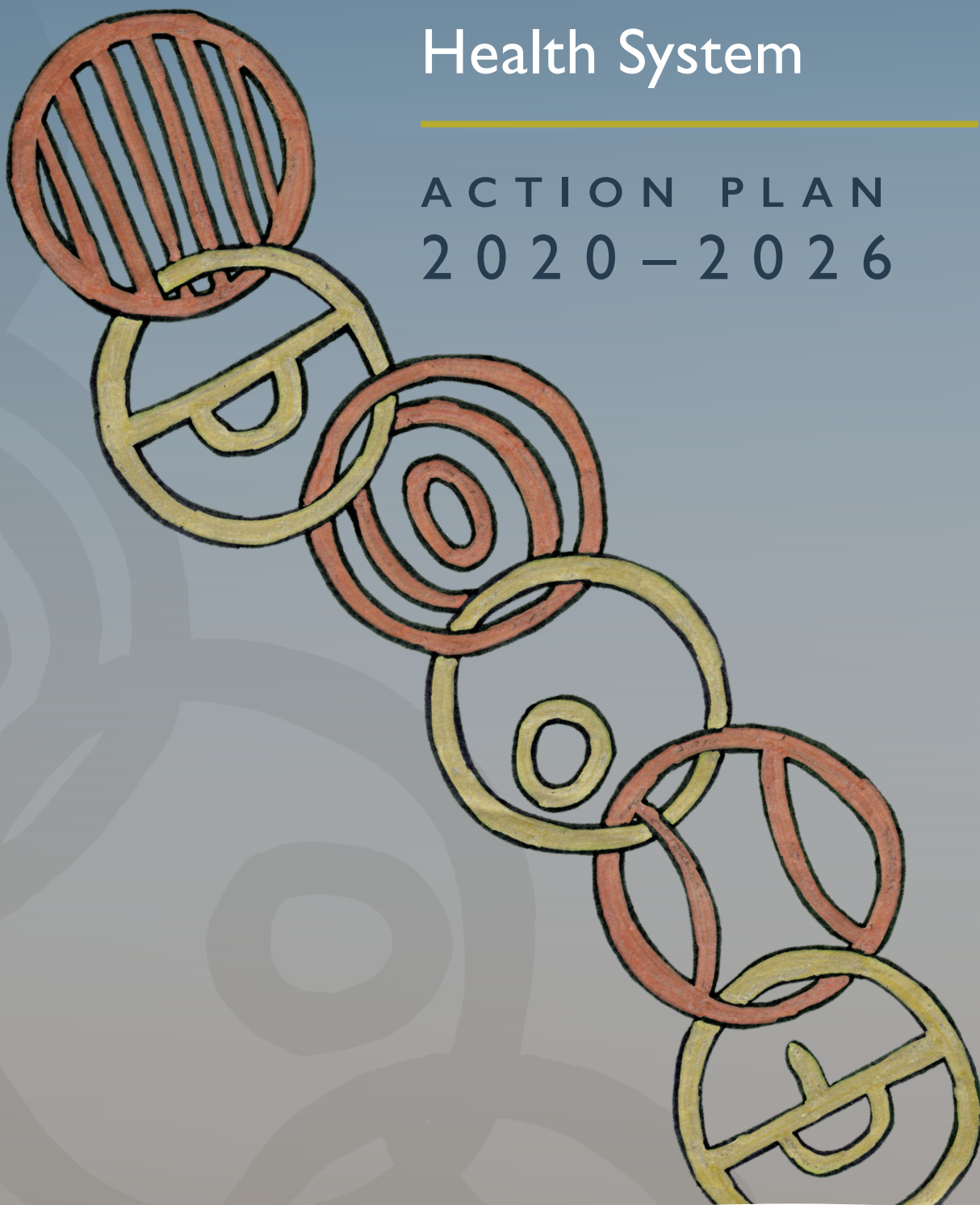


Improving Aboriginal Cultural Respect Across Tasmania's Health System

ACTION PLAN
2020 – 2026



Acknowledgements

We acknowledge the Aboriginal custodians of this land now known as Tasmania. In the spirit of reconciliation, we pay respect to Tasmanian Aboriginal people, including Elders past and present.

We acknowledge Aboriginal community-controlled organisations as integral to improving the health and wellbeing of Aboriginal people, and leaders in providing culturally safe care.

We acknowledge Aboriginal Health Workers who support Aboriginal people to access mainstream health services every day; and Aboriginal Health Liaison Officers (AHLOs) at Tasmania's major hospitals, who have traditionally shouldered the responsibility for supporting Aboriginal patients, their families and community and often staff training, partnerships with Aboriginal organisations and 'anything Aboriginal'.

This plan was produced by the Cultural Respect Framework Implementation Plan Working Group, led by Public Health Services (PHS), under sponsorship of the Secretary of the Department of Health (DoH).

The following organisations were represented on the Implementation Plan Working Group or provided significant input to the plan:

- Tasmanian Aboriginal Centre / National Aboriginal Community Controlled Health Organisation Affiliate
- Tasmanian Aboriginal Health Reference Group
- The Department of Health Tasmania (DoH)
 - Ambulance Tasmania
 - Policy, Purchasing, Performance and Reform, including Government Relations and Strategic Policy
 - Mental Health, Alcohol and Other Drugs Directorate
 - Human Resources (HR)
 - Public Health Services (PHS)
 - Clinical Quality, Regulation and Accreditation (CQRA), including the Office of the Chief Nurse and Midwife
 - Launceston General Hospital (LGH)
 - Mental Health Services (MHS)
 - North West Regional Hospital (NWRH)
 - Oral Health Services Tasmania (OHST)
 - Royal Hobart Hospital (RHH)
 - TAZREACH
- The Department of Health, Australian Government
- Primary Health Tasmania
- University of Tasmania (Health Sciences Student Recruitment).

About the artist and the artwork

“Childhood memories of my mother’s early artwork using petroglyph images prompted this design while I was working with young school students. It shows the links between me, memories of my family, my community and our people.” — Takira Simon-Brown

Takira is a proud descendant of Chief Mannalargenna of the Plangermaireener Nation of lutruwita/Tasmania. Takira’s great (x9) grandfather was taken from his homeland to truwanna/Cape Barren Island, where her family continue to keep culture strong and maintain a strong connection to their heritage.

Her grandmother, Joan Brown, was a renowned shell stringer; her work has been displayed at the Tasmanian Museum and Art Gallery (TMAG). Her Uncle Bucky Brown’s voice, image and work on the bark canoe is displayed in the permanent ningenneh tunapri exhibit. Uncle Tony Brown curated this exhibition and cousin Teangi Brown is a tour guide for the exhibit.

Takira is studying a combined Bachelor of Arts/ Fine Arts at the University of Tasmania.

The art featured in this Action Plan is called ‘Linking Petroglyphs’*.

**There are over 60 recorded rock markings (or petroglyphs) in Tasmania, and these are some of the oldest rock markings in the world. Petroglyphs are rare and culturally significant. The exact meanings of the symbols on the petroglyphs in the Tasmania have been lost to time.*

About the quotes in this plan

The quotes included in this Plan are from people who participated in the Department of Health consultation with Aboriginal people about their experiences accessing government and other mainstream health services, from the *Aboriginal Cultural Respect in Tasmania’s Health Services – Community Consultation Report 2018*.



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Foreword

**From Kathrine Morgan-Wicks,
Secretary, Department of Health**

On behalf of the Department of Health I am pleased to present the *Action Plan for Improving Aboriginal Cultural Respect Across Tasmania's Health System 2020-2026*. The Plan has been developed to help the Department create culturally safe health services, environments, and workplaces for Aboriginal people. This is the first time there has been a coordinated, statewide and whole-of-sector focus. This is important work.

I thank the many Aboriginal people who generously shared their stories and experiences about using mainstream health services in Tasmania, as documented in our *Aboriginal Cultural Respect in Tasmania's Health Services – Community Consultation Report*.¹ Your words have shaped this Action Plan.

The Plan aligns itself well with the priority reforms of the 2020 National Agreement on Closing the Gap, which will change the way all levels of government work with Aboriginal and Torres Strait Islander communities, organisations and people. Across our health system we need to do things differently to improve mainstream service delivery including the need to eliminate racism to ensure Tasmanian Aboriginal people can access the services they need in a culturally safe way.

This Action Plan provides the building blocks for achieving a culturally respectful health system for Aboriginal people in Tasmania.

It is heartening to see business units across the Department already responding to the Community Consultation Report and initiating strategies outlined as priorities for Tasmanian Aboriginal people. There are over 13 000 people working in the Department of Health. Each one of us is responsible for making a positive impact on the health, wellbeing and safety of Aboriginal people in Tasmania. Cultural safety is everyone's business.

I thank the previous Secretary of the Department of Health, Professor Michael Pervan C.F. for his early leadership of this work and strongly support taking the actions off the page and embedding them into 'the way we do things around here'.

