



**NSW Aboriginal
Health Plan
2013-2023**



Health

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Artwork

The artwork featured on the cover of the *NSW Aboriginal Health Plan 2013-2023* was created by Connie Ah See, a proud descendant of the Wirrum Wirrum people of the Wiradjuri Nation of the Wellington Valley, NSW.

About the artwork:

The sun has special meaning to Aboriginal people. It is the life support for mother earth. Its rays weave across the web of the lands bringing health and vitality to its peoples.

Acknowledgements

The NSW Ministry of Health acknowledges the valuable support of:

- The Aboriginal Health Plan Working Group comprising representatives of the Ministry of Health, Aboriginal Health and Medical Research Council of NSW and Local Health Districts;
- Participants from the consultation interviews and workshops, and contributors who provided written submissions that have informed and shaped the *NSW Aboriginal Health Plan 2013-2023*.

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SHPN (CPH) 120410
ISBN 978-1-74187-829-5

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www.health.nsw.gov.au

December 2012



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Foreword

Improving the health and wellbeing of Aboriginal communities across the state is firmly on the NSW Government agenda. In partnership with the Aboriginal Health and Medical Research Council of NSW, the NSW Government has developed this ten-year Aboriginal Health Plan.

The Plan is an acknowledgement of the significant health disparities between Aboriginal and non-Aboriginal people in NSW and reflects the NSW Government's commitment to closing this gap.

To address such significant disparities it is clear that we need to change the way we look at and deliver Aboriginal health care. To achieve such change, the Plan examines the strategies that are at the heart of the way the health system is organised, funded and delivered and how it affects our Aboriginal communities.

The strategic directions of this Plan consider key issues, such as how to build respectful, trusting and effective partnerships between NSW Health and the Aboriginal communities it serves. Integration is key and as such addressing Aboriginal health needs now and into the future will be more than just a priority; it will form a central part of everything we do.

Implementing this Plan and achieving its vision will involve all parts of the health system in NSW. We all have a role to play in improving Aboriginal health and ensuring the well-being of generations to come.

We look forward to working with the Aboriginal Health and Medical Research Council of NSW in the implementation of this Plan and monitoring its progress.

Thank you to the many committed individuals and organisations that have contributed to the development of the ten-year Aboriginal Health Plan. By working together we are on the right path to achieving a much healthier outlook for our Aboriginal communities.



HON. JILLIAN SKINNER MP
Minister for Health
Minister for Medical Research



HON. KEVIN HUMPHRIES MP
Minister for Mental Health
Minister for Healthy Lifestyles
Minister for Western New South Wales

A Message from the Aboriginal Health and Medical Research Council of NSW

The Aboriginal Health and Medical Research Council of NSW (AH&MRC) commends the NSW Government for developing the *NSW Aboriginal Health Plan 2013-2023*.

The Plan is the culmination of a great deal of effort from many stakeholders. As the peak body for Aboriginal health in NSW, we believe the Plan marks a significant step in the long journey towards achieving improvements in the health and wellbeing of Aboriginal people in this state.

The Plan is focused on changing the health system to ensure policies and programs meet the needs of Aboriginal people. This will inevitably require a better understanding of the context of Aboriginal people's lives and the disproportionate burden of disadvantage within the Aboriginal population.

The social determinants of health — which include education, employment, housing and, importantly, the consequences of colonisation, which have had a devastating impact on the social, economic and physical living conditions of Aboriginal people for over 200 years — directly contribute to the health disparities experienced by many Aboriginal people.

Individuals and communities that experience inequities in the social determinants of health not only carry a heavier burden of health problems, they often face greater barriers to accessing services that might mitigate these problems. By charting a future course that aims to remove obstacles and improve access to these vital health services, the Plan marks an important milestone.

Meaningful partnerships with Aboriginal Community Controlled Health Services will be critical to effecting positive change. The Plan recognises the importance of strengthening partnerships with Aboriginal communities through the AH&MRC and, in particular, Aboriginal Community Controlled Health Services, which are widely acknowledged for their effectiveness in delivering comprehensive primary health care to Aboriginal people. These partnerships enable the knowledge and expertise of the Aboriginal community to guide the health system at every level, including the identification of key issues, the development of policy solutions, and the structuring and delivery of services.

The AH&MRC believes the Plan represents a significant advance in government approaches to upholding their responsibilities to the Aboriginal people of NSW. We look forward to working together in partnership with NSW Health to achieve this shared vision of improving the health and wellbeing of Aboriginal people throughout the state.



MS CHRISTINE CORBY, OAM
Chairperson, AH&MRC



NSW Aboriginal Health Plan 2013-2023

– at a glance

Vision

Health equity for Aboriginal people, with strong, respected Aboriginal communities in NSW, whose families and individuals enjoy good health and wellbeing.

Goal

To work in partnership with Aboriginal people to achieve the highest level of health possible for individuals, families, and communities.

Partnership

The Plan recognises the importance of the NSW Aboriginal Health Partnership between the NSW Government and the AH&MRC at the state level, and the continued need for strong partnerships between NSW Local Health Districts (LHDs) and Aboriginal Community Controlled Health Services (ACCHSs) at the local level.

