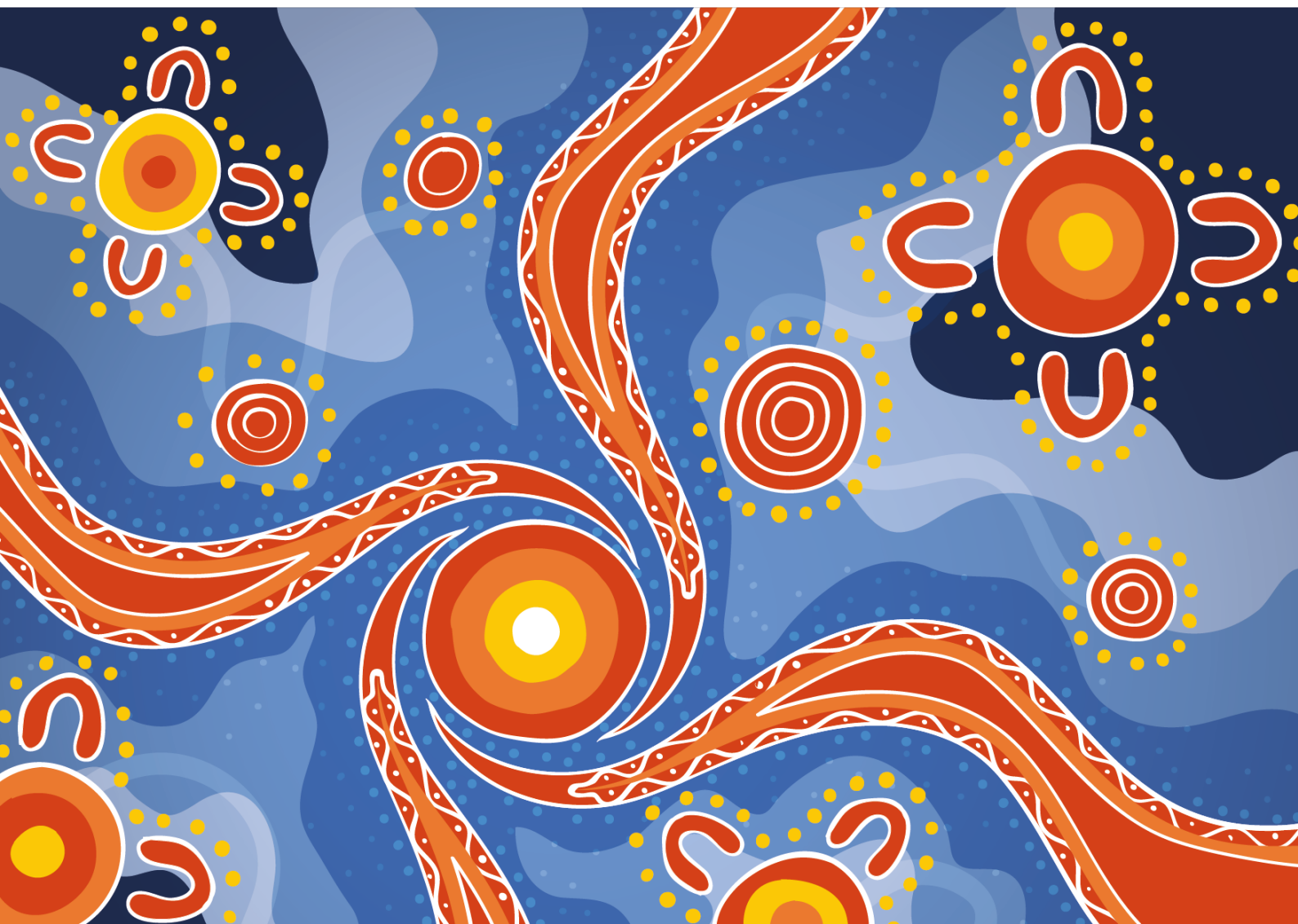


# Aboriginal Leaders' Forum No. 9

22 May 2018, 8:45am–12:30pm

Tauondi College, Lipson Street, Port Adelaide

## OUTPUT REPORT



**Health Performance Council**



Government of South Australia  
Health Performance Council



Output report prepared by the Health Performance Council Secretariat

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**Artwork meaning:** The Health Performance Council (shown as the largest main meeting place) watches over the health and care journey of people to make sure that they are getting the proper care in every way. The journey paths emanating to and from the meeting place indicate the distance, while the blue colour variations show the landscape types. Around the central meeting place are many communities. Yellow dots around these places keep the people safe through their journeys, ensuring proper care is achieved for everybody and that their needs are properly met.

