

Policy Directive



Ministry of Health, NSW
 73 Miller Street North Sydney NSW 2060
 Locked Mail Bag 961 North Sydney NSW 2059
 Telephone (02) 9391 9000 Fax (02) 9391 9101
<http://www.health.nsw.gov.au/policies/>

Aboriginal Health Impact Statement and Guidelines

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Functional Sub group Corporate Administration - Governance
 Clinical/ Patient Services - Governance and Service Delivery

Summary The purpose of the Aboriginal Health Impact Statement and Guidelines (the Statement) is to ensure the needs and interests of Aboriginal people are embedded into the development, implementation and evaluation of all NSW Health initiatives. The concept of the Statement comprises two elements:

1. A declaration as to whether or not the specific initiative will impact on the health of Aboriginal people; and
2. A Checklist detailing how the needs and interests of Aboriginal people have been elicited and incorporated where appropriate.

The Declaration and Checklist are available for downloading from http://www.health.nsw.gov.au/PublicHealth/Aboriginal/impact_sment.asp
 Implementation of the Aboriginal Health Impact Statement is mandatory for NSW Department of Health, Area Health Services, Justice Health, the Ambulance Service of NSW and The Children's Hospital at Westmead.

Author Branch Aboriginal Health

Branch contact Helen Gardiner 9424 5819

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Community Health Centres, NSW Ambulance Service, Ministry of Health, Public Hospitals

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Distributed to Public Health System, NSW Ambulance Service, Ministry of Health

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This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.



NSW Health Aboriginal Health Impact Statement and Guidelines

Incorporating Aboriginal health needs and
interests in health policies and programs



Cover illustration – Danny Eastwood

A detail of the design titled *A Community – Togetherness and Health* which is the artists interpretation of government and community working together to improve Aboriginal Health.

The story is as follows:

- The hands depict Aboriginal people reaching out for health services.
- The larger and smaller figures in top centre depict government and Aboriginal community organisations working together.
- The goanna, stethoscope and medicines in the centre illustrate the old and new ways of health and healing.
- The dark and light figures which form a circle, and joining hands at the bottom, depicts all communities coming together in partnership.

NSW DEPARTMENT OF HEALTH

73 Miller Street

NORTH SYDNEY NSW 2060

Tel. (02) 9391 9000

Fax. (02) 9391 9101

TTY. (02) 9391 9900

www.health.nsw.gov.au

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Locked Mail Bag 5003

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Fax. (02) 9816 0492

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These guidelines will assist staff to produce an Aboriginal Health Impact Statement to accompany any new policy, program or major strategy initiative. This will ensure that the health needs and interests of Aboriginal people in NSW are integrated into the policy, program and strategy development process.

Introduction

1

Engaging Aboriginal people as equal partners in the decisions of Government is a cornerstone of the New South Wales Aboriginal Affairs Plan *Two Ways Together* and a priority for the New South Wales Government.

Enhancing and strengthening partnerships with Aboriginal people is also a key element of the NSW State Health Plan.¹ The State Health Plan, which reflects the NSW State Plan, aims to provide better primary and community health services and promote better use of these services by Aboriginal people.

The New South Wales Government recognises Aboriginal people's rights to self-determination and their role in determining where and how government responds to their needs and aspirations.² Government agencies are required to negotiate with Aboriginal people on how government services will be delivered to ensure that policies and programs are relevant to their needs. Agency Chief Executive Officers must ensure that adequate Aboriginal community engagement is undertaken where policy, program or strategy development is likely to impact on Aboriginal communities.

The monitoring and evaluation of New South Wales Health's engagement with Aboriginal communities will correspond with the reporting requirements identified in *Two Ways Together*.

The concept of an Aboriginal Health Impact Statement comprises two elements:

1. A Declaration as to whether or not the specific initiative will impact on the health of Aboriginal people.
2. A formal Checklist detailing how the health needs and interests of Aboriginal people have been elicited and incorporated where appropriate.

¹ A New Direction for NSW. State Health Plan Towards 2010

² NSW Government Aboriginal Community Engagement Policy 2007

Producing an Aboriginal Health Impact Statement

This document aims to ensure that NSW Health staff incorporate the health needs and interests of Aboriginal people in the development of new health policies, programs and major strategies by assisting them to produce an Aboriginal Health Impact Statement.

This is the responsibility of everyone in the public health system, not simply those working specifically in the area of Aboriginal health.

This Statement should accompany new health policy proposals submitted for approval, as well as major health strategies and programs, and includes a declaration that appropriate Aboriginal consultation/negotiation processes have taken place. The Statement will help ensure that the diverse health needs of Aboriginal people are respected and supported, which will contribute to achieving the four key goals and Seven Strategic Directions of NSW Health:¹

Our Goals:

- to keep people healthy
- to provide the health care that people need
- to deliver high quality services
- to manage health services well.