Principles

The following underpinning principles are essential to achieve the Plan:

1. Trust and cultural respect.
2. Recognition of the cultural values and traditions of Aboriginal communities.
3. Wholistic approaches to the health of Aboriginal people.
4. The valuable and unique role of ACCHSs.
5. The participation of Aboriginal people at all levels of health service delivery and management.
6. Partnership with Aboriginal communities through ACCHSs and the AH&MRC.
7. Recognition of the contribution the health system can make to the social determinants of health.

Aboriginal Health

“Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community...”¹

Strategic Directions

1. Building trust through partnerships
2. Implementing what works and building the evidence
3. Ensuring integrated planning and service delivery
4. Strengthening the Aboriginal workforce
5. Providing culturally safe work environments and health services
6. Strengthening performance monitoring, management and accountability

Strategic Actions

To support achievement of these strategic directions a range of actions have been identified for implementation by NSW Health and other stakeholders.

Implementation and Evaluation

NSW Health is responsible for implementing the Plan and reporting on progress. The NSW Aboriginal Health Partnership will monitor progress and oversight evaluation.

¹ National Aboriginal and Islander Health Organisations [NAIHO] definition of Aboriginal Health, restated in the National Aboriginal Health Strategy [NAHS] 1989 <http://www.naccho.org.au/aboriginal-health/definitions/> accessed at 21/11/12. OATSIH (1989).

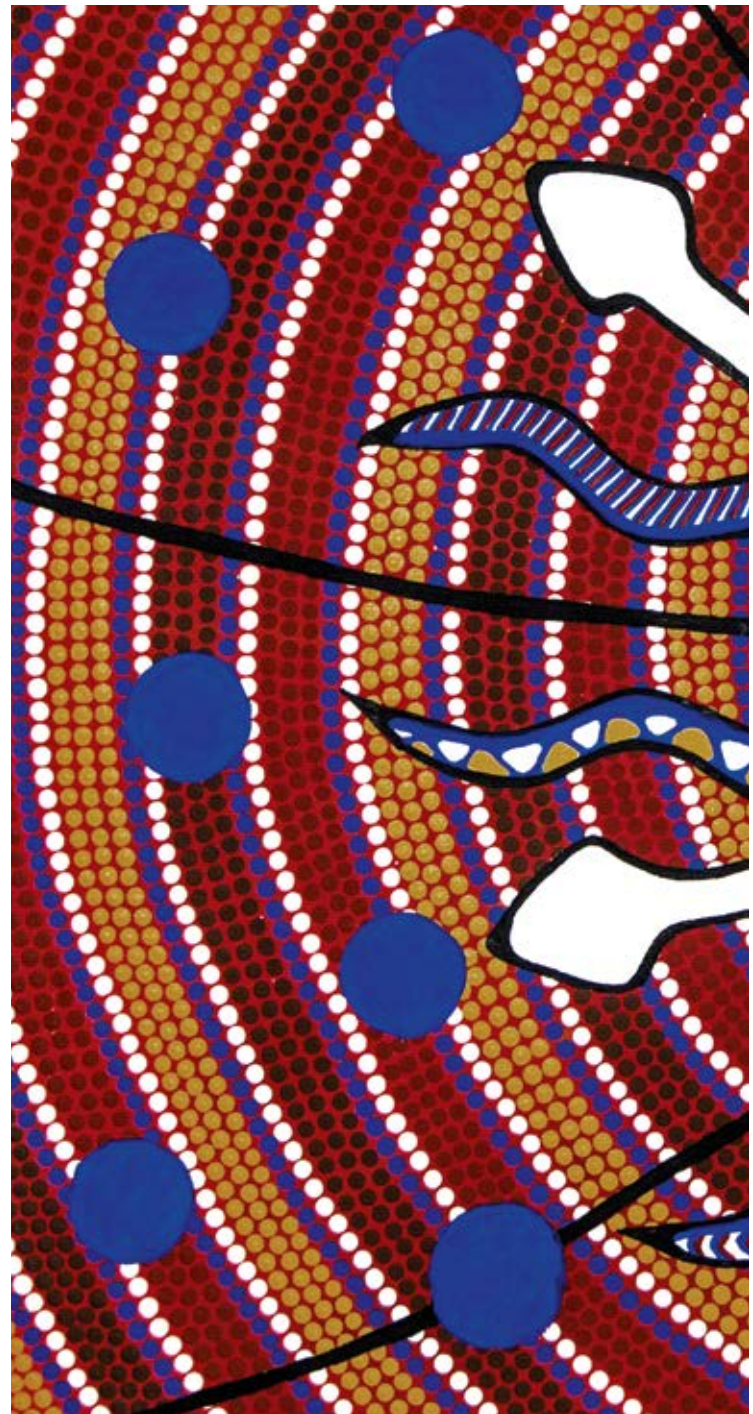
Introduction

Aboriginal people in NSW

Aboriginal people are the first peoples of Australia, and have strong cultures and communities. The resilience of Aboriginal people provides the foundation upon which to build further efforts to improve Aboriginal health.

More Aboriginal people live in NSW than in any other Australian state or territory and improving Aboriginal health is a key focus for the NSW health system. In 2011, an estimated 172,621 Aboriginal people were living in NSW, comprising 2.5% of the total population and 31.5% of the total Aboriginal population in Australia.²

Relatively high numbers of Aboriginal people live in metropolitan LHDs, with over 90 per cent of Aboriginal people in NSW living in major cities or inner regional areas. While smaller numbers of Aboriginal people live in outer regional and remote areas, they represent a higher proportion of the population. For example, in Far West LHD, 9.7% of the population is Aboriginal, and in Western NSW it is 8.7%.³



² Australian Bureau of Statistics. 2011. 2002.0 Census of Population and Housing: Aboriginal and Torres Strait Islander Peoples (Indigenous) Profile.

