Government of **Western Australia**
Department of **Health**

WA Aboriginal Health and Wellbeing Framework 2015–2030

Monitoring and Reporting Plan

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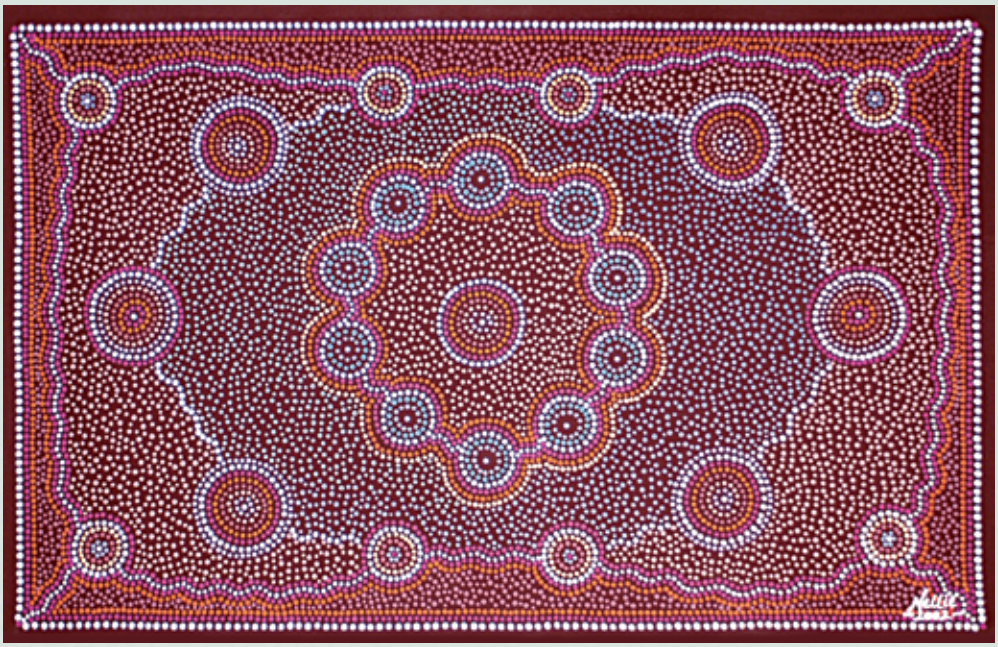

Transcendence © Nellie Green 2002

About the artist

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

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

About the artwork – Transcendence

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

Acknowledgement of Country and People

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

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Acknowledgements

The Aboriginal Health Policy Directorate (AHPD), Public and Aboriginal Health Division of the WA Department of Health, thanks all stakeholders who committed to improving Aboriginal health and wellbeing WA by participating in the consultation program. This process informed the development of the WA Aboriginal Health and Wellbeing Framework 2015-2030 Monitoring and Reporting Plan (MRP).

AHPD would also like to thank the Aboriginal Health Executive Group (AHEG) for their oversight and support for the implementation of the Framework, and all Aboriginal stakeholders for their valuable contributions which helped shaped this policy direction.

Consultation

To inform the implementation of the Framework, the AHPD undertook an extensive consultation program. Senior officers from the WA Department of Health travelled across Western Australia and met with important stakeholders. Those consulted included;

- Regional Aboriginal Health Planning Forums
- Aboriginal Health Council of Western Australia
- Health Service Providers
- Aboriginal Community Controlled Health Organisations
- WA Health Senior Aboriginal Leadership Group
- Aboriginal Health Workforce Working Group.

The consultation process identified a number of requirements for the effective implementation of the Framework, including:

- *Accountability for implementation through strong leadership and governance.*
- *Better performance monitoring and measuring*, to build the evidence base to assess health system performance in improving Aboriginal health and wellbeing outcomes.

This feedback, along with an examination of barriers and drivers for improvement in Aboriginal health in Western Australia, informed the MRP and the identification of opportunities to address gaps and build upon existing strengths in the WA health system.