Seven Strategic Directions:

1. Make prevention everybody's business
2. Create better experiences for people using health services
3. Strengthen primary health and continuing care in the community
4. Build regional and other partnerships for health
5. Make smart choices about the costs and benefits of health services

6. Build a substantial health workforce
7. Be ready for new risks and opportunities.

Rationale

Health policies often have different effects on different population groups. For example, the effects of some health policies and programs differ for men and women, and for older and younger adults. Social, cultural and linguistic differences among groups can also contribute to differences in health status, health service requirements and health outcomes.

The health status and health service needs of Aboriginal people, and Aboriginal concepts of health and illness, differ from those of the general population in many ways. The development, implementation and evaluation of health policies that affect Aboriginal people must take such differences into account. They must also acknowledge and respond to the history of difficult relationships between governments and Aboriginal people. Efforts to build mutual understanding and greater trust must be continued.

NSW Health and the Aboriginal Health and Medical Research Council of NSW (AH&MRC), the peak body representing the Aboriginal community controlled health sector in NSW, are committed to working together on Aboriginal health policy, strategic planning and broad resource allocation issues. This commitment has been formalised through the NSW Aboriginal Health Partnership Agreement.

Principles

The Aboriginal health principles that should be applied in all relevant health policy initiatives are:

- a whole-of-life view of health
- practical exercise of the principles of Aboriginal self-determination
- working in partnerships
- cultural understanding
- recognition of trauma and loss.

These abiding principles are described in detail in the policy document *Ensuring Progress in Aboriginal Health: A Policy for the NSW Health System*. Available at <http://health.nsw.gov.au/pubs/a/pdf/ahealthdoc.pdf>

Scope

While this document refers primarily to health policy initiatives, it should also be used to ensure that the health needs and interests of Aboriginal people are accommodated in major health strategies and programs, and are taken into account in the evaluation of health policies. Its application is particularly important in major strategic initiatives and programs that (for reasons such as funding imperatives and time pressures) must be introduced before their policy context is fully developed.

The Indigenous population of NSW predominantly comprises Aboriginal people, although small numbers of Torres Strait Islanders also reside in NSW and use Aboriginal health services. This document primarily focuses on the health needs and interests of Aboriginal people.

Issues covered by the Aboriginal Health Impact Statement Declaration and Checklist

NSW Health staff should complete the Aboriginal Health Impact Statement Declaration after examining and responding to the issues covered in the accompanying Checklist.

The Checklist is designed to help staff in assessing whether:

- appropriate Aboriginal representation, consultation/ negotiation and endorsement have occurred in the development of each policy initiative
- the effects of the policy initiative on Aboriginal health outcomes and health services have been identified and addressed
- links have been made between the proposed policy and existing policies, strategies and programs
- sufficient consideration has been given to the resources needed for addressing the identified Aboriginal health issues in the proposed policy or program
- a complementary Aboriginal-specific policy, strategy or program is required, in addition to the policy initiative under consideration.

Thus, the Aboriginal Health Impact Statement incorporates a declaration that the issues listed above have been examined and taken into account.

When should an Aboriginal Health Impact Statement be prepared?

A Statement should accompany:

- new health policy proposals
- new proposals for major health strategies and programs
- new health policy evaluation plans.

Staff responsible for the development of policies that are particularly relevant to Aboriginal health should give detailed attention to the Checklist and make extensive reference to the requirements outlined in How to Use the Checklist (Part 3) before completing an *Aboriginal Health Impact Statement Declaration*. The policies that are likely to be particularly relevant to Aboriginal health are those that:

- significantly affect the health of Aboriginal people; and/or
- are likely to lead to a change in the nature or level of resources or health services available for Aboriginal health.

At a state level, new policies and proposals for major health strategies and programs submitted for Executive or Ministerial approval require an Aboriginal Health Impact Statement Declaration. Similarly, at the Area Health Service level, relevant policies, strategies or programs submitted for local approval will require a Declaration.

Who needs to prepare an Aboriginal Health Impact Statement?

Use of the Checklist and preparation of a Declaration is mandatory for the following two groups:

1. NSW Health staff who develop health policies and/or major health program initiatives in the NSW Department of Health, in Area Health Services, Justice Health, the Ambulance Service of NSW and the Children's Hospital at Westmead
2. Consultants who have been engaged to undertake policy, program or strategy development, implementation or evaluation, in relation to specifically targeted Aboriginal health initiatives.

What do I need to know about Aboriginal people and Aboriginal health before preparing a Statement?

NSW Health staff who are required to prepare an Aboriginal Health Impact Statement have a professional obligation to inform themselves of issues affecting Aboriginal people and Aboriginal health. Participation in Aboriginal cultural awareness training activities may assist staff to become better informed about Aboriginal history and culture. In addition, How to Use the Checklist (Part 3 of this document) provides information to help staff understand issues important to Aboriginal people.

