

KAHPF

Kimberley Aboriginal Health Planning Forum

Strategic Plan 2018-2028

'Together in Wellness'



**Kimberley
Aboriginal
Health**
Planning Forum

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Contents

Background and context 1

Governance and implementation..... 2

KAHPF 2

Sub-committees..... 3

Life-course approach 3

Vision 4

Goal 4

Scope 4

Key priorities 4

Monitoring and Evaluation of the Plan..... 5

Note: In 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.



Background and Context

The Kimberley Aboriginal Health Planning Forum (KAHPF), originally called the Kimberley Aboriginal Health Plan Steering Committee, was formed in 1998 with the task of developing the first Kimberley Regional Aboriginal Health Plan. Over time, the role of the KAHPF has subsequently expanded. The KAHPF is now the peak regional health forum for improving health outcomes for Aboriginal people in the Kimberley.

The Kimberley region is a culturally and geographically unique part of Australia. The region spans over 423,000 square kilometres and over 41% of the population are Aboriginal¹.

Aboriginal people of the Kimberley have a younger age structure than non-Aboriginal people. Health status and outcomes for Aboriginal people across the region are lower than for non-Aboriginal people and many of the health conditions present are almost unknown in other parts of Australia.

Primary health care services across the Kimberley are delivered by a range of Aboriginal community controlled, government and non-government services and agencies. While these services each play a pivotal role in contributing to improved and sustainable health outcomes for Aboriginal people in the Kimberley, KAHPF has always acknowledged the importance of collective investment, partnerships and accountability to each other.

Accordingly, KAHPF strives towards being the collective voice for the regional planning, coordination and advocacy of key actions required to deliver high quality comprehensive, culturally responsive primary health care services to Aboriginal people in the Kimberley. In addition, a unifying view about the role of social determinants in health is needed. The Aboriginal Community Controlled model of care utilised in the Kimberley considers the importance of culture, spirit, country, family, community and language on the physical health and social and emotional wellbeing of Aboriginal people.

This KAHPF Strategic Plan 2018-2028 (the Plan) was developed and endorsed by the KAHPF. The Plan outlines the key priorities to drive improvements in health outcomes for Aboriginal people in the Kimberley and was developed in consultation with sub-committees by a working group of KAHPF.

¹ 2016 Census QuickStats

Governance and implementation

KAHPF has approved this Plan and takes ultimate responsibility for overseeing its implementation through member services and sub-committees. In partnership with the sub-committees a number of action plans will be developed and approved by the KAHPF to guide and support implementation of the Plan.

KAHPF

KAHPF is a partnership between organisations working in primary health care for Aboriginal people in the Kimberley. It provides a key platform for improving health outcomes for Aboriginal people as the peak regional health forum. Unlike the specific actions undertaken by KAHPFs member organisations, KAHPF has a collaborative purpose that aims to benefit all members and the communities they service and is reflected in KAHPFs Terms of Reference.

By working together to identify strategies and activities to improve Aboriginal health, KAHPF aims to:

- look outward and lead others to KAHPF as the 'go to' place for Aboriginal health
- be a collective body for advocacy Aboriginal health across the Kimberley
- achieve high-level outcomes for Aboriginal people across the Kimberley
- respect, support and value every contribution from KAHPF members
- support each other to achieve goals
- ensure efficient use of resources
- improve co-ordination and respectful use of data
- track collective progress across the region

The KAHPF is comprised of core and associate members. To qualify as a core member, organisations must meet the following four criteria:

1. Be based in the Kimberley or have a substantial regional presence;
2. Have health or health-related service delivery as their core business;
3. Provide services that address gaps rather than duplicate existing services; and
4. Demonstrate long-standing relationships with Aboriginal people in the region.

Other organisations responsible for the delivery of health care services to Aboriginal people in the Kimberley but do not meet the above criteria are considered associate members.

Sub-committees

Sub-committees are the engine room of KAHPF. They are a forum to bring together clinicians, program managers and staff working at the coal face of Aboriginal health in Kimberley to identify and progress key activities that address the KAHPF key priorities. Sub-committees are established by KAHPF as required, in consideration of regional health need.

Each subcommittee will develop a three year action plan for endorsement by KAHPF. These action plans will align with the key priorities of the Plan and consider a life-course approach. These action plans will enable KAHPF to monitor progress and provide feedback to advance its key priorities.

Sub-committees will report regularly to KAHPF on its progress against the endorsed action plans and review its progress, results and barriers annually. This will enable sub-committees to recommend changes to its action plan for KAHPF consideration. Sub-committee chairs will meet annually with the KAHPF to discuss key achievements and identify areas requiring further focus and support.

Life-course approach

To ensure that the unique health needs of all Aboriginal people in the Kimberley are captured by this Plan a life course-approach has been adopted. This approach considers individuals, families and communities and how health later in life is shaped by earlier experiences. It also acknowledges that individuals' experiences are shaped by the wider cultural, social and economic context. This is particularly poignant for Aboriginal people living in the Kimberley where the intergenerational impacts of colonisation, racism and trauma continue to influence health outcomes.

The Plan has considered the direct and indirect impact that these determinants have on the health of individuals, families and communities. It shows how specific activities, programs or interventions to be offered at critical periods in a person's life that will benefit their health in the future.

For the purpose of this Plan the life course considers from pre-conception to end of life care.



Vision

For Kimberley Aboriginal people, families and communities to lead strong, self-determining and healthy lives.

Goal

To improve the health of Aboriginal people living in the Kimberley.

Scope

This plan sets out the key priorities that will drive the work of the KAHPF over the next 10 years to improve health care service provision across the Kimberley, with a particular focus on high quality, culturally responsive comprehensive primary health care that considers the impact of social determinants on health outcomes, including environmental health.

Key priorities

1. Promoting circumstances where individuals, families and communities can be healthy
2. Strengthening prevention, early identification and management of chronic disease
3. Improving the patient journey through the health system by ensuring seamless continuity of comprehensive, culturally responsive primary health care
4. Supporting, developing and growing a strong Aboriginal health workforce
5. Ensuring health research, evaluation and evidence transfer is designed, collected and utilised in a culturally secure manner
6. Planning , coordinating and advocating for positive change for Aboriginal people in the Kimberley



Monitoring and Evaluation of the Plan

To ensure that the activities of KAHPF and its sub-committees are contributing to the goal and key priorities of the Plan, a high level set of Regional Indicators have been agreed to by KAHPF and will be monitored by the KAHPF annually. It is anticipated that the KAHPF will also undertake a thorough evaluation of the Plan at the midway (about 2022) and towards the end point of 2028.

A summary of the agreed Regional Indicators for the Plan is available as an appendix to this plan. Many of these indicators are already available through routine data collection and are easily extracted. There are a number of indicators that will require further development in consultation with KAHPF and its sub-committees over the life of the Plan.

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