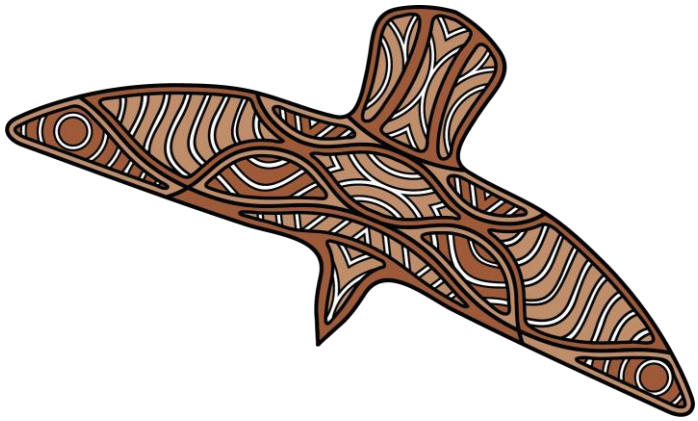
The Royal Melbourne Hospital

Aboriginal and Torres Strait Islander Healthcare Needs Plan

Endorsed by Executive
3 September 2019

This document features artwork by Bayila Creative's Dixon Patten, Gunnai and Yorta Yorta



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Introduction

The RMH acknowledges the Kulin nations as the Traditional Custodians of the land on which our services are located. We are committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Improving the overall health and wellbeing of Aboriginal and Torres Strait Islander peoples remains a core priority in how we strive to make the Royal Melbourne Hospital (RMH) a 'great place to work and a great place to receive care'. At the RMH, delivering high-quality care is intrinsically linked to meeting the needs of our Aboriginal and Torres Strait Islander patients and consumers, and their families, in providing culturally-appropriate and responsive services.

The Aboriginal and Torres Strait Islander Healthcare Needs Plan (the Plan) provides an overarching framework for action to improve the health outcomes of all Aboriginal Victorians and in particular, those increasingly residing in our community.

This Plan is an acknowledgement of the significant health disparities between Aboriginal and non-Indigenous people in Victoria and reflects our ongoing commitment to Closing the Gap. It outlines the health status of Aboriginal and Torres Strait Islander peoples, including the burden of disease arising from preventable chronic conditions, those contributing key risk factors, and major social and economic determinants that influence health and wellbeing.

These heath inequalities are highlighted in the rates of chronic diseases (such as cardiovascular disease, diabetes, renal failure and chronic respiratory issues) and mental illnesses, which are all much higher in comparison to the rest of the population. The result is, too often, poorer health outcomes, severe disability and premature mortality, as evidenced in life expectancy of Aboriginal and Torres Strait Islander peoples being significantly lower than non-Indigenous people.

To address such significant disparities, it is clear that we need to consider the way healthcare is currently delivered at the RMH to Aboriginal and Torres Strait Islander peoples. To achieve such change, the Plan examines the healthcare needs of our local communities and proposes key actions and strategies, including measurable outcomes that will enable improved health outcomes.

We acknowledge that there is still much to be done in Closing the Gap between Aboriginal and/Torres Strait Islander peoples and non-Indigenous people. It is envisioned that this Plan will be a step in the right direction towards a healthier future for all Aboriginal and Torres Strait Islander peoples in our local area and beyond.

The Plan – moving forward

The Plan reflects our purpose, objectives, health priorities and key actions we will focus on moving forward to improve the health and wellbeing of local Aboriginal and Torres Strait Islander communities. These priorities are based on a health needs assessment, which is outlined in this document.

Purpose statement: To work in partnership with our Aboriginal and Torres Strait Islander community to improve health and wellbeing through culturally appropriate, equitable and timely services

	Key objectives				
	Improve accessibility and quality of care for Aboriginal and Torres Strait Islander patients and consumers, and their families	Enhance awareness and inclusive practice to ensure culturally-safe and responsive services	Develop a strong, skilled and growing Aboriginal and Torres Strait Islander workforce	Grow our Aboriginal Research	Promote our commitment to Aboriginal and Torres Strait Islander communities in partnership together
Cardiovascular disease				• Participation in University of Melbourne Health Sciences study by an RMH Aboriginal cardiologist to focus on key risk factors	
Diabetes		•Integrated approach to diabetes-related foot issues			
Mental health, inc. drug and alcohol	•Comprehensive audit to review numbers and service use of consumers across RMH mental health services •Wadamba Wilam 'Renew Shelter' is an intensive support service for Aboriginal people experiencing mental illness/poor social and emotional wellbeing with a history of homelessness. Established via a partnership between NEAMI National, Victorian Aboriginal Health Services (VAHS), Uniting Care ReGen Alcohol and Other Drug Service and Northern Area Mental Health Services (NAMHS - NWMH) •Northern Psychiatric Unit (NPU) cultural	•Working groups established across mental health programs to focus on Aboriginal and Torres Strait Islander health •Staff cultural awareness training across RMH NWMH program areas •Asking the question – review of training and implementation plan to support roll- out •Specialist training and	•Recruit and explore further opportunities to expand the Aboriginal and Torres Strait Islander workforce across mental health programs •Inner West Area Mental Health Service (IWAMHS) position advertised on Community Team 1 (Homeless team) •Continue to support and develop current Northern Area Mental Health		•Cultural consultant on RMH NWMH and IWAMHS working group •NH, VAHS and First Peoples' Health and Wellbeing representation on NAMHS Aboriginal Mental Health Committee •Email signatures, signage and Acknowledgement of Country across mental health program areas •Continuing to build

	formulation meetings initiated when Aboriginal or Torres Strait Islander person admitted to ensure culturally-safe and appropriate care •Specialist medical positions and rotations - Aboriginal Consultant Psychiatrist, Aboriginal Registrar position (NAMHS – NWMH) •VAHS Demonstration project – NWMH, VAHS, St Vincent's, Austin will work together to deliver services to community experiencing moderate to severe mental illness with associated health and social support needs The objective is to develop a model of care that provides coordinated, culturally responsive support assessment, treatment and holistic wrap around care that improves quality of life for the target group. Two small teams have been set up for pilot of initiative in inpatient units with view to then extending to community programs.	education to support key areas including suicide prevention, intergenerational trauma •Recognition of important cultural dates (e.g. NAIDOC week) •Minimum requirements across sites to ensure welcoming environments (plaques, flags, maps, artwork, naming, resources)	Service (NAMHS) Aboriginal workforce: - NPU AMHLO - Wadamba Wilam RPN - VAHS visiting RPN		relationships and work in partnership with relevant Aboriginal community agencies (VAHS, VACCA, Djirra (Family Violence), Caraniche (Drug and Alcohol), Youth Justice, St Vincent's, Bouverie Family therapy – Indigenous Unit, Wadamba Wilam, Ngwala Willumbong (AOD mental health community outreach).
Renal disease	•Expedite work for transplant patients and utilise Aboriginal co-operatives locally to help care for patients in their own local environment without requiring extensive travel to RMH •Utilise telehealth, nurse practitioners and outreach services to regional areas in partnership with local Aboriginal co-operatives •Utilise 'link nurses' in regional areas to help identify and target resources to reduce late presentations to hospital for Aboriginal and Torres Strait Islander patients with renal disease			•Research projects focusing on drug metabolism in Aboriginal patients to better understand rationale for transplant complications in the Aboriginal population	
Other health areas	•General dermatology clinics undertaken monthly at Victorian Aboriginal Health Service (VAHS) •Patients to be seen in private outpatient setting and bulk-billed for short notice appointments	•Regular GP training and education sessions at VAHS	•Recruitment of Aboriginal dermatology trainee every two years as part of training program	•Research to reduce antibiotic prescribing in regional areas and review dermatology patients in urban inpatient settings	