For further information

For further information about completing the Statement Declaration and Checklist contact:
Centre for Aboriginal Health
NSW Department of Health
Tel. (02) 9391 9502 or

Area Health Service Aboriginal Health Impact Statement Implementation Officer; or

Area Manager/Director Aboriginal Health

The *Aboriginal Health Impact Statement and Guidelines* are available from the NSW Health website <http://www.health.nsw.gov.au/policies/index.html>



Interactive versions of the Aboriginal Health Impact Statement
Declaration and Checklist are available from the
NSW Health website at <http://www.health.nsw.gov.au/policies/index.html>

Aboriginal Health Impact Statement

2

An Aboriginal Health Impact Statement Declaration (and a completed Checklist where necessary) will accompany new policies and proposals for major health strategies and programs submitted for Executive or Ministerial approval. This will ensure that the health needs and interests of Aboriginal people have been considered, and where relevant, appropriately incorporated into health policies.

THE ABORIGINAL HEALTH IMPACT STATEMENT DECLARATION

Title of the policy/initiative: _____

Please complete the Declaration below and the Checklist on the following pages **if required**.

Please tick relevant boxes:

- The health* needs and interests of Aboriginal people have been considered, and appropriately addressed in the development of this initiative.
- Appropriate engagement and collaboration with Aboriginal people has occurred in the development and implementation of this initiative.
- Completed Checklist attached.

OR

- The health* needs and interests of Aboriginal people have been considered, in the development of this initiative.
- The Aboriginal Health Impact Statement Checklist does not require completion because there is no direct or indirect impact on Aboriginal people. (Please provide explanation.)

Head of Unit Name and Title: Loretta Andersen (Director Redevelopment - Campbelltown Hospital)

Unit Name: Campbelltown Hospital Redevelopment

Area Health Service/NSW Health Branch: South Western Sydney Local Health District

Signature: _____ Date: 1st December 2017

Contact phone no: 0476 810 544 Email address: loretta.andersen@health.nsw.gov.au

*For Aboriginal people, health is defined as not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community.

Checklist for the statement

This Checklist should be used when preparing an Aboriginal Health Impact Statement for new health policies, as well as major health strategies and

programs. To complete the checklist and to fully understand the meaning of each checklist item, it is essential to refer to *How to Use the checklist* in Part 3 of this document.

Development of the policy, program or strategy

1. Has there been appropriate representation of Aboriginal stakeholders in the development of the policy, program or strategy? Yes No
2. Have Aboriginal stakeholders been involved from the early stages of policy, program or strategy development? Yes No

Please provide a brief description

SWSLHD Director of Aboriginal Health has reviewed and endorsed the Abridged Clinical Services Plan for Macarthur to 2031 (appendix 1). Aboriginal project representation includes: project planning user groups, membership CHR Clinical reference Group, CHR as a standing agenda item on Campbelltown Hospital Aboriginal Health Committee Agenda, including temporary membership of CHR project director(s) on this committee. Aboriginal participation in CHR Vision, Branding and Values Management workshops. .

3. Have consultation/negotiation processes occurred with Aboriginal stakeholders? Yes No N/A
4. Have these processes been effective? Yes No

Explain

Aboriginal stakeholder input in the early planning of this and past redevelopment projects has placed this project in a good position to continue engagement for this next \$632 M phase. Aboriginal representation has been very good across the early planning user groups. As user groups progress, further input from Aboriginal stakeholders (staff and consumers) will be encouraged and where appropriate facilitated through the Campbelltown Hospital Aboriginal Health Committee.

5. Have links been made with relevant existing mainstream and/or Aboriginal-specific policies, programs and/or strategies? Yes No N/A

Explain

The Campbelltown Hospital Aboriginal Health Committee, which has responsibility for ensuring the needs of Aboriginal patients and their families are considered in planning and service development, has provided a forum for ensuring consistent representation for Aboriginal needs within the CHR opportunity. User groups provide Aboriginal staff and consumers collaborative opportunities for review of current and future model of care enhancement. The SWSLHD strategic and Healthcare services plan recognises the priority needs of the Aboriginal community (paediatrics/maternity/ Mental health/ Emergency/ambulatory care). Planning for the CHR has included these areas as priorities.

Contents of the policy, program or strategy

6. Does the policy, program or strategy clearly identify the effects it will have on Aboriginal health outcomes and health services? Yes No

Comments

The Abridged CSP 2031, identifies the socioeconomic disadvantage that many within the Aboriginal community experience and outlines the health impacts of this status. The CHR business case outlines the anticipated benefits to the Aboriginal community of the CHR. An increase in both the capacity and complexity of most clinical services (including paediatrics, maternity and mental health) along with enhanced ambulatory /outpatient health care options will deliver improved health outcomes for Aboriginal populations. All new models of care will consider access/ impact for the Aboriginal community. The CHR will facilitate enhanced employment and training opportunities for the Aboriginal population.