¹ Department of Health, 2018, *Aboriginal Cultural Respect in Tasmania's Health Services – Community Consultation Report*. DoH, Hobart

From Raylene Foster, Tasmanian Director, National Aboriginal Community Controlled Health Organisation

The best way to provide comprehensive primary health care to Tasmanian Aboriginal people is through Aboriginal community controlled health services – putting Aboriginal health in Aboriginal hands.

But for hospital, specialist, complex diagnostic and ambulance services, Aboriginal community-controlled services are not feasible, especially in Tasmania where the Aboriginal population is small and the number of patients relatively tiny. At least for now, these services must be provided by mainstream health organisations. That means it's important for mainstream health services to be culturally respectful for Aboriginal people, to help Aboriginal people feel welcome and culturally safe when using health services.

We know from the consultation the Department of Health completed in 2018, that many Aboriginal people do not feel welcome and culturally safe in Tasmania's government and other mainstream health services.

The National Aboriginal Community Controlled Health Organisation (NACCHO) works with mainstream health organisations to develop standards, guidelines and resources to equip health professionals to provide clinically and culturally appropriate care for Aboriginal people and maximise health outcomes. The Action Plan to Improve Cultural Respect Across Tasmania's Health Services aligns with NACCHO's work and the principles that underpin it.

I look forward to seeing mainstream healthcare organisations lifting their game and better supporting Aboriginal people, including through staff training, better data collection, improvements to service environments, partnerships and zero-tolerance of racism.

A Statement of Commitment

As Tasmanian government health leaders, we are committed to making our health system culturally respectful for Aboriginal people. This means ensuring all Aboriginal people are treated respectfully at all points of interaction with Tasmania's health system. We will achieve and maintain a culturally respectful health system by implementing this plan.

This means:

- having high-level leadership and whole-of-organisation approach and commitment to cultural respect
- having genuine partnerships with Aboriginal community-controlled organisations
- acknowledging the importance of culture to health and wellbeing; recognising the cultural identity and practices of Aboriginal people; and ensuring Aboriginal cultural visibility in our health services
- ensuring Aboriginal people are empowered to be active participants in their own health and healthcare
- supporting our workforce to improve its cultural competency, to embrace the knowledge, skills and values of Tasmanian Aboriginal people, and to understand that the relatively poor health status of Tasmanian Aboriginal people is the direct result of colonisation, racism and inter-generational trauma
- supporting and encouraging Aboriginal people to work in our health system
- having a rigorous approach to data collection, aligning with the *National best practice guidelines for collecting Indigenous status in health data sets* (Australian Institute of Health and Welfare, 2010)
- involving Aboriginal people in evaluating implementation of this plan
- reporting on our progress.



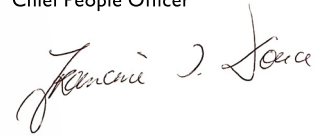
KATHRINE MORGAN-WICKS
Secretary, Department of Health



REBECCA HOWE
Chief People Officer



ROSS SMITH
Deputy Secretary Policy, Purchasing,
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Chief Psychiatrist



SHANE GREGORY
Deputy Secretary Infrastructure



KENDRA STRONG
Chief Allied Health Advisor



PROFESSOR TONY LAWLER
Chief Medical Officer
Deputy Secretary, Clinical Quality,
Regulation and Accreditation



CRAIG JEFFERY
Chief Financial Officer



SUSAN GANNON
Chief Executive Hospitals South



WARREN PRENTICE
Chief Information Officer



ERIC DANIELS
Chief Executive Hospitals North/
North West



CRAIG WATSON
Executive Director Business
Improvement and Reform



JOE ACKER
Chief Executive Ambulance Tasmania



MARK VEITCH
Director of Public Health

Abbreviations used in this document

ACCO	Aboriginal Community Controlled Organisation
ACRWG	Aboriginal Cultural Respect Working Group
AHLO	Aboriginal Health Liaison Officer
CMHW	Community, Mental Health and Wellbeing
Corp	Corporation
CRF	Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026
DoH	Department of Health Tasmania
DoH (Aust)	Department of Health Australia
HPF	Health Performance Framework
CQRA	Clinical Quality, Regulation and Accreditation
HR	Human Resources
NACCHO	National Aboriginal Community Controlled Health Organisation
NSQHS	National Safety and Quality Health Service
OTS	Office of the Secretary
PHS	Public Health Services (DoH)
PPPR	Policy, Purchasing Performance and Reform (DoH)
TAC	Tasmanian Aboriginal Centre
TAHF	Tasmanian Aboriginal Health Forum
TAHRG	Tasmanian Aboriginal Health Reference Group
THS	Tasmanian Health Service

Part I: About this Document

Summary

This plan outlines how the Tasmanian Department of Health will improve cultural respect for Aboriginal people, over the next seven years; 2020 - 2026. It was developed over 18 months, following consultation with Aboriginal people and in consultation with people working across Tasmania's health system. It was strongly informed by:

- the *Aboriginal Cultural Respect in Tasmania's Health Services – Community Consultation Report*ⁱ
- the *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026*ⁱⁱ (CRF)
- the *National Safety and Quality in Health Service Standards (second edition)*ⁱⁱⁱ. (NSQHS Standards).

Target audience

This plan was written for health leaders, managers, clinicians, planners and other staff working across Tasmania's state health system and government-funded health organisations.

Plan structure

This plan has four parts and three appendices.

- Part 1 (this part) provides the context, including the document structure, terminology, key Aboriginal partners and the national context.
- Part 2 provides the principles that underpin this plan and cultural respect, and definitions of key terms relating to cultural respect.
- Part 3 outlines the focus areas and activities to be undertaken within each focus area, including timeframes, governance, coordination and reporting arrangements for implementing this plan.
- Part 4 outlines the evaluation process.
- Appendix 1 provides further context for this plan, providing information about why this project is important, the health status of Aboriginal people in Tasmania and the pervasive and complex impacts of intergenerational trauma and racism.
- Appendix 2 shows how the priorities identified by Tasmanian Aboriginal people to improve cultural respect in mainstream health services align with the domains of the national CRF and the requirements of the NSQHS Standards.
- Appendix 3 lists the organisations that are included as Department of Health organisations in this plan.

Terminology

- We use the word '**Aboriginal**' to describe all Aboriginal and Torres Strait Islander people in Tasmania, in recognition that Aboriginal people are the original inhabitants and traditional owners of lutruwita/Tasmania. Exceptions are where:
 - the name of a national stakeholder group or document includes the word Indigenous
 - national performance measures and indicators that include the word Indigenous.
- An **Aboriginal Community Controlled Organisation (ACCO)** is an independent, not-for-profit organisation that:
 - is incorporated as an Aboriginal organisation, initiated, controlled and operated by Aboriginal people and based in a local Aboriginal community or communities
 - is governed by an Aboriginal Board that is elected by members of the local Aboriginal community or communities where it is based; and where decision-making of the Board is determined by Aboriginal Board members; and
 - delivers services (with majority local Aboriginal and Torres Strait Islander employment) that build, strengthen and enable self-determination in Aboriginal communities and people^{iv}.
- An **Aboriginal Community Controlled Health Service** is a primary healthcare service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate healthcare to the community that controls it, through a locally elected Board of Management^v.
- **Aboriginal Health Liaison Officers** (AHLOs) are employed by the Tasmanian Health Service at the major hospitals and provide emotional, social and cultural support to Aboriginal patients and their families and help people access and fully benefit from care and treatment. They also provide information and support to hospital staff to help them provide culturally respectful care. AHLOs may or may not have health or allied health qualifications.
- An **Aboriginal Health Worker** is an Aboriginal person who has undertaken nationally accredited training in Aboriginal Primary Healthcare. In Tasmania, Aboriginal Health Workers are employed by Aboriginal community-controlled health organisations and part of their role is to support patients accessing mainstream health services.
- **The state health sector** encompasses all Tasmanian government health services. For a complete list see Appendix 3: Tasmanian Government health services.
- **The Health Executive** is the lead governance committee established to provide oversight and direction to the public health system, strengthen systems coordination and to ensure implementation of directions set by Government.

Key Aboriginal health partners

- The National Aboriginal Community Controlled Health Organisation (NACCHO) is the peak body for Aboriginal community-controlled health services in Australia. A role of NACCHO, enshrined in its constitution, is to “act as advocate, intermediary and support arm to ensure that where it is necessary and/or where it is desired by Aboriginal patients, Aboriginal people be enabled to use existing health services effectively, with parity in access and standards comparable to that available and

used by the wider community.”^{vi} As such, NACCHO has an important role in helping ensure mainstream health services are culturally respectful and safe.