Our role in Aboriginal and Torres Strait Islander health

Our services

The Royal Melbourne Hospital (RMH) began in 1848 as Victoria's first public hospital. And while we only had 10 beds to our name, we had the community of Melbourne behind us, and we were ready to provide the best possible care for those in need.

Since those early years, we've moved forward with purpose. Always at the forefront, leading the way on improving the quality of life for all.

Today the RMH is one of the largest health providers in the state, providing a comprehensive range of specialist medical, surgical, and mental health services; as well as rehabilitation, aged care, outpatient and community programs.

Our reputation for caring for all Melburnians is as essential to who we are as any scientific breakthrough we make. We're here when it matters most, and we'll continue to be the first to speak out for our diverse community's wellbeing.

The RMH includes our City and Royal Park sites, and 32 mental health services across the north-western suburbs of Melbourne, and the world-renowned Peter Doherty Institute for Infection and Immunity, which is a joint venture with the University of Melbourne.

Our Aboriginal and Torres Strait Islander community

A person's health and wellbeing is influenced by a range of key demographic and socio-economic factors that either directly or indirectly impact their ability to lead a healthy lifestyle and access appropriate care when required. An overview of some of these key factors for Aboriginal and Torres Strait Islander peoples in our local and surroundings areas is provided below:

Local and growing Aboriginal population

The north and west areas of Melbourne has a rich and diverse heritage of Aboriginal culture. The five tribal groups of the region formed an alliance, the Kulin nations, and shared common language and spiritual, economic, genealogical and political identities[1]. These five groups are:

- Woi wurrung (Woy-wur-rung) commonly known as Wurundjeri
- Wathaurung (Wath-er-rung)
- Taungurung (Tung-ger-rung)
- Dja Dja Wurrung (Jar-Jar-Wur-rung)
- Boonwurrung (Boon-wur-rung)

The Aboriginal and Torres Strait Islander population residing in our local catchment area was estimated to be over 9,000 people at the 2016 Census. This is 0.6 per cent of the total catchment population, which is a smaller percentage than the total Victorian rate of 0.85 per cent.

The municipalities of Hume, Wyndham and Melton have the highest populations of Aboriginal people, comprising 30 per cent of the total area[2]. Table 1 provides an overview of the estimated Aboriginal and Torres Strait Islander population across the local catchment area of the RMH.

[1] North Western Melbourne Primary Health Network, Aboriginal Health and Priority Areas (2017)
[2] Australian Bureau of Statistics (ABS), Estimates and Projections, Aboriginal and Torres Strait Islander Australians (2016)

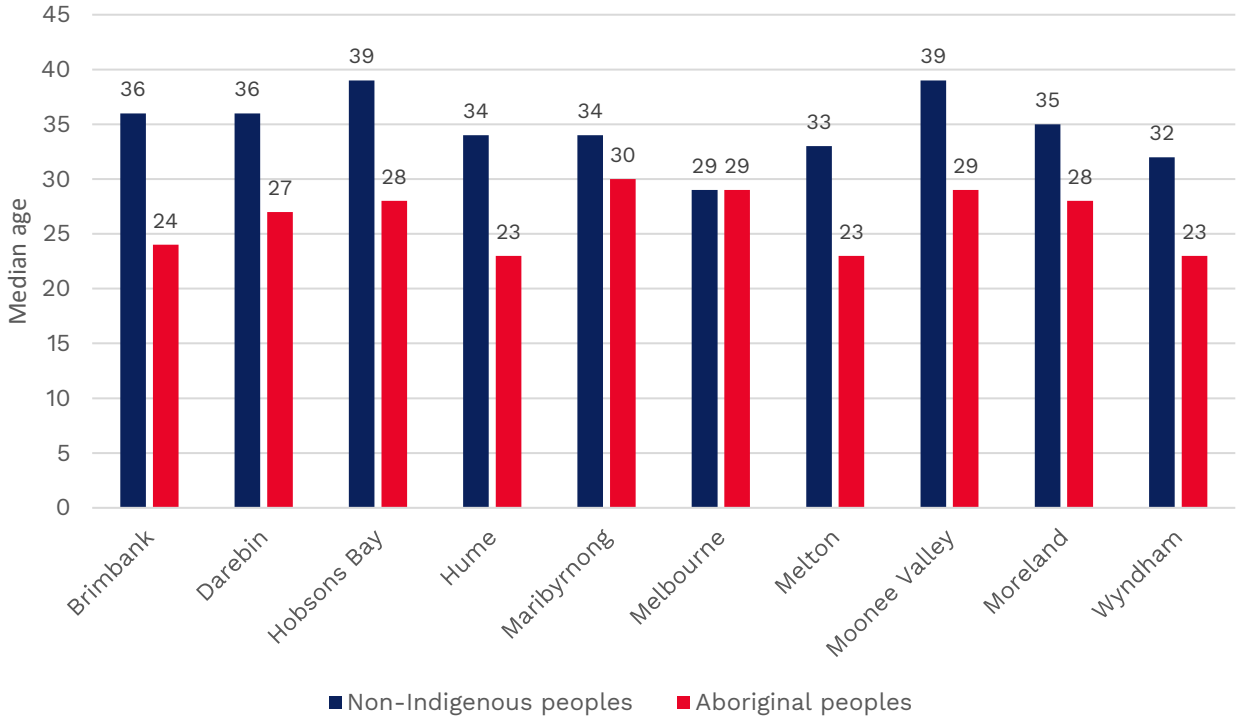
Table 1: Aboriginal and Torres Strait Islander population in the RMH local catchment area

	Local Government Areas (LGAS)	2016	% 2016 LGA population	Growth 2011 – 2016	% Growth
Inner city	Melbourne (C)	471	0.5	105	32
North	Brimbank (C)	818	0.4	118	17
	Darebin (C)	1167	0.8	11	1
	Hume (C)	1455	0.7	409	39
	Moonee Valley (C)	430	0.4	115	37
	Moreland (C)	811	0.5	109	16
West	Wyndham (C)	1742	0.8	598	52
	Melton (C)	1283	0.9	494	63
	Maribyrnong (C)	429	0.3	209	80
	Hobsons Bay (C)	490	0.6	97	25
Total		9096	0.6	2265	36

Age profile

Aboriginal and Torres Strait Islander residents in our local catchment area have a much younger age profile in comparison to the non-Indigenous population. Figure 1 shows the median age between these population groups across the RMH local catchment area[3].