7. Have these effects been adequately addressed in the policy, program or strategy? Yes No

Explain

The CSP describes the health issues of the Aboriginal community. The CHR plans to deliver tertiary level services with increased capacity and complexity (increase in role delineation), Programs and services will be developed in partnership with the Aboriginal community to address issues such as; the higher rates of chronic illness, increased smoking rates for pregnant Aboriginal women, mortality rates for Aboriginal babies, over-representation of children in Out of Home Care (OOHC) and Risk of Serious Harm (ROSH).

8. Are the identified effects on Aboriginal health outcomes and health services sufficiently different for Aboriginal people (compared to the general population) to warrant the development of a separate policy, program or strategy? Yes No N/A

Explain

The aim of this project is to provide integrated and accessible tertiary health services of the highest standard to all persons of Macarthur and SWS. This project acknowledges the often poorer health outcomes for Aboriginal people and the specific cultural requirements for health delivery and wellness and recovery. This project will continue to work with district and facility Aboriginal workers / consumers and executive as well as the Tharawal Aboriginal Medical Service (AMS) to enhance models of care, ways of working and design for inclusive, culturally appropriate spaces and services in our health services.

Implementation and evaluation of the policy, program or strategy

9. Will implementation of the policy, program or strategy be supported by an adequate allocation of resources specifically for its Aboriginal health aspects? Yes No N/A
 To be advised

Describe

Recovery and wellness has key requirements for Aboriginal people. Planning, design and implementation of this project will require Aboriginal representation/input at all stages. Targeted Aboriginal programs will continue to be part of enhanced and new proposed services. Infrastructure that enables culturally appropriate recovery and practice will be allocated as part of this project.

10. Will the initiative build the capacity of Aboriginal people/organisations through participation? Yes No N/A

In what way will capacity be built?

The inclusion of Aboriginal Liaison Officers (ALO), Aboriginal staff/workers, Aboriginal consumers and key Aboriginal community partners such as Tharawal AMS, in all stages of the projects planning, design, implementation and evaluation provides the opportunity to build understanding and ability to influence and participate in key redevelopment planning and delivery processes.

11. Will the policy, program or strategy be implemented in partnership with Aboriginal stakeholders? Yes No N/A

Briefly describe the intended implementation process

Aboriginal representatives (staff / consumers / community) will have input in the planning, design, implementation and evaluation of the CHR. This will be facilitated within the governance framework and processes of the CHR project with representation within the Clinical reference Group (CRG), Project User Group Involvement (PUG), Project Development Committee (PDC). Regular CHR feedback as a standing agenda item on the Campbelltown Hospital Aboriginal Health Committee will continue.

12. Does an evaluation plan exist for this policy, program or strategy? Yes No N/A

13. Has it been developed in conjunction with Aboriginal stakeholders? Yes No N/A

Briefly describe Aboriginal stakeholder involvement in the evaluation plan

The evaluation criteria is based on Health Infrastructure project guidelines. The Director of Aboriginal Health will be a key stakeholder for consultation in the evaluation phase at the end of the project.



How to use the checklist

3

This Checklist aims to assist NSW Health staff who are developing health policies, programs or strategies and are required to complete an Aboriginal Health Impact Statement. The checklist comprises 13 key questions about Aboriginal health needs and interests that should be considered in the development, implementation and evaluation of health policy.

The Checklist's 13 questions are grouped under three headings:

1. Development of the policy, program or strategy
2. Contents of the policy, program or strategy
3. Implementation and evaluation of the policy, program or strategy.

In this section *How to use the checklist*, each question is accompanied by additional text which includes one or more of the following:

- explanatory information
- sub-questions that users might ask themselves to help answer the key question
- suggested resources
- illustrative examples from existing NSW Health policies, strategies and programs which show how Aboriginal needs and interests have been successfully incorporated.

A key resource that NSW Health staff may find helpful when completing the checklist is the Centre for Aboriginal Health's website:

<http://internal.health.nsw.gov.au/public-health/business-units/aboriginal-health/index.html>.

Development of the policy, program or strategy

1. *Has there been appropriate representation of Aboriginal stakeholders in the development of the policy, program or strategy?*
2. *Have Aboriginal stakeholders been involved from the early stages of policy, program or strategy development?*

The focus of question 1 is the involvement of appropriate Aboriginal stakeholder representatives in the policy development process. The focus of question 2 is the timing of that involvement, namely whether Aboriginal stakeholder representatives have been involved from the early stages of the policy development process.

Within the context of health policy development in NSW, Aboriginal representation can broadly be divided into two types: government and community based. In most cases government representation will consist of staff from the NSW Department of Health and/or Area Health Services, and community representation may involve Aboriginal Community Controlled Health Services (ACCHSs), Community Working Parties, Aboriginal Lands Councils and/or other providers of health services for Aboriginal people.