Introduction

The purpose of the *WA Aboriginal Health and Wellbeing Framework 2015-2030; Monitoring and Reporting Plan* (MRP) is to provide a measurement and monitoring framework to support the improvement of the WA health system in regard to Aboriginal Health consistent with the vision and Strategic Directions of the *WA Aboriginal Health and Wellbeing Framework 2015-2030* (the Framework).

The Framework was developed to improve access for Aboriginal people in Western Australia to high quality health care and services, assist community to make good health a priority through a focus on prevention, and most importantly improve health outcomes. The Framework establishes a shared agenda for all of those concerned with the health and wellbeing of Aboriginal people and communities in Western Australia.

The MRP also compliments the ***Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030*** (the Implementation Guide). This guide provides practical advice and support for the WA Department of Health, Health Service Providers (HSPs), other providers and stakeholders in improving the health system for Aboriginal people.

In addition, the headline measures included in the MRP can help inform the development and monitoring of HSP's ***Aboriginal Health and Wellbeing Action Plans.*** These plans are required to be developed by HSPs, and approved by their Boards as a mandatory requirement of the *Aboriginal Health and Wellbeing Policy.*

The MRP provides the robust measurement and monitoring framework to provide transparency, accountability and assess health system progress in improving Aboriginal health and wellbeing outcomes. It will provide key information on how well the system is responding to the needs of Aboriginal people and help drive and guide action for improving Aboriginal health and wellbeing.

Summary of the MRP

The MRP outlines eight (8) headline measures:

- two overarching headline measures that are aligned to the vision of the Framework and
- six supporting headline measures aligned to the six Strategic Directions of the Framework.

The headline measures were selected by undertaking a comprehensive review of existing Aboriginal health indicators[1]. A short-list of indicators with clear relevance to the headline measures was then scrutinised against ten diverse selection criteria intended to facilitate the choice of an optimal set of measures. The final eight headline measures are a mix of indicators concerning health status, determinants of health and health system performance related to Aboriginal health.

[1] Australian Institute of Health and Welfare 2015, Aboriginal and Torres Strait Islander Health Performance Framework.

The desired outcome and baseline data for each of the headline measures have been set at the State (Western Australian) level and it is intended that future iterations of this plan will continue to occur at this level.

Objectives

The key objective of the MRP is to provide evidence that measureable changes aligned to the Framework's strategic directions are occurring. Additionally, the MRP has also been designed to support the following objectives:

- to assist the WA health system to focus on the achievement of improved health outcomes for Aboriginal people.
- to provide an accessible, state-level view of WA's progress against a range of relevant Aboriginal health performance measures.
- to communicate the Framework's achievements to the WA health system and key stakeholders.
- support the ongoing improvement of safety and quality of the health system for Aboriginal people.
- inform the planned evaluation of the Framework (see WA Aboriginal Health and Wellbeing Framework 2015-2030; Evaluation Plan for further detail).

Principles

Measurement and monitoring of the Framework will be undertaken in a way which is consistent with the following principles – the MRP will:

- utilise existing data and provide information about Aboriginal health and the health system in a way which is consistent, relevant and culturally secure
- not add to the reporting burden of HSPs, Contracted Health Entities, or other providers
- not affect the terms and conditions of contracts, service agreements or MOUs between the WA Department of Health, Health Service Providers, or Contracted Health Entities.

Methodology

The eight headline measures of the MRP have been carefully selected using a formal and robust process. The process included the establishment of a working group, development of a project plan, and other project governance and management processes. A reference guide was also developed to assist in the process.

The working group reviewed evidence, potential performance measures and reporting approaches, and lessons learn within WA health system and other jurisdictions, as well as other similar frameworks. Examples included:

- WA health system's *Performance Management Framework* and *Performance Management Policy*
- 'What Works' resources within Australia and international jurisdictions
- NSW Key Performance Indicators & Service Measures 2015
- QLD *Health Performance Management Framework*
- The National and Jurisdictional Aboriginal and Torres Strait Islander Health Performance Frameworks.