Figure1: Median age of Aboriginal and non-Aboriginal people in the RMH local catchment area



[3] North Western Melbourne Primary Health Network, Aboriginal and Torres Strait Islander Area Profile (2017)

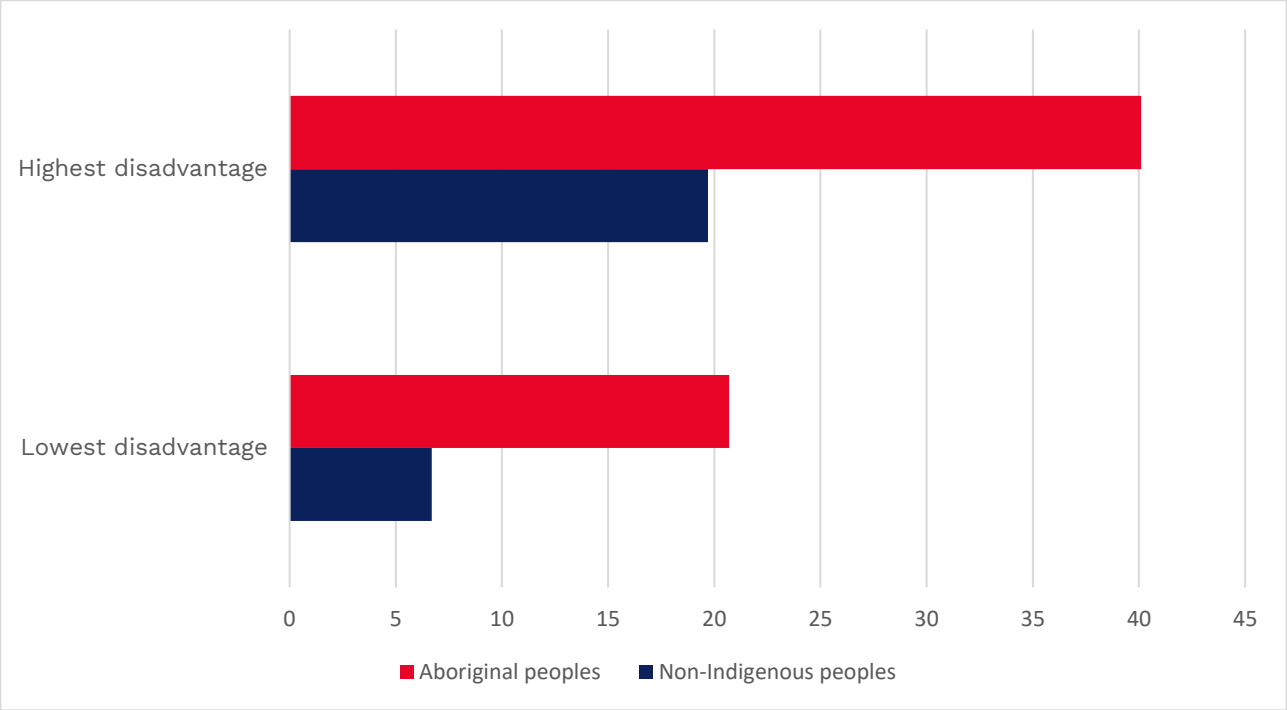
Socio-economic profile

Socio-Economic Indexes for Areas (SEIFA) provides a comparative ranking of the socio-economic status of LGAs. The Index of Relative Socio-Economic Disadvantage (IRSD) is commonly used and is made of a number of variables including income, education, employment, occupation, housing and other various indicators of relative advantage or disadvantage. IRSD scores below 1,000 are considered more disadvantaged and those above 1,000 are considered less disadvantaged.

In Victoria, more than twice as many Aboriginal people as non-Indigenous people are in the lowest quintile (highest disadvantage), while non-Indigenous people are three times more likely to be in the highest quintile (lowest disadvantage) in comparison to Aboriginal people[4]. Figure 2 shows Victorian SEIFA percentage for disadvantage between Aboriginal and non-Indigenous people.

IRSD scores are not available for Aboriginal populations at the LGA level. However, the LGAs in our catchment area with the highest disadvantage (e.g. scores below 1000) for all residents include Moreland, Brimbank, Darebin, Hume and Maribyrnong[5].

Figure 2: SEIFA percentage for disadvantage between Aboriginal and non-Indigenous population in Victoria



Homelessness

Access to adequate housing has a major impact on an individual's health and wellbeing. Issues around inadequate housing are particularly significant for Aboriginal and Torres Strait Islander peoples because of their association between shelter and dispossession from land. Key issues related to the adequacy of housing include availability, affordability, overcrowding, security of tenure and accessibility to other public services.

Twenty five per cent (26,744) of all Australian people experiencing homelessness are from an Aboriginal background, which is nearly 10 times their proportion in the overall Australian

[4] Australian Bureau of Statistics (ABS), Socio-economic advantage and disadvantage (2017)
[5] North Western Melbourne Primary Health Network, Aboriginal and Torres Strait Islander Area Profile (2017)

population. In Victoria, Aboriginal and Torres Strait Islander peoples make up 0.8 per cent of the total population, but 9.5 per cent of all homelessness[6]. These rates are actually considered to be an underestimation, partially due to cultural differences in how the term 'home' is understood and recorded.

A number of LGAs in our local catchment (many which also have high numbers of Aboriginal residents) had rates above the Victorian average of 42.6 people per 10,000. These include the LGAs of Melbourne: 131.7; Maribyrnong: 98.5 Darebin: 72.7; Brimbank: 61.3; Moreland:53.1 and Hume: 50.5[7].

Attendance to the Emergency Department

Combined with the substantial human cost of homelessness among Aboriginal and Torres Strait Islander peoples, there is also a significant burden on the Emergency Department (ED) at RMH City. The ED is increasingly being used by Aboriginal peoples who are homeless, who are amongst the most frequent presenters, leading in general to increased unplanned admissions and in longer length of stays.