In some circumstances broader representation may be required, involving stakeholders such as other State and Commonwealth government departments (Regional Engagement Groups), local government, and/or other community-based service providers (for example, Divisions of General Practice, medical specialists, community nurses, Aboriginal NGOs and Community Groups).

* Please note that in this section, whenever the term "policy" is used on its own, it should also be taken to refer to programs and strategies.

Aboriginal stakeholder representation is required throughout the processes of policy development, from the early conceptual stages through to implementation and evaluation, for those policies that have a clear effect on Aboriginal people. The involvement of Aboriginal representatives is sometimes not simply a matter of identifying representatives and extending invitations to participate in a meeting or to respond to existing draft material. Rather a request for an Aboriginal representative may need to be submitted in advance to the relevant Aboriginal community-based organisation, which will nominate an appropriate representative. ACCHS nominations may be sought through Local/Area Aboriginal Health Partnerships, or directly with the ACCHS. Participation may involve organisational and resource issues for the proposed representative/s. For example, Aboriginal organisations often have insufficient human and other resources to meet all demands and invitations for involvement and input, particularly in circumstances where tight time constraints apply or travel is required.

All representatives should be informed about their roles and responsibilities. For example, a representative may be invited because he/she represents an agency or group, brings content expertise, has knowledge about Aboriginal culture, or a combination of these. Representatives may be expected to provide factual information, advice, recommendations, comments, or approval.

Examples of success

NSW has in place a large, well-developed network of Aboriginal sexual health workers (ASHWs) across the state. This has been achieved through an effective partnership between the NSW Department of Health and the AH&MRC. In addition, the NSW Department of Health developed the *NSW HIV/AIDS, Sexually Transmissible Infections and Hepatitis C Strategies: Implementation Plan for Aboriginal People 2006–2009* in partnership with the AH&MRC, as a tool to support the mainstream HIV/AIDS, STI and Hepatitis C and other relevant health sectors to develop and deliver integrated health services to Aboriginal people. These strategies are supported by the NSW Aboriginal Sexual Health Advisory Committee, which includes representatives from the NSW Department of Health, AH&MRC, OATSIH, Aboriginal Community Controlled Health Services, Area Health Services, the AIDS Council of NSW, the Hepatitis C Council of NSW, ASHWs, and other relevant stakeholders.

3. Have consultation/negotiation processes occurred with Aboriginal stakeholders?

4. Have these processes been effective?

The focus of questions 3 and 4 is the processes of consultation and negotiation, and although not the same, these activities often apply equally in many circumstances. Effective consultation/negotiation processes are essential to policy development and evaluation. Too often, however, insufficient time and resources are dedicated to these processes and they are poorly delivered and managed. Many participants have been left disappointed, frustrated, cynical and wary of future involvement. This is particularly true for consultation/negotiation involving Aboriginal people.

Effective consultation/negotiation processes should be based on principles of openness, transparency, integrity, partnership, trust and mutual respect for the legitimacy and point of view of all participants. For Aboriginal people, the principles of self-determination and a holistic view of health must also be included. Non-Aboriginal staff involved in consultation/negotiation processes with Aboriginal people should strongly consider participating in Aboriginal cultural awareness training programs to help them better understand Aboriginal history and culture. The outcomes of consultation/negotiation should not be pre-determined. Effective consultation may not always lead to agreement; but it should lead to a better understanding of stakeholder positions.

What level of consultation/negotiation is needed?

The NSW Aboriginal Health Partnership continues to be a significant forum for joint consultation/negotiation about health policy issues at a state level between government and Aboriginal Community Controlled Health sector representatives. The information in this Checklist aims to help clarify what level of consultation is required.

What kind of consultation/negotiation process is required?

The design of consultation/negotiation processes should be determined by the objectives of the consultation/negotiation. For example, consultation/negotiation about the development of a new policy may gather perspectives from a limited number of representatives from a small number of organisations. By contrast, broader and more detailed consultation/negotiation processes might be used for policy implementation. The aim of consultation/negotiation

processes should also be clear, eg information dissemination, information gathering analysis and synthesis of ideas or joint decision-making. Consideration may also need to be given to capacity building, funding and skills development to support the participation of a range of Aboriginal representatives.