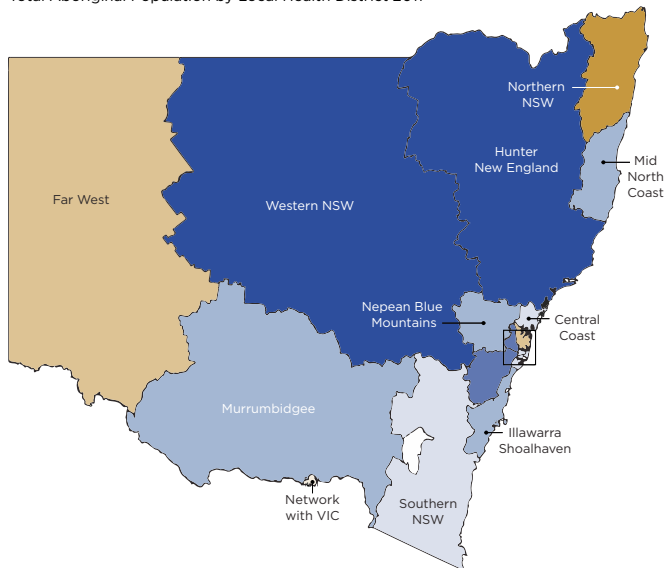
³ Centre for Epidemiology and Evidence. Health Statistics NSW. Sydney: NSW Ministry of Health. Available at www.healthstats.nsw.gov.au. Accessed 19/09/2012.

Figure 1 illustrates the population and distribution of Aboriginal people across NSW. The Aboriginal population of NSW is also much younger than the non-Aboriginal population, with more than one in three Aboriginal people in NSW being less than 15 years of age, compared with one in five for the non-Aboriginal population.

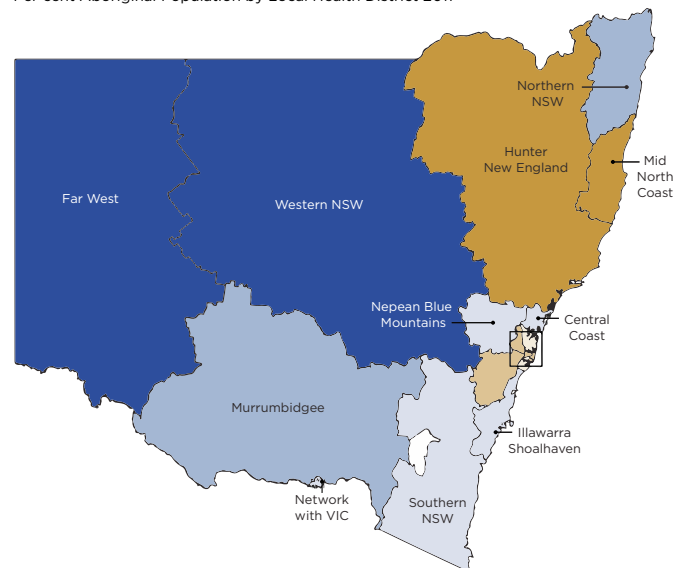
The difference in life expectancy between Aboriginal people in NSW and the general population is estimated to be approximately 7-9 years.⁴ The greatest contributors to higher mortality rates and excess deaths experienced by Aboriginal people are chronic disease, in particular cardiovascular disease, mental health, diabetes, cancers, and injury.⁵

Figure 1: Aboriginal Population by Local Health District

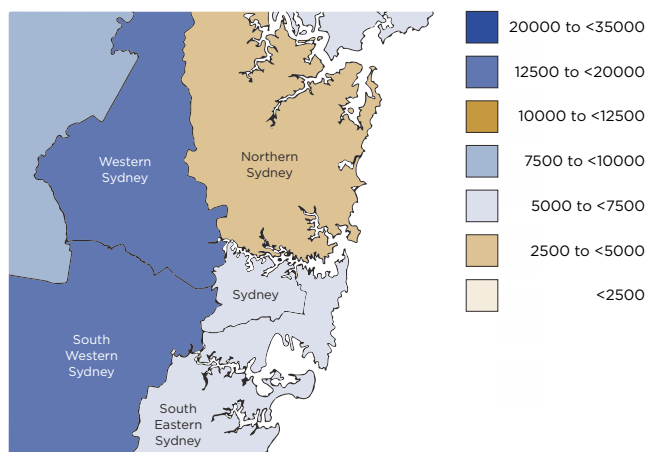
Total Aboriginal Population by Local Health District 2011



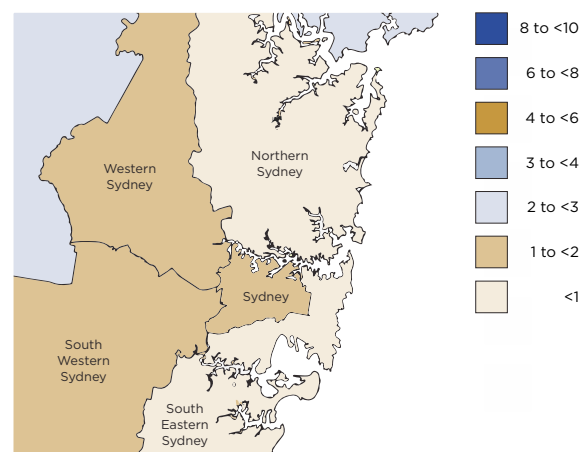
Per cent Aboriginal Population by Local Health District 2011



Greater Sydney Metropolitan area



Greater Sydney Metropolitan area



Source: Centre for Epidemiology and Evidence. Health Statistics NSW. Sydney: NSW Ministry of Health. Available at www.healthstats.nsw.gov.au. Accessed 19/09/2012.

