of a positive impact.

Respectful partnerships between researchers, First Nations patients, community and health service providers are fundamental if meaningful change in clinical healthcare delivery is to be achieved and sustained. The Powerful Pictures Study and its approach is underpinned by the Aboriginal Canadian conceptual notion of Etuaptmumk, or 'Two Eyed Seeing'. Two-Eyed Seeing is, at its core, a recognition and acknowledgement that there are different ways >


“The Powerful Pictures Study is positioning the researchers and the medical system in a place of learning, requesting knowledge of the end users, both patients and service providers, of how best to undertake this study before working together to achieve reciprocally beneficial outcomes.”



that the world is understood. Two-Eyed Seeing finds the strengths of both these ‘ways’ and mindfully brings them together, ensuring that neither are lost but instead brought together for a shared strengths-based approach to ‘something’. In the context of the Powerful Pictures study, we know that the explicit western scientific way of understanding and addressing the diagnosis and treatment of CHD in Aboriginal and Torres Strait Islander people is not complete. This is evident with the continuing disparity in cardiovascular outcomes and highlighted in a recent Lancet paper that examined chest pain epidemiology and care quality for Aboriginal and Torres Strait Islander patients with chest pain presenting to hospital via emergency medical services (Dawson et al, 2023).

The Powerful Pictures Study is positioning the researchers and the medical system in a place of learning, requesting knowledge of the end users, both patients and service providers, of how best to undertake this study before working together to achieve reciprocally beneficial outcomes. By utilising a Two-Eyed Seeing approach we are moving beyond the historical monocular western science approach to medical research to partnering the strength of Indigenous and mainstream knowledges to create new solutions to complex challenges. We believe this can be achieved in our project because we have a number of experienced Chief Investigators who are Aboriginal, and the project has support from the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA).

We will implement and study the new model of care for the earlier detection of CHD by the second half of 2024. The study is designed as a hybrid design with both clinical and implementation outcomes being measured. The primary clinical outcome will be the appropriate use of preventive therapy for CHD measured using linked data and the primary implementation outcome will be the acceptability of the intervention for those receiving and providing the service.

As before, we are grateful for the support and participation of the Aboriginal and Torres Strait Islander patients, health services, and communities in Far North Queensland, without which this research could not have been undertaken. 

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Closing the Gap in Primary Care:

Co-creation of programs with community

The Western Sydney Primary Health Network (PHN) acknowledges the traditional owners of Country throughout Australia on which we gather, live, work and stand. We acknowledge all traditional custodians, their Elders past, present, and emerging, and we pay respect to all First Nation's people.

For 20 years, WentWest has been a part of the Western Sydney community, delivering support and education to primary health care professionals, and working with key partners to progress the region's health system.

In July 2015, WentWest became the Western Sydney Primary Health Network (Western Sydney PHN), expanding its work to deliver better health outcomes for the Western Sydney region. PHNs are funded by the Australian Government Department of Health and Aged Care to strengthen primary

care, improve patient-centred health, and increase the efficiency of primary health care services for Australians, particularly those at risk of poor health outcomes.

First Nations Health in Western Sydney

Western Sydney has one of the largest populations of First Nations persons in Australia, and we are proud to live and work on Darug land. At Western Sydney PHN, we work with community to co-create programs and initiatives that improve health outcomes. In 2023, we ran our first Community Panels, including one exclusively First Nations panel, to find out what matters to the people of Western Sydney.

A Community Panel is a way to directly involve community members in decision-making processes, particularly when it comes to addressing solutions to complex challenges. This is a way >



The Shed, Mount Druitt celebrating Men's Health Day 2023


to build connections, share knowledge and lived experiences, and collaborate in a culturally safe way.

Twenty citizens, chosen from a ballot, were invited to participate in the First Nations panel and collectively answer the question, 'Should we, the people of Western Sydney, continue to invest in the health system in the same way that we have in the past?'. Participants listened to evidence from a range of experts on mental health, child and family, aged care, palliative care, acute care, alcohol and other drugs, emergency services, primary care, social care and many other domains.

By the end of the panel, participants had collectively made recommendations aimed at closing the gap. These included investing more

in preventive health, creating a new approach to support early childhood development, better embedding cultural safety across health and social services, improving connections between health and social care systems, and increasing access to team-based primary care closer to home, including more service navigators and peer workers.