Findings of this review were synthesised and assessed to shortlist performance measures for potential inclusion. The final consideration of performance measures included consultation with stakeholders from WA and other jurisdictions. The Working Group ultimately agreed on 10 selection criteria:

Criteria	Explanation
Relevant	congruent with WA health system objectives
Measurable	clear and transparent measures of success
Attributable	capable of being influenced by the WA health system's actions
Comparable	with either past periods or similar measure elsewhere
Well-defined	clear and easy to understand
Reliable	credible and able to be measure consistently
Cost-effective	in terms of gathering and processing the data
Achievable	targets that aim for improvement with realistic efforts
Timely	performance data is available regularly without long lags
Credible	supported by stakeholders, research and evidence

Once selection of the performance measures was approved by the Project Sponsor, a *Definition Manual* and reporting template for the eight (8) headline measures was developed. This Definition Manual includes definition of terms, strategic linkages, rationale, desired outcome, baseline, data source, frequency of reporting, reference, additional information and links to other resources. In January 2017, the first edition of the MRP, including its *Definition Manual* was approved by the Director General of the WA Department of Health.

Future review and update

The MRP is intended to be updated on a two-yearly basis as new evidence and data becomes available. It will also ensure that the MRP remains as current as possible in its description of the WA health system, and with changing trends and definitions in health data.

Headline measures of the Framework

Headline measures and corresponding Framework's Strategic Outcomes
Overarching headline measure 1: A reduction in the gap in life expectancy between Aboriginal and non-Aboriginal Western Australians Overarching headline measure 2: A reduction in the gap in mortality rates for Aboriginal children under five years old
Framework's vision and goal: • Aboriginal people living long, well and healthy lives
Supporting headline measure 1: A reduction in potentially avoidable mortality
Strategic Outcome: • Aboriginal people engage with culturally secure, evidence-based programs and services at transition points across the life course to support ongoing health and wellbeing.
Supporting headline measure 2: A reduction in potentially preventable hospitalisations
Strategic Outcome: • Aboriginal people, families and communities are provided with the opportunities to engage with evidence-based prevention and early intervention initiatives and the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.
Supporting headline measure 3: A reduction in rates of Discharge Against Medical Advice (DAMA)
Strategic Outcome: • Aboriginal people, families and communities are provided with the opportunities to engage with evidence-based prevention and early intervention initiatives and the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.
Supporting headline measure 4: A reduction in hospitalisations due to injury or poisoning
Strategic Outcomes: • Well communities support strong culture and good health and wellbeing through a strong network of healthy relationships between individuals, their families, their kin and community. • WA Health structures, policies and processes harness individual, family and community capability and enhance their potential.
Supporting headline measure 5: An increased number of Aboriginal people employed in selected health-related disciplines in WA
Strategic Outcomes: • A strong, skilled and growing Aboriginal health workforce across all levels, including clinical, non-clinical and leadership roles. • The non-Aboriginal workforce understands and responds to the needs of Aboriginal people.
Supporting headline measure 6: Increased access to hospital procedures
Strategic Outcome: • Aboriginal people receive safe care of the highest quality, in a timely manner, to ensure best possible health care to meet their health needs.

Headline measure definitions

Overarching headline measure 1: Life expectancy at birth			
Definition	This measure reports on the life expectancy at birth for Aboriginal and non-Aboriginal Western Australians. It measures how long (in years) on average a person of a given age and sex can expect to live, if current age and sex specific death rates continue to apply throughout his or her lifetime[2].		
Vision and goal	Aboriginal people living long, well and healthy lives		
Linkage to other Strategic Directions	Direct	Framework's vision and goal	
	Indirect	1, 2, 3, 4, 5 and 6	
Rationale	Live expectancy at birth is widely used internationally as a measure of general population health[3]. It also reflects the overall mortality level of a population[4]. In 2008, the Council of Australian Governments (COAG) committed to work with Aboriginal people towards closing the gap in life expectancy between Aboriginal and non-Aboriginal people by 2031. Monitoring the life expectancy target will assist in informing overall performance of the health system and social and behavioural determinants of health[5].		
Desired outcome	Increase from the baseline in life expectancy at birth for Aboriginal Western Australians to a comparable level with non Aboriginal Western Australians by 2030.		
Baseline: 2010-2012		Aboriginal Western Australians	Non-Aboriginal Western Australians
	Females	70.2 years	83.7 years
	Males	65.0 years	80.1 years
Time lag of data and available years	2005 - 2007 and 2010 - 2012 periods		
Data source	Aboriginal and Torres Strait Islander Health Performance Framework: AIHW and ABS analysis of National Mortality Database, and population estimates from the 2011 Census of Population and Housing.		
Frequency of reporting	Biennial		
Reference	Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra. The AIHW Metadata Online Registry (METeOR)		
Additional information & links	Data tables: www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/data Detailed analysis: www.aihw.gov.au/publication-detail/?id=60129550779 WAHWBF: WA Aboriginal Health and Wellbeing Framework 2015-2030		