⁴ [ABS] Australian Bureau of Statistics. 2009. Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, 2005-2007. ABS. cat. no. 3302.0.55.003. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3302.0.55.003> accessed on 21/11/12.
⁵ Vos T, Barker B, Begg S, Stanley L, Lopez AD. 2009. Burden of disease and injury in Aboriginal and Torres Strait Islander peoples: the Indigenous health gap. *Int J Epidemiol* 38:47-

Multiple inter-related factors contribute to the poorer health status of Aboriginal people. There is a clear relationship between socio-economic inequalities and the health gap. An appreciation of the social determinants of Aboriginal health, including the contributions of historical factors, education, employment, housing, environmental factors, social and cultural capital, and racism, is critically important to closing the health gap between Aboriginal and non-Aboriginal people. Common behavioural risk factors, such as smoking, high body mass and alcohol misuse are best understood and addressed in their social context.

Health policies, programs and services must be designed and delivered in ways that take account of the socio-economic disadvantage experienced by many Aboriginal people, and specifically address potential barriers to access. The health system can make a positive contribution to the social determinants of Aboriginal health, including through training and employment of Aboriginal people, supporting ACCHSs, and building on the strengths of Aboriginal communities in general.

Development of the Plan through Partnership

The Plan has been developed through an extensive consultation process and in partnership with the AH&MRC. The consultation process included stakeholder interviews, regional workshops, a forum co-hosted by Minister Humphries and the AH&MRC, and an analysis of written submissions. A discussion paper *Towards an Aboriginal Health Plan for NSW* was also released on Close the Gap Day in 2012, with written submissions invited.

To finalise the Plan, an Aboriginal Health Plan Working Group comprising representatives of the NSW Ministry of Health (the Ministry), AH&MRC, the LHDs and Justice Health was convened.

As a high level Plan, it is recognised that the Plan may not have been able to capture all the valuable suggestions received through the consultation process. It is intended, that the consultation input will continue to be used to inform the Plan's implementation.

Policy Context

There is a long standing commitment between the NSW Government and the AH&MRC to work together to close the health gap. The NSW Aboriginal Health Partnership aims to provide expertise to enhance and support NSW Health and the ACCHS, as represented by the AH&MRC, in health service provision to the Aboriginal people of NSW. Aboriginal self-determination, a partnership approach and the importance of inter-sectoral collaboration are important principles emphasised in the Partnership.

The commitment to close the health gap was reaffirmed in 2010 through the NSW Parliament's bipartisan support for the Statement of Intent to achieve health equity between Aboriginal people and other Australians through a comprehensive long term plan. This commitment was made in recognition that whilst improvements have been made with regard to the health of Aboriginal people over the past few years, there is still much work to do.

The Plan is a result of the NSW Government commitment to close the health gap between Aboriginal and non-Aboriginal people in NSW. *NSW 2021: A Plan to make NSW number one*, through the goal to 'Keep people healthy and out of hospital' specifically commits to the following:

- Reduce smoking rates by 4% for Aboriginal people by 2015.
- Reduce the rate of smoking by 2% per year for pregnant Aboriginal women.
- Halve the gap between Aboriginal and non-Aboriginal infant mortality rates by 2018.
- Reduce the age-standardised rate of potentially preventable hospitalisations by 2.5% for Aboriginal people by 2014-15.

While these priorities focus specifically on the health gap between Aboriginal and non-Aboriginal people, the NSW Government's broader commitments to improve the health system will also benefit Aboriginal people through initiatives to:

- Reduce risk drinking.
- Reduce overweight and obesity.
- Improve outcomes in mental health.
- Reduce hospital waiting times.
- Improve transfer of patients from emergency departments to wards.
- Reduce unplanned readmissions.
- Decrease healthcare-associated bloodstream infections.
- Ensure all public provided health services meet national patient safety and quality standards.
- Increase patient satisfaction.

For Aboriginal people in NSW to benefit equally from these broad commitments, a systems perspective is required. Hence, the Plan has a deliberate focus on what changes need to be made to the health system to improve Aboriginal health, rather than a focus on specific health risk factors or conditions.

In addition to being aligned to *NSW 2021*, the goals of the Plan will be supported by a number of other strategies aimed at enhancing the health and wellbeing of Aboriginal people in NSW. The Plan supports NSW's commitments under the COAG National Indigenous Reform Agreement including the National Partnership Agreements on Closing the Gap in Indigenous Health Outcomes, Indigenous Early Child Development, and Indigenous Economic Participation. Further, the development of the National Aboriginal and Torres Strait Islander Health Plan provides an opportunity for the NSW and Commonwealth Plans to be complementary and mutually supportive.

The Plan will need to be considered in all relevant national and state health planning processes that will occur over the next ten years. In particular, the development of state health plans, rural health plans, and strategies for primary health care, will need to drive the strategic directions and goal of the Plan.