Table 2 shows the number of patient attendances at the RMH ED across both Aboriginal and non-Indigenous people by homelessness status which is summarised below.

Table 2: Patient attendances at the RMH ED across both Aboriginal and non-Aboriginal people by homelessness status

Patient by homelessness status	Attendances			Patients			Attendances per patient	
	All people	Aboriginal	Aboriginal popn. %	All people	Aboriginal	Aboriginal popn %	All people	Aboriginal popn %
All patients	79,253	1,211	1.53%	58,907	576	0.98%	1.35	2.10
Homeless (*No Fixed Abode, No Fixed address or NFA in Address Line 1*)	1,377	68	4.94%	565	26	4.60%	2.44	2.62
	1.74%	5.62%		0.96%	4.51%			

In the 12 months from May 2018 to April 2019, attendances by someone who identified as Aboriginal and Torres Strait Islander comprised 1.53 per cent of all attendances to the ED and just under 1 in 20 (4.94 per cent) of homelessness attendances[8].

This data suggests that people who identified as Aboriginal and/or Torres Strait Islander were over-represented amongst attendances in comparison to the populations of Greater Melbourne and Victoria. The overall percentages of people who identified as Aboriginal and/or Torres Strait Islander in the 2016 Australian Census were 0.5 per cent for the Greater Melbourne Statistical Area, 0.8 per cent for Victoria and 2.8 per cent for Australia[9].

People who identified as Aboriginal and/or Torres Strait Islander (both homeless and non-homeless) had more attendances per person (2.1) than non-Indigenous patients (1.35). Amongst people experiencing homelessness, there were also more presentations per person among patients who identified as Aboriginal and/or Torres Strait Islander (2.62) compared to all patients (2.44).

[6] Homelessness Victoria, Closing the Gap on Aboriginal and Torres Strait Islander homelessness (2016)
[7] North Western Melbourne Primary Health Network, Aboriginal and Torres Strait Islander Area Profile (2017)
[8] RMH Business Intelligence Unit (IRIS) (2019)
[9] Census QuickStats Australian Bureau of Statistics quickstats.censusdata.abs.gov.au (2016)

Whereas just over 1 in 20 (5.72 per cent) of all attendances at the ED had involved the Emergency Mental Health Team (EMH), the proportion was much higher at almost 1 in 10 (9.66 per cent) of all attendances by people who identified as Aboriginal and/or Torres Strait Islander.

Our key milestones and activities

The RMH is committed to improving the health and wellbeing of our local and wider Aboriginal and Torres Strait Islander communities. We see this as a continual journey, which had its formal beginnings at the RMH in the mid-2000s.

Figure 3 provides a brief summary of the key initiatives and activities that have been undertaken to date that have focused on meeting the needs of our Aboriginal and Torres Strait Islander patients and consumers, and their families. In partnership, together we believe these efforts will provide the catalyst required to initiate more innovative projects, programs and models to address current needs and ultimately close the health gap between Aboriginal and non-Indigenous peoples.

Figure 3: Key initiatives and activities at the RMH to date to support Aboriginal health

Phase 1: 2008–2011

- Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) strategy and implementation plan developed
- First Aboriginal Hospital Liaison officer appointed
- First NAIDOC Week celebrated at RMH City, including Welcome to Country, Smoking Ceremony and traditional dance
- Respecting our Community Strategy and Action Plan 2011-2013 launched
- Statement of Intent to Close the Gap signed by RMH Chief Executive
- First Acknowledgement of Country and Welcome to Country guideline written and endorsed
- Award nomination at Best of Health Awards for the Respecting Our Community Committee

Phase 2: 2012–2015

- Aboriginal and Torres Strait Islander flags raised for the first time
- Allied Health new office and clinical space opened, including naming of Ngarra Jarra Conference Room ('healing' in language of Wurundjeri peoples)
- Two films produced as part of Close the Gap funding focusing on providing education to patients, consumers and staff on the importance of Aboriginal health
- Aboriginal and Torres Strait Islander education package released including a mandatory Aboriginal health e-learning module for all staff

Phase 3: 2016–present

- Parkville Precinct Aboriginal Health Working Group established to improve care pathway for Aboriginal peoples (RMH, RWH, RCH and Peter Mac)
- Revamped Aboriginal health e-learning package launched to enable Aboriginal cultural awareness training for all staff
- Presentation of patients' story regarding Aboriginal and Torres Strait Islander experience at hospital and connecting to the community
- Victorian Aboriginal Health Service (VAHS) in collaboration with RMH NWMH and consortium partners (Austin and St Vincent's) undertaking a project to deliver services to those experiencing moderate to server mental disorders associated with social support needs

Our Aboriginal and Torres Strait Islander community - health needs

At the population level there is a significant gap between the health status of Victoria's Aboriginal population and the non-Indigenous population. Many areas across health have seen no significant change and some are getting worse. These areas include:

- mothers and babies;
- family violence;
- out-of-home care;
- justice health and wellbeing;
- housing and homelessness;
- tobacco, alcohol and other drugs;
- mental health; and
- health more broadly.

There are a number of frameworks and strategic plans at a national and state level which help to inform the direction of our work across the RMH. These include:

- The National Aboriginal and Torres Strait Islander Health Plan 2012 – 2023 outlines a vision of a health system free of racism and inequality and where all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. It also includes strategies to address social inequalities and determinants of health.
- Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 is a Victorian plan guided by the government's goal of achieving optimum health, wellbeing and safety for all Victorians, so they can live the life they value.

Growing burden of disease

Understanding the burden of disease and key health trends across our catchment area is critical to help focus our efforts to better meet the needs of our Aboriginal community.

A number of preventable chronic conditions have been identified based on the health needs assessment undertaken of our local Aboriginal population. These conditions are among the biggest direct contributors to the life expectancy gap between Aboriginal and non-Indigenous Victorians. Chronic conditions are also a major cause of hospitalisation at the RMH, linked to poor health outcomes, severe disability and premature mortality. These include mental health (including alcohol and other drug use), cardiovascular disease, renal disease and diabetes. Issues across each are detailed below.

Mental health inc. drug and alcohol

Mental health and substance use disorders are a leading cause of disease burden for the Aboriginal community, accountable for 19 per cent of the total burden of disease and 39 per cent of the non-fatal burden in Australia. Anxiety disorders (23 per cent), depressive disorders (19 per cent) and schizophrenia (8 per cent) were the major cause of mental health disorders[10]. For many Aboriginal Australians, mental illness is linked to experiences of grief, loss and trauma, including racism and discrimination.

The rate of mental health admissions for Aboriginal peoples compared to non-Indigenous people is significantly higher. Self-harm and suicide rates across this population group are

[10] ABS, National Aboriginal and Torres Strait Islander social survey (2016)

four to five times higher, and family violence, homelessness and risky alcohol and drug use can often add to the complexity of presentations at emergency departments.