- NACCHO has Affiliates representing it in each state and territory. The Tasmanian Aboriginal Centre (TAC) is the NACCHO Affiliate for Tasmania.
- The Tasmanian Aboriginal Health Forum (TAHF) is a consultative and advisory body under the *Agreement on Tasmanian Aboriginal and Torres Strait Islander Health and Wellbeing 2016–2020*. Its purpose is to provide a platform for partners to work together to improve health and wellbeing outcomes and reduce the gap in health outcomes between Aboriginal people and the general population in Tasmania. TAHF comprises the Tasmanian NACCHO Affiliate, the DoH (Australia) and the DoH (Tasmania), with Primary Health Tasmania and the National Indigenous Australians Agency as observers.
- The Tasmanian Aboriginal Centre (TAC) provides comprehensive Aboriginal community-controlled primary health services in Hobart, Burnie and Launceston, is the peak body for Aboriginal community controlled organisations in Tasmania and is represented on the Closing the Gap Coalition of Peaks.
- The Tasmanian Aboriginal Health Reference Group (TAHRG) is a consultative and advisory body comprising ACCOs and funded by the Australian Government. TAHRG members deliver a wide range of health and other services to their communities. Members of TAHRG are:
 - Cape Barren Island Aboriginal Association
 - Circular Health Aboriginal Association
 - Flinders Island Aboriginal Association
 - Karadi Aboriginal Association
 - South East Tasmania Aboriginal Corporation.

Related National Initiatives

The need for cultural respect is supported by many national initiatives, in particular:

- [The National Agreement on Closing the Gap 2020](#)
- the [National Safety and Quality Health Service \(NSQHS\) Standards \(second edition\)](#)
- the [Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026 \(CRF\)](#)
- the [NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health](#)
- the [Fifth National Mental Health and Suicide Prevention Plan](#)
- the [Optimal Cancer Care Pathway for Aboriginal and Torres Strait Islander People](#)
- the [National Aboriginal and Torres Strait Islander Health Plan 2012–2023](#)
- [Standards for general practices \(5th edition\)](#)^{vii}

In 2020, the Australian Health Practitioner Regulation Agency that oversees the National Registration and Accreditation Scheme released its *Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*. The Strategy’s aim is to provide consistency and quality improvement in matters of Aboriginal and Torres Strait Islander health and cultural safety across the National Scheme.

Part 2: Principles and Definitions

Principles

The following principles underpin this Plan:

- 1 Improving Aboriginal cultural respect is everyone's business.** Aboriginal community-controlled organisations and Aboriginal Health Workers are integral to improving health and wellbeing. People working in mainstream health organisations, across all roles, also have important roles to play to ensure Aboriginal people feel culturally safe accessing mainstream health services.
- 2 Providing culturally respectful healthcare is essential to improve the health and wellbeing of Aboriginal people,** by helping people access services they need when they need them.
- 3 'Treating everyone the same' is not culturally respectful or helpful.** Treating everyone the same means ignoring cultural differences and the pervasive social and cultural determinants of health, including inter-generational trauma and personal and institutional racism and discrimination.
- 4 To be effective, cultural respect must be embedded throughout the health system,** across funding, purchasing, legislation, policy, planning, communications, education, training, service delivery and evaluation and performance monitoring.
- 5 Cultural respect is achieved when the health system is safe, accessible and responsive for Aboriginal people** and cultural values, strengths and differences are respected^{viii}. Healthcare workers need at least basic knowledge about history and culture of Tasmanian Aboriginal people to be culturally respectful.
- 6 Respectful and effective partnerships and collaboration between Aboriginal organisations and healthcare providers are vital** to support accessible, responsive and culturally safe services.

"One of our Elders was in ICU. They only allow only two people to visit at any one time. We said we're all community and we come together. They said 'OK'. They took our needs into consideration. We were so pleased, we wrote to say thanks."

Definitions

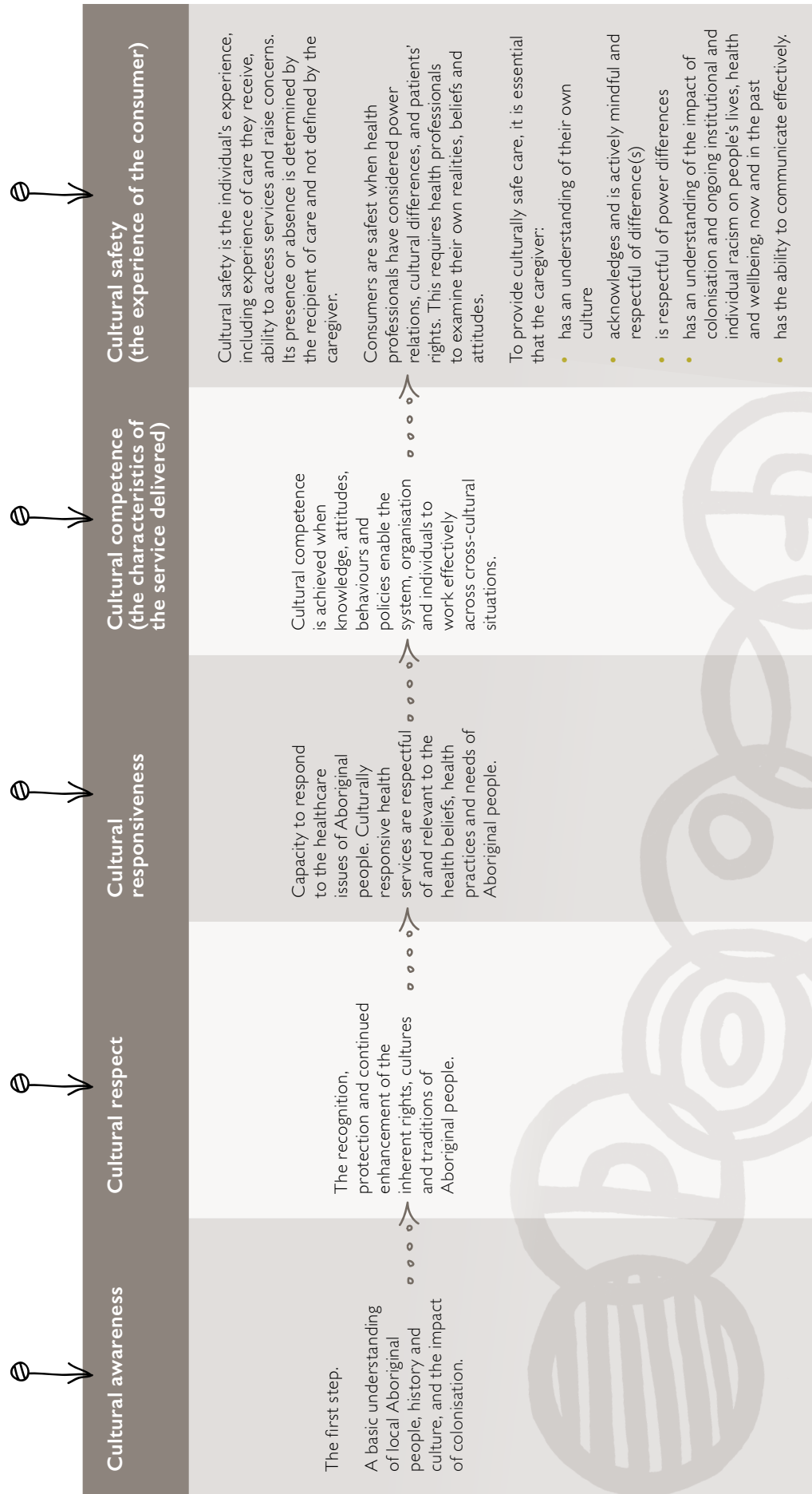
Terms relating to cultural respect include cultural capabilities, cultural awareness, cultural responsiveness, cultural competence and cultural safety. Understanding how these terms relate to each other is helpful.

These terms form a continuum, with cultural awareness being the first step towards cultural respect and cultural responsiveness, which lead to the outcomes of cultural competence (as a description of the health system, agency or individual) and cultural safety (as experienced by the individual client/patient).

FIGURE 1: Key definitions relating to cultural respect and how they relate within a continuum and cycle of cultural respect, based on definitions used in the CRF.^{ix}

Cultural Capabilities

The skills, knowledge, attitudes and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate way.



Part 3: What We'll Do and How

Focus Areas

For the years 2020–2026, Tasmania has six focus areas for improving Aboriginal cultural respect in our health system:

Focus Area 1	Focus Area 2	Focus Area 3	Focus Area 4	Focus Area 5	Focus Area 6
Whole-of-organisation approach and commitment	Communication and Cultural Visibility	Workforce Development and Aboriginal Employment	Consumer Participation and Engagement	Partnerships with Aboriginal community-controlled organisations	Data and evaluation

These focus areas align with

- Aboriginal people's priorities in Tasmania, as communicated through the consultation in 2018
- the six domains of the CRF, with some minor adjustments for the Tasmanian context
- activities required under the NSQHS Standards (second edition).
- the four priority reforms of the 2020 National Agreement Closing the Gap

Timeframes

This seven-year plan is for the years 2020–2026. It will be implemented in two phases:

Phase 1: 2020–2022

2 Phase 2: 2023–2026

Tasmania's health sector is large and diverse and the activities to improve Aboriginal cultural respect will vary across services. This Plan is not overly prescriptive about when activities will be undertaken, other than identifying the activities that are considered high priority for implementation in Phase 1, and the activities that will require ongoing implementation throughout the seven years.

“There is no quick fix for improving Aboriginal and Torres Strait Islander health and wellbeing. We need rock solid commitment with structures in place that will survive terms of government.”^x
— Aboriginal and Torres Strait Islander Social Justice Commissioner Mick Gooda

Governance and Coordination

The Secretary, DoH is the sponsor of this plan and is responsible for monitoring its implementation.