The Plan will also complement the work of the NSW Ministerial Taskforce on Aboriginal Affairs, which is considering social determinants of health, particularly education and economic participation, and reforms to improve service delivery and accountability in Aboriginal affairs across NSW. Importantly, the Plan recognises that NSW Health has an ongoing role in contributing to the social determinants of health — through actions taken within NSW Health in areas such as resource distribution, employment policies, and measurement and reporting.

A Systems Perspective

The health system in NSW is complex, with numerous funders and providers of services to Aboriginal people. In every part of the health system in NSW, there needs to be a focus on Aboriginal people, services that are delivered in a culturally competent and safe manner, and where required, services tailored to meet the unique and local needs of Aboriginal communities.

To realise the vision of the Plan, the health system in NSW as a whole needs to work in a joined up and collaborative manner – making the needs of Aboriginal people the centre of what is done. Every organisation within the system has a unique and important role in improving Aboriginal health.

Within NSW, LHDs and Specialty Health Networks (SHNs) are responsible for promoting, protecting and maintaining the health of the community and providing health care services. In fulfilling their role, LHDs in consultation with their communities work with the Ministry. The Ministry has responsibility for the planning of services that have a statewide focus, and with other private and non government health care organisations which provide care across the primary, acute and sub acute settings.

The planning and service delivery role of the LHDs and SHNs is supported through the specialist expertise provided by the six pillars within NSW Health:

- Clinical Excellence Commission
- Agency for Clinical Innovation
- Health Education and Training Institute
- Bureau of Health Information
- Cancer Institute NSW
- NSW Kids and Families

Beyond the organisations which make up 'NSW Health', there are many other parts to the health system in NSW. These include the AH&MRC, ACCHSs, Medicare Locals, the Commonwealth Department of Health and Ageing, private providers, and not-for-profit organisations. All of these entities, as well as all of NSW Health, play a critical role in delivering health services to Aboriginal people. Ensuring all these organisations work together to improve the health of Aboriginal people requires a systems perspective.

The table in the Appendix provides a summary of the various functions of organisations in NSW that have a role to play in Aboriginal health.

Strategic Directions

Strategic Direction 1: Building trust through partnerships by building relationships with and between service providers, particularly the AH&MRC and ACCHSs to foster participation in service planning, design and implementation.

During the consultation for the Plan, many respondents strongly endorsed the need for genuine participation of Aboriginal communities in strategy and action planning at all levels of the system. To support Aboriginal community participation, partnerships with ACCHSs need to be formally supported.

At a state level, the NSW Aboriginal Health Partnership, between the NSW Government and the AH&MRC, facilitates the expertise and experience of Aboriginal communities being brought to a broad range of health care processes. This expertise comprises knowledge of Aboriginal culture and health care, as well as clinical service provision of the AH&MRC's member services.

Similar partnerships are required at the local level. Local partnerships need to create trusting and

collaborative working relationships, facilitating a coordinated approach to local action so as to meet local needs of Aboriginal communities, as well as building community capacity. There is a need for coordination across all health services at the local level, including through ACCHSs, LHDs, Medicare Locals, other non government organisations and private service providers.

LHDs will take steps to strengthen the establishment and operations of Aboriginal health partnerships and build these partnership arrangements into their governance and accountability structures. Specifically, they will: respect and support the roles of ACCHSs, support local services to plan, collaborate, take action and respond to the strategies advocated for in the Plan, define new roles and responsibilities to reduce duplication of effort, build trust and cultural safety, and work to clarify and integrate pathways of care across prevention, primary, secondary and tertiary services. Integration of planning and service delivery is covered in Strategic Direction 3.

Strategic Actions	Responsible
Work in partnership with the AH&MRC to strengthen and continue to develop the operation of the state-level NSW Aboriginal Health Partnership.	MoH, Pillars
Replicate the state-level partnership locally between ACCHSs and LHDs, so that at each level of NSW Health there is strong engagement.	MoH, LHDs
Support the AH&MRC to develop partnership arrangements with the Pillars and other state health organisations.	MoH, Pillars, SHNs
Work in partnership with the AH&MRC to identify and disseminate models of best-practice partnerships, and strategies to build capacity to participate meaningfully in partnerships, at all levels of the system.	MoH, Pillars
Work in partnership with the AH&MRC to develop performance indicators and trial methodologies to evaluate the functioning and effectiveness of partnerships at all levels.	MoH, LHDs, Pillars
Embed Aboriginal health partnerships within performance management and accountability mechanisms at all levels in NSW Health.	MoH, LHDs

Strategic Direction 2: Implementing what works and building the evidence by supporting quality research and evaluation, disseminating evidence of effective programs and services, and supporting the translation of evidence into policy and practice.

A key theme during the consultation was that the Plan must support a strategic approach to the development, dissemination and active implementation of evidence. All programs and services, whether mainstream or specific to Aboriginal people, need to be informed by evidence of what works for Aboriginal people.

There is considerable activity underway with regard to building the evidence base in Aboriginal health. To answer the question, “How are we doing?”, approaches characterised as research or program evaluation can be used. These processes are related, and it is important that the insights gained from them are integrated.⁶ All these approaches are important to improving Aboriginal health.