In the 2015 Victorian Population Health Survey, 12.6 per cent of all Victorians reported a high to very high levels of psychological distress. The proportion of psychological distress was 2.5 times higher for Aboriginal persons than non-Aboriginal persons (e.g. 32.3 per cent compared to 12.6 per cent) in Victoria. In terms of gender, women relative to men reported higher levels of psychological distress.

In our catchment area, Aboriginal and Torres Strait Islander peoples reporting higher levels of psychological distress (e.g. 13.2 per cent) was slightly higher in comparison to the Victorian population (e.g. 12.6 per cent). The Darebin LGA, serviced by RMH mental health services, had the largest proportion of people with high levels of distress (20.4 per cent). This LGA also reported higher age standardised rates (ASR) of hospital admission for mental health in Aboriginal and Torres Strait Islander persons (4,012 per 100,000) compared to the rest of the catchment area.

The highest rate of Aboriginal population visiting the GP for depression and bipolar disorders was in Maribyrnong. Anxiety disorders were most prevalent in Brimbank, while the highest proportion of GP visits for schizophrenia amongst the local Aboriginal and Torres Strait Islander persons was in Darebin.

The Gayaa Dhuwi (Proud Spirit) Declaration on Aboriginal and Torres Strait Islander leadership across all parts of the Australian mental health system sets out to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples. To further guide services in addressing some of these areas, Korin Korin Balit-Djak, Balit Marrup: Aboriginal and social and emotional wellbeing framework has been developed as part of Victoria's 10-year mental health plan.

Cardiovascular disease

Cardiovascular disease is any disease of the heart or blood vessels. This includes coronary heart disease, hypertension (e.g. high blood pressure) and heart failure. Cardiovascular disease is a leading cause of death and disability amongst Aboriginal and Torres Strait Islander peoples both nationally and across Victoria[11] as evidenced by:

- cardiovascular diseases were the third greatest contributors to the burden of disease for Aboriginal people, accounting for 12 per cent of the total burden;
- 63 per cent of deaths of Aboriginal peoples due to cardiovascular disease occur before the age of 65 years, compared to 10 per cent of non-Indigenous peoples;
- the median age at death from cardiovascular disease for Aboriginal peoples is 60 years, compared to 81 years for non-Indigenous peoples;
- 15 per cent of Aboriginal Victorian adults report that they have cardiovascular disease, about 1.5 times the number of non-Indigenous adults; and
- it is estimated that more than six years of the life expectancy gap could be removed if Aboriginal persons experienced the same level of cardiovascular health as the non-Indigenous population.

In our local catchment area, cardiovascular disease remains a major health burden with coronary heart disease (CHD) and stroke contributing 58 per cent and 14 per cent respectively, of the total disability adjusted life years (DALY) for this disease group. In addition, Darebin, Hobsons Bay and Hume had the highest percentage of Aboriginal

[11] Australian Institute of Health and Welfare (AIHW), Australian Burden of Disease Study: Impact and Causes of Death in ATSI people (2016)

patients visiting their local GPs due to chronic cardiovascular conditions[12].

Renal disease

The incidence of renal disease is also considerably greater in Aboriginal and Torres Strait Islander peoples compared to non-Indigenous persons[13]:

- the overall death rates from chronic kidney disease are up to 10 times higher in Aboriginal and Torres Strait Islander communities;
- after adjusting for age differences, Aboriginal and Torres Strait Islander peoples are more than twice as likely as non-Indigenous people to have indicators of chronic kidney disease, with almost one in five (18 per cent) people having indicators of chronic kidney disease;
- Aboriginal and Torres Strait Islander peoples are three times as likely as non-Indigenous people to have indicators of Stage 1 chronic kidney disease, and more than four times as likely to have indicators of Stages 4 which is advanced damage and requires ongoing dialysis or kidney transplantation;
- the incidence of end stage kidney disease for Aboriginal and Torres Strait Islander peoples is especially high in remote and very remote areas of Australia, with rates up to 20 times those of comparable non-Indigenous peoples; and
- although Aboriginal and Torres Strait Islander peoples represent less than 2.5 per cent of the national population, they account for approximately 9 per cent of people commencing kidney replacement therapy each year.

The greater prevalence of chronic kidney disease in some Aboriginal and Torres Strait Islander communities is due to the high incidence of risk factors, including diabetes, high blood pressure and smoking.

In addition, a number of specific factors are closely linked to renal disease including higher levels of inadequate nutrition, alcohol abuse, streptococcal throat and skin infection, poor living conditions and low birth weight.

Diabetes

Diabetes is already a significant health issue across the broader population in Australia, in particular Type 2 diabetes. This disease burden is even worse for Aboriginal and Torres Strait Islander peoples who experience a disproportionally higher level of endocrine disorders, primarily due to diabetes conditions, which is evidenced by:

- Aboriginal and Torres Strait Islander peoples are almost four times more likely than non-Indigenous people to have diabetes or pre-diabetes;
- diabetes is the fourth leading cause of avoidable mortality among Aboriginal and Torres Strait Islander peoples, who are six times more likely to die from diabetes than non-Indigenous people;
- • Aboriginal Victorians are hospitalised for diabetes at more than twice the rate of non- Indigenous persons, yet only 29.3% of the undiagnosed Aboriginal population have been tested for diabetes in the previous three years; and
- Aboriginal and Torres Strait Islander women are almost twice as likely to develop gestational diabetes as non-Indigenous women in Victoria[14].

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[12] Victorian Aboriginal Health Service (VAHS), Victorian Aboriginal Health Service (2017)
[13] Stumpers S, Thomson N. Review of kidney disease among Indigenous people. Australian Indigenous Health Bulletin 2015; 13(2)
[14] Diabetes Victoria, Review of diabetes in Aboriginal and Torres Strait Islander people (2016)

In our local catchment area, Type 1 diabetes rates are highest in Aboriginal and Torres Strait Islander peoples visiting GPs in Moonee Valley, while Type 2 diabetes is highest in Hume, Hobsons Bay and Darebin LGAs[15].

