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South Australian Health &
Medical Research Institute



WARDLIPARINGGA

Aboriginal research in Aboriginal hands

South Australian
Aboriginal Heart and Stroke Plan
2017-2021
Executive Summary

June 2016

*The development of the South Australian Aboriginal Heart and Stroke Plan 2017-2021
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South Australian Aboriginal Heart and Stroke Plan 2017-2021

Executive Summary

The SA Aboriginal Heart and Stroke Plan 2017-2021 was developed in 2015/16 by a project team at the Wardliparingga Aboriginal Research Unit at the South Australian Health and Medical Research Institute (SAHMRI). The development of the plan, commissioned by SA Health, reflects South Australia's response to an Australian Health Ministers Advisory Council project, Better Cardiac Care for Aboriginal and Torres Strait Islander people. The project was guided by an expert Steering Committee, a Community Reference Group, two Key Stakeholders Roundtables and numerous consultation meetings with service delivery agencies, policy makers and non-Government organisations.

The purpose of the Plan is to guide the delivery of evidence-based services for the prevention and management of those at risk of, and with, cardiovascular disease in South Australia. The vision of the Plan is to improve cardiovascular (CV) care and reduce cardiovascular morbidity and mortality for Aboriginal and Torres Strait Islander Peoples in South Australia.

The targets in the plan are:

- To reduce the age-standardised (recognises differences in population age structures) mortality rate for cardiovascular conditions;
- To increase identification and management of those at high cardiovascular risk;
- To reduce the rate of 30 day and 12 month unplanned re-hospitalisations following an acute heart or stroke event.

There is strong evidence that the project is needed, with cardiovascular diseases (heart and stroke) representing the largest cause of death for Aboriginal South Australians (26%). Aboriginal people experience heart disease and stroke at significantly younger ages than non-Aboriginal South Australians. The greatest disparities exist in the young age groups (25 to 54 years). See figure 1 below.

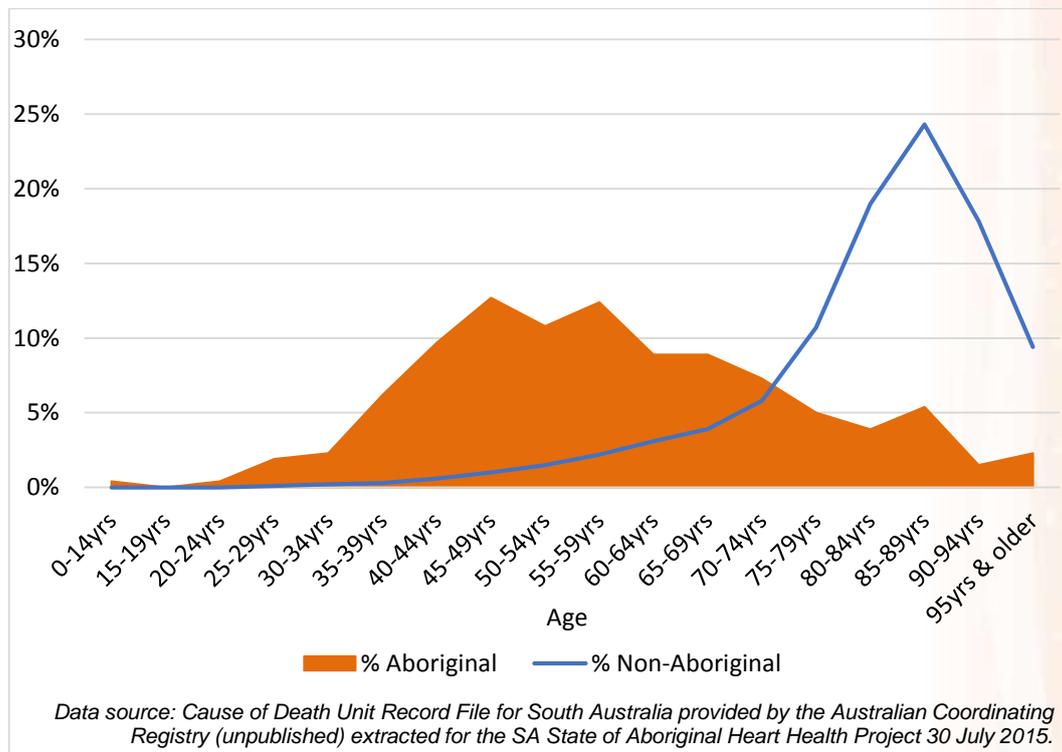


Figure 1: Deaths from CVD (I00-I99), by Aboriginal status and age, SA 2006-2012

Additionally, Aboriginal people are 60% more likely to be hospitalised for a principal diagnosis of CV disease than non-Aboriginal people. Importantly, the Aboriginal community in South Australia are very committed to supporting disease prevention and management messages, especially with respect to surviving and managing acute heart and stroke events.

The SA Aboriginal Heart and Stroke Plan 2017-2021

The Plan focusses on ‘evidence-based, culturally appropriate cardiovascular services’ that should be provided across the life course and continuum of care. Twenty-two service strategies have been identified, with some requiring either minor or major service reorientation while others require new investment. The definition of ‘culturally appropriate cardiovascular care’ is described. Extensive input from the Community Reference Group and other key stakeholders has aided the development of this underpinning definition. Importantly, the Plan is based on a strong and current evidence base that is articulated in the Essential Service Standards for Equitable Cardiovascular CarE (ESSENCE). The Plan also identifies six ‘essential enablers’, with eleven related strategies, that need to be addressed to ensure successful implementation of the service strategies.