Community Panels have been a way to bring back the voice of the community and are a part of a greater strategy to improve First Nations health outcomes in Western Sydney. Along with commissioned primary and community health care services and organisational diversity and inclusion policies, we are working towards a First Nations Framework, which maintains cultural humility at its heart.



“Over 40% of the Stolen Generations aged 50 and over have issues accessing health services, which leaves them in a cycle of poor health.”

Community Health Services in Western Sydney

Working with the local community and organisations around Western Sydney, we ensure equitable accessibility of services, health literacy, and management of health conditions, to provide holistic and culturally appropriate support to the local Aboriginal and Torres Strait Islander persons.

One of our commissioned services, The Shed, is a safe and welcoming environment where people can share their stories in a non-judgemental setting. The service assists with mental, physical and emotional wellbeing, and connects people to wider health and social services.

The Western Sydney PHN Commissioning Team has worked with The Shed for over five years, supporting Western Sydney’s regional objective of improving First Nations health outcomes.

Compared to Aboriginal and Torres Strait Islanders in the same age group, the Stolen Generations are 40% more likely to be living with a profound disability, and 40% more likely to have poor mental health. There are around 27,200 Stolen Generation survivors, and 30% live in New South Wales. Over 40% of the Stolen Generations aged 50 and over have issues accessing health services, which leaves them in a cycle of poor health.

The Shed is instrumental in changing these statistics and connecting community members to life-changing health and wellbeing services.

Luke* is a 60-year-old Aboriginal man who has been attending The Shed for several years for health, wellbeing and legal services. He is one of the Stolen Generations who was taken from his family at a young age. The trauma still lives with him, but the Shed has given him a supportive space to share his story with a community of like-minded people.

‘After meeting and talking to people, I realised I wasn’t alone...I suffer from PTSD from being taken away, and it comes in waves. You might wake up and have a miserable morning, but coming here, life is not so bad’.

The Shed allows Luke to connect with specific health providers in a comforting environment rather than through a clinical setting. Luke said, ‘This place broke the monotony of being on a disability pension...I feel much more at home here than going to the medical centre’.

As with all of our commissioned programs, Western Sydney PHN maintains a close and productive partnership with The Shed and actively works with them through an ongoing process of co-design, collaboration and continuous improvement.

**Name has been changed to protect the identity of this client*

Become an AHHA member

Help make a difference on health policy, share innovative ideas and get support on issues that matter to you – **join the AHHA.**

The Australian Healthcare and Hospitals Association (AHHA) is the ‘voice of public healthcare’. We have been Australia’s independent peak body for public and not-for-profit hospitals and healthcare for over 70 years.

Our vision is a healthy Australia, supported by the best possible healthcare system. AHHA works by bringing perspectives from across the healthcare system together to advocate for effective, accessible, equitable and sustainable healthcare focused on quality outcomes to benefit the whole community.

We build networks, we share ideas, we advocate and we consult. Our advocacy and thought leadership is backed by high quality research, events and courses, consultancy services and our publications.

AHHA is committed to working with all stakeholders from

across the health sector and membership is open to any individual or organisation whose aims or activities are connected with one or more of the following:

- the provision of publicly-funded hospital or healthcare services
- the improvement of healthcare
- healthcare education or research
- the supply of goods and services to publicly-funded hospitals or healthcare services.

Membership benefits include:

- capacity to influence health policy
- a voice on national advisory and reference groups
- an avenue to key stakeholders including governments, bureaucracies, media, like-minded organisations and other thought leaders in the health sector

- access to and participation in research through the Deeble Institute for Health Policy Research
- access to networking opportunities, including quality events
- access to education and training services
- access to affordable and credible consultancy services through JustHealth Consultants
- access to publications and sector updates, including:
 - Australian Health Review
 - The Health Advocate
 - Healthcare in Brief
 - Evidence Briefs and Issues Briefs.

To learn about how we can support your organisation to be a more effective, innovative and sustainable part of the Australian health system, talk to us or visit ahha.asn.au/membership.

More about the AHHA

AHHA Board

The AHHA Board has overall responsibility for governance including the strategic direction and operational efficiency of the organisation.

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AHHA National Council

The AHHA National Council oversees our policy development program. The full list of Council members can be found at: ahha.asn.au/governance

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AHHA sponsors

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Other organisations support the AHHA with Corporate, Academic, and Associate Membership and via project and program support.

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National **CLOSE THE GAP** Day

21 March 2024

Independent Campaign for Aboriginal and Torres Strait Islander Health Equity