[2] Australian Institute of Health and Welfare 2015. Aboriginal and Torres Strait Islander Health Performance Framework 2014: Western Australia. Cat. no. IHW 165. Canberra: AIHW

[3] Australian Health Ministers' Advisory Council, 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, AHMAC, Canberra.

[4] Life expectancy. AIHW. Australian Institute of Health and Welfare. Australian Government. Web 16 August 2016.

[5] Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.

Overarching headline measure 2: Infant and child mortality among Aboriginal Western Australians				
Definition	This measure reports on the mortality rates of Aboriginal Western Australian infants and children aged 0-4 years.			
Vision and goal	Aboriginal people living long, well and healthy lives			
Linkage to other Strategic Directions	Direct	vision and goal		
	Indirect	1, 2, 3, 4, 5 and 6		
Rationale	Infant mortality is the death of a child less than one year of age and is an established measure of child health, as well as the overall health of the population and its physical and social environment[6] . In 2008, the Council of Australian Governments (COAG) committed to work with Aboriginal people towards halving the gap in mortality rates for Aboriginal children under five years by 2018[7]. Monitoring infant and child mortality rates will assist in informing both the overall performance of health system and improvements of social and behavioural determinants of health among Aboriginal people[8].			
Desired outcome	Decrease from the baseline the mortality rates of Aboriginal Western Australian infants and children aged 0–4 years to a comparable level with non-Aboriginal Western Australians, by 2030.			
Baseline: 2011-2015		Aboriginal Western Australians	Non-Aboriginal Western Australians	Rate ratio
	Infant mortality	5.6 per 1,000 live births	2.1 per 1,000 live births	2.7
	Child (0-4) mortality	188.9 per 100,000 population	53.7 per 100,000 population	3.5
Time lag of data and available years	1998 to 2015			
Data source	Aboriginal and Torres Strait Islander Health Performance Framework: ABS and AIHW analysis of National Mortality Database.			
Frequency of reporting	Biennial			
Reference	Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra.			
Additional information & links	Data tables: www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/data Detailed analysis: www.aihw.gov.au/publication-detail/?id=60129550779 WAHWBF: WA Aboriginal Health and Wellbeing Framework 2015-2030			

[6] Australian Health Ministers' Advisory Council, 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, AHMAC, Canberra.
[7] ibid
[8] Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.

Supporting headline measure 1: Avoidable and preventable mortality among Aboriginal Western Australians			
Definition	This indicator reports on the age-standardised rate per 100,000 and ratio of potentially preventable and avoidable deaths among Aboriginal Western Australians aged 0-74. Avoidable and preventable mortalities are defined as deaths from conditions considered preventable given timely preventative and population health programs, along with accessible and effective health care interventions[9].		
Strategic Outcome 1	Aboriginal people engage with culturally secure, evidence-based programs and services at transition points across the life course to support ongoing health and wellbeing.		
Linkage to other Strategic Directions	Direct	2 and 6	
	Indirect	3, 4 and 5	
Rationale	Avoidable deaths can be classified into: (a) 'preventable'-conditions for which there are effective means to prevent the condition from occurring (e.g. conditions caused by overweight/obesity and smoking); and, (b) 'amenable'-conditions for which death may be averted even after the condition has developed through early detection, effective treatment and management (e.g. certain types of cancer). Preventable deaths can be further classified to reflect if they could be prevented by primary interventions, secondary and tertiary interventions. Chronic disease and injury cause the greatest proportion of avoidable deaths for Aboriginal people and are amenable to both prevention and treatment. Avoidable deaths have also been used in various studies to measure the quality, effectiveness and/or accessibility of the health system[10].		
Desired outcome	Reduction in potentially preventable deaths for Aboriginal Western Australians aged 0-74 years by a) rate per 100,000 and b) rate ratio.		
Baseline: 2011-2015	Aboriginal: 468 per 100,000	Non-Aboriginal: 96 per 100,000	Rate ratio: 4.9
Time lag of data and available years	1991-2015		
Data source	Aboriginal and Torres Strait Islander Health Performance Framework: ABS and AIHW analysis of National Mortality Database		
Frequency of reporting	Biennial		
Reference	Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra		
Additional information and links	Data tables: www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/data Detailed analysis: www.aihw.gov.au/publication-detail/?id=60129550779 WAHWBF: WA Aboriginal Health and Wellbeing Framework 2015-2030		