- DoH leaders are responsible for implementing this plan across Tasmanian government health organisations.

To coordinate and facilitate collaboration across the health sector, PHS will establish the Aboriginal Cultural Respect Working Group (ACRWG), with the NACCHO affiliate, ACCOs, the AHLOs and other representatives from state health organisations (see Appendix 3), and Primary Health Tasmania.

Representatives from government and other mainstream health organisations on the ACRWG will facilitate sharing of information about cultural respect initiatives between their health organisation and the working group, provide input to and collaborate on activities, and contribute to newsletters and annual progress reports.

Reporting

There are existing reporting requirements relating to Aboriginal cultural respect for the Tasmanian health system:

1. All Australian states and territories report on cultural respect through biennial reporting against the National Aboriginal and Torres Strait Islander Health Performance Framework (HPF)², under the indicator 'cultural competency'.

2. Tasmania's NACCHO affiliate (TAC) reports to NACCHO on work undertaken to support Aboriginal people to access mainstream health services.³
3. DoH reports to the TAHF, the TAHRG and the Tasmanian Government Reset Interdepartmental Committee on activities to support Aboriginal people to access mainstream health services.
4. The TAHF reports to all Partners (the Australian and Tasmanian Government Departments of Health and the Tasmanian NACCHO affiliate) through an annual report.

In addition to national reporting, the Aboriginal Cultural Respect Working Group will report to:

- the TAHF and the TAHRG, in line with the meeting cycles of those groups (generally every second month)
- the project sponsor, in line with reporting to the TAHF and the TAHRG
- the Minister for Health (Tas), the Minister for Aboriginal Affairs (Tas), the DoH Health Executive and ACCOs through an annual written report.

Reporting will include:

- assessment of activity against the performance measures and indicators in this plan
- case studies of activities undertaken and initiatives to improve cultural respect.

Our trauma is confounded by having to convince people we still exist.^{xi}

-
- 2 The biennial Aboriginal and Torres Strait Islander Health Performance Framework report is the authoritative evidence base for Aboriginal health policy, combining evidence from national data collections and research literature with policy analysis. The reports are auspiced by the Australian Health Ministers' Advisory Council. Content is developed and coordinated by the National Indigenous Australians Agency in consultation with the Department of Health (Australia).
 - 3 NACCHO affiliates receive funding from the Australian Government to support mainstream health services to be culturally respectful and to support Aboriginal people to access mainstream health services. A key performance indicator of NACCHO relates to building culturally respectful mainstream health services.

FOCUS AREA 1:

Whole-of-organisation approach and commitment

This focus area aligns with:

- NSQHS Standards – Action 1.2: The governing body ensures the organisation’s safety and quality priorities address the specific health needs of Aboriginal people.
- CRF Domain 1: Whole-of-organisation approach and commitment.
- National Agreement on Closing the Gap 2020 – Priority Reform Three – Transforming Government Organisations: Confronting institutionalised racism in government mainstream institutions and agencies to ensure Aboriginal and Torres Strait Islander people can access the services they need in a culturally safe way.

Why this is important:

Achieving a culturally respectful health system requires more than individual clinicians and caregivers providing culturally respectful care. Cultural respect requires strong leadership and commitment to bring about the required organisational and systems changes, with partnerships, resourcing, supportive policies and processes and evaluation.

What we'll do	Lead	Phase
a) Continue to lead, oversee and sponsor this work.	Secretary	1, 2
b) Establish the Aboriginal Cultural Respect Working Group (ACRWG), with representation from the NACCHO Affiliate, TAHRG, Government health organisations (see Appendix 3), and Primary Health Tasmania, to facilitate coordination and collaboration in implementing this Plan.	PHS	1
c) Make a formal commitment to improving cultural respect and responsiveness in all aspects of core business, including vision and mission statements and organisational principles.	Health Executive	1
d) Seek and support appropriate representation on Aboriginal health issues on advisory forums, including, the Premier’s Health and Wellbeing Advisory Council, the Mental Health Forum and the Tasmanian Consumer Health Forum.	Each forum	1
e) Encourage and facilitate senior managers to undertake face-to-face cultural awareness training delivered by an Aboriginal training provider and visit local Aboriginal health services.	OTS (with PHS)	1
f) Require organisations funded by DoH to show evidence of progress towards becoming a culturally respectful organisation for Aboriginal people by adding a standard clause and key performance indicator relating to Aboriginal cultural respect to funding agreement templates and providing supporting information for funding agreement / grant managers.	PHS	1

What we'll do	Lead	Phase
g) Explore the option of appointing an identified* Aboriginal Health Quality Improvement Officer ^{xii} to work alongside AHLOs, quality and safety staff and health service NSQHS Standards Committees ⁴ . (*position to be filled by an Aboriginal person)	THS (with CQRA)	2
h) Explore the option of appointing a Tasmanian Chief Aboriginal Health Advisor ^{xiii5} .	CQRA (with PHS)	2
i) Progress the recruitment of an identified* Aboriginal Health Policy Officer. (*position to be filled by an Aboriginal person)	PHS	1
j) Continue to liaise with Primary Health Tasmania and the NACCHO affiliate about opportunities to collaborate to improve the rate of Medicare Item 715 health checks ⁶ and cultural respect across the health system.	PHS	1, 2
k) Consider developing a generic Tasmanian Aboriginal clinical care pathway for use in the state health system, complementing the Tasmanian Health Pathways developed by Primary Health Tasmania that have an Aboriginal health and wellbeing focus.	PHS (with THS, CMHW, PPPR and CQRA)	2
l) Become an official supporter of <u>Racism. It stops with me</u> ^{xiv}	HR and OTS	1
m) Explore the option of using <i>A Matrix for Identifying, Measuring and Monitoring Institution Racism within Public Hospitals and Health Services</i> ^{xv} or similar tool, to assess the level of institutional racism in Tasmania's public health system.	PHS	2
n) Celebrate and promote cultural respect activities through regular newsletter articles.	PHS / ACRWG	1, 2
o) Report regularly to the project sponsor, the TAHF and the TAHRG about implementation of this plan.	PHS / ACRWG	1, 2
p) Publish an annual report against the performance measures listed in this Plan and share the report with the TAHF, the TAHRG, the State Health Executive, the Minister for Aboriginal Affairs and the Minister for Health.	PHS / ACRWG	1, 2

4 Appointing an Aboriginal Health Quality Improvement Officer is a suggestion out of the *Aboriginal and Torres Strait Islander Patient Quality Improvement Toolkit for Hospital Staff* (St Vincents Hospital, Melbourne, 2010) to support AHLOs to focus their role on supporting Aboriginal patients and families and reduce sole person dependency within the major hospitals, while maintaining a focus on cultural change within a sustainable quality improvement framework.

5 The Victorian Government employed a Chief Aboriginal Health Advisor in 2019. This model may be useful for Tasmania, including to demonstrate recognition of the importance of Aboriginal health. Key roles could include:

- leading evaluation of this Plan
- advocating across the Tasmanian health system the need to reorient health services and care delivery
- leading Tasmania's health activity required from the Closing the Gap National Agreement 2020
- representing Tasmania on the National Aboriginal and Torres Strait Islander Health Standing Committee
- representing Tasmania on the Australian Commission on Safety and Quality in Health Care Aboriginal and Torres Strait Islander Health Advisory Group
- supporting development of Tasmania's Aboriginal health workforce
- providing advice and professional expertise on Aboriginal health policy
- collaborating across mainstream and Aboriginal health settings
- being a strong role model for Aboriginal health professionals in Tasmania.

6 Tasmania has the lowest uptake of Aboriginal health checks (Medicare Item 715) in Australia, across every age group. Improving cultural respect and encouraging identification by Aboriginal may increase the proportion of Aboriginal people being offered these checks.

Focus Area I Performance Measures and Indicators

Unless stated otherwise, measures are for the previous 12 months, by financial year.

	Performance measure / indicator	Data source
1	Active membership and activity of the ACRWG	Direct enquiry through ACRWG
2	Number of Aboriginal organisations / people represented on health advisory forums/committees	Direct enquiry through ACRWG
3	Number and proportion of Health Executive team members who have completed face-to-face cultural respect training delivered by an Aboriginal community-controlled organisation in Tasmania.	Direct enquiry to executive members.
4	Proportion of relevant funding agreements that include clauses and performance indicators about Aboriginal cultural respect. <i>*Relevant funding agreements are those that provide funding for service delivery to the general public.</i>	Individual business units
5	Number of newsletter articles published about cultural respect.	Direct enquiry through ACRWG

“We need better processes and policies. Strategic policy shows commitment.”^{xvi}

FOCUS AREA 2:

Communication and Cultural Visibility

This focus area aligns with:

- Tasmanian Aboriginal people's priority: Improved cultural visibility
- NSQHS Standards – Action 1.33: The organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal people.
- National Agreement on Closing the Gap 2020 – Priority Reform Three – Transforming Government Organisations: Support Aboriginal and Torres Strait Islander cultures.