Some practical suggestions for conducting effective consultation/negotiation processes with Aboriginal stakeholders are as follows:

- Identify who should be involved in consultation/negotiation processes at an early stage and ensure stakeholders are involved at the beginning and throughout consultation/negotiation processes.
- Allocate sufficient time and resources for planning consultation/negotiation processes.
- Consider whether different plans are required for consultation/negotiation processes for each of the stages of policy development, implementation and evaluation.
- For statewide health policies affecting Aboriginal people, notify the Director, Centre for Aboriginal Health in writing as early as practicable, in order that consideration can be given to the possible involvement of the NSW Aboriginal Health Partnership where required.
- Make explicit ground rules for consultation such as roles and responsibilities of participants, the purpose of the consultation/negotiation process, the specific time-frames involved, any constraints affecting the process, identification of issues that are negotiable and/or non-negotiable (and explanations why), etc.
- Where health policy or program proposals are likely to have a significant effect on Aboriginal people, develop agreed development protocols in partnership with Aboriginal stakeholders.
- For consultation processes based on circulation of written materials and requests for comment, it is preferable to allow a minimum of six weeks between distribution of papers and closing date for comments, and follow up verbally.
- Where appropriate, make use of existing meeting schedules for the NSW Aboriginal Health Partnership and Local/Area Aboriginal Health Partnerships for consultation/negotiation opportunities.
- Consider using a variety of media and communication channels when providing information to Aboriginal stakeholders

(eg face-to-face communication in addition to written materials, use of stories and/or audio/visual materials and Aboriginal art to describe health issues).

- Be mindful of consultation burnout among Aboriginal stakeholders and strategies that might reduce the 'burden' (e.g. consolidate consultations about several policies into a coordinated meeting).
- Ensure that participants receive feedback about the information they provide, and their impact on decision-making.

5. *Have links been made with relevant existing mainstream and/or Aboriginal-specific policies, programs and/or strategies?*

Are you aware of related mainstream or existing Aboriginal health policies, programs or strategies?

Information about existing NSW health policies is available from the NSW Health website www.health.nsw.gov.au/policies.index.html

Are there clear links between the new policy, program or strategy initiative and existing policies?

New health policy proposals should be consistent and integrated with existing related policies. Such policies might include initiatives outside NSW Health, eg policies developed by the Commonwealth Department of Health and Ageing, policies developed by Commonwealth or State government departments other than health, and policies and programs developed by local and/or non-government organisations (including Aboriginal community-based groups).

Example of success

The Aboriginal Vascular Health Program (AVHP) was a direct response to Strategies 2.3–2.7 in the NSW Aboriginal Health Strategic Plan. It is consistent with the Aboriginal health principles outlined in *Ensuring Progress in Aboriginal Health: A Policy for the NSW Health System*.

The AVHP also ensures coordination with mainstream initiatives such as the cardiovascular health component of the statewide Chronic and Complex Care Project and supports achievement of health improvement targets contained in both the State Plan and State Health Plan.

Contents of the policy, program or strategy

6. Does the policy, program or strategy clearly identify the effects it will have on Aboriginal health outcomes and health services?

The health status and health service needs of Aboriginal people, and Aboriginal concepts of health and illness, differ from those of the general population in many ways. Policies that affect Aboriginal people must take such differences into account. The following suggestions and resources may be helpful.

Information about Aboriginal health outcomes:

Relevant statistics and epidemiological data on Aboriginal health, morbidity and mortality should be reviewed, for example:

- NSW Health publications such as the *Chief Health Officer's (CHO) Report*, *Mothers and Babies Report*, and *Health Survey* reports
- Centre for Epidemiology and Research, NSW Department of Health
- Australian Bureau of Statistics
- National Centre for Aboriginal and Torres Strait Islander Statistics
- Australian Indigenous Health InfoNet: www.healthinonet.ecu.edu.au

At the local level, information about Aboriginal community perceptions and priorities for health issues, and about contextual and environmental factors that may contribute to health problems can be obtained from:

- Area Managers/Directors Aboriginal Health
- Aboriginal Health Workers
- ACCHSs.
- Other relevant Aboriginal community-based groups (eg Community Working Parties, Aboriginal Land Councils)
- Local government.

What effects is the policy proposal likely to have on Aboriginal health outcomes and health services?

Policy developers should specify the likely effects of a policy proposal on Aboriginal health outcomes and/or health services. Care should be taken to express issues relevant to Aboriginal people in terms that are consistent with Aboriginal concepts of

health. For example, where possible, health issues should be presented in a holistic health context rather than projecting a disease-oriented approach that emphasises particular aspects of pathology. Health policy should also be considered as affecting not only individuals, but also extended families and whole communities.

Example of success

The Aboriginal Family Health Strategy (AFHS) identifies a range of issues relevant to Aboriginal family violence, sexual assault and child abuse. They include the under-reporting of family violence in Aboriginal communities, the role of substance abuse in the aetiology of family violence, the impact of mental health issues on family health, and the need to involve Aboriginal men in developing and implementing solutions. The AFHS includes various initiatives aimed at reducing family violence and sexual assault, including education programs in schools and communities, and community-based support services for individuals and families.

7. Have these effects been adequately addressed in the policy, program or strategy?

It is essential that the policy not only identifies, but also adequately addresses the effects on Aboriginal health outcomes and health services. Policy developers often underestimate the complexity of Aboriginal issues, and responses to these issues should give due weight to appropriate processes in order to achieve outcomes.