**Artist:** Jordan Lovegrove, Ngarrindjeri, Dreamtime Public Relations, [www.dreamtimepr.com](http://www.dreamtimepr.com).



## Acknowledgement

We acknowledge the diverse Aboriginal peoples of South Australia and their participation in the life of South Australia. We acknowledge and respect their spiritual relationship with their respective country and we acknowledge them as the custodians of their country and that their cultural and heritage beliefs are still important to them today.



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## Agenda

1. Welcome to Country
2. Address by the Hon Steven Marshall MP, Premier of South Australia
3. Keynote talk by Rick Callaghan, Health Performance Council member
4. Review of progress of key issues from the November 2017 forum
5. Introductions from new guests:
  - Chris Burns CSC, Mental Health Commissioner
  - Dr Grant Davies, Health and Community Services Complaints Commissioner
6. Updates on progress from:
  - Wardliparingga Aboriginal Research Unit – Dr Odette Pearson
  - SA Aboriginal Chronic Disease Consortium – Kim Morey
7. Summary of key issues raised at today's forum and facilitated discussion to identify next steps

## Participants

The forum was facilitated by Klynton Wanganeen

Bill Wilson (Department for Industry and Skills)

Brett Rowse<sup>♦</sup> (Health Performance Council)

Cathy Leane (Women's and Children's Health Network)

Chris Burns (South Australian Mental Health Commissioner)

Christine Clark (relative)

Christine Egan (Office of the Health and Community Services Complaints Commission)

Darrien Bromley (InComPro Aboriginal Association Incorporated)

Deanna Stuart-Butler (Women's and Children's Health Network)

Debra Kay<sup>♦</sup> (Health Performance Council)

Denise Black (InComPro Aboriginal Association Incorporated)

Dennis McDermott (Flinders University)

Doug Turner (Flinders Rural Health SA)

Elaine Rigney (Tauondi Elder)

Francis Lovegrove (Council of Aboriginal Elders SA)

Georgina Richters (PwC Indigenous Consulting)

Grant Davies (Health and Community Services Complaints Commissioner)

Harry Miller (Commissioner for Aboriginal Engagement)

Herbert Mack (Country Health SA Local Health Network)

Jackie Ah Kit (Women's and Children's Health Network)

Jason Bromley (InComPro Aboriginal Association Incorporated)

Jeremy Johncock (Office of the Treaty Commissioner, Department of State Development)

Kathy Edwards, for Archie Baker (Country Health SA Local Health Network)

Kerri Reilly (Central Adelaide Local Health Network)

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<sup>♦</sup> Health Performance Council member



Kim Morey (South Australian Health and Medical Research Institute)  
Kirstie Parker (Aboriginal Affairs and Reconciliation)  
Lisa Warner (YWCA Inc)  
Lyn Jones (Child and Adolescent Mental Health Services)  
Mark Waters (Reconciliation SA)  
Mary Patetsos\* (Health Performance Council Deputy Chairperson)  
Michael Payne (Pullman Hotel)  
Mike Turner (Pika Wiya Health Service)  
Nerida Saunders (Aboriginal Affairs and Reconciliation)  
Nola Whyman (Southern Adelaide Local Health Network)  
Odette Pearson (South Australian Health and Medical Research Institute)  
Pam Keefe (Tauondi Elder)  
Richard Yeeles (Office of Premier Steven Marshall)  
Rick Callaghan\* (Health Performance Council)  
Rita Wilson (Tauondi Elder)  
Roger Thomas (Treaty Commissioner)  
Sally Clark (Pika Wiya Health Service)  
Stephanie Gollan (Tauondi Elder)  
Steve Tully\* (Health Performance Council Chairperson)  
Hon Steven Marshall MP, Premier of South Australia  
Steven Newchurch (InComPro Aboriginal Association Incorporated)  
Talisha King (Country Health SA Local Health Network)  
Tamara Mackean (Southgate Institute for Health, Society and Equity)  
Tanya McGregor (SA Health)  
Theresa Francis (Southern Adelaide Local Health Network)  
Tosh Kelly (Aboriginal Experts by Experience)  
Trischia Ritchie (Aged Rights Advocacy Service Inc SA)  
Yvonne Buza (Nebe Consultancy)

#### Health Performance Council Secretariat

Jane Austin (Director)  
Andrew Wineberg  
Jill Fraser  
Nicholas Cugley

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\* Health Performance Council member



## Photos from the forum



Photos were taken with participants' knowledge and consent. People were welcome to opt out if they chose.