Why this is important:

Culturally respectful communication and environments are the foundation for the delivery of accessible, culturally responsive and safe health care. These actions are vital to 'opening the gate' to the path to cultural respect and, ultimately, cultural competence.

“You’re more likely to communicate openly with the nurse or doctor if you feel welcome and invited.”



What we'll do	Lead	Phase
<p>a) Develop culturally-respectful environments and improve the visibility of Tasmanian Aboriginal culture, for example by:</p> <ul style="list-style-type: none"> • displaying information about why its important for all patients to be asked if they are of Aboriginal or Torres Strait Islander origin when information is collected for admission or registration, and when clinically indicated • displaying Tasmanian Aboriginal artwork, cultural exhibits and Acknowledgement of Country plaques • engaging Aboriginal artists to create artwork for health facilities • displaying the Aboriginal flag • purchasing subscriptions to the national fortnightly Aboriginal and Torres Strait Islander newspaper, the Koori Mail, for staff and patients • playing Tasmanian Aboriginal music • including Aboriginal themes on cubicle curtains in hospitals • displaying health promotion posters and brochures featuring local Aboriginal people and Aboriginal imagery • including information about Aboriginal health, culture and heritage – potentially from The Orb (Department of Education, www.theorb.tas.gov.au) – in videos played in waiting areas • providing Aboriginal books, dolls and pictures on pediatric wards • ensuring Tasmanian Aboriginal culture and people are appropriately represented in significant, locally-developed health resources • developing resources to support Aboriginal people's patient journeys, for example, videos of the sights and sounds of the Bass Strait islands for patients from the Bass Strait Islands receiving palliative care. 	All	1, 2
<p>b) Explore the feasibility of developing a library of images to support reflection of Aboriginal culture, heritage and people in new Tasmanian health resources.</p>		1
<p>c) Display Equal Opportunity Tasmania's Report It! posters and provide brochures in strategic locations in workplaces and service areas.</p>	HR	1
<p>d) Encourage and support staff to provide Acknowledgements of Country at the start of significant meetings.</p>	PHS	1
<p>e) Review and/or develop and distribute information about the role of AHLOs in Tasmania's public hospital system.</p>	THS	1
<p>f) Provide culturally-respectful office accommodation for AHLOs, to facilitate confidential conversations with patients.</p>	THS	1
<p>g) Encourage staff participation in NAIDOC Week activities.</p>	All	1, 2
<p>h) Continue work to improve the health literacy environment of health services and support improvements in health literacy across Tasmania.</p>	All	1, 2

Focus Area 2 Performance Measures and Indicators

Unless stated otherwise, measures are for the previous 12 months, by financial year.

	Performance measure /indicator	Data source
1	Number of new resources developed that are culturally inclusive and respectful.	Direct enquiry to ACRWG
2	Proportion of Aboriginal and Torres Strait Islander people reporting needing to go to a healthcare provider in the last 12 months, but not going, and the reason, by state/territory.	Aboriginal and Torres Strait Islander Health Performance Framework Report (HPF) (Tier 3) (Table 3.08.4 in the 2017 Report online data tables).
3	How often doctors listened carefully, showed respect for what was said and spent enough time with patients. (Aboriginal and Torres Strait Islander persons aged 15 and over, by state/territory).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) (Table 3.08.22 in the 2017 online data tables).
4	Proportion of Aboriginal and Torres Strait Islander people who avoided appointments with doctors, nurses or other staff at hospitals or doctors' surgeries due to past unfair treatment. (Aboriginal and Torres Strait Islander persons aged 15 and over, by state/territory).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) (Table 3.08.19 in the 2017 online data tables).
5	Case studies of effort to provide culturally respectful service environments.	Direct enquiry to ACRWG

FOCUS AREA 3:

Workforce Development and Aboriginal Employment

This focus area aligns with:

- Tasmanian Aboriginal people's priorities:
 - Workforce development
 - Improved staff training and processes in recording Aboriginal identity
 - Increased capacity of AHLOs
 - Increased proportion of Aboriginal people working in mainstream health services
- NSQHS Standards – Action 1.2.1: The organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal patients.
- CRF Domain 3: Workforce Development and Training.
- National Agreement on Closing the Gap 2020 – Priority Reform Three – Transforming Government Organisations: Identify and eliminate racism. Embed and practice meaningful cultural safety. Employ more Aboriginal people.

Why this is important:

- Evidence shows Aboriginal people are more likely to access health services where service providers communicate respectfully, build good relationships, have an awareness of the underlying social issues and some understanding of culture, and where Aboriginal are part of the healthcare team.^{xvii}
- Barriers to the use of health services by Aboriginal people include fear and lack of trust of non-Indigenous health professionals (who were integral to the policies that created the Stolen Generations), and lack of understanding and respect shown by healthcare providers.^{xviii}
- Employing more Aboriginal people in the health system can help improve the knowledge, understanding and skills of non-Aboriginal staff.^{xix}
- Evidence shows Aboriginal people are under-represented across the registered health professions in Tasmania.⁷
- Concerns have been raised about the breadth and scale of responsibilities, sole-person dependency on and limited hours of the AHLOs at Tasmania's major hospitals.

7 2018 National Health Workforce Data Set Australian Institute of Health and Welfare

What we'll do: Workforce Development	Lead	Phase
a) Complete the review of the Aboriginal cultural awareness eLearning module.	PHS	1
b) Include the updated DoH <i>Aboriginal Cultural Respect in Health Services</i> eLearning modules within training protocols for Hospitals South and Hospitals North/North West staff.	THS	1
c) Mandate the DoH <i>Aboriginal Cultural Respect in Health Services</i> eLearning modules for departmental staff.	PHS	1
d) Develop a DoH <i>Aboriginal Cultural Respect Training Strategy</i> , outlining face-to-face cultural respect training options that meet the needs and capacity of the Tasmanian health sector, in liaison with Aboriginal registered training organisations, THS, CQRA Primary Health Tasmania and the State Service Management Office.	THS, CMHW, HR and PHS	1
e) Support staff to attend face-to-face cultural respect training delivered by Aboriginal registered training organisations.	All	1, 2
What we'll do: Aboriginal Employment	Lead	When
f) With the Tasmanian NACCHO Affiliate, ACCOs and Primary Health Tasmania review existing resources available to support staff to deliver culturally respectful care and information, develop culturally respectful service environments and policies, and strengthen partnerships with ACCOs.	PHS, THS, CMHW	1
g) With the Tasmanian NACCHO Affiliate, ACCOs and Primary Health Tasmania, develop additional resources to support staff to deliver culturally respectful care and information, develop culturally respectful service environments and policies, and strengthen partnerships with ACCOs	PHS with THS	1
h) Develop Aboriginal cultural respect resources for staff orientation sessions.	PHS	1
i) Support AHLOs to identify and advocate opportunities for improving cultural respect across the major hospitals.	THS	1, 2
j) Contribute to development and implementation of the <i>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031</i>	CQRA	1
k) Establish processes to record (voluntarily) the Aboriginal status of staff, to facilitate engagement in Aboriginal staff forums and enable accurate reporting of the proportion of Aboriginal staff employed by the DoH.	HR	1
l) Continue to sponsor and manage the Ida West Scholarship Program.	CQRA	1, 2
m) Promote CATSINaM and Puggy Hunter scholarships for Aboriginal people studying entry level health courses.	CQRA	1, 2
n) Explore options to increase the capacity of AHLOs at major public hospitals, including by reviewing the demand and scope of work for AHLOs and considering options to increase the AHLO workforce through increased hours of work and/or additional positions. ^{xx}	THS	1
o) In liaison with ACCOs and in line with national developments, consider ways to improve access to Aboriginal Health Worker training.	PHS	2
p) Implement the <i>Tasmanian Government Aboriginal Employment Strategy 2018</i> ^{xxi} across the state health sector.	HR	1, 2
q) Explore the option of adding Aboriginal Health Workers to the THS primary health occupational structure.	THS	2

Related activities from other focus areas:

Focus Area	Activity (summary)
I	Explore the option of appointing a Chief Aboriginal Health Advisor and/or Aboriginal Health Policy Analyst.
I	Explore the option of appointing an Aboriginal Health Quality Improvement Officer to work alongside AHLOs, quality and safety staff and NSQHS Standards Committees.

Focus Area 3 Performance Measures and Indicators

Unless stated otherwise, measures are for the previous 12 months, by financial year.

	Performance measure/indicator	Data source
1	Proportion of staff that have completed the DoH Aboriginal cultural orientation e-learning module.	PHS
2	Nature of the feedback provided about the e-learning module.	PHS
3	Number and proportion of DoH staff completing Aboriginal face-to-face cultural respect training.	Training providers
4	Number of GPs and other primary healthcare workers that have completed cultural awareness training coordinated by Primary Health Tasmania.	Primary Health Tasmania
5	Percentage of state health sector staff that identify as Aboriginal.	State Service Survey
6	Proportion of nursing and midwifery positions in the state health sector that are held by Aboriginal people.	CQRA
7	Number of identified Aboriginal positions in the state health sector (FTE).	HR
8	Number of applicants and successful applicants for the Ida West Scholarship in the financial year.	CQRA
9	Number of Tasmanian applicants and successful applicants for CATSINaM Scholarships.	CQRA
10	Employed health professionals by Indigenous status, state/territory and profession.	Aboriginal and Torres Strait Islander HPF Report (Table 3.12.4, 2017 Report).
11	Employed medical practitioners by Indigenous status and state/territory.	Aboriginal and Torres Strait Islander HPF Report (Table 3.12.6, 2017 Report).
12	Employed nurses and midwives, by Indigenous status and state/territory.	Aboriginal and Torres Strait Islander HPF Report (Table 3.12.9, 2017 Report).