Some questions that might help determine whether the policy adequately addresses effects on Aboriginal health outcomes and health services are:

- Does the policy include initiatives that reflect Aboriginal health principles such as a whole-of-life view of health, a holistic approach to health, Aboriginal self-determination, working in partnership, and cultural respect?
- Does the policy stipulate processes for working in partnership with Aboriginal stakeholder groups, including ongoing consultation/negotiation?
- Does the policy accommodate the different circumstances and needs of local Aboriginal communities?
- Does the policy include recommendations for adequate allocation of staff and financial resources for Aboriginal programs and services?

- Has consideration been given to opportunity costs associated with the implementation of this policy, eg the diverting of resources from existing programs, and the capacity of individuals and communities to take up and participate in various health initiatives?

8. *Are the identified effects on Aboriginal health outcomes and health services sufficiently different for Aboriginal people (compared to the general population) to warrant the development of a separate policy, program or strategy?*

The different health status and health service needs of Aboriginal people may require policies, strategies and/or programs that are different from mainstream approaches. Policy issues that might merit development of a separate Aboriginal policy include the following:

- health issues that may be specific to or particularly over-represented in Aboriginal populations (eg preventable chronic diseases, renal disease, otitis media, oral health, family/domestic violence)
- health issues of a sensitive nature for Aboriginal communities (eg women's health issues, men's health, HIV/AIDS, sexually transmitted diseases)
- health service issues such as the organisation, availability, appropriateness, access to, use and capacity of health care that is provided for Aboriginal communities
- non-health issues that contribute to health outcomes, such as environment, housing, education, income and transport, and that may have particular features that affect Aboriginal communities.

The development of Aboriginal-specific policies has strengths and potential weaknesses. An option that may be helpful in some circumstances is for a mainstream health policy to be accompanied by a 'companion' Aboriginal policy, with clear linkages between the two. Some of the benefits associated with separate Aboriginal-specific policies include:

- greater opportunity for tailoring policies to the specific needs of Aboriginal people and Aboriginal health services
- greater potential to build on existing consultation/negotiation mechanisms between Aboriginal stakeholders

- greater opportunity for Aboriginal ownership and commitment to the policy
- more informed decision-making about Aboriginal specific implementation issues.

Some of the potential weaknesses associated with separate Aboriginal-specific policies include:

- risk of marginalisation from mainstream health areas and activities
- reduced access to related mainstream resources
- reduced access to related expert knowledge and innovation within mainstream health areas and in Aboriginal specific services.

Example of success

The mainstream NSW Health policy on men's health, Moving Forward in Men's Health, was accompanied by a separate Aboriginal-specific policy because of a range of issues that were unique to Aboriginal men, including the following:

- the significantly higher mortality rates of Aboriginal men at all ages compared with other Australian men
- the differences in morbidity between Aboriginal and non-Aboriginal men
- the very high proportion of the Aboriginal health workforce that is female, and the effects of this for men wishing to access health services, especially with regard to sensitive issues such as sexual health
- the cultural inappropriateness of many mainstream services for Aboriginal men, and the need for community-based programs that would encourage men to access health services.

Implementation and evaluation of the policy, program or strategy

9. *Will implementation of the policy, program or strategy be supported by an adequate allocation of resources specifically for its Aboriginal health aspects?*

Independent analysis consistently indicates that funding allocated to Aboriginal health, from all sources, does not meet the health service needs of Aboriginal people, and does not adequately contribute to building capacity and infrastructure for providers of services for Aboriginal people. Policy developers should therefore strive to ensure that policies and programs

for Aboriginal people are realistically resourced. Funding allocations should give due weight to the relatively higher health and service needs of Aboriginal people. This is the case with NSW Health's resource distribution formula (RDF), which includes a weighting for the relative size of the Aboriginal population in each Area Health Service.

It has been suggested that needs-based funding for Aboriginal programs might translate to an increased funding ratio of between 3:1 and 6:1 over mainstream service allocations. Funding decisions should also consider the existing resource levels of individual services, to ensure that smaller services with lower capacity have opportunities for growth. Finally, funding (and other) efficiencies may be encouraged in certain cases, with the agreement of all relevant parties, through 'pooled funds' that are made available on the basis of inter-sectoral partnerships and coordinated efforts.

10. Will the initiative build the capacity of Aboriginal people/organisations through participation?

NSW Health has an important role in enhancing the capacity of Aboriginal communities, through support of:

- leadership development and strengthening the ability of individuals and organisations to do business with Government
- individual skill development (technical, management)
- organisational capacity and governance.

Building capacity may include training in content or process issues, sharing information, shared experience, participation, consultation and negotiation.

Local planning and decision-making processes:

- assist communities to be informed
- ensure sufficient time for Aboriginal organisations to be engaged
- facilitate true negotiation between communities and Government
- ensure a strong community voice in determining government services
- enable different solutions to be implemented at the local and regional level.