Ethical and culturally relevant research and evaluation in the field of Aboriginal health needs to be supported. Further, the importance of understanding Aboriginal communities’ perceptions and understandings of what works best for their communities needs greater appreciation. Actively translating evidence into practice will be key to ensuring the implementation of what works.

As part of improved information about what works in Aboriginal health, improving data quality is also essential. There are numerous data collections across the health system that include information about Aboriginal people’s health: working to improve the quality and accuracy of these data sets with regard to Aboriginal people will be an ongoing requirement.

Strategic Actions	Responsible
Review research programs supported by NSW Health and identify opportunities to strengthen their focus on Aboriginal health.	MoH, Pillars
Work in partnership with the AH&MRC to support quality evaluations of Aboriginal programs to ensure they measure meaningful outcomes.	MoH, LHDs, Pillars
Support quality evaluations of mainstream programs to ensure their effect on Aboriginal people is measured.	MoH, LHDs, Pillars
Implement quality improvement strategies in data collection (particularly identification of Aboriginal clients) and reporting related to Aboriginal people in all health system settings.	MoH, LHDs, Pillars
Work in partnership with the AH&MRC to disseminate and apply the findings of research and evaluation through strategies to help translate evidence into practice.	MoH, LHDs, Pillars
Work in partnership with the AH&MRC to review the needs of the health workforce across NSW with regard to research and evaluation skills, and implement strategies to build the capacity of the workforce to undertake research and evaluation in Aboriginal health.	MoH, LHDs, Pillars

⁶ Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, Centers for Disease Control and Prevention, 2011 <http://www.cdc.gov/eval/guide/introduction/index.htm> accessed on 21/11/2012.

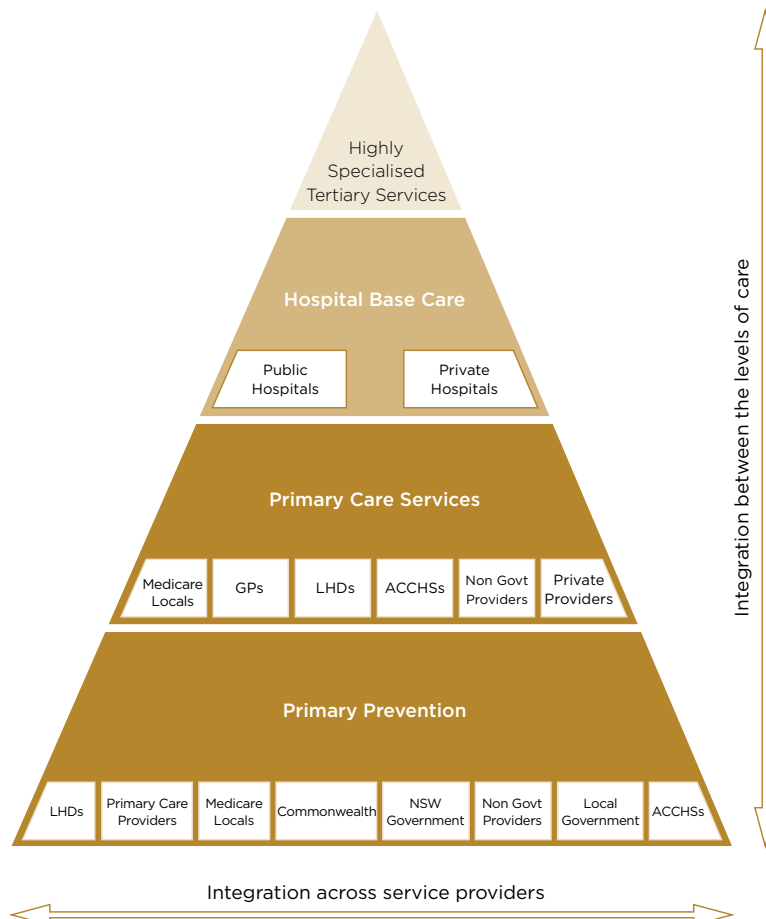
Strategic Direction 3: Ensuring integrated planning and service delivery by working with Commonwealth agencies, other NSW Government agencies and relevant local and state partners to achieve shared planning and service delivery that reduces duplication, is efficient, and improves access and utilisation.

The health system in NSW is complex, with numerous funders and providers of services to Aboriginal people. It was evident from the consultation that there can sometimes be an inconsistent and uncoordinated approach to Aboriginal health service planning across NSW. This is compounded by different funding arrangements, which can lead to duplication and fragmented service provision. In turn, this perpetuates barriers to access and service utilisation, and can lead to reduced effectiveness and efficiency.

To achieve an integrated planning and service delivery approach in NSW, NSW Health needs to work with the Commonwealth, the AH&MRC, ACCHSs, Medicare Locals and Aboriginal communities. Coordinated approaches to reduce administrative burden and streamline reporting are required. Figure 2 illustrates the settings in which health care is provided, and the need for integration between levels of care, and across service providers.

This Strategic Direction is closely linked with Strategic Direction 1, in that without strong partnerships, integrated planning and service delivery cannot be achieved.