FOCUS AREA 4:

Consumer Participation and Engagement

This focus area aligns with:

- Tasmanian Aboriginal people's priorities:
 - Increased capacity of AHLOs
 - Better complaints management
- NSQHS Standards – Action 2.1.3: The organisation works in partnership with Aboriginal communities to meet their healthcare needs.
- CRF Domain 4: Consumer Participation and Engagement.
- National Agreement on Closing the Gap 2020 – Priority Reform Three – Transforming Government Organisations:
 - Improve engagement with Aboriginal and Torres Strait Islander people.
 - Engage with Aboriginal and Torres Strait Islander people to listen and respond to concerns about mainstream organisations.

Why this focus area is important:

Providing comprehensive care to Aboriginal people means tailoring the care to the needs and goals of individuals and considering the impact of care on that person's life and wellbeing^{xxii}. Optimal consumer-centred care includes acknowledging the philosophies of holistic health and wellbeing, and the role of Aboriginal knowledge, values, beliefs, cultural needs and health history in decision-making about treatment and ongoing care. Patient-centred care also considers the impact of family structures and responsibilities.

What we'll do	Lead	Year
a) Seek and support Aboriginal representation on public hospital community engagement councils.	THS	1
b) Review consumer feedback and complaints mechanisms to ensure they meet best-practice.	THS	1, 2
c) Add questions about cultural safety to patient/client feedback surveys ^{xxiii} .	THS	1
d) Support consumer participation by improving staff knowledge about the role of AHLOs and Aboriginal Health Workers, including through cultural respect training, fliers, posters, newsletter articles and documenting referral and related processes.	THS	1, 2

Related activities from other focus areas:

Focus area	Activity (summary)
I	Seek and support appropriate representation on Aboriginal health issues on advisory forums.

Focus Area 4 Performance Measures and Indicators

Unless stated otherwise, measures are for the previous 12 months, by financial year.

	Performance measure / indicator	Data source
1	Number of consumer engagement committees with Aboriginal representatives.	Direct enquiry through ACRWG
2	How often doctors listened carefully, showed respect for what was said and spent enough time with patients. (Aboriginal and Torres Strait Islander persons aged 15 and over, by state/territory).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) (Table 3.08.22 in the 2017 Report online data tables).
3	Hospitalisations where patients left against medical advice/ were discharged at own risk, by Indigenous status and state/ territory (excluding dialysis and mental and behavioural disorders).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) Table 3.09.3 in the 2017 Report online data tables).

FOCUS AREA 5:

Partnerships with Aboriginal Community Controlled Organisations

This focus area aligns with:

- Tasmanian Aboriginal people's priority: Improved partnerships between mainstream health services and Aboriginal community controlled organisations, including better understanding of the role of Aboriginal Health Workers.
- NSQHS Standards – Action 2.1.3: The organisation works in partnership with Aboriginal communities to meet their healthcare needs.
- CRF Domain 5: Stakeholder Partnerships and Collaboration.
- National Agreement on Closing the Gap 2020 – Priority Reform One: Formal partnerships and shared decision-making:
 - More partnership arrangements between Aboriginal and Torres Strait Islander people and governments at all levels.

Why this is important:

Respectful and effective partnerships and collaboration between Aboriginal community-controlled organisations and mainstream health organisations are vital to supporting accessible, responsive and culturally safe services and improving the health of Aboriginal people.

What we'll do	Lead	Year
a) Improve knowledge across the health sector about the TAHF and TAHRG.	PHS	1, 2
b) Involve Aboriginal community-controlled organisations in evaluating this plan.	PHS	1, 2
c) Consult Aboriginal community-controlled organisations about significant policy development, service planning and care design, through the TAHF and the TAHRG.	All, with PHS	1, 2
d) Involve Tasmanian Aboriginal people in improving cultural respect through commissioning Aboriginal artwork.	All	1, 2
e) Develop protocols and guidelines for using and enhancing existing partnerships with ACCOs, including principles for working in partnership and covering issues such as reciprocity, communication, representation and sharing of knowledge and data to support systems change.	PHS	1
f) Explore opportunities to provide outreach services, including antenatal care and outpatients' appointments, within Aboriginal health services.	THS, CMHW, PPPR	1, 2
g) Partner with ACCOs to recognise, celebrate and participate in NAIDOC Week events.	All	1, 2
h) Explore the option of Statements of Intent or Memorandums of Understanding to support formal partnerships with ACCOs.	All	1, 2

Related activities from other focus areas:

Focus area	Activity (summary)
1	Establish the Aboriginal Cultural Respect Working Group.
1	Seek and support appropriate representation on Aboriginal health issues on advisory forums.
1	Report regularly to the project sponsor, the TAHF and the TAHRG about implementation of this plan.
1	Report annually against the performance measures listed in this Plan.
1	Continue to liaise with Primary Health Tasmania about opportunities to collaborate to improve the rate of Medicare Item 715 health checks and cultural respect across the health system.
2	Review existing NACCHO and local resources, and develop additional resources as necessary, to support health workers to provide culturally respectful care and service environments and strengthen partnerships with Aboriginal organisations.
3	Develop a statewide <i>Aboriginal Cultural Respect in Health Training Strategy</i> .
3	Support staff to attend face-to-face cultural respect training delivered by Aboriginal registered training organisations.
3	In liaison with ACCOs and in line with national developments, consider ways to improve access to Aboriginal Health Worker training.
4	Consult Aboriginal community-controlled organisations about significant policy development, service planning and care design, through the TAHF and the TAHRG.

Focus Area 5 Performance Measures and Indicators

Unless stated otherwise, measures are for the previous 12 months, by financial year.

	Performance measure / indicator	Data source
1	Number of projects undertaken in partnership with ACCOs.	Direct enquiry through ACRWG
2	Aboriginal Health Workers' experience of working in partnership with mainstream health services.	Survey (qualitative)

FOCUS AREA 6:

Data

This focus area aligns with:

- Tasmanian Aboriginal people's priority: Improved staff training and processes in asking and recording Aboriginal identity.
- NSQHS Standards:
 - Action 1.4: The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal people.
 - Action 1.8: The organisation has processes to routinely ask patients if they identify as Aboriginal, and to record this information in administrative and clinical information systems
- CRF Domain 6: Data, planning and research.
- National Agreement on Closing the Gap 2020 – Priority Reform Four – Shared access to data and information at a regional level:
 - establish partnerships between Aboriginal and Torres Strait Islander people and government agencies to improve collection, access, management and use of data, including identifying improvements to existing data collection and management

Why this is important:

Recording Aboriginal origin when collecting information for admission or registration and as clinically indicated, is important because it:

- enables referral to the AHLO at the major hospitals
- supports consideration of health risks
- supports patient-centred care and discharge planning
- enables collection of valid data that shows the effectiveness of health services, progress in improving health outcomes and the priority areas, and supports service planning
- is a requirement under national accreditation standards
- supports evaluation of this plan.

People need to be identified as Aboriginal on their health records. It supports data collection, which tells us where the main health issues are, and helps funds be directed in the best way. It also supports staff to provide the best care, bearing in mind family history and Aboriginal risk factors^{xxiv}

What we'll do	Lead	Year
a) Implement the <i>Best Practice Guidelines in Collecting Aboriginal Health Data</i> (AIHW, 2010): <ul style="list-style-type: none"> • modify patient admission processes and guidelines to improve recording of identity and visibility of this information to clinicians • develop a statewide policy, guidelines and supporting resources on asking the Aboriginal identifier question • include information about the reasons for asking the Aboriginal identifier question in staff orientation and induction. • train administrative staff who collect patient demographic information on when and how to ask the Aboriginal identifier question. 	THS, CMHW	1, 2
b) Update the existing 'Are You of Aboriginal or Torres Strait Islander Origin' poster, including information about why we ask this question.	PHS with THS and CMHW	1
c) Display 'Are You of Aboriginal or Torres Strait Islander Origin' posters at all reception points.	All	1
d) Liaise with the Australian Institute of Health and Welfare about improving access to and the quality of Tasmanian Aboriginal health data.	PPPR	1
e) Explore the need to develop or adapt an existing 'Aboriginal Cultural Respect Audit Tool' ⁸ for use by Tasmanian health organisations.	PHS	1
f) Complete organisational self-assessments of cultural respect using the audit tool to be developed.	All	2
g) Ensure mechanisms are in place to collect data relating to cultural safety performance measures.	THS, PHS, CMHW and PPPR	1
h) Publish an annual report showing performance against the measures listed in this plan.	PHS / ACRWG	1, 2
i) Advocate for all Tasmanian health research policies, protocols and guidelines to include: <ul style="list-style-type: none"> • statements that all research relating to Tasmanian Aboriginal health must be co-designed with Tasmanian Aboriginal people • statements that any research focused on Aboriginal people must align with the Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (National Health and Medical Research Council, 2003). 	PHS	1, 2

Focus Area 6 Performance Measures and Indicators

Unless stated otherwise, measures are for the previous 12 months, by financial year.