[9] Page, A, Tobias, M, Glover, JD, Wright, C, Hetzel, D & Fisher, EJ 2006, Australian and New Zealand atlas of avoidable mortality, Public Health Information Development Unit, The University of Adelaide, Adelaide

[10] Council of Australian Governments (COAG). Intergovernmental Agreement (IGA) on Federal Financial Relations: National Healthcare Agreement. 2012.

Supporting headline measure 2: Potentially preventable hospitalisations among Aboriginal Western Australians					
Definition	This indicator reports on the age-standardised rate of hospitalisations for potentially preventable conditions.				
Strategic Outcome 2	Aboriginal people, families and communities are provided with the opportunities to engage with evidence-based prevention and early intervention initiatives and the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.				
Linkage to other Strategic Directions	Direct	6			
	Indirect	1, 3, 4 and 5			
Rationale	Some potentially preventable hospitalisations can be effectively treated in a non-hospital setting. They also include conditions for which hospitalisation could be avoided through prevention or early diagnosis and treatment in primary health care. Potentially preventable conditions include: a) vaccine preventable conditions, b) some acute conditions, and c) some chronic conditions[11]. Monitoring preventable hospitalisation rates informs community engagement strategies and can help to improve the provision of public health programs[12] (e.g. immunisation), primary care services , and continuing care support.				
Desired outcome	Reduction in hospitalisation rates per 1,000 for the three potentially preventable conditions among Aboriginal Western Australians.				
Baseline: 2013-2015	Preventable conditions	Aboriginal	Non-Aboriginal	Rate ratio	
	Vaccine	11.9 per 1,000	1.0 per 1,000	11.9	
	Acute	40.6 per 1,000	11.7 per 1,000	3.5	
	Chronic	42.0 per 1,000	10.0 per 1,000	4.2	
	Total	92.5 per 1,000	22.6 per 1,000	4.1	
Time lag of data and available years	2005 to 2013				
Data source	Aboriginal and Torres Strait Islander Health Performance Framework: AIHW analysis of National Hospital Morbidity Database.				
Frequency of reporting	Biennial				
Reference	Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra. AIHW 2017. Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables. Cat. no. WEB 170. Canberra: AIHW.				
Additional information and links	Data tables: www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/data Detailed analysis: www.aihw.gov.au/publication-detail/?id=60129550779 WAHWBF: WA Aboriginal Health and Wellbeing Framework 2015-2030				

[11] Australian Health Ministers' Advisory Council, 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, AHMAC, Canberra.
[12] Council of Australian Governments (COAG). Intergovernmental Agreement (IGA) on Federal Financial Relations: National Healthcare Agreement. 2012.

