

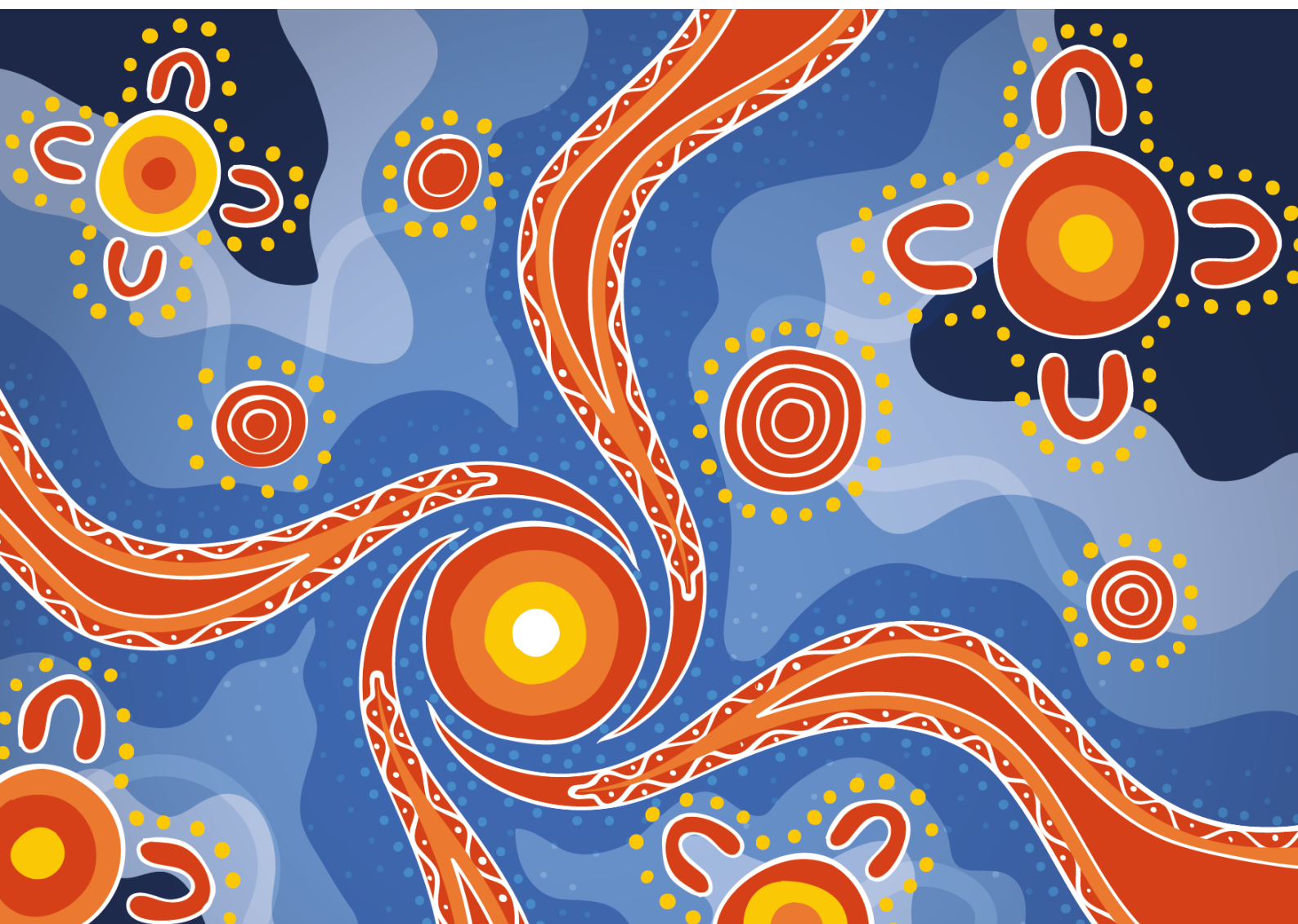


# Aboriginal Leaders' Forum 12

14 November 2019, 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

The Health Performance Council acknowledges the Aboriginal peoples of South Australia—who in their diversity demonstrate resilience and continue to make significant contributions to South Australia, despite the ongoing effects of colonisation and dispossession.