	Performance measure / indicator	Data source
1	Proportion of people registered in the THS patient administration system whose Aboriginal and/or Torres Strait Islander status is not stated or unknown.	iPM (THS patient administration system)
2	Proportion of births for which Indigenous status of the mother and father is recorded.	Obstetrix database

8 For example, the Health and Community Services Audit tool available in the *Making Two Worlds Work Resource Kit*, at www.whealth.com.au/mtww/resource_kit.html (viewed 21 November 2018)

Part 4: Evaluation

Evaluation of implementation of this plan will align with the Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders 2018 (National Health and Medical Research Council, 2018).

Aboriginal people will be invited to lead the evaluation. Options include (but are not limited to) outsourcing evaluation to an ACCO or Aboriginal consultant (dependent on funding availability) and establishing an evaluation working group chaired by an Aboriginal person.

It is anticipated there are two main activities for evaluating the effectiveness of implementation of this Plan:

-
- 1 Reporting against the performance measures listed under each Focus Area.
-
- 2 Repeating the community consultation in 2023 (half-way through the implementation period) and 2027, in partnership with ACCOs. This will involve:
 - a. Focus groups for Aboriginal people
 - b. An online and hard-copy survey for Aboriginal people
 - c. An invitation to Aboriginal people to make direct contact with the project team
 - d. Meetings with staff of Aboriginal community-controlled health services
 - e. Meetings with other stakeholders, including consumer forums.
-

Appendix I: Context

The Tasmanian Context

Aboriginal people have lived on the island we now call Tasmania for at least 43 000 years, and survived European invasion, colonisation and near-genocide in the 1800s. With survival came:

- loss of land and access to traditional food
- loss of language and freedom to practise culture and traditional lifestyles
- marginalisation, disempowerment in mainstream society and forced assimilation
- government-sponsored removal of children from their parents (a living memory for many Aboriginal people in Tasmania today)
- trauma that continues across generations.

These impacts continue to affect the social, economic, physical and psychological health and wellbeing of Aboriginal people today. Table I shows:

- fewer Aboriginal people in Tasmania report excellent or very good health than Aboriginal and Torres Strait Islander people nationally

- more Aboriginal people in Tasmania report a profound/severe core disability and/or long-term health condition
- twice the proportion of Aboriginal people in Tasmania report experiencing high or very high levels of psychological distress than in the general Tasmanian population
- Aboriginal people in Tasmania are nearly three times more likely than the general Tasmanian population to 'take own leave', eg to discharge themselves from hospital against medical advice^{xxv}; the reasons for this are likely to include institutionalised racism, direct racism, cultural insensitivity and not feeling culturally safe, distrust of the health system/hospitals^{xxvi}, family and social obligations, a lack of understanding of treatment being received and feeling that the treatment had finished^{xxvii}.

TABLE I: The health of Aboriginal people in Tasmania

	Tas. Aboriginal	All of Tas.	National Indigenous
Excellent/very good health ^	37.3%#	51.2%##	39.7%#
Profound/severe core disability ^	11.8%#	8%*	7.7%#
Long-term health condition ^	70.4%#	52.5%##	65%#
High/very high psych distress ^	26.6%#	13.4%##	32.8%#
Proportion of hospitalisations ending in discharge against medical advice	0.5%**	0.2%**	3.4%**
Presence of cardiovascular disease	14%*	7.7%*	

^ Self-assessed

National Aboriginal and Torres Strait Islander Social Survey 2014–2015^{xxviii}

National Health Survey 2017–2018^{xxix}

*State of Public Health Tasmania 2018^{xxx}

** Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report^{xxxi}

Why Aboriginal Cultural Respect Matters

Aboriginal community-controlled health services play a vital role in Australia's health system, are integral to improving the health of Aboriginal people and lead the way in providing best-practice and culturally respectful primary health care. Comprehensive primary health care was pioneered in Australia by the Aboriginal community-controlled sector. That model foreshadowed the World Health Organization Alma-Ata Declaration on Primary Health Care^{xxxii} and underpinned the community health services that subsequently developed under the 1973 Federal Community Health Program^{xxxiii}.

In comparison, the general health system has been relatively slow to embed Aboriginal cultural respect into the design, delivery and evaluation of health services. To improve health outcomes for Aboriginal people, this is essential, and all governments in Australia agree.

Aboriginal people are more likely to access mainstream health services when service providers build good relationships, communicate respectfully, have an awareness of underlying social issues, have some understanding of history and culture and include Aboriginal people as part of the health care team^{xxxiv}.

Embedding Aboriginal cultural respect into the design, delivery and evaluation of health services supports:

- improved health outcomes
- more timely, efficient and effective services
- a diversely skilled and dynamic workforce
- a reduction in experiences of racism and discrimination
- improved consumer and community satisfaction.^{xxxv}

Racism

Racism is not rare or harmless in our health system. Over one in four (29 per cent) of Aboriginal people in Tasmania who participated in the DoH online survey in 2018 reported having experienced racism or discrimination while using or visiting a government or other mainstream health service in the previous three years. A further eight per cent were not sure and six per cent did not want to say.

Racism includes:

- **personal racism**, when a person's beliefs, attitudes and actions are based on deeply embedded biases, stereotypes or prejudices
- **interpersonal racism**, which is played out between individuals, eg denial of existence, racial jokes
- **institutional racism** including deliberate suppression of identity^{xxxvi} and paternalistic policies.

Racism is a major barrier to improving health for Aboriginal people and a key driver of ill health^{xxxvii} through:

- unequal access to social resources required for health – housing, employment, education, medical care
- direct impact on health (eg physical assault)
- stress and negative emotions that contribute to psychological distress, depression and other mental illness, engagement in unhealthy activities, and – if stress is prolonged – can have physical health effects, including on the immune, endocrine and cardiovascular systems.

“If we are to tackle racism in all of its dimensions, cultural safety must be present in the policies and systems of the health sector itself, not just in individual practice.”

“During my last pregnancy I was asked if I identified and I replied that, yes, I am Aboriginal. Months later, I delivered my baby. When the time came for us to go home, we were approached for confirmation of my Aboriginality. The staff returned with two DVDs and told me that before I could take my baby home, they needed to sign-off that I had watched them. One was a Kidsafe DVD on how to keep my house safe with a child. The second, was a DVD filmed in a remote Aboriginal Community on how to drink alcohol safely with my baby and the risks of co-sleeping while being under the influence. I was mortified to say the least. I asked why I had to be subjected to watching the videos, yet other parents were freely able to take their bubs home such humiliation. It was purely because I identified as Aboriginal.”

Intergenerational trauma

Trauma is a pervasive and complex aspect of the lives of many Aboriginal people in Tasmania, at individual, collective and community levels, and with historical and contemporary manifestations. Many healthcare workers do not yet understand the extensiveness and pervasiveness and compounding nature of this trauma^{xxxviii}. Understanding intergenerational trauma is vital for responding appropriately.

Intergenerational trauma is ‘the subjective experiencing and remembering of traumatic events in the mind of an individual or the life of a community, passed from adults to children since the first generation of survivors, in cyclic processes^{xxxix}. In other words, trauma can be transferred from those that directly experienced or witnessed a traumatic event to the second and further generations.

When trauma becomes embedded in the collective, cultural memory – through the same mechanisms by which culture is generally shared – it becomes normalised within that culture^{xl}, potentially leading to a cycle of worsening social, economic and cultural consequences. Neuroscientific and genetic research has shown there is a clear biological process for this transfer of trauma.

Intergenerational trauma is compounded by contemporary trauma, grief and loss – high rates of imprisonment, family violence, suicide, morbidity and mortality, child removal, shorter life expectancy, and racism – which all contribute to a cycle of worsening social, economic and cultural consequences.

Appendix 2: Alignment of the priorities identified by Tasmanian Aboriginal people with the Cultural Respect Framework and the Aboriginal-specific actions in the NSQHS Standards

Tasmanian Consultation Findings

In 2018, Public Health Services (PHS) consulted Aboriginal people in Tasmania about their experiences accessing mainstream health services, and opinions on the priorities for improving cultural respect. This Plan is strongly informed by the information shared.

Through the consultation, we learned that:

- many Aboriginal people are reluctant to seek healthcare when they need it, turn up to appointments and stay in hospital if they do not feel welcome or perceive negative stereotypes about Aboriginality
- while many healthcare workers are respectful, many Aboriginal people did not feel welcome, comfortable or respected as an Aboriginal person last time they used a mainstream health service; and felt uncomfortable about returning for their next appointment.