Figure 2: Health service settings in NSW





Strategic Actions	Responsible
Work with the Commonwealth Government and the AH&MRC to identify opportunities to coordinate service planning, integration of programs across providers, funding, and reporting.	MoH
Work with the AH&MRC to ensure that the needs of Aboriginal communities are addressed within the strategic plans of all Pillars and other state health organisations, and that there is regular reporting to the NSW Aboriginal Health Partnership on progress.	MoH, Pillars, SHNs
Collaborate with local ACCHSs in the development of LHD health care plans to achieve a shared, coordinated, and joined up approach to service delivery.	LHDs
Work with the AH&MRC to address the needs of Aboriginal communities through specific planning processes for priority health issues, for example in the areas of tobacco control, chronic disease, and child and maternal health.	MoH
Ensure that all relevant NSW Health policies, programs and services consider Aboriginal people as a priority population and reflect the needs of Aboriginal communities.	All NSW Health Organisations
Recognise and strengthen the ongoing role NSW Health has in contributing to the social determinants of health for Aboriginal people through activities such as employment, resource distribution, and education/training.	All NSW Health Organisations

Strategic Direction 4: Strengthening the Aboriginal workforce by attracting, developing and sustaining more Aboriginal people to work in health.

During the consultations, strengthening the Aboriginal workforce in the health system was seen as critical to improving services. A concerted effort is required to develop and nurture an Aboriginal workforce across NSW Health and other service provider sectors. Key to this workforce is the unique role of the Aboriginal health worker (AHW).

Good Health-Great Jobs, the *Aboriginal Workforce Strategic Framework 2011–2015* provides a strong foundation for the Plan. The Framework's key priorities are to:

- Increase the representation of Aboriginal employees to 2.6% across the NSW public health sector.
- Increase the representation of Aboriginal people working in all health professions.

- Develop partnerships between the health and education sectors to deliver real change for Aboriginal people wanting to enter the health workforce and improve career pathways for existing Aboriginal staff.
- Provide leadership and planning in Aboriginal workforce development.
- Tap into the increasing pool of Aboriginal university graduates undertaking health courses.
- Build a NSW Health workforce that closes the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health services.

The Aboriginal workforce in health needs to feel and be culturally safe: strategies to improve recruitment, retention, education and training are needed. A more visible Aboriginal workforce in the health system may assist in decreasing the impact of workplace racism on retention, while simultaneously enhancing cultural understanding and educating people on the importance of the Aboriginal workforce to health.

Strategic Actions	Responsible
Implement, monitor and report on <i>Good Health-Great Jobs: Aboriginal Workforce Strategic Framework 2011–2015</i> .	All NSW Health organisations
Ensure opportunities for Aboriginal people to work across NSW Health and local providers.	All NSW Health organisations
Establish mechanisms to support career pathways for Aboriginal people between the various health organisations in NSW.	All NSW Health organisations
In partnership with the AH&MRC, support programs that provide support and mentoring for future leaders in Aboriginal health.	MoH, LHDs & Pillars
In partnership with the AH&MRC, collaborate with education organisations to create career pathways into the health sector.	MoH, Pillars
Work with the AH&MRC to strengthen AHW roles through the development and implementation of models of care and scopes of practice, including education, supervision and support, and career development.	MoH, HETI, ACI, LHDs

Strategic Direction 5: Providing culturally safe work environments and health services by developing the structures, policies, and processes required for culturally safe work environments and culturally respectful and secure health service provision.

There is strong evidence that Aboriginal people often do not have equal access to medical services and procedures, despite having higher rates of hospitalisation and a higher burden of disease. The differences may be an indication of the cultural competency and accessibility of services for Aboriginal people.

During the consultations, the issues of institutional and interpersonal racism were raised. Interpersonal racism can be experienced by Aboriginal people through the conduct, attitudes, words or practices of health service staff. Institutional racism is the systemic failure of the organisation to meet the needs of Aboriginal people. This racism, be it interpersonal or institutional, has a negative effect on service access and utilisation, and health.

Both institutional and interpersonal racism need to be addressed by strategies that target both employees (as individuals) and the organisation as a whole.

Strategic Actions	Responsible
Implement, monitor and report on <i>Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health</i> .	All NSW Health organisations
Work with the AH&MRC to develop, implement and evaluate a cultural competency framework that integrates with existing planning and performance management processes.	MoH
Embed cultural competence as a core feature of recruitment, induction, professional development and other education and training strategies.	All NSW Health organisations
Implement models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model.	All NSW Health Organisations
Work with the AH&MRC to ensure all NSW Health Boards have membership that includes at least one member with knowledge of Aboriginal health.	All NSW Health Organisations



Strategic Direction 6: Strengthening performance monitoring, management and accountability to improve Aboriginal health in NSW.

During the consultations, implementation was often viewed as the most important part of any high level strategic plan. While implementation is not in itself a strategic direction, the activities that support implementation can be: NSW Health needs to monitor performance against key indicators, ensure there is strong leadership and governance, and importantly, make people accountable for achieving outcomes in Aboriginal health.

Rather than developing unique performance monitoring, management and accountability processes, Aboriginal health needs to be embedded within existing mechanisms. This way, the focus on monitoring and accountability is sustainable, accepted as routine, transparent, and highly visible.

Service Agreements and Compacts between the Ministry and LHDs, Pillars, and other state organisations are the key mechanism for performance monitoring and accountability. Further, purchaser/provider funding models enable NSW Health to specify how we reach priority populations.