## 1. Welcome to Country



Facilitator Klynton Wanganen opened the forum with a Welcome to Country.

We acknowledge the land that the forum meets on is the traditional lands for Kurna people and we respect their spiritual relationship with their country. We also acknowledge the Kurna people as the custodians of the Adelaide region and that their cultural and heritage beliefs are still as important to the living Kurna people today. We also pay respects to the cultural authority of Aboriginal people attending from other areas.

Thank you to all that attended, including Aboriginal leaders who travelled long distances.

## 2. Address by the Premier

The Hon Steven Marshall MP, Premier of South Australia gave the opening address, outlining his government's policy approach to Aboriginal affairs and Reconciliation and its commitment to working across disciplines and across government portfolios to achieve better outcomes.



"The health of Aboriginal people is high on the agenda across Australia: in the Commonwealth government and at state government level. It has been for some time.

"But the overall outlook for health of Aboriginal people in South Australia continues to be unacceptably poor. We know that health cuts across many wider social and economic measures. Aboriginal people in South Australia are more likely to be imprisoned, under the Guardianship of the Minister or subject to care and protection orders. Violence and the threat of violence is high. Aboriginal people are more likely to have experienced homelessness or overcrowded households. The data shows that Aboriginal people are under-represented in the public health workforce and unemployment is disproportionately high.

"We know that these all contribute to poorer health and wellbeing outcomes. And, of course, there remains the ongoing impact for many Aboriginal people of removal from their birth families.

"The data does show some bright spots. Aboriginal people continue to be supported by strong cultural and community ties. A higher proportion are engaged in physical activity. Some alcohol risk measures look better, on average, than for non-Aboriginal people in South Australia. Childhood immunisation rates are good, better in fact than for non-Aboriginal people. But the bright spots are few and far between.



“But, in the end, data and the analysis of data is only the starting point, driving accountability for investments into communities instead of just into government and helping our state to move from a practice of identifying shortcomings to actually measuring success. This comes not just from me and the government but also from you. What is important is working together to invest in cohesive community solutions, an Aboriginal-led approach, working across disciplines and across government portfolios. We must take account of the social, cultural, spiritual, economic and the environmental determinants of health, determinants such as education, employment, safe housing and culturally appropriate health promotion and health practices.”

## Premier's Q&A session

The Premier's speech was followed by a Q&A session, summarised below:

**Forum:** In four years' time where do you want to be with Aboriginal health and how will you go about prioritising the things we need to be working on to get there?

**Premier:** Acknowledges competing priorities and jurisdictions. Health is part of a much bigger system and Commonwealth and state government could work better together. Make better decisions based on data and evidence. Need to get higher proportion of Aboriginal health workers into the system and make them part of the solution.

**Forum:** How do we get Aboriginal people off the lowest rung in terms of health outcomes and health/social determinants – especially in rural and remote communities where half the state's Aboriginal population live but there is less infrastructure?

**Premier:** About finding optimal model of care that balances provision of services, dedicated specialists and Aboriginal-led organisations. Interface is critical. Develop preventative programs and education as a priority. Need to evaluate programs – identify which ones are working well and fund them adequately. Focus on outcomes. Genuinely want to improve outcomes for Aboriginal people in rural and remote SA. Improving health outcomes for Aboriginal people sits across government which is why Premier chose this portfolio. Can make advances with a whole-of-government approach because issues are all connected.

**Forum:** What is your government's position on the Stolen Generation, members of our community that often don't have a voice?

**Premier:** Liberal Party moved legislation on Stolen Generations Compensation (Reparations) Scheme, however acknowledges process took much too long. Important to take time with process and allow people who want to tell their story and have it recorded. Need to be respectful. Interested in perspectives how people feel after process and open to suggestion on things the government should be doing.



