

# Appendix E: POLICY OPTIONS

## Developing a Wellbeing Framework for Aboriginal and Torres Strait Islander Peoples Living with Chronic Disease (Wellbeing Study)

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### Policy context

Addressing a need identified by Aboriginal and Torres Strait Islander peoples and their primary healthcare providers, this study developed a Wellbeing Framework for managing chronic disease in a manner that also supports wellbeing.

Chronic diseases have a substantial impact on the lives of Aboriginal and Torres Strait Islander peoples, with Indigenous peoples experiencing much higher rates of both morbidity and mortality from chronic diseases in comparison to non-Indigenous Australians.

Access to appropriate, affordable and acceptable comprehensive primary healthcare is critical for preventing and managing chronic disease. While appropriate infrastructure, sufficient funding and knowledgeable health care professionals are crucial, these elements alone will not lead to accessible primary healthcare services for all Aboriginal and Torres Strait Islander peoples.

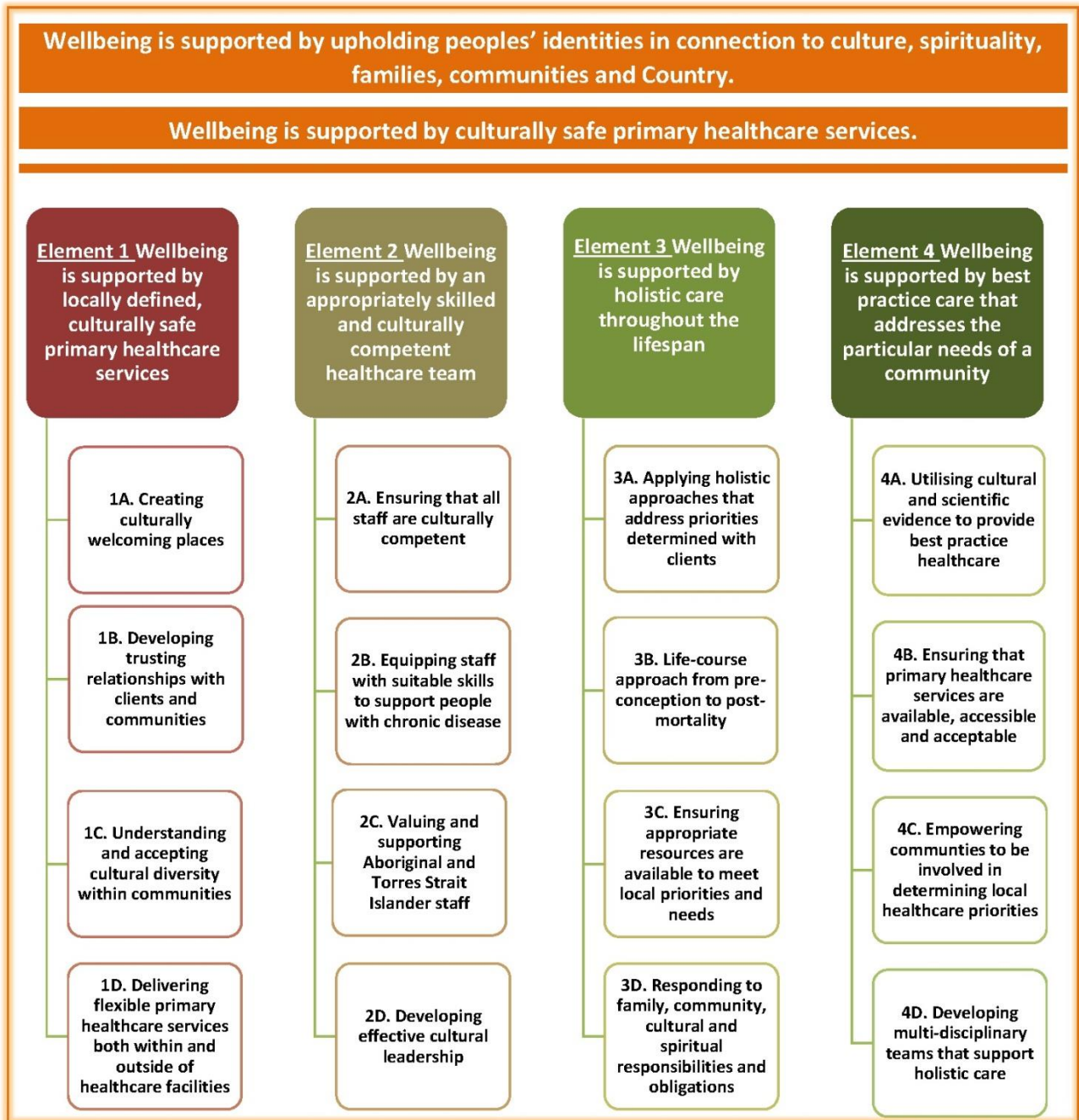
Re-defining the way in which care is delivered in order to reflect Aboriginal and Torres Strait Islander peoples' needs and values is essential for improving the accessibility and acceptability of primary healthcare services. Chronic care models that are currently in use within primary healthcare settings, however, usually focus upon the systems, resources and policies that are required to deliver care, including prepared and proactive practice teams and informed and activated patients.