Evidence-based, culturally appropriate cardiovascular services

Cross-sector services
1: Review and reorient current mechanisms to improve delivery of culturally appropriate comprehensive primary health care services
2: Develop a state-wide model for delivering cardiovascular care to Aboriginal people, with enhanced regional and remote service networks. Port Augusta should host a regional coordination centre that coordinates and enhances services for Aboriginal people in the far north and west of SA
3: Maintain and expand the existing SA Rheumatic Heart Disease Control Program
4: Enhance care for the identification, acute and ongoing care of children and adolescents with heart disease and stroke by paediatric cardiology services, with effective transition pathways into adult cardiology services
Primary preventive care
5: Establish sustainable heart, stroke and diabetes awareness and prevention campaign/s across SA
6: Increase the use of cardiovascular risk assessment and management in all primary care settings
Clinical suspicion of disease
7: Develop and implement a model of care and referral pathways to provide timely access to non-acute diagnostic services for identification and management of disease
8: Establish a coordinated state wide specialist outreach service plan
Acute episode care
9: Increase awareness of the warning signs and symptoms of heart attack and stroke among the Aboriginal community and service providers
10: Improve access to emergency care by reducing the out-of-pocket costs of ambulance services
11: Establish a system to identify Aboriginal or Torres Strait Islander status at the first point of medical contact
12: Develop and implement a transfer and retrieval services protocol that responds to the clinical and cultural needs of Aboriginal people
13a: Maintain and expand iCCnet CHSA to provide coordinated services from first medical contact to definitive care for regional and remote Aboriginal patients with acute heart disease
13b: Implement a regional system of care from first medical contact to definitive care for regional and remote Aboriginal patients with stroke or TIA
14a: Provide best practice clinical and cultural care for Aboriginal heart disease patients at all South Australian hospitals, with targeted efforts at the Royal Adelaide Hospital, Flinders Medical Centre, Lyell McEwin Hospital, Women's and Children's Hospital, Port Augusta Hospital and Ceduna Hospital
14b: Provide best practice clinical and cultural care for Aboriginal stroke patients at the Royal Adelaide Hospital, Flinders Medical Centre, Lyell McEwin Hospital, Women's and Children's Hospital, Riverland General Hospital, Mount Gambier and Districts Health Service, Whyalla Hospital and Health Service, Port Augusta Hospital and Ceduna Hospital

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15: Establish an Aboriginal heart and stroke Aboriginal Health Practitioner/Nurse Coordinator position at Royal Adelaide Hospital, Flinders Medical Centre, Lyell McEwin Hospital, Port Augusta Hospital and Ceduna Hospital to support Aboriginal patients and their families throughout their journey of care

16: Establish systems and services at the new Royal Adelaide Hospital that prioritise the needs of metropolitan, regional and remote Aboriginal people receiving care for heart disease and stroke

17: Develop a state-wide approach to a rheumatic valvular surgery centre of excellence

Ongoing care

18: Develop a model of care and protocols to provide patient centred and safe discharge from hospitals

19: Develop a central referral service that ensures continuity of care from hospital to primary care, specialist follow-up and cardiac/stroke rehabilitation

20: Establish a model of culturally appropriate, evidence-based cardiac and stroke rehabilitation services

21: Build capacity in primary health care to provide coordinated management, secondary prevention and ongoing care for clients with established disease

22: Establish culturally appropriate models of care and protocols for palliative and end of life care specifically for Aboriginal patients

Essential enablers for effective strategy

Governance and systems coordination

1: Establish a SA Aboriginal Heart and Stroke Plan governance group aligned with Transforming Health and in partnership with the SA Advanced Health Research and Translation Centre

Sustainable funding

2: Establish a governance group to identify sustainable funding to support the implementation of the Plan

Sustainable workforce development

3: Introduce mandatory training and demonstration of cultural competence of all cardiovascular health care providers

4: Increase the Aboriginal health workforce in number and capacity across the continuum of heart and stroke care

5: Increase the heart and stroke specialist workforce in western and northern Adelaide, and the far west and north of South Australia

6: Increase awareness of health professionals about the extent and impact of heart disease and stroke

Transport and accommodation support

7: Improve transport services to ensure Aboriginal people have safe home-to-care-to-home journeys

8: Provide 24/7 step-down units in southern and northern Adelaide Local Health Network (LHN), Port Augusta and Ceduna

Information and communications technology solutions

9: Invest in resources, coordination and systems for tele-health, point of care testing, virtual care and video-conferencing

10: Improve the utilisation and communication of information across patient information management systems

Monitoring and evaluation

11: Develop and implement a monitoring and evaluation framework for the SA Aboriginal Heart and Stroke Plan

The architecture and content of the Plan provides a road map for service providers across South Australia to improve the cardiovascular outcomes of Aboriginal and Torres Strait Islander peoples living and receiving cardiovascular care in this state. It recognises the importance of a coordinated, multi-pronged, culturally inclusive approach. The implementation of this Plan has the potential to make real and lasting improvements to help close the life expectancy gap between Aboriginal and non-Aboriginal people.