- Forum:** What will be the structural mechanisms to ensure there is effective cross sectoral collaboration to realise changes in the social determinants of Indigenous health and what capacity-building for people involved in decision-making process is needed?
- Premier:** Lot of disparate programs. In short term will determine what individual departments are doing and which programs are working. Acknowledges that changes taking too long. Aim to set shorter timeframes for implementation – get community buy-in, get programs out quickly and then iterate. Will be community consultation but wants action as soon as possible.
- Forum:** More Aboriginal people working in and leading programs will get better outcomes.
- Premier:** Agree and need to understand what the barriers are in getting people into these jobs. Need to understand what the constraints are in positions not being filled.
- Forum:** Pleased to see governments using evidence in decision-making and data is getting better. Focus public policy and services on early years of life, eg. shift money into Aboriginal birthing programs for best start in life.
- Premier:** Agree. About coordination and listening to evidence so we can make better decisions.



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The above is an abridged transcript of the Premier's address. The Premier's speech and Q&A session is available to view via the Health Performance Council's Youtube channel:

- Speech: <https://youtu.be/xh4H5hkiB84>
- Q&A session: <https://youtu.be/39M2fpTB6HQ>

### 3. Keynote talk by Rick Callaghan



Health Performance Council member Rick Callaghan presented on his business, career and personal experiences.

Rick Callaghan is an Aboriginal man from an extended Potarwutj family that comes originally from the Padthaway region of South Australia. He is passionate about the ongoing improvement in Indigenous health and the social and cultural development of Australia's Indigenous peoples. The way forward is for Aboriginal people to be engaged in the discussion about the level of further education in health services, outcomes, quality of life, quality service delivery, diversity and long-term sustainability, culturally appropriate health service and actions. He has worked in all States and Territories of Australia during his 20 year consulting career.

Rick's business and consulting has focussed on the health, native title and government sectors. This has involved, health and business reviews and evaluations, native title negotiations, heritage management and best practice and quality health outcomes, research and policy advice, mediation, providing business advice, cross cultural awareness training, employment and training outcomes.

Rick has served as a member of the Health Performance Council since 2012.

### 4. Review of progress since the November 2017 forum

The November 2017 forum featured an update of progress of Treaty negotiations. South Australia was the first Australian jurisdiction to enter Treaty talks with an Aboriginal nation, using limited powers under the Australian Constitution.

#### Key points of note in progress since November 2017 in Treaty negotiations:

- Previous administration had committed to support the Treaty process over 2017-2020. Change of government at the state election in March 2017.
- Early days of new government. Although Treaty negotiations not seen as a priority for new government, Premier Marshall is taking a considered approach. Dr Roger Thomas continues as Treaty Commissioner and is preparing a report for the Premier on what was learned from the negotiation process.
- Agreements in place between Aboriginal nations and previous state government will be honoured.
- There is recognition of benefit of process. Conversations are continuing with state government identifying ways to do practical things today.
- Encouraged by goodwill, passion, interest and constructive conversations that process generated from all sides. Proud of leadership shown by all involved including chief executives of government departments and politicians – "Haven't seen this level of engagement for a very long time".
- Need to build on/harness this positive energy.
- Hardest part about Treaty process was extremely tight timeframes set by previous state government.
- Authority for treaties resides with Commonwealth. Wait to see if Commonwealth ready to talk to Nations across Australia, although saying no to *Uluru Statement from the Heart* a major setback.
- As reforms roll out need to be mindful community voice. Community leaders continue to be encouraged to come forward.



## 5. Introductions from new guests



### Chris Burns CSC, Mental Health Commissioner

Chris Burns commenced as South Australian Mental Health Commissioner in July 2016. An experienced advocate and strategic planner, Chris is a former military officer and consultant in defence and international relations.

Most recently, he was the CEO of South Australia's defence industry association successfully campaigning for the Australian Navy's next fleet of submarines and surface ships to be built in Australia.

Chris has a passion for improving services and ensuring people with lived experience of mental illness, their families and carers are central to the

Commission's work and ongoing mental health reform.

#### Key points from Chris Burns' introduction:

- South Australia has good mental health services but we have lost sense of community and ability to be resilient.
- Chris is taking a whole-of-person, whole-of-life, whole-of-community and whole-of-government approach to the development of the SA Mental Health Strategic Plan 2017–2022.
- More details available from SAMHC website: [samentalhealthcommission.com.au/the-plan/](http://samentalhealthcommission.com.au/the-plan/)
- Sees role as Commissioner to (1) find out what everyone else is doing in mental health space (2) how can mental health services brought together and (3) how can they be made more accountable.



### Dr Grant Davies GAICD, Health and Community Services Complaints Commissioner

Grant Davies commenced as South Australian Health and Community Services Complaints Commissioner in February 2018.