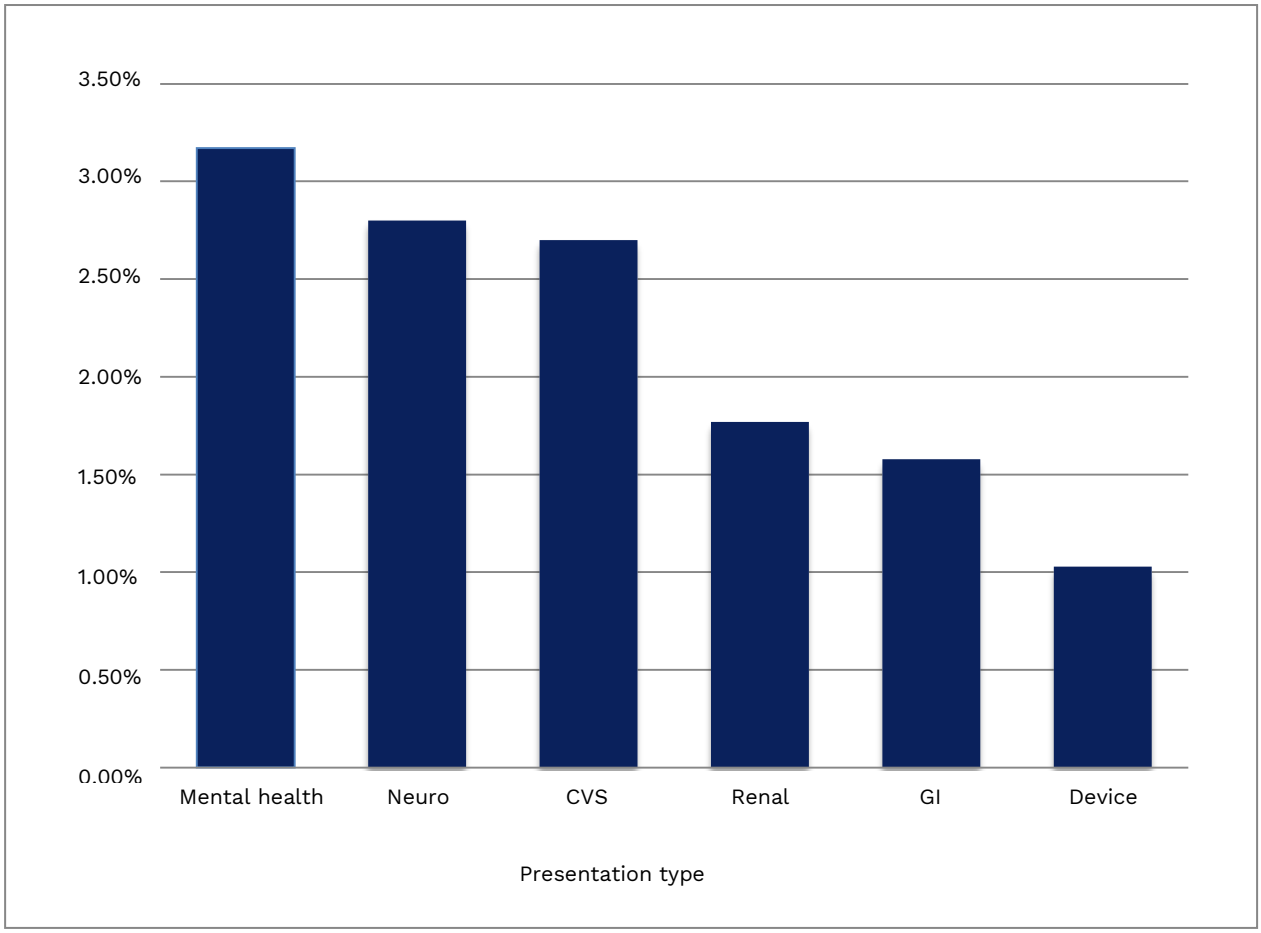
Presentations at the RMH

The significant disease burden for Aboriginal and Torres Strait Islander peoples in our local catchment area often means increased number of visits to the hospital to receive ongoing treatment and care.

The major health issues identified in our local catchment area as anticipated are the leading causes of hospitalisation at the RMH. The most common presentations for this patient cohort (as depicted in Figure 4) include mental health illnesses, cardiovascular disease, renal failure and other disorders, some of which are closely associated with diabetes[16].

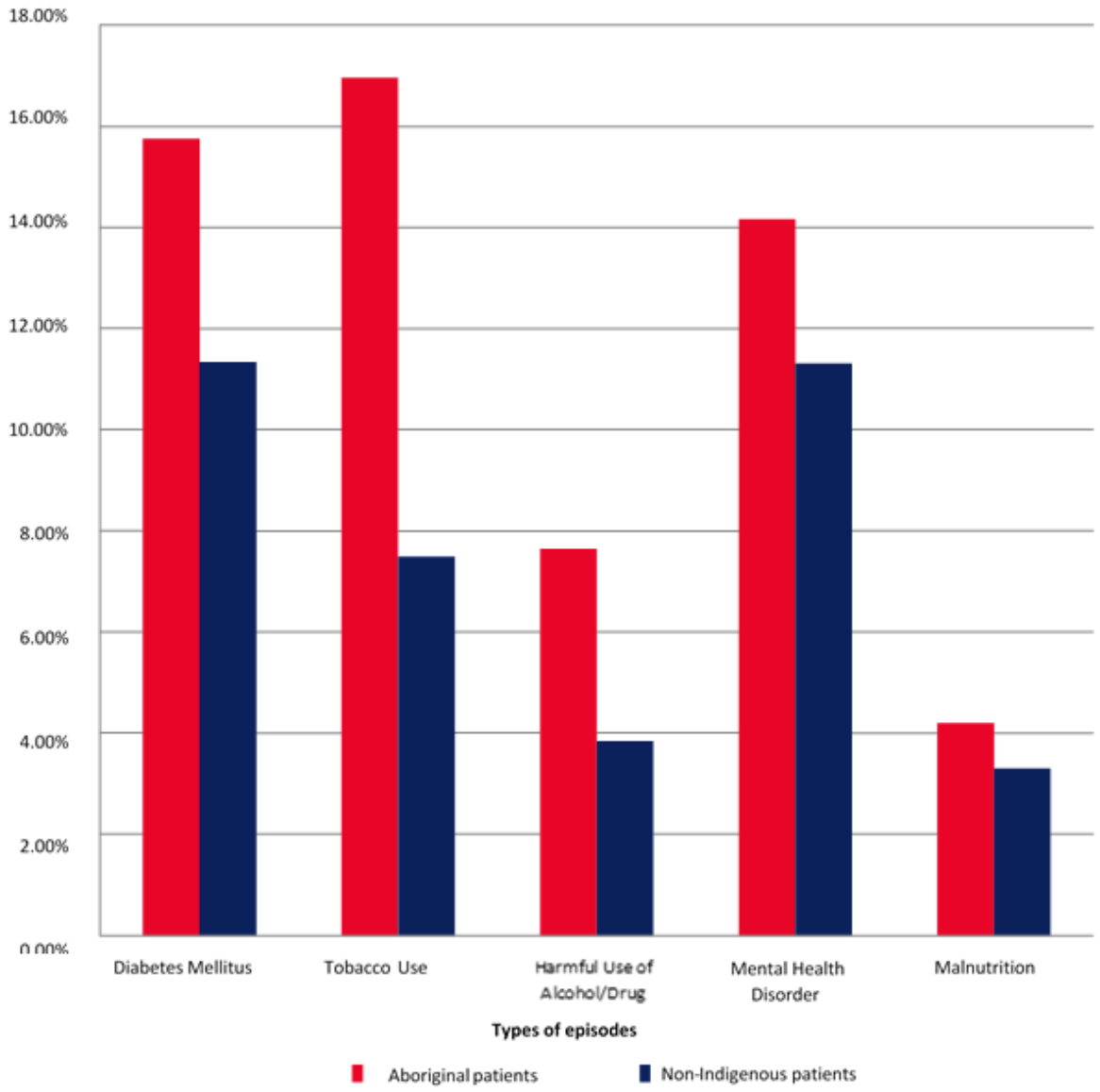
A number of these episodes are linked to the key risk factors identified amongst our local Aboriginal community, which is significantly higher in comparison to non-Indigenous population (see Figure 5).