Supporting headline measure 3: Percentage age-standardised of admitted Aboriginal patients who were discharged against medical advice (DAMA)		
Definition	This indicator reports on the percentage of admitted Aboriginal patients who were discharged against medical advice.	
Strategic Outcome 3	WA Health recognises racism as a key social determinant of health for Aboriginal people. Health care, whether government or community provided, is to be free of racism and discrimination.	
Linkage to other Strategic Directions	Direct	3
	Indirect	1, 2, 3, 4 and 5
Rationale	DAMA refers to patients who are admitted to hospital then leave against the advice of their medical staff. It functions as a lead indicator, with a higher likelihood of patient re-admittance, morbidity and mortality. DAMA has been estimated to cost the health system 50 per cent more than the cost of patients who are discharged by medical staff[13]. In WA between 2013 and 2015, Aboriginal patients were 11 times more likely than non-Aboriginal patients to DAMA, compared with 7.1 times nationally[14]. Published data contends that high DAMA rates reflect a requirement for improved responses by the health system in order to meet the needs of Aboriginal patients and provides a measure of the safety, quality and cultural security of the services provided. Monitoring DAMA will enable identification of performance improvement opportunities, as well as monitoring progress in the underlying factors in achieving equitable treatment outcomes for Aboriginal patients.	
Desired outcome	Reduction from the baseline the age-standardised proportion of Aboriginal patients who were discaharge against medical advice. The ultimate goal is to work toward achieving the parity (Ratio=1) within the next ten years (2027).	
Baseline: 2013-2015	Aboriginal Western Australians	3.8 per cent
	Non-Aboriginal Western Australians	0.3 per cent
Time lag of data and available years	2004 to 2015	
Data source	Aboriginal and Torres Strait Islander Health Performance Framework: AIHW analysis of National Hospital Morbidity Database	
Frequency of reporting	Biennial	
Reference	Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra	
Additional information and links	Data tables: www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/data Detailed analysis: www.aihw.gov.au/publication-detail/?id=60129550779 WAHWBF: WA Aboriginal Health and Wellbeing Framework 2015-2030	

[13]Aliyu ZY. Discharge against medical advice: sociodemographic, clinical and financial perspectives. International journal of clinical practice 2002;56(5):325-27
[14]Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra

Supporting headline measure 4: Age standardised hospitalisation rates for injury and poisoning		
Definition	This indicator reports on the age standardised hospitalisation rates per 1,000 of population of injury and poisoning among Aboriginal and non-Aboriginal Western Australians.	
Strategic Outcome 4	• Well communities support strong culture and good health and wellbeing through a strong network of healthy relationships between individuals, their families, their kin and community. • WA Health structures, policies and processes harness individual, family and community capability and enhance their potential.	
Linkage to other Strategic Directions	Direct	1
	Indirect	2, 3, 5 and 6
Rationale	Injury and poisoning are major contributors to premature mortality, morbidity and permanent disability amongst Aboriginal people in Western Australia. Approximately 15 per cent of the health gap between Aboriginal and non-Aboriginal people are due to injury and poisoning[15]. These potentially preventable conditions can have lasting impacts on the health status, as well as the social and economic outcomes of affected populations[16]. Monitoring the prevalence and impact of these conditions will inform policy and injury and poisoning prevention efforts.	
Desired Outcome	Reduction from the baseline of age standardised hospitalisation rates for external causes of injury and poisioning among Aboriginal people.	
Baseline: 2014-2015	Aboriginal Western Australians	61.7 per 1,000
	Non-Aboriginal Western Australians	23.9 per 1,000
Time lag of data and available years	1998-99 to 2014-2015	
Data source	Aboriginal and Torres Strait Islander Health Performance Framework: AIHW analysis of National Hospital Morbidity Database	
Frequency of reporting	Biennial	
Reference	Australian Health Ministers' Advisory Council, 2017, A*boriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC, Canberra	
Additional information and links	Data tables: www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/data Detailed analysis: www.aihw.gov.au/publication-detail/?id=60129550779 WAHWBF: WA Aboriginal Health and Wellbeing Framework 2015-2030	

[15] Vos T, Barker B, Stanley L & Lopez AD 2007. The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003. Brisbane: School of Population Health, University of Queensland.