Grant holds a Bachelor of Nursing, a Master of Arts in applied ethics and a PhD in applied ethics. Most recently he was Director of Projects at Safer Care Victoria and Victorian Health Services Commissioner.

Grant started his career as a registered nurse in general and radiation oncology settings and in acute palliative care units. In the mid-1990s he was seconded into Queensland Health to assist in the development of Queensland's palliative care policies, Queensland's health outcomes and the impacts of newly emerging guardianship legislation. He moved to Melbourne in late 1999 to take up a position with the Victorian Department of Human Services undertaking similar work. He commenced work in the office of the Federal Commissioner for Complaints in early 2001 and stayed during its metamorphosis into the Federal office of the Aged Care Commissioner where he was Investigations Manager.

#### Key points from Grant Davis' introduction:

- Is three months into new role and still meeting people and learning.
- Sees role as Commissioner as minimising gaps between services and facilitating a more co-ordinated system.
- Concurs with Chris Burns' points about importance of finding out what everyone else is doing, how they can brought together and made more accountable.



## 6. Updates on progress

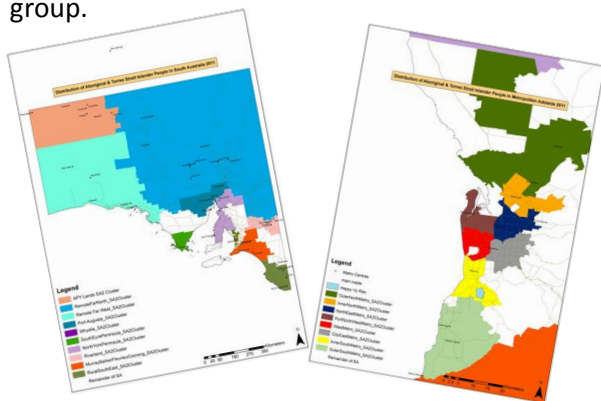
### Dr Odette Pearson – Wardliparingga Aboriginal Research Unit



The [Wardliparingga Aboriginal Research Unit](#) within the South Australian Health and Medical Institute (SAHMRI) conducts research that is of direct relevance to Aboriginal people in South Australia. Research is focused on the significant gap between the health status and life opportunities available to Aboriginal people when compared to other Australians. Wardliparingga's goal is to generate positive, long-term change for Aboriginal families and communities in South Australia.

#### Existing Wardliparingga research

- Landscape – 18 community reports analysis completed currently writing and consulting with governance group.



- Aboriginal Diabetes Strategy (ADS) – Completed comprehensive baseline diabetes assessments for over 800 participants as at mid-May 2018. Aiming for 4,000 people to achieve statistically significant results.
- Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE) – Aboriginal Project Officer commenced to assist in finalising Best Practice Health Care Case Studies within Aboriginal Community Controlled Health Sector.

#### Completed research

- SA Health Needs and Gaps – Similar measures reported as the Health Performance Framework but at the LHN level as opposed to state level.

#### New research

- Understanding Stress and Staying Strong in Aboriginal and Torres Strait Islander Health and Human Services Workforce – Interviewing Aboriginal health and social services workforce to identify what keeps them strong in the workplace.
- Barngarla Language and Wellbeing Study – commenced working with Barngarla Language Groups in Port Lincoln and Port Augusta to examine the social and emotional wellbeing impacts of language reclamation workshops.
- Social and cultural pathways program – aims to help individuals, families and/or communities to identify social and community factors that may be impacting on their health and well-being, prioritise these, set achievable goals and link people with services.
- Aged Care – our aged population is growing albeit slowly. Important that we can inform providers of culturally safe care for our elderly.