The Council acknowledges the spiritual relationship Aboriginal peoples of South Australia have with their respective countries, and respects their cultural and heritage beliefs which are still important to them today.

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## Agenda

- **Welcome to Country.**
- **Previous forum.** A review of the outcomes of the Forum of May 2019.
- **Commissioner for Aboriginal Engagement.** Dr Roger Thomas with updates on Aboriginal engagement reform.
- **Talk: April Lawrie, inaugural Commissioner for Aboriginal Children and Young People** talks about her work.
- **Talk: Peter Azzopardi** talks about his research programme – on why the need to focus on Aboriginal adolescents and youth from a developmental perspective, a summary of health needs and a framework for action.
- **Commission on Excellence and Innovation in Health.** Professor Paddy Phillips talks briefly about strategic planning for the new Commission.
- **Wellbeing SA.** Lyn Dean, Chief Executive, talks briefly about strategic planning for the new agency.
- **News and updates.** The latest from the Forum co-hosts plus a chance for everyone to share information on their projects, activities and other news.

## Participants

The forum was facilitated by Klynton Wanganeen

Amanda Mitchell (Aboriginal Health Council of South Australia)

April Lawrie (Commissioner for Aboriginal Children and Young People)

Bonner Watts (Tauondi College)

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

Cheryl Cairns (Tauondi College)

Cindy Paardekooper (Department for Education)

Damien Shen (Drug & Alcohol Services South Australia)

David Rathman (Consultant)

Douglas Clinch (South Australian Health and Medical Research Institute)

Ellen Fraser-Barbour<sup>♦</sup> (Health Performance Council)

Fiona Buzzacott (Department of Human Services)

Frank Lampard (Northern Adelaide Local Health Network, Lyell McEwin Hospital)

Gloria Fernandes (Workforce Services, SA Health)

Herb Mack (Central Adelaide Local Health Network)

Jennene Greenhill<sup>♦</sup> (Health Performance Council)

John Rankine (Women's and Children's Health Network)

Kerri Reilly (Central Adelaide Local Health Network)

Kim Morey (South Australian Health and Medical Research Institute)

Klynton Wanganeen (Facilitator)

Kurt Towers (Northern Adelaide and Central Adelaide Local Health Networks)

Lyn Dean (Wellbeing SA)

Margaret McCallum (Central Adelaide Local Health Network)

Mark Waters (Palliative Care South Australia)

Michele Robinson (Adelaide Primary Health Network)

Odette Pearson (South Australian Health and Medical Research Institute)

Paddy Phillips (Commission on Excellence and Innovation in Health)

Peter Azzopardi (South Australian Health and Medical Research Institute–Melbourne)

Robin Davey (Metro Youth Health, YWSWD, WCHN)

Roger Thomas (Department of the Premier and Cabinet)

Roland Wilson (Southgate Institute of Medicine and Public Health)

Scott Kerdell (Central Adelaide Local Health Network)

Sharon Clarke (Department of Health and Wellbeing)

Shereen Rankine (Central Adelaide Local Health Network)

Steve Tully<sup>♦</sup> (Health Performance Council)

Tess Mitsoulis (Department of the Premier and Cabinet)

Toni Shearing (Northern Adelaide Local Health Network)

Trischia Ritchie (Aged Rights Advocacy Service Inc SA)

Vicki Hartman (Tauondi College)

### Health Performance Council Secretariat

Jane Austin (Director)

Andrew Wineberg

Nicholas Cugley

Trudi Duffield

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<sup>♦</sup> 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

Facilitator Klynton Wanganeen opened the forum with an Acknowledgement of 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 pay respects to the cultural authority of Aboriginal people attending from other areas.*



Klynton led a minute of silence for Elders who have passed since the previous forum.