Figure 4: Most common presentation types among Aboriginal patients at the RMH



[15] North Western Melbourne Primary Health Network, Aboriginal and Torres Strait Islander Area Profile (2017)
[16] Melbourne Health, Business Intelligence Unit (IRIS) (2019)

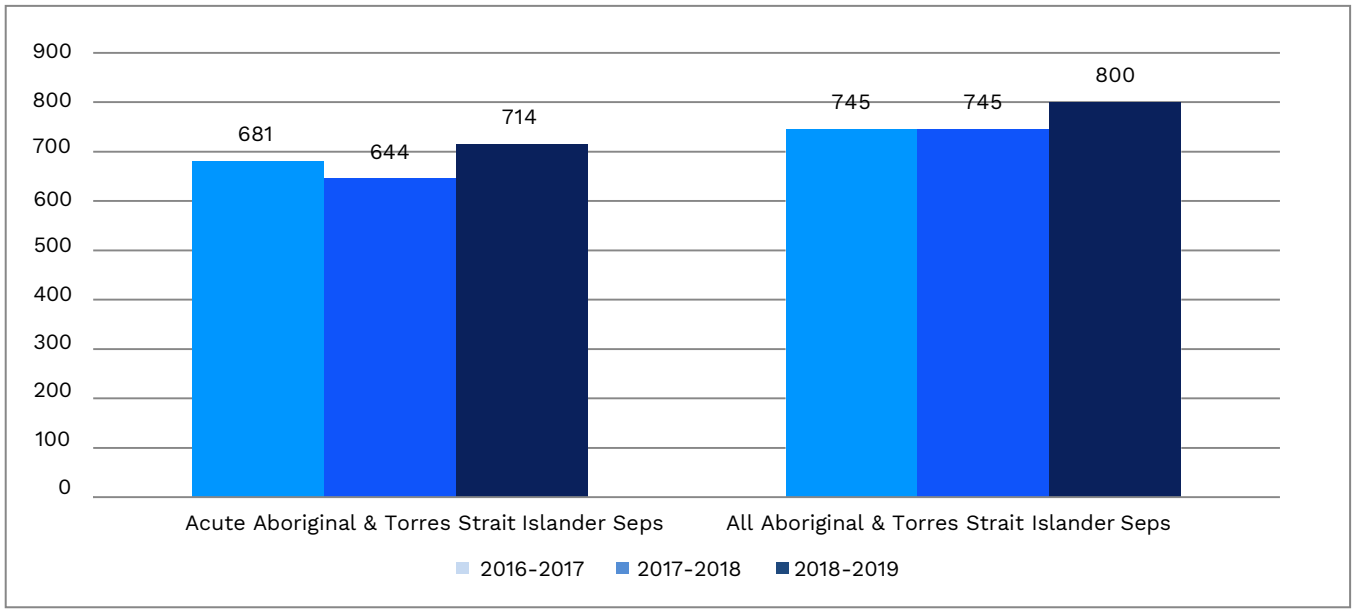
Figure 5: Most common episode types for Aboriginal and non-Indigenous patients at the RMH



The number of patients from an Aboriginal background receiving treatment at the RMH for more acute and complex conditions has grown over the last few years. Figure 6 shows increase in the volume of acute separations as a proportion of the total separations for Aboriginal and Torres Strait Islander peoples at the RMH[17].

[17] RMH Business Intelligence Unit (IRIS) (2019)

Figure 6: Number of acute and total separations for Aboriginal patients at the RMH



Health needs assessment overview

The data highlights some clear and consistent gaps in outcomes and social determinants of health affecting Aboriginal and Torres Strait Islander peoples more broadly, and in our local catchment area. An overview of the health needs assessment including some of the key challenges that face our local Aboriginal community is summarised below:

- a growing population and younger age profile;
- greater socio-economic disadvantage amongst Aboriginal and Torres Strait Islander peoples, and pockets of disadvantage across our catchment area (e.g. Moreland, Brimbank, Darebin, Hume and Maribyrnong);
- higher rates of homelessness for the Aboriginal population more broadly and within our catchment area (eg. Melbourne, Maribyrnong, Darebin, Brimbank, Moreland and Hume);
- increased prevalence of chronic conditions particularly diabetes, cardiovascular disease, renal disease and other health issues (eg. skin infections, infectious disease etc...);
- increased prevalence of mental and behavioural disorders and drug and alcohol issues; and
- increased avoidable hospital admissions due to key risk factors such as diabetes, tobacco use, harmful use of drugs and alcohol, and malnutrition.

Our response – Aboriginal and Torres Strait Islander Healthcare Needs Plan

This action plan has been developed in response to the key health priorities identified and will guide our efforts moving forward. It is proposed that these actions will be delivered in the short (six months), medium (one-two years) and long (three years) term.

Cardiac disease

Objectives	Strategies and interventions	Lead person responsible	Measurable outcomes
Grow our Aboriginal research	Participation in University of Melbourne Health Sciences study by an RMH Aboriginal cardiologist to focus on key risk factors	Luke Burchill	• By December 2019 the research team will have finalised all analyses and commenced dissemination of our findings through direct community engagement. This study will be the largest national study of CV risk and outcomes in Aboriginal and Torres Strait Islander peoples and will reveal the extent to which Aboriginal peoples receive appropriate guideline-based CV risk assessment and treatment in mainstream primary health care services.