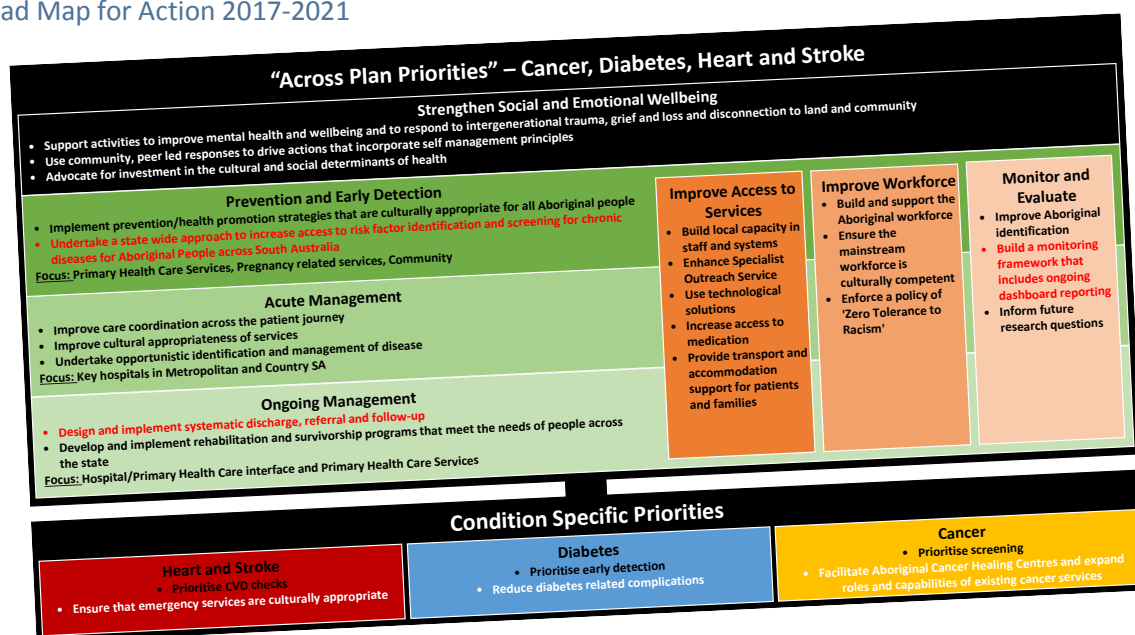
## Kim Morey – SA Aboriginal Chronic Disease Consortium



The [SA Aboriginal Chronic Disease Consortium](#) is part of the SA Academic Health Science and Translation Centre (SA Centre). Its goal is to drive, coordinate and sustain the implementation of the three chronic disease plans:

- South Australian Aboriginal Heart and Stroke Plan 2017-2021
- South Australian Aboriginal Diabetes Strategy 2017-2021
- South Australian Aboriginal Cancer Control Plan 2016-2021.

## Road Map for Action 2017-2021



- State-wide approach aims to: (1) Improve Risk factor assessment and screening and consistency; (2) Improve update of health checks and referral pathways for screening; (3) Develop toolkit for education and community engagement.
- Continuity of Care Project will: (1) Establish and promote effective and tangible continuity of care following hospitalisation and treatment for Aboriginal and Torres Strait Islander patients; (2) Link Aboriginal and Torres Strait Islander patients to an effective discharge and referral pathway between hospital and community based primary health care service providers, including end of life; (3) Enhance recall processes and the delivery and uptake of appropriate follow-up treatment and care that enables Aboriginal and Torres Strait Islander patients to self-manage the impacts of chronic disease on themselves, their families and their communities.
- Culturally Responsive Emergency Services Protocol proposes to: (1) Ensure systems are in place and operating to accurately identify Aboriginal or Torres Strait Islander status for all patients at the first point of medical contact; (2) Develop and implement a transfer and retrieval services protocol that responds to the clinical, social and cultural needs of Aboriginal and Torres Strait Islander people; (3) Work with all emergency services to improve the cultural competence of their services; (4) Support increased coordination of care during an emergency.
- A monitoring and evaluation framework will measure progress against the Consortium's aim of reducing the impact of chronic disease experience by Aboriginal and Torres Strait Islander people in South Australia.

## 7. Next steps

Forum agreed to identify three priority topic areas where quick progress can be made and report back to Premier at next forum in six months' time.



**Some potential issues identified include:**

- Continuity of care – Look at access and equity in hospital discharge and outpatient services for Aboriginal people. How do/did Aboriginal Patient Pathway Officers link with Aboriginal Liaison Officers to facilitate this?
- What are the barriers to Aboriginal status being recorded by health services and how is Aboriginal status utilised by health services? (Eg. is it for the benefit of Aboriginal people such as to prioritise services, for service funding reasons, is it only because there are penalties for not collecting information, etc.)
- Extent and impact of systemic racism in the health system
- Maternal health
- Early childhood (“first 1000 days”) and youth health
- Training and employment
- Co-ordinating state health care for Aboriginal people with Commonwealth services.