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

### Apologies

Klynton noted apologies from invited participants unable to attend:

- Hon Steven Marshall MP—Premier of South Australia
- Hon Stephen Wade MLC—Minister for Health and Wellbeing
- Alex Brown—Wardliparingga Aboriginal Research Unit
- Keryn Maloney—Department of the Premier and Cabinet
- Lisa Jackson Pulver AM—Health Performance Council
- Nahtanha Davey—Aboriginal Health Council of South Australia
- Rick Callaghan—Health Performance Council
- Sandy Miller—Women's and Children's Health Network

### Updates since the last forum

The output report from the previous Aboriginal Leaders' Forum (number 11) held on 9 May 2019 is available for download from the Health Performance Council website at [hpcsa.com.au/get\\_involved](https://hpcsa.com.au/get_involved).

A summary of topics covered in previous forums is listed in Appendix B of this output report.



## 2. Commissioner for Aboriginal Engagement

Roger Thomas—Commissioner for Aboriginal Engagement—updated the forum on reforms of the South Australian Aboriginal Advisory Council (SAAAC).

Key points:

- SAAAC established to provide advice on the current engagement relationship between the government of South Australia and the Aboriginal community, and nature of the Voice to Parliament that currently exists. Commissioner Thomas reports directly to the Premier.
- The Premier came to the role with experience as a board member for Reconciliation SA and sought opinion and advice about the effectiveness of this engagement—concluded that reform is needed. Premier has asked Commissioner Thomas to develop a model for SAAAC reform in terms of that relationship.
- Commissioner Thomas has a proposed model that seeks to improve engagement with Aboriginal people and ensure Aboriginal people are represented in decision-making. Wants South Australia to be a leader in providing a stronger First Nations Voice to parliament.
- Preferred model is a departure from being just an advisory body. Commissioner Thomas proposes to set up a representative body enshrined in state legislation. Commissioner Thomas sees that body becoming the First Nation Voice in South Australia.
- The new body would consist of 11 members. Five to be elected; three members that are what Commissioner Thomas describes as ‘prescribed’ (a mix of Elders and youth); and the remaining three open to appointment.
- The new body will have gender balance.
- With five members to be elected, need to establish an electoral roll that can identify Aboriginal status in South Australia. Commissioner Thomas proposes a voting model along the lines of the Victorian Treaty Vote for First Peoples' Assembly.
- There will be five voting areas (one for each member) in South Australia. Commissioner’s office will be the trustee of the electoral roll.
- Commissioner Thomas is confident the electoral commission and work to set up the electoral roll will be done before Christmas 2019.
- State election for Aboriginal people to elect the first five members of new body planned for early in 2020.



**Roger’s update was followed by a Q&A session:**

**Q:** How will vulnerable Aboriginal people—people with disabilities, the stolen generations, and people who often don't get a voice when things occur at a strategic level—how do we ensure there is representation from these groups?

**A:** The model includes scope for including these groups in the representation through the three positions that are open to appointment.

### 3. Commissioner for Aboriginal Children and Young People

April Lawrie—inaugural Commissioner for Aboriginal Children and Young People—updated the Forum on her role and the work of the Commission.