Diabetes

Objectives	Strategies and interventions	Lead person responsible	Measurable outcomes
Enhance awareness and inclusive practice to ensure culturally and response services	Develop an integrated approach to diabetes related foot issues in the Aboriginal population - Contact Aboriginal and Torres Strait Islander patients with diabetes and provide information to patient, carer & health professionals - Develop partnerships with local aboriginal community organisations and Aboriginal providers - Attend and support Aboriginal and Torres Strait Islander events - Aboriginal and Torres Strait Islander community engagement in planning and delivery of services and create a culturally welcoming environment	Ellen Lewis	•Increased awareness of the DFU service within Aboriginal and Torres Strait Islander communitites and Aboriginal Health Controlled Organisations (ACCHOs) •Agreed referral pathways across DFU with the ACCHOs embedded and strong links with the ASDW at RMH for Aboriginal and Torres Strait Islander patients •Agreed referral pathways across DFU with the ACCHOs embedded and strong links with the ASDW at RMH for Aboriginal and Torres Strait Islander patients •Cultural safety, respect and awareness addressed within the DFU and ED through appropriate training •Implementation of appropriate educational tools and environmental changes to create a welcoming environment in DFU and ED

Mental health, inc. drug and alcohol

Objectives	Strategies and interventions	Lead person responsible	Measurable outcomes
Improve the accessibility and quality of care for Aboriginal and Torres Strait Islander patients and consumers, and their families	Comprehensive audit to review numbers and factors contributing to involvement of consumers across RMH mental health services - Review data to determine identified consumers in each part of the program - Determine barriers to access for consumer involvement - Understand service usage to develop key areas of intervention including suicide prevention and dual diagnosis.	Gail Bradley	•Reliable collection and reporting mechanisms to allow ready access to mental health access and service use data to inform KPI's.
	Demonstration project - RMH, VAHS, St Vincent's, Austin will work together to deliver services to community experiencing moderate to severe mental illness with associated health and social support needs. The objective is to develop a model of care that provides coordinated, culturally responsive support assessment, treatment and holistic wrap around care that improves quality of life for the target group - Two small teams have been set up for pilot of initiative initially across NPU with view to then extending to community programs.	John Dermanakis	•Contact data from multidisciplinary demonstration team •Outcome measure data drawn from ARQQ
Enhance awareness and inclusive practice to ensure culturally and response services	Cultural formulation meetings Suicide prevention – share learnings from Tracey Westerman training attended by four RMH NWMH staff, including member of the Executive	John Dermanakis Gail Bradley	•Admission data and frequency of cultural formulation meetings
Develop a strong, skilled and growing Aboriginal and Torres Strait Islander workforce	Continue to support specialist medical positions and rotation (Aboriginal consultant position and specialist registrar rotation)	John Dermanakis	•Increase Aboriginal and Torres Strait Islander workforce

	Recruit and explore further opportunities to expand the Aboriginal workforce across mental programs areas, including RMH IWAMHS Homeless team.	Gail Bradley	
Promote our commitment to Aboriginal communities in partnership together	Continue to build relationships and work in partnership with relevant Aboriginal community agencies	RMH NWMH Aboriginal and Torres Strait Islander Working Group	•Develop and build in existing relationships with key agencies including VAHS, VACCA, Djirra (Family Violence), Caraniche (Drug and Alcohol), Youth Justice, St Vincent's, Bouverie Family therapy – Indigenous Unit, Wadamba Wilam, Ngwala Willumbong (AOD mental health community outreach).

Renal disease

Objectives	Strategies and interventions	Lead person responsible	Measurable outcomes
Improve the accessibility and quality of care for Aboriginal and Torres Strait Islander patients and consumers, and their families	Expedite work up for transplant patients and utilise Aboriginal co-operatives locally to help care for patients in their own local environment without requiring extensive travel to RMH Utilise telehealth, nurse practitioners and outreach services to regional areas in partnership with local Aboriginal co- operatives Utilise 'link nurses' in regional areas to help identify and target resources to reduce late presentations to hospital for Aboriginal patients with renal disease	Steve Holt	•Transplant listing rate •Telehealth utilisation rate •Number of outreach services •Improvement in time to present with renal disease
Grow our Aboriginal research	Research projects focusing on drug metabolism in Aboriginal patients to better understand rationale for transplant complications among Aboriginal persons	Steve Holt	•Improved health outcomes for Aboriginal transplant recipients

Other health areas

Objectives	Strategies and interventions	Lead person responsible	Measurable outcomes
Improve the accessibility and quality of care for Aboriginal and Torres Strait Islander patients and their families	General dermatology clinics undertaken monthly at Victorian Aboriginal Health Service (VAHS) Aboriginal dermatology patients to be seen in private outpatient setting and bulk billed for short notice appointments	Dr Rebecca Dunn A/Prof Johannes Kern	•Improved skin conditions and outcome for Aboriginal patients

Enhance awareness and inclusive practice to ensure culturally and response services	Regular GP training and education sessions at VAHS	Dr Rebecca Dunn	•Improved skin conditions and outcomes for Aboriginal patients in general practice at VAHS Increase number of targeted referrals
Develop a strong, skilled and growing Aboriginal and Torres Strait Islander workforce	Recruitment of Aboriginal dermatology trainee every two years as part of training program	Dr Rebecca Dunn Australian College of Dermatologists (ACD)	•Accredited Aboriginal and Torres Strait Islander dermatology registrar
Grow our Aboriginal Research	Quality assurance project in collaboration with the Victorian Aboriginal Health Service (VAHS) to develop database of patients in an urban Aboriginal inpatient setting (e.g. HREC assessment) - De-identified database to capture dermatology diagnosis, age of patient, number of times referred to clinic, waiting time from when referred to when seen in clinic, socio-economic and geographic markers of patient case mix. Research database to reduce antibiotic prescribing in regional areas - Development of a database that identifies the prevalence of antibiotic prescribing will identify interventions that will change prescribing behaviour and reduce high rates of antimicrobial resistance in remote area with a focus on the Aboriginal population	Dr Rebecca Dunn / A/Prof Johannes Kern	•Publication of audit results, improved allocation of resources and funding, better skin health outcome Reduction in inappropriate prescribing leading to a reduction in antimicrobial resistance

Next steps

This Plan has been developed to reflect an important milestone as we aim to improve the health and wellbeing of all Aboriginal Victorians and in particular those residing in our local catchment area.

The development of our key health priorities and initiatives has been informed based on the most prevalent health care needs of our Aboriginal and Torres Strait Islander communities. The Plan has been developed to help us to implement our priorities in a practical way to ensure a more equitable and inclusive environment for the Aboriginal population receiving care across the RMH. In particular, the Plan translates our priorities into specific and concrete outcomes we will work together to achieve.

The RMH Aboriginal and Torres Strait Islander Working Group will provide leadership in both the implementation and ongoing monitoring of this Plan.