11. Will the policy, program or strategy be implemented in partnership with Aboriginal stakeholders?

It is during policy implementation that some of the most critical decisions for Aboriginal communities are made. Effective consultation/negotiation processes with Aboriginal stakeholders (as described above for questions 3 and 4) are critical to policy implementation. Where central policy implementation decisions are likely to affect a range of both Aboriginal and mainstream service providers on the ground, local consultation/negotiation will increase in importance. Some issues that should be considered when developing recommendations for policy implementation include:

- allocation of sufficient time for planning, consultation/negotiation and execution of implementation processes
- identification of critical implementation issues for Aboriginal communities such as infrastructure and workforce issues, and potential barriers to implementation
- adaptation of programs, campaigns and materials that are culturally respectful to the needs of Aboriginal communities
- the potential need for clinical and inter-personal skills development, mentoring and support (among Aboriginal and mainstream staff)
- mechanisms to ensure adequate funding/resourcing and other sources of support
- timely dissemination of information about funding
- support for the development of submissions, support for collaborative inter-agency initiatives, and streamlined administrative processes
- provision of brokerage and technical support services to Aboriginal communities
- strategies to explore sustainability of programs beyond the initial funding cycle.

12. Does an evaluation plan exist for this policy, program or strategy?

13. Has it been developed in conjunction with Aboriginal stakeholders?

Generally, the evaluation of health policies and programs should be planned in consultation with the affected parties, and should be undertaken by people who have appropriate expertise, experience and resources. The focus of evaluations may be processes and/or outcomes. Evaluation plans for health policies and programs affecting Aboriginal people should include the following:

- an explicit examination of how well the health policy or program has addressed Aboriginal health and/or health service needs (both access and impact)
- consultation/negotiation with appropriate Aboriginal representatives
- the longer term sustainability of health programs, where appropriate
- provision for feedback of performance data to relevant groups as the basis for action to better meet community needs
- specification and/or development of agreed performance indicators that include, wherever possible, quantitative measures of equity of access to resources/programs as well as qualitative indicators on issues such as cultural security, capacity building, program continuity, and responsiveness of services to community needs
- reporting requirements that are consistent, as far as possible, with existing reporting requirements
- reporting and evaluation requirements at a program level that are consistent with the scale of resources being applied.

Example of success

The Aboriginal Vascular Health Program (AVHP) was overseen by a working group that comprised representatives from NSW Health, AH&MRC, OATSIH and Area Managers Aboriginal Health. At the local level, demonstration projects were implemented through local partnerships between Area Health Services and relevant Aboriginal Community Controlled Health Services (ACCHS). Evaluation of the AVHP involved liaison between local project leaders and steering committees, individual Aboriginal Health Workers and relevant ACCHS. Issues considered in the evaluation included:

- assessment of the AVHP's overarching strategic approach
- the benefits to stakeholders and communities
- justification for expenditure of resources
- development of an evidence base of effective Aboriginal vascular health interventions
- identification of successes and lessons learned.



Compliance

4

Implementation of the Aboriginal Health Impact Statement is mandatory for NSW Department of Health, Area Health Services, Justice Health, the Ambulance Service of NSW and The Children's Hospital at Westmead.

The Statement is to be used by those involved in the development, implementation, monitoring and evaluation of new or revised initiatives as part of the process of determining whether it is likely to have an impact on Aboriginal health including:

- NSW Health staff and committees they may convene
- Consultants and contractors engaged by NSW Health.

An Aboriginal Health Impact Statement Declaration must be completed and form part of the final submission for approval of any work of significance captured by the spirit of this initiative. In those instances where the Declaration identifies an impact on Aboriginal people's health a completed Checklist must also accompany the submission for approval.

It is the responsibility of all Directors/Managers to ensure the appropriate completion of the Statement Declarations/Checklists, and the responsibility of all delegates to satisfy themselves that the health needs of Aboriginal people have been appropriately considered before exercising their delegation.

A central register of Aboriginal Health Impact Statement Declarations/Checklists will be maintained by NSW Health, each Area Health Service, Justice Health, the Ambulance Service of NSW and the Children's Hospital at Westmead. Each entity will be required to report annually on AHIS compliance and a random audit of effectiveness will be undertaken.

Reporting responsibility for each entity is a local decision and, while it is an option, it is not mandatory that this responsibility is assigned to an Area Manager/Director of Aboriginal Health. Compliance with the reporting requirements of the Aboriginal Health Impact Statement will contribute to measuring the success of a range of state-wide strategies.

Further Information

For further information about using the Statement and Checklist contact:

Centre for Aboriginal Health
NSW Department of Health
Tel. (02) 9391 9502 or

Area Health Service Aboriginal Health Impact Statement Implementation Officer; or

Area Manager/Director Aboriginal Health