#### Key points:

- Started in the role in December 2018.
- Appointment delivers on state government election commitment, after request was made by Aboriginal organisations in their submissions to the Nyland Royal Commission into the state's child protection systems.
- But more than that, the creation of the position is the result of hard advocacy over more than 30 years from Aboriginal leaders in child protection. Creation of role has been arduous process, brought to fruition as a culmination of leadership insistence that it be established.
- Monitors, advises and advocates on systemic and individual issues for Aboriginal children and young people—across education, health, youth justice and child protection—on matters that impact on the well-being and development of Aboriginal children and young people.
- Works closely with the Commissioner for Children and Young People, engaging with Aboriginal children, families and communities, service providers and the Aboriginal community in South Australia to ensure better services for Aboriginal children.
- However, faces challenges investigating pressing systemic issues facing Aboriginal youth. Limited resources and the state government hasn't legislated role. "Don't have powers, only have functions." A review tabled in Parliament recommends the government enshrine Commissioner role in the Children and Young People (Oversight and Advocacy Bodies) Act to make a major impact on alleviating Aboriginal disadvantage.
- Commission is engaging with the community via community forums – four metro and eight country. Commissioner Lawrie travelled with a small team and enlisted the support of two Elders who have been long-standing advocates, workers, leaders who are personally invested in the space around the well-being of Aboriginal children and young people
- Themes emerging from community forums:
  - Don't assume if we identify as Aboriginal that we know what it is to be Aboriginal today. We want our community and Elders to transmit knowledge to us about who we are and what it means to be Aboriginal in today's modern world.
  - How do we get self-determination and human rights into the justice space? What families talk about is being marginalised or completely alienated from decision-making processes affecting their children, and not being aware of their rights.
  - Important issues around homelessness, employment, income, education but what was consistent across community discussion with Aboriginal children and young people were standout issues around cultural identity and belonging.



- Unprecedented levels of removals of Aboriginal babies at birth, Aboriginal children not growing up with their families. We have over 360 Aboriginal children and young people in out of home care and about half of those, about 160 Aboriginal children, are in non-Aboriginal care. It is one of the biggest issues.
- Commissioner Lawrie is drafting a report canvassing themes developed during the community consultation that will go to the Minister for Education. Will take the draft report back out to the community to close the feedback loop, to make sure the things we have spoken about are represented fairly and justly.

**April's update was followed by a Q&A session:**

**Q:** What is the status of the family care conference model?

**A:** Need to grow the model to include things that are important to the community today, eg. address the unprecedented levels of removals. Want model to provide a much more active role in agitating the system and be a contributor to policy, to service development and on matters not only to do with children in the community but the collective voice across all the Aboriginal family communities. Be a contributor for a statewide impact.

**Q:** How will our children survive in the education system?

**A:** Eastern states have taken the lead with initiatives like the Family Matters campaign and with the Children's Commissioner. Challenging governments to transfer powers and delegate powers to the control sector. What kids have said, as young Aboriginal people, is they deserve Aboriginal workers and contact with Aboriginal mentors so they start getting positive messages.

## 4. Aboriginal adolescents and youth from a developmental perspective

Dr Peter Azzopardi—Theme Member, Wardliparingga Aboriginal Research Unit and Co-Head of Adolescent Health at Burnet Institute—presented on the health needs of Aboriginal adolescents and youth from a developmental perspective and a framework for action.

### Key points:

- There has been a real change in mindset lately. We often think about young people with problems as challenges for society. The global health community now recognises the incredible opportunities that young people provide.
- Now a global strategy —new science and new thinking has helped reframe adolescence as an important development stage. For a long time there has been this argument that you need to invest in the first five to seven years. But now we know that really important element is up until the mid-20s. We need to be investing in the first two decades to be able to realise the full benefits.
- In addition to puberty, there are really important developments in the brain. We understand now that the brain developments occur during adolescence and not all over the brain at the same time—it's different parts of the brain at different times. We know that the limbic parts of the brain, which are really important for emotion and reward, develop before the frontal cortex, which is for making decisions and thinking about the future.
- This opens up young people to a window of vulnerability, because they are seeking emotional reward at a time when they don't have the ability to make decisions that impact their future. That really speaks to the importance of surrounding young people with cultural and community support, so when they fall down we can pick them up again.
- What is incredibly important about this developmental window it is not fixed, it is responsive to the environment and the exposure young people are experiencing. This is why providing a safe, nurturing, culturally safe environment for young people to grow and thrive in is really important, because it actually impacts on development and future life chances.
- Overlaid with neurobiological developments that occur during adolescence there are also some really important social transitions. For a long time we didn't have very good data on what these transitions look like for young Indigenous people. It is a time when young people transition from education to employment, but the trajectories are different for Indigenous young people, compared to non-Indigenous young people.
- Young people are also highlighting that substance use, bullying, mental health, family stress are really important.
- Adolescence can be a time for parenthood for many Indigenous young people. When we think about adolescence, we think about them as individuals, but it is also a time to think about their roles for caring, and also as leaders of their families and communities.