The important roles of culture, spirituality, Country and family in maintaining health and wellbeing are notably absent from such models. The Wellbeing Framework developed through this study considers these more holistic aspects of health in addition to the physical, mental, emotional, and social dimensions.

### Key findings

In developing this Wellbeing Framework (Figure 1), two **core values** that are fundamental to the provision of care for Aboriginal and Torres Strait Islander peoples were identified. The study also found four **essential elements**, each underpinned by four **key principles** that could assist primary healthcare services to support the wellbeing of Aboriginal and Torres Strait Islander peoples living with chronic disease. Importantly, this Study also identified **practical and measurable applications** that suggest ways in which that each of the principles could be applied. Primary healthcare services, in consultation with their communities, are encouraged to use the core values, elements, principles and applications included within this Wellbeing Framework to shape their own Wellbeing Models that specifically address the needs of their communities.

Figure 1. Wellbeing Framework



Importantly, this Wellbeing Framework was **developed by and for Aboriginal and Torres Strait Islander peoples**. A team of researchers including thirteen Aboriginal and Torres Strait Islander Research Fellows, who were also experienced healthcare professionals working in Aboriginal Medical Services across Australia, were involved in the development of this Framework. The National Reference Group that guided the entire study included Community Elders, as well as Aboriginal and Torres Strait Islander and non-Indigenous policy makers, healthcare providers and administrators.

This Wellbeing Framework is also based on an extensive synthesis of existing evidence that informs the way in which primary healthcare services might support the wellbeing of Aboriginal and Torres Strait Islander peoples. Altogether 97 publications were collected as part of the synthesis including research, program and annual reports as well as journal articles relating to Aboriginal and

Torres Strait Islander peoples' health. In addition, two large systematic reviews were undertaken to better understand the implementation of interventions within a primary healthcare setting. More than 70 community members and healthcare practitioners who provide care to Aboriginal and Torres Strait Islander peoples were then consulted to ensure that the values, principles and applications that were included within the Wellbeing Framework were both relevant and acceptable for use within primary healthcare services.

## Policy options

This evidence-based Wellbeing Framework is already generating substantial interest from several government health departments, which are already beginning to apply the Wellbeing Framework to chronic disease planning. A number of the Aboriginal Medical Services involved in this study have also suggested that the Wellbeing Framework will form part of their continuous quality improvement and evaluation strategies for the coming year and members of our National Reference Group have noted that the Framework may assist to inform healthcare policy and practice more broadly.

A comprehensive four-stage plan would assist healthcare services to utilise this Wellbeing Framework:

- > **Stage One:** The Wellbeing Framework, including details about the core values, elements and principles, as well as practical suggestions for applying the Framework, should be broadly disseminated through Commonwealth and State government health departments. As this material is already available on the Kanyini Vascular Collaboration website, dissemination could first occur electronically, followed by briefings. The Wellbeing Framework should also be disseminated through Primary Healthcare Networks once they are established.
- > **Stage Two:** Funds should be made available to identify or develop resources to assist primary healthcare services to apply the principles within the Wellbeing Framework. Funding should also allow for the development of monitoring, evaluation and implementation plans, in order to provide a complete suite of resources for primary healthcare services that wish to implement the Wellbeing Framework.
- > **Stage Three:** The Wellbeing Framework, together with the resources identified or developed as part of Stage Two, should be piloted in two Aboriginal Medical Services and one mainstream primary healthcare service. The pilot would identify whether the Wellbeing Framework was both acceptable to and effective for improving healthcare services to Aboriginal and Torres Strait Islander peoples. In addition, information from the pilot would also assist in understanding how the sustainability of such an intervention can be supported.
- > **Stage Four:** The adaptability of the Wellbeing Framework to other groups within Aboriginal and Torres Strait Islander populations should be tested. In particular, the need to also support the wellbeing of older Aboriginal and Torres Strait Islander peoples has been raised by members of our National Reference Group. Healthcare services that are able to support the wellbeing of, as well as the acceptability of services for, older Aboriginal and Torres Strait Islander peoples have a number of benefits. For example, living at home for as long as possible could ensure the presence of valuable community role models for younger people.

**Recommendation:** Adopt and fund this staged implementation plan in order to ensure that the Wellbeing Framework is disseminated and utilised more broadly. Together this comprehensive, staged approach will ensure that primary healthcare services are provided with the means to better support the wellbeing of Aboriginal and Torres Strait Islander peoples living with chronic disease.

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