[16] Australian Institute of Health and Welfare 2014. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW

Supporting headline measure 5: Aboriginal people in the Western Australian Health workforce			
Definition	This indicator reports on the number and rate per 10,000 of Aboriginal Western Australians and non-Aboriginal Western Australians employed in selected health-related occupations.		
Strategic Outcome 5	A strong, skilled and growing Aboriginal health workforce across all levels, including clinical, non-clinical and leadership roles.		
Linkage to other Strategic Directions	Direct	Not applicable	
	Indirect	1, 2, 3, 4 and 6	
Rationale	Aboriginal people are under-represented in the health workforce. Although comprising approximately 3.6 per cent of Western Australian population, Aboriginal people represent just 1.2 per cent of the Western Australian health workforce[17]. This is a situation that potentially contributes to reduced access to health services by Aboriginal people and can deter Aboriginal people from seeking employment when opportunities arise. It is recognised that more Aboriginal people working in the health system is required to help address the significant health issues faced by Aboriginal people. Aboriginal people bring a diverse range of skills including the ability to break down barriers to access and cultural perspective, which help meet the needs of Aboriginal people.		
Desired Outcome	Increase in the number and rate from the baseline of Aboriginal people employed in health-related occupations in Western Australia.		
Baseline: 2011 Census Year		Aboriginal	Non-Aboriginal
	Number	806	69,667
	Rate per 10,000	101.1	116.5
Time lag of data and available years	Census year: 1996, 2001, 2006 and 2011		
Data source	Aboriginal and Torres Strait Islander Health Performance Framework: AIHW analysis of Census of Population and Housing 2006 and 2011		
Frequency of reporting	Biennial		
Reference	Australian Institute of Health and Welfare 2015. Aboriginal and Torres Strait Islander Health Performance Framework 2014: Western Australia. Cat. no. IHW 165. Canberra: AIHW		
Additional information and links	Data tables: www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/data Detailed analysis: www.aihw.gov.au/publication-detail/?id=60129550779 WAHWBF: WA Aboriginal Health and Wellbeing Framework 2015-2030		

[17] Australian Institute of Health and Welfare 2015. Aboriginal and Torres Strait Islander Health Performance Framework 2014: Western Australia. Cat. no. IHW 165. Canberra: AIHW.
[18] WA Department of Health. Aboriginal Health Policy Directorate 2015. WA Health Aboriginal Workforce Policy 2015.

Supporting headline measure 6: Access to hospital procedures by Aboriginal Western Australians				
Definition	This measure reports on the number and age-standardised percentage of hospitalisations with a procedure recorded among Aboriginal and non-Aboriginal Western Australians.			
Strategic Outcome 6	This measure reports on the number and age-standardised percentage of hospitalisations with a procedure recorded among Aboriginal and non-Aboriginal Western Australians.			
Linkage to other Strategic Directions	Direct	Not applicable		
	Indirect	1, 2, 3, 4 and 5		
Rationale	Evidence suggests that Aboriginal patients are more likely to be hospitalised but are less likely to receive a medical or surgical procedure for the treatment of their conditions when compared with non-Aboriginal patients[19]. Monitoring access to hospital procedures is important for improving healthcare outcomes for Aboriginal people. For example it is well documented that circulatory disease is the biggest cause of mortality among Aboriginal people. Medicines and treatment procedures such as percutaneous coronary interventions or coronary artery bypass grafts are well established and effective treatments of coronary heart disease. Furthermore, for coronary heart disease patients, receiving coronary angiography procedures is crucial for diagnosis, establishment of treatment regime and ongoing care management[20].			
Desired Outcome	Increase from the baseline the age-standardised proportion of hospitalisations with a proceedure recorded among Aboriginal Western Australians.			
Baseline: 2013-2015		Aboriginal patients	Non-Aboriginal patients	Rate difference
	Percentage	60.4 per cent	85.9 per cent	-25.5 per cent
	Number	39,523	1,438,223	
Time lag of data and available years	2004–2005 to 2013–2015			
Data source	Aboriginal and Torres Strait Islander Health Performance Framework: AIHW analysis of National Hospital Morbidity Database.			
Frequency of reporting	Biennial			
Reference	AIHW 2017. Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables. Cat. no. WEB 170. Canberra: AIHW			
Additional information and links	Data tables: www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/data Detailed analysis: www.aihw.gov.au/publication-detail/?id=60129550779 WAHWBF: WA Aboriginal Health and Wellbeing Framework 2015-2030			

[19] Cunningham, J 2002, 'Diagnostic and therapeutic procedures among Australian hospital patients identified as Indigenous', Medical Journal of Australia, vol. 176, no. 2, pp. 58–62.
[20] ibid

Monitoring

AHPD will monitor, and update the MRP on a two-yearly basis. The intent is for a report against the eight headline measures will also be produced every two years as well. This two-yearly schedule aligns with the release of latest Aboriginal health data and the publication of the National and Western Australia Aboriginal and Torres Strait Islander Health Performance Framework reports.