- One third of the Indigenous population are aged 10 to 24 years. It is shocking and exciting. It is a huge opportunity. This really is the result of the incredible gains we have made in terms of child mortality, so we have more young children growing up to be adolescent.
- The need to invest in Indigenous adolescent health is quite clear, it has been discussed for years now. Young people are a critical target for health reform.

**Peter's presentation was followed by a Q&A session:**

**Q:** What are the links between Aboriginal child and adolescence health outcomes and identity?

**A:** When you look at the national data from the ABS, the majority—more than 95% of Indigenous young people—are proud of their culture. Around 60% report being content or happy with the cultural engagement they have. There is an opportunity here, I think, to actually help people actually engage further. 75% of Indigenous people feel they have a family they can confide in. That is really good, because of what we think about your people we think about them in isolation, not as part of an active community.

**Q:** Is it just health?

**A:** Indigenous people experience a larger burden of adverse child stress. In terms of some of the basic social determinants, we know that overcrowding remains a really important issue for young people in remote areas. A very large proportion of young Indigenous people have had very adverse experiences with the justice system. Being in out-of-home care kind of ties in with this as well.

**Q:** What is the impact of the peer groups on a young adolescent?

**A:** It is an area that we're continuing to understand better in terms of how we can mobilise peer networks to actually best support the health and well-being of young Indigenous people, understanding that the peer network now is very different. Now the peer network is digital, people are connected everywhere. So we are doing a bunch of work around how social media and digital networks can be mobilised to support the health of young people.

## 5. Commission on Excellence and Innovation in Health

Paddy Phillips—Commissioner for Excellence and Innovation in Health—updated the forum on the work of the Commission.

Key points:

- Currently in the process of establishment. Will be an ‘attached office’ which means some independence from the Department.
- Directors on board soon and building up staff. Developing partnerships with international societies and also local agencies. For example, partnering with the Office of the Chief Psychiatrist on their “Toward Zero” program.
- The Commission is tasked with helping the health system improve to provide better health outcomes for South Australians.
- Commission is inclusive—it includes all South Australians, and it means all of the health system, not just the public health system—the private health system, general practice, aged care, community health services, Aboriginal health services. It also means rural and remote, not just metropolitan.
- Have set up the Commission around four areas of expertise:



- Consumer and clinical partnerships. In the next three months, will be developing our consumer and community engagement strategy, and you'll get opportunities to be involved. The four clinical networks now are cardiology, palliative care, cancer and time-sensitive/urgent care.

There's been lobbying to re-establish some of the old networks, and establishing new networks. Will go through a process where our advisory committees try to work out what our strategies are. Other networks could potentially include diabetes, pain, management as well as the other ones like heart and kidney disease and so on.

Clinical networks supported by committees and sub-committees that people can be a part of. This is not about a top-down driven healthcare transformation or reform. This is aimed at being consultative with particular consumers, carers and families, and people who work in the health system as well as people who manage the health system and people who develop policy.

- The second area of focus is clinical informatics. Our aim is for data to inform what we do, and highlights where there are issues and where are the system gaps. Clinical informatics will also help inform system changes to decide if they make a difference or not. It will give us an idea of what resources we need via clinicians, clinic managers, and doing it in a much more time effective way, so we can have access to data, obviously safeguarding privacy and confidentiality.
- The next area is clinical improvement and innovation. Improvement and innovation is a science now. The Commission is developing some focus around our partnerships with other agencies, such as the International Society for Quality Health Care.
- The fourth area is human centred design. The technical aspects of healthcare are important, making sure you get the diagnosis right, but the emotional aspects of healthcare are also really important. How do people feel about that healthcare they

are receiving? But also what they are providing? Both sides of the equation, consumers, carers and families, as well as the clinicians providing that.