Strategic Actions	Responsible
Work with the AH&MRC to develop and continually refine agreed performance indicators for Aboriginal health at both a system and program level.	MoH, Pillars, LHDs
Include Aboriginal health performance, service access, service utilisation and quality measures in all relevant service agreements.	All NSW Health Organisations
Increase reporting on disparities in health outcomes and quality of care experienced by Aboriginal people.	MoH, Pillars
Build leadership and accountability responsibilities for Aboriginal health into the roles of executives and managers at all levels of the system.	All NSW Health Organisations
Review the systems, policies and processes for governance in NSW Health and identify opportunities to strengthen responsibility and accountability for Aboriginal health.	MoH

Evaluation of the Plan

NSW Health is ultimately responsible for the implementation of the Plan. In partnership with the AH&MRC, NSW Health will refine the actions required to implement the Plan, and monitor its progress.

The health of Aboriginal people of NSW: Report of the Chief Health Officer 2012 (the Report) provides an excellent starting point for measuring the health status of Aboriginal people and health system performance. It provides data on: life expectancy and child mortality; health of mothers, babies and children; risk and protective factors for health; burden of ill-health; and health service delivery. To assist in evaluating the achievements of the Plan, the key indicators within the Report will be updated as new data becomes available.

Further, to ensure there is ongoing communication and feedback about the progress of the Plan, annual progress meetings will be held with the Aboriginal Community Controlled Health sector and NSW Health to showcase the progress made against the Strategic Directions and Actions contained in the Plan.

Health status and health system performance data, however, will need to be complemented with new and innovative measures that provide information about: the strength of partnerships; increased use of evidence; integrated planning and service delivery; the strength of the Aboriginal workforce in health, and the cultural competence of the workforce generally; and provision of culturally safe work environments and health services.

Evaluation efforts will focus on:

- Process evaluation — to examine resources, activities undertaken, processes by which activities are implemented, and the immediate outputs of the activities.
- Impact evaluation — to examine the immediate effects of the actions.
- Outcome evaluation — to assess the overall performance of the Plan.

Abbreviations and Acronyms

ABS	Australian Bureau of Statistics
ACCCHS	Aboriginal Community Controlled Health Service
AH&MRC	Aboriginal Health and Medical Research Council of New South Wales
ACI	Agency for Clinical Innovation
AHW	Aboriginal health worker
BHI	The Bureau of Health Information
CEC	The Clinical Excellence Commission
COAG	Council of Australian Governments
CVD	Cardiovascular disease
GP	General Practitioner
HETI	Health Education and Training Institute
KPI	Key Performance Indicator
LHD	Local Health District
MoH	Ministry of Health
NGO	Non Government Organisation
NSW	New South Wales
SHN	Specialty Health Network



Appendix

Functions of organisations contributing to the health system in NSW

Organisation	Role
Ministry of Health	The Ministry supports the executive and statutory roles of the NSW Minister for Health and Medical Research and monitors the performance of the NSW public health system, known as NSW Health.
<i>The Pillars of the NSW Health System</i>	
Agency of Clinical Innovation (ACI)	ACI is the primary agency for engaging clinical service networks and designing and implementing new models of care.
Bureau of Health Information (BHI)	The role of BHI is to provide independent reports on the performance of the NSW public health system.
Cancer Institute NSW (CI)	The CI is a state-wide, government funded cancer control agency.
Clinical Excellence Commission (CEC)	The role of the CEC is to build capacity for quality and safety improvement and to provide leadership in clinical governance.
Health Education Training Institute (HETI)	HETI has leadership responsibility for the education and training of all clinicians, management and support staff in NSW Health. HETI partners with Local Health Districts and Specialty Health Networks to develop and deliver education and training across the NSW public health system.
NSW Kids & Families	NSW Kids and Families champions the health interests of children and young people whether they are at home, in the community, or in or out of hospital. This includes health services for babies, children, adolescents, mothers, parents and families.
<i>Local Health Districts/Specialty Health Networks</i>	
Local Health Districts (LHDs)	LHDs are responsible for the delivery of healthcare services to a geographically defined, local population, across a wide range of settings, and within the framework of a Service Agreement with the Ministry of Health, for the purpose of maximising the health of its local population.
Specialty Health Networks (SHNs)	SHNs are responsible and accountable for governing health service delivery across their specialty network. There are three specialty networks within NSW, the Children's and Paediatric Services network, Justice & Forensic Mental Health Network and a network covering public health services provided by three Sydney facilities operated by St Vincent's Health.

Functions of organisations contributing to the health system in NSW	
Organisation	Role
Partners	
Aboriginal Community Controlled Health Services (ACCHSs)	An incorporated Aboriginal organisation, initiated by and based in a local Aboriginal community, that delivers a wholistic and culturally appropriate health service to the community that controls it.
Aboriginal Health and Medical Research Council of NSW (AH&MRC)	The AH&MRC is the peak representative body of Aboriginal communities on health in NSW. AH&MRC represents their Members, the Aboriginal Community Controlled Health Services.
Commonwealth Department of Health and Ageing	The Department's role is to achieve the Australian Government's priorities (outcomes) for health and ageing. It does this through the development of policies, funding of primary health care and other services, management of programs and undertaking research and regulatory activities.
Medicare Locals	Established by the Australian Government, Medicare Locals are a national network of primary health care organisations. Medicare Locals are intended to encourage integration of primary health care, aged care sectors and hospitals.
Not for profit/non government organisations	There are numerous not for profit/non government organisations that provide health services and programs at the state and community level. These organisations can receive funding from government and other charitable sources.
Private sector	There are numerous private providers of health services that can include general practitioners, specialists and hospitals.