Consultation confirmed the following issues across the health sector:

- invisibility of Aboriginal culture and heritage
- racism, including the denial of the ongoing presence of Tasmanian Aboriginal people, especially by staff trained interstate or overseas
- inadequate partnerships between mainstream health services and Tasmanian Aboriginal community-controlled organisations.

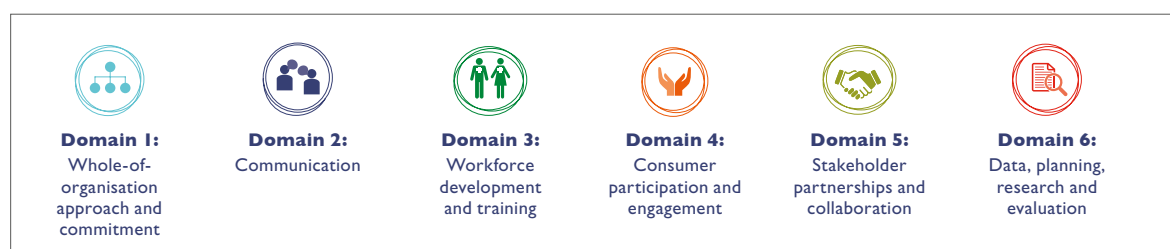
Priorities communicated by Aboriginal people through the consultation are:

1. Workforce development, including cultural respect training for all staff, especially doctors trained outside Tasmania, reception staff and those working in emergency departments and aged care services
2. Improved data collection and training for staff in respectfully asking the Indigenous identifier question
3. Improved physical settings and cultural visibility, including flying/display of the Aboriginal flag
4. Improved knowledge about and respect for the role of Aboriginal Health Liaison Officers (AHLOs) and increased capacity and support for these staff
5. Increased proportion of Aboriginal people working in mainstream health services
6. Better complaints management, including communication of complaints management processes, better support for people seeking to make a complaint and better follow-up on complaints
7. Stronger partnerships between mainstream health services and Aboriginal health organisations, including better understanding of, and respect for, the roles of Aboriginal Health Workers.

The Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026

The CRF was commissioned and endorsed by the Australian Health Ministers' Advisory Council. It commits the Commonwealth and all states and territories to embedding cultural respect principles into their health systems and provides the roadmap for achieving that.

The CRF outlines how to achieve a culturally-respectful health system and guides the delivery of quality, culturally safe healthcare to Aboriginal people. It was written for government-run and government-funded health services but is relevant to all parts of the health system – private and non-government health services, tertiary training providers, peak bodies and health associations. The CRF outlines six domains that underpin culturally respectful health service delivery:



The National Safety and Quality Health Service Standards (second edition)

The NSQHS Standards (second edition) provide a nationally consistent statement about the level of care consumers can expect from health services^{xii}. The Standards require health service organisations to undertake six actions that are specific to Aboriginal and Torres Strait Islander people, to improve the quality of care

and health outcomes. These actions are shown in Table 2 below.

In Tasmania, all state-funded health services that are required to undergo accreditation under the national scheme are expected to meet all the NSQHS Standards. Health services must maintain accreditation to continue to provide services and access government funding.

TABLE 1: The NSQHS Standards and new actions that focus on meeting the needs of Aboriginal people

Standard	Action No.	Action
Standard 1: Clinical Governance	1.2	The governing body ensures the organisation's safety and quality priorities address the specific health needs of Aboriginal people.
	1.4	The organisation implements and monitors targeted strategies to meet the organisation's safety and quality priorities for Aboriginal people.
	1.21	The organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal people.
	1.33	The organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal patients.
Standard 2: Partnering with Consumers	2.13	The organisation works in partnership with Aboriginal communities to meet their healthcare needs.
Standard 5: Comprehensive Care	5.8	The health service organisation has processes to routinely ask patients if they identify as Aboriginal, and to record this information in administrative and clinical information systems.

TABLE I: Alignment of the priorities identified by Tasmanian Aboriginal people with the Cultural Respect Framework and the Aboriginal-specific actions in the NSQHS Standards

Aboriginal-specific actions, NSQHS Standards (second edition)	CRF Domain and Focus Areas	Tasmanian Aboriginal Priority
<p>1.2 The governing body ensures the organisation's safety and quality priorities address the specific health needs of Aboriginal people.</p> <p>1.4 The organisation implements and monitors targeted strategies to meet the organisation's safety and quality priorities for Aboriginal people.</p>	<p>1. Whole-of-organisation approach and commitment:</p> <ul style="list-style-type: none"> • Governance and leadership • Investment and resources • Policies and accountability • Tackling racism and discrimination 	<ul style="list-style-type: none"> • Improved partnerships between mainstream health services and Aboriginal organisations.
<p>1.33 The organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal people.</p>	<p>2. Communication</p> <ul style="list-style-type: none"> • Aboriginal diversity • Communication and health literacy • Broader communication environment 	<ul style="list-style-type: none"> • Improved cultural visibility.
<p>1.21 The organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal patients.</p>	<p>3. Workforce development and training</p> <ul style="list-style-type: none"> • Aboriginal health workforce • Aboriginal leadership • Culturally responsive health workforce 	<ul style="list-style-type: none"> • Workforce development and training, including recording Aboriginality • Increased capacity of Aboriginal Health Liaison Officers (AHLOs) • Increased proportion of Aboriginal people working in mainstream health services.
<p>2.13 The organisation works in partnership with Aboriginal communities to meet their healthcare needs.</p>	<p>4. Consumer participation and engagement</p> <ul style="list-style-type: none"> • Consumer-centred care • Consumer-designed care • Consumer-informed performance measurement and evaluation 	<ul style="list-style-type: none"> • Increased capacity of AHLOs • Better complaints management • Improved partnerships with Aboriginal organisations.
	<p>5. Stakeholder partnerships and collaboration</p> <ul style="list-style-type: none"> • Community engagement and participation • Stakeholder engagement and relationships 	
<p>5.8 The organisation has processes to routinely ask patients if they identify as Aboriginal, and to record this information in administrative and clinical information systems.</p>	<p>6. Data, planning, research and evaluation</p> <ul style="list-style-type: none"> • Data, information and planning • Evidence-based evaluation and practice • Research and knowledge transfer 	<ul style="list-style-type: none"> • Improved staff training and processes in recording Aboriginality

Appendix 3: Department of Health services

In this Plan, the term 'Department of Health services' covers:

Tasmanian Health Service

- **Hospitals South, including**
 - Royal Hobart Hospital
 - New Norfolk District Hospital
 - Calvary Hospital's public palliative care beds
 - Primary Health Services
 - Brighton Community Health Centre
 - Bruny Island Community Health Centre (Alonnah)
 - Clarence Integrated Care Centre
 - Cygnet Community Health Centre
 - Esperance Multi Purpose Centre (Dover)
 - Glenorchy Community Health Centre
 - Huon Eldercare Inc (Franklin)
 - Huonville Community Health Centre
 - Kingston Community Health Centre
 - Midlands Multipurpose Centre
 - Ouse Community Health Centre
 - Pulse Youth Health Service
 - Repatriation Centre (Hobart)
 - Sorell Community Health Centre
 - Spring Bay Community Health Centre
 - Tasman Multipurpose Service (Nubeena)

- **Hospitals North/North West, including**
 - Launceston General Hospital and Northern Integrated Care Service
 - Mersey Community Hospital
 - North West Regional Hospital
 - Deloraine District Hospital
 - George Town District Hospital and Community Centre
 - North Eastern Soldiers Memorial Hospital
 - St Helens District Hospital
 - King Island Hospital and Community Health Centre
 - Smithton District Hospital
 - West Coast District Hospital
 - Primary Health Services
 - Beaconsfield Multipurpose Centre
 - Campbell Town Multipurpose Centre
 - Cape Barren Island Nursing Centre
 - Central Coast Community Health Centre
 - Devonport Community Health Centre
 - Flinders Island Multi Purpose Centre
 - James Muir Community Health Centre (Wynyard)
 - John L Grove Rehabilitation Unit

- Kings Meadows Community Health Centre
 - Longford Community Health Centre
 - May Shore Nursing Centre (Swansea)
 - Mayne St Day Centre
 - Ravenswood Community Health Centre
 - Parkside and Burnie Community Health Centre
 - Rosebery Community Health Centre
 - Strahan Community Health Centre
 - St Marys Community Health Centre
 - Swansea Community Health Centre
 - Toosey Inc (Longford)
 - Westbury Community Health Centre
 - Zeehan Community Health Centre
- **Community, Mental Health and Wellbeing**
 - Ambulance Tasmania
 - Child Health and Parenting Service
 - Public Health Services
 - Population Screening and Cancer Prevention Services
 - Oral Health Services Tasmania
 - Statewide Sexual Health Service
 - Statewide Mental Health Services
 - Adult Mental Health
 - Alcohol and Drug Services
 - Child and Adolescent Mental Health
 - Correctional Primary Health Services
 - Forensic Mental Health Services
 - Older Persons Mental Health including Roy Fagan Centre
- **Clinical Quality, Regulation and Accreditation**
 - **Policy, Purchasing, Performance and Reform**

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