- Will establish a Clinical Advisory Council to provide advice about health strategies and priorities in health care. Have called for expressions of interest. Will include experts in health care, an expert in Aboriginal health care, experts in clinical research, in clinical research translation, consumer relations, community relations, a futurist, innovation, and rural health care
- Strongly encourage you to put up your hand to be involved with the Commission. Will be doing some fun stuff, eg. next year having a 'Vision 2020' meeting. Plan to have one every year about what is on the horizon for health, major innovation or change that will affect health in South Australia and what we will need to prepare for. The one next year is preparing for artificial intelligence, machine learning and robotics in health.

**Paddy's update was followed by a Q&A session:**

**Q:** With the four clinical networks will there be consideration for Aboriginal health care information and how might we be sure that Aboriginal health needs are considered across those priority areas?

**A:** There are steering committees being established as part of those networks and people with Aboriginal health skills and Aboriginal people, I understand, will be a part of that. It may be someone who is a clinician or it may be someone with lived experience.

**Q:** We need to think about an antiracism strategy. Innovation and excellence can be downplayed when people don't feel safe within the system to participate. My challenge to you in this new role is how we support safe and courageous participation for Aboriginal people. If we don't have that participation, how do we make sure people of colour are considered in this space?

**A:** It's really important. The Department recognises that as well. It is working on part of its new health strategy, the idea of changing the culture, to make it a more welcoming and open culture and a safe place, eliminating institutional racism, and focusing on celebrating diversity and having a focus on wellbeing as well.

Anyone with follow-up queries of Paddy is invited to contact the Commission on Excellence and Innovation in Health at the e-mail address: [Health.Excellence-Innovation@sa.gov.au](mailto:Health.Excellence-Innovation@sa.gov.au)



## 6. Wellbeing SA

Lyn Dean—Chief Executive of Wellbeing SA—updated the forum on the work of the office.

### Key points:

- Wellbeing SA will have a strong focus on prevention, early health interventions (eg. immunisation), health protection strategies (eg. quitting smoking), mental health (eg. suicide prevention), and managing chronic conditions. People in the community want support to live a well and healthy lifestyle.
- A focus on Aboriginal health promotion, including for Aboriginal adolescents. Recognises that it has been absent, and is one of the focus areas that will be put in the strategic plan for Wellbeing SA. The health of Aboriginal people, and of young Aboriginal people, needs to be central.
- Wellbeing SA sees synergies with working with Health Performance Council—sees similarities in focus with Wellbeing SA. Health Performance Council can bring agility and strength to the work of Wellbeing SA.
- Has been consulting with a range of stakeholders over last 12 months—held community forums in metro and country.
- Listened to what Aboriginal people told them about what they wanted in Wellbeing SA. Aboriginal people talked about the importance of culture to their wellbeing and the importance of supporting families. Aboriginal people don't want to waste time, and for Wellbeing SA and the health system to listen and to hear. Heard the theme of racism, and heard that loudly. Heard that we need to support Aboriginal staff. Need to work more closely with Aboriginal NGOs. Access and responsiveness was another important issue that was heard—access to primary care and remote systems to support mental health care.
- Next 12 months: Finalising a five-year strategic plan to deliver to the Minister by December 2019 and get into a budget cycle.
- Will continue to seek opportunities to engage with Aboriginal people around what they want Wellbeing SA to do.



### Lyn's update was followed by a Q&A session:

**Q:** For Aboriginal people, when you look at the individual holistically, I think there are a few steps back you could be looking, particularly complex and complicated group, that leads into mental health, substance issues, suicide. In terms of wellbeing and that holistic view, what is your approach or response to addressing that key indicator?