The periodic updating of the MRP and associated reports will support and demonstrate the accountability and transparency of WA health system's commitment to improve Aboriginal health outcomes. The data generated on each of the overarching and headline measures will also be utilised to inform the planned evaluation of the Framework.

Notes: The baseline data for the headline indicators have been updated using the latest data from the national Aboriginal and Torres Strait Islander Health Performance Framework (HPF) 2017 Report, and HPF 2017: supplementary online tables. Cat. no. WEB 170. Canberra: AIHW

Appendix 1: Understanding key terms

Key terms	
Using the term "Aboriginal"	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.
Aboriginal health and wellbeing	Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.
Aboriginal and Torres Strait Islander Health Performance Framework	The Aboriginal and Torres Strait Islander Health Performance Framework (HPF) supports a comprehensive and coordinated effort across and beyond the health sector to address the complex and interrelated factors that contribute to health outcomes experienced by Aboriginal Australians. The biennial HPF report is the authoritative evidence base for Aboriginal health policy and is well recognised for its innovative approach to combining evidence from national data collections and research literature with policy analysis. The HPF report presents a high level summary of data and policy analysis for 68 performance measures across three tiers: 1) Health status and outcomes; 2) Determinants of health, including socioeconomic and behavioural factors; and 3) Health system performance.
Cultural security	A commitment to the principle that the design and provision of programs and services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. Cultural security focuses primarily on systemic change that seeks to assist health professionals to integrate culture into their delivery of programs and services, and to adopt a cultural lens to view practices from the perspective of Aboriginal people and culture. The emphasis is that the responsibility for the provision of culturally secure health care lies with the system as a whole, and not just the individual health practitioner [21]. Culturally secure programs and services need to: • Identify and respond to the cultural needs of Aboriginal people • Work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community • Recognise and reflect on how these factors affect health and wellbeing • Work in partnership with Aboriginal leaders, communities and organisations.

[21] WA Department of Health 2017. Implementation Guide for WA Aboriginal Health and Wellbeing Framework 2015-2030, Perth.

Key terms

Cultural respect	The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal people. Cultural respect is about shared respect. It is achieved when the health system is a safe environment for Aboriginal people and where cultural differences are respected [22].
Stakeholders	The list below is not intended to be exhaustive, but outlines key Stakeholders and denotes the acronyms or abbreviations used within this Guide. • Aboriginal communities, families, carers and individuals • WA health system - which provides public health services through: public hospitals, mental health services, dental health services, population health services, community health centres, and health promotion services [23] • Health Service Providers (HSPs): WA Country Health Service (WACHS), Child and Adolescent Health Service (CAHS), East Metropolitan Health Service (EMHS), North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS) and Quadriplegic Centre • Aboriginal Health Council of Western Australia (AHCWA) • Aboriginal Community Controlled Health Organisations (ACCHOs) • Aboriginal Medical Services (AMSs) • WA Aboriginal Health Partnership Forum (WAHPF) • Regional Aboriginal Planning Forums • Other State Government agencies • Commonwealth Government Stakeholders, including Council of Australian Governments (COAG) and Commonwealth Government agencies such as the Department of Health (the Australian Institute of Health and Welfare, Australian Bureau of Statistics (ABS), Australian Commission on Safety and Quality in Health Care (ACSQHC) • Non-government Stakeholders, including WA Primary Health Alliance (WAPHA) and Health Consumers Council WA (HCCWA).

[22] AHMAC 2016. Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health, Canberra.

[23] WA Department of Health 2017, Overview of the WA health system, access 02/10/2017, http://ww2.health.wa.gov.au/Careers/International-applicants/International-medical-graduates/Overview-of-the-WA-health-system

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