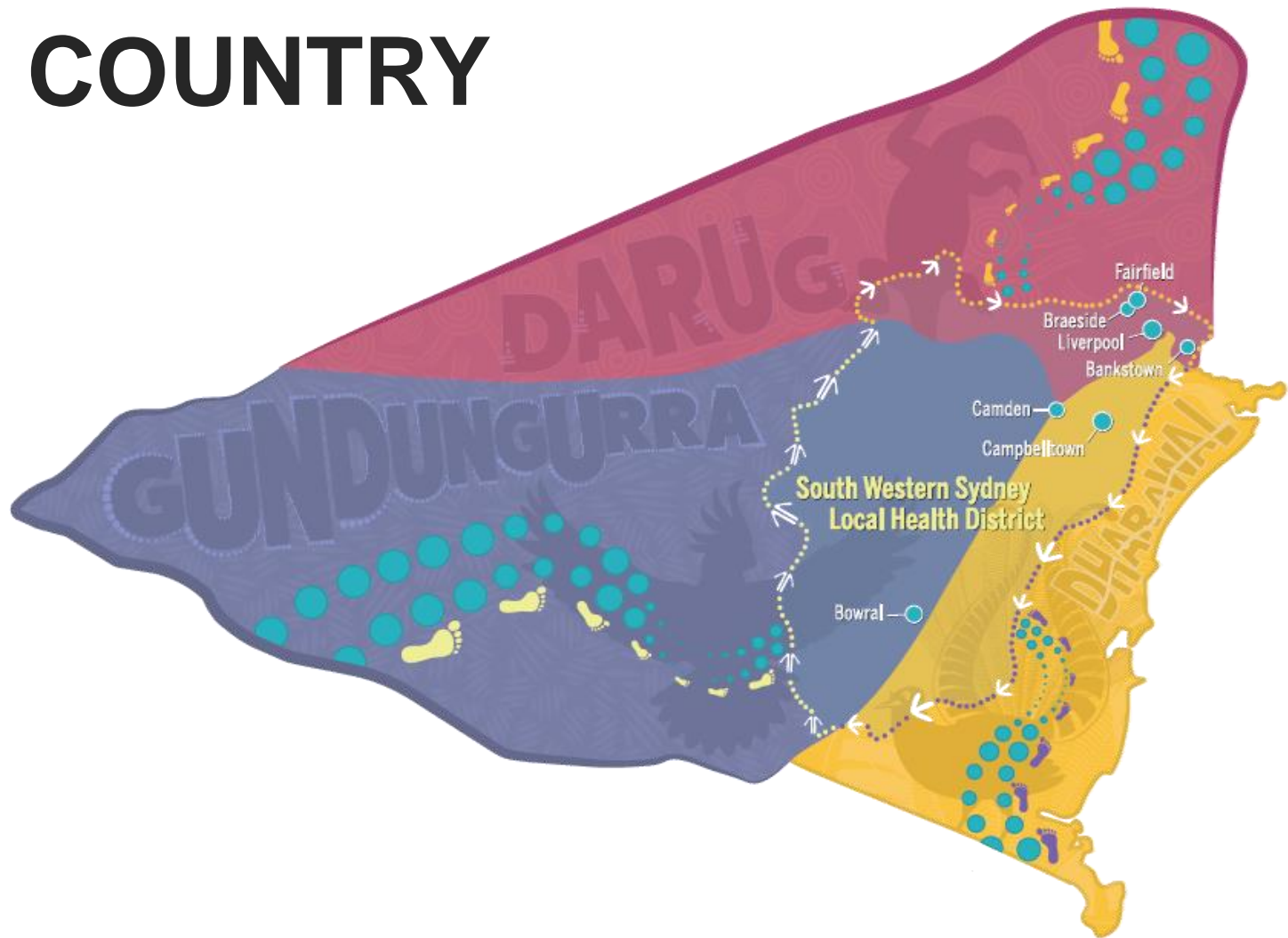


# ELEVATING ABORIGINAL HEALTH IN SWSLHD

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# ACKNOWLEDGEMENT OF COUNTRY



# CONTEXT

- Overview of SWSLHD's journey to ensure Aboriginal Health is a priority for the organisation
- Started from a low base:
  - AHU not operational for an extended period
  - Disconnected / disempowered workforce
  - Clinically led service models with limited focus on culture
  - Poor relationships with partner organisations

# LAYING THE FOUNDATIONS

- Reconnecting the Aboriginal Health Service Network & re-establishing an identity within the system
- Re-established support structures for teams and individual positions (e.g. ALO's, Aboriginal MHW's) / prof networks
- Started the process of reviewing our service models
- Reconnected with our partner organisations and service communities
- AHU direct report to CE

# CREATING STRONG GOVERNANCE



- Started the process of building Aboriginal Health governance structure
- Established facility and service Aboriginal Health Committees with Executive sponsorship
- Utilised data to highlight inequities and poor service performance
- Established an Aboriginal Health Committee of the Board
- Engaged our community partners in structure / enhanced our partnerships

# EMBEDDING CULTURE

- Reformed service models to ensure cultural frameworks that embed best practice clinical governance, not other way around
- Established a number of Health Manager roles to ensure services are Aboriginal led
- Created a network of Senior AHW's
- Cultural supervision model
- Cultural Strengths Mapping



# OUTCOMES

- Exponential growth of our Aboriginal Health Service
- Cultural capability framework for Aboriginal Health Service
- Best practice:
  - Governance model (written in Accreditation guidelines)
  - Aboriginal service models
  - Formalised partnerships with Aboriginal Community Organisations

# ORGANISATIONAL IMPACT

- Anti-racism Committee
- Redevelopment principles
  - Community engagement
  - Purpose built spaces