**A:** We won't just focus on health wellbeing, we will also focus on mental wellbeing through a refocus on the Mental Health Commission and resilience building for people in the community and how they can be supported through their life course. I'm happy to talk to you about the things we should consider

**Q:** Are veterans included in your planning?

**A:** Veterans will be a key population group addressed in our forthcoming strategic plan.

Anyone with follow-up queries of Lyn is invited to contact her via the Wellbeing SA e-mail address: [HealthWellbeingSACEOOffice@sa.gov.au](mailto:HealthWellbeingSACEOOffice@sa.gov.au)

## 7. News and updates

### **Steve Tully—Chair of the Health Performance Council—updated the forum on the work of the council**

- Upcoming projects around people living with disability engaging with our health system, avoidable and preventable hospital admissions, monitoring health access and outcomes for people living with mental health and addiction issues, and development of an institutional racism audit tool
- Future of the Council is still uncertain but we are thinking about transition arrangements, particularly for the Aboriginal Leaders Forum, if the Council is dissolved.
- More information available on the Council's website: [hpcsa.com.au](http://hpcsa.com.au).



### **Kim Morey from the Wardliparingga Aboriginal Research Unit at SAHMRI updated the forum on the work of the unit**

- Have developed an Aboriginal cancer healing model, ongoing work around diabetes complications and the potential for using telehealth to increase uptake of diabetic foot care. Wardliparingga is also doing a study on measuring the impact of social determinants on health intervention.
- Hosted Aboriginal health forums. Themes included greater collaboration around pathways and services, healthcare services, and particularly around supporting Aboriginal community health services. The health system can work together to improve Aboriginal experiences of health care and health outcomes. Conversations around decolonising the approach to care, and the language that is actually used. Big-ticket item was use of language, and making it much more accessible for people to actually be able to respond to healthcare plans and discharge planning. Topics on Aboriginal workforce and career pathways into health services.
- More information available on the Wardliparingga website: <https://www.sahmriresearch.org/our-research/themes/aboriginal-health/theme-overview>



### **Aboriginal Health Council of South Australia**

- The Health Performance Council Secretariat distributed a welcome message from Nahtanha Davey, AHCSA's new CEO (who was an apology today) to all forum participants via email after the forum.
- Nahtanha's welcome message is reproduced on the next page.



**FORUM CLOSED AT 12:30pm**

Thank you to all participants for your valuable contributions

## Welcome message from Nahtanha Davey—Chief Executive of AHCSA



### Dear AHCSA community

I'm absolutely delighted to join the Aboriginal Health Council of SA as your new CEO.

I feel such a sense of belonging in this sector. I have a strong heritage and connection with South Australia with an intrinsic value in doing what is right for our community.

Being raised as a young child with my Aboriginal grandmother and as a strong South Australian woman, I am proud of my connection to Ngarrindjeri/Kaurna people and of where I come from and who I am today. I'm forever grateful for the life lessons and respectful values instilled in me from my beautiful grandmother Eileen Davey. I am thrilled to now be leading South Australia's community controlled peak body, a moment in time I know my family stand proud of.

**My thanks go to the AHCSA Board, Shane Mohor and you, our committed staff, for your efforts and dedication to AHCSA.**

It's been in very good hands and I intend to build onto everyone's hard work and contribution.

I have a strong interest in Aboriginal health outcomes, community and social and emotional wellbeing initiatives. My key goals for AHCSA include strengthening our presence as a peak body for our state, strengthening the strategy, building on the excellent work we have already achieved and to further strengthen the effective governance and financial sustainability moving forward.

### My career background:

I believe my extensive experience in Aboriginal and Torres Strait health, and experience with remote and regional service delivery, will be of benefit to AHCSA's role to improve health outcomes for all Aboriginal people of South Australia.

My previous roles include CEO of SACARE, CEO of Brain Injury SA, General Manager within the Mallee District Aboriginal Services, and head of Corporate Services for the Torres Strait Hospital and Health Service.