The Health Performance Council will work with the Aboriginal Leaders Forum (via planning group) and Premier’s Office to develop three initiatives and report progress to the next forum.

FORUM CLOSED AT 12:30pm

Thank you to all participants for your valuable contributions



## Summary of review card feedback from the forum

Review cards were distributed to seek feedback from attendees on the value of the forum and how the HPC Secretariat might improve forums in the future. Review card feedback is considered by the planning group.

### Method

Review cards were distributed on the attendees' seats before lunch. The facilitator reminded people to fill the cards in and leave them with HPC secretariat staff.

### Response rate

A total of 56 participants attended the forum including facilitator, speakers, delegates and other guests, HPC members and secretariat staff.

A total of 24 completed review cards were collected. If we exclude secretariat staff and facilitator from the denominator (as they were directly involved in organising the forum) the response rate is 24/51 or 47%.

### Q1. How do you rate the event in terms of its outcomes and outputs?

The average score was 8.5 out of 10, with a range of 7–10.

### Q2. How do you rate the event in terms of its design and running?

The average score was 8.6 out of 10, with a range of 6–10.

### Q3. What was best about the event?

There was overwhelming positive feedback from attendees about the high quality speakers, presentations and resulting discussions. Three comments that captured the overall tone of responses to this question include:

- "I enjoyed all sessions. The Premier's session with questions was very good."
- "Having the Premier and the Commissioners present and open forum for questions and discussion."
- "Odette Pearson and Kim Morey session – Great."

### Q4. What would you like to have been different?

Feedback to this question can be generalised as "these forums need to go for longer". Respondents felt they needed more time for discussion.

### Q5. What will you tell others?

Again, feedback to this question was very positive. Respondents said that will encourage others to attend as it offers a great opportunity to hear up to date, relevant information with opportunity to feed in priorities. Three typical comments that captured the overall tone of responses to this question include:

- "A good vehicle for action for better health outcomes for Aboriginal people."
- "Worthwhile event to attend."
- "Come along to get informed on health work and issues and how fantastic some of the research that is being done by Aboriginal people."

#### Q6. What should happen next?

Feedback to this question can be generalised as respondents were keen to see a start made on identifying three priority topic areas where quick progress can be made and report back to Premier at the next forum in six months' time.

#### Q7. One word summarises how you feel now?

Participants were asked to identify one word that best summarised how they felt at the end of the forum. Words were entered into wordle.com. The image below represents the frequency of the word by size. Where a respondent wrote multiple words, or a sentence, the primary word was used (e.g. 'Very informed' was truncated to 'informed').



## About the forums

### A. Purpose of the Aboriginal Leaders' Forums

The purpose of the Aboriginal Leaders' Forums is to engage with leaders in the Aboriginal community and Aboriginal people who are leaders in the health system to:

- establish the health priorities of Aboriginal communities in South Australia
- guide the Health Performance Council in its monitoring and review of Aboriginal health status and performance measures in areas where the health system provides a response to Aboriginal people's health needs.

The Health Performance Council regularly co-hosts these forums in co-operation with the South Australian Health and Medical Institute's (SAHMRI) Wardliparingga Aboriginal Research Unit. The sessions are facilitated by Klynton Wanganeen and feature presentations by guest speakers, updates on progress of issues that impact on the health of Aboriginal people in South Australia, and resolution of future directions on Aboriginal health research topics.

### B. Previous Aboriginal Leaders' Forums

The inaugural Aboriginal Leaders' Forum took place at Tauondi College on 25 October 2013. A condensed summary of topics covered at previous forums is tabled below:

Forum	Date	Key topics
1	25 Oct 2013	<ul style="list-style-type: none"><li>▪ Aboriginal health and Aboriginal leadership</li><li>▪ The Health Performance Council's role and the purpose of these forums</li><li>▪ Governance, leadership and Indigenous rights</li><li>▪ The role of the Aboriginal community-controlled sector in Aboriginal health leadership</li><li>▪ How Aboriginal Leaders Forums should work in the future</li><li>▪ Overcoming cardiovascular disease in Aboriginal people</li></ul>
2	29 May 2014	<ul style="list-style-type: none"><li>▪ Aboriginal health data stories – Spotlighting the health system's performance</li><li>▪ What it means to be an Aboriginal leader</li></ul>
3	5 Nov 2014	<ul style="list-style-type: none"><li>▪ How the health system can be held accountable for its Aboriginal health care outcomes using internal and external means</li><li>▪ How will we hold the health system to account for getting better Aboriginal health outcomes?</li><li>▪ What specific actions for improving health system accountability for Aboriginal health outcomes will we recommend to the Minister for Health and the Premier?</li><li>▪ What specific action can we take to continue the momentum of the Aboriginal Leaders' Forums?</li></ul>
4	27 Nov 2015	<ul style="list-style-type: none"><li>▪ Keynote speaker: Ngiare Brown on Aboriginal leadership</li><li>▪ Panel discussions with guest speaker Dorothy Keefe, SA Health's Clinical Ambassador for Transforming Health on:<ul style="list-style-type: none"><li>– understanding Transforming Health and the directions the government is taking</li><li>– how Transforming Health can improve the health outcomes for Aboriginal people</li><li>– how Aboriginal people generally can be made aware of the reforms and be included in consultations and decision-making that affects them</li></ul></li></ul>
5	18 May 2016	<ul style="list-style-type: none"><li>▪ Keynote speaker: Daryle Rigney, Dean, Office of Indigenous Strategy &amp; Engagement, Flinders University, on Indigenous governance and nation building</li><li>▪ Update on progress of Transforming Health, including formation of an Aboriginal Advisory Group</li><li>▪ Guest speaker: Michael Cousins, Chief Executive, Health Consumers Alliance of SA, on engaging Indigenous consumers</li><li>▪ Presentation of preliminary results from research topic analysis by the Health Performance Council and Wardliparingga Aboriginal Research Unit</li></ul>



6	24 Nov 2016	<ul style="list-style-type: none"> <li>▪ Transforming Health – A conversation with Dorothy Keefe, SA Health’s Clinical Ambassador for Transforming Health and Jackie Ah Kit, Chair, Transforming Health Aboriginal Expert Advisory Group on: <ul style="list-style-type: none"> <li>– How Transforming Health is improving health outcomes for Aboriginal people</li> <li>– How Aboriginal people are being made aware of the reforms and included in consultations and decision making that affects them.</li> </ul> </li> <li>▪ Impact of drugs, alcohol and addiction on Aboriginal communities – Presentations and panel discussion with James Ward (Head Infectious Diseases Research Aboriginal Health, SAHMRI), Chris Holmwood (Addiction Medicine Specialist, DASSA), and Mark Thompson (Coordinator Aboriginal Clinical Services, DASSA) on: <ul style="list-style-type: none"> <li>– Epidemiology of drug and alcohol use in Aboriginal rural and remote communities</li> <li>– Patient pathways for people presenting to hospital for acute drug abuse</li> <li>– Drug and alcohol services program delivery.</li> </ul> </li> </ul>
7	31 May 2017	<ul style="list-style-type: none"> <li>▪ Keynote speaker: Lisa Jackson Pulver, HPC member, on findings emerging from the latest Aboriginal and Torres Strait Islander population data released by the Australian Bureau of Statistics following the 2016 Census.</li> <li>▪ Launch of the consultation draft of the HPC’s Aboriginal health case study</li> <li>▪ SAHMRI’s Wardliparingga Aboriginal Research Unit on the implementation of the Aboriginal heart and stroke, diabetes, and cancer plans</li> </ul>
8	15 Nov 2017	<ul style="list-style-type: none"> <li>▪ Keynote speaker: Treaty Commissioner for South Australia, Dr Roger Thomas on progress of Treaty negotiations between the South Australian government and South Australian Aboriginal nations.</li> <li>▪ Update from the Health Performance Council on progress and achievements to date in its 2015–2018 review program.</li> </ul>

## C. Health Performance Council

The Health Performance Council (HPC) is the South Australian Government’s statutory Ministerial advisory body established under the *Health Care Act 2008* to provide advice to the Minister for Health and Wellbeing on the performance of the health system, health outcomes for South Australians and specific population groups and the effectiveness of community & individual engagement.

We publish reviews of South Australian health system performance on our website: [hpcsa.com.au](http://hpcsa.com.au).

## D. Wardliparingga Aboriginal Research Unit

The [Wardliparingga Aboriginal Research Unit](#) within the South Australian Health and Medical Institute (SAHMRI) conducts research that is of direct relevance to Aboriginal people in South Australia. Research is focused on the significant gap between the health status and life opportunities available to Aboriginal people when compared to other Australians. Wardliparingga's goal is to generate positive, long-term change for Aboriginal families and communities in South Australia.