While at Brain Injury SA, I was instrumental in the organisation's revitalisation, building sustainable and commercial business models that aligned to our strategic plan. I've supported major projects including significant capital works – the development of infrastructure including upgrading major health facilities across geographically isolated communities. Key achievements in previous roles included improving front line service delivery and delivering world-class, evidence-based programs across SA, demonstrating strong and contemporary leadership and multi-sector partnerships to co-design services that positively impacted on our community.

My contribution to community health has also extended to numerous committees including Disability Justice Advisory Committee; the Law Reform, Drugs and Crime Prevention Committee; Mallee Family Violence Committee; and the Child Protection Alliance within Victoria. I hold an MBA and am a Graduate member of the Australian Institute of Company Directors.

**I look forward to working with you,**

**Nahtanha Davey**

**CEO AHCSA**



## 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 42 participants attended the Forum including facilitator, speakers, delegates and other guests, Health Performance Council members and secretariat staff.

A total of 23 completed review cards were collected. If we exclude secretariat staff (4) and the facilitator from the denominator (as they were directly involved in organising the forum) the response rate is 23/37 or 62%.

### 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, also with a range of 7–10.

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

There was overwhelming positive feedback from attendees about the quality of the speakers and their presentations. "All speakers were great," and "Great presenters and topics" were two comments that accurately reflect feedback to this question.

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

Some respondents feel these forums need to go for longer, with more time needed for questions and answers. Participants would like handouts of the presentations be made available on the tables.

### Q5. What will you tell others?

"This is a great forum for leading change and spreading good ideas," is one comment that accurately reflects feedback to this question. Respondents to this question said they will tell others that the forums are informative, interesting and useful and will encourage others to attend and participate.

### Q6. What should happen next?

Feedback to this question can be generalised as respondents keen to follow up and collaborate on projects outlined by the presenters.

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

**Great** (4x) / **Informed** (4x) / **Optimistic** (4x) / Excited / Hopeful / Inspired / Motivated / Positive / Thinking / Worthwhile

## 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>
9	22 May 2018	<ul style="list-style-type: none"> <li>Keynote speaker: The Hon Steven Marshall MP, Premier of South Australia, outlined 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. Followed by a Q&amp;A session.</li> <li>Health Performance Council member Rick Callaghan presented on his business, career and personal experiences.</li> <li>Introductions by Chris Burns, South Australian Mental Health Commissioner and Grant Davies, Health and Community Services Complaints Commissioner.</li> <li>Updates from Odette Pearson and Kim Morey on current research by the Wardliparingga Aboriginal Research Unit and implementation of the South Australian Aboriginal Chronic Disease Consortium's plans.</li> </ul>
10	26 Oct 2018	<ul style="list-style-type: none"> <li>Priority areas in Aboriginal health identified with the Premier at the ninth forum—Update and discussion on progress.</li> <li>Devolved health services in Country SA from July 2019—Discussion of new arrangements.</li> <li>Progress in Aboriginal Affairs and Reconciliation.</li> </ul>
11	9 May 2019	<ul style="list-style-type: none"> <li>Nerida Saunders—Executive Director, Aboriginal Affairs and Reconciliation—with the latest news on the Aboriginal Affairs Action Plan 2019–2020.</li> <li>Jane Robinson—Manager, Country Governance Reform Team—with updates on the new governance landscape for Country Health.</li> <li>Dr Roger Thomas—Commissioner for Aboriginal Engagement—with updates on the future of the South Australian Aboriginal Advisory Council.</li> <li>Dr Chris Bourke—Strategic Programs Director, Australian Healthcare and Hospitals Association—and Assoc Prof Adrian Marrie—Director, Bukal Consultancy Services—presented on measuring institutional racism: What has been achieved in Queensland and the possibility of bringing their work to South Australia.</li> <li>Dr Odette Pearson—Senior Research Fellow, Wardliparingga Aboriginal Research Unit, SAHMRI—with updates on her team's research program on social determinants of health.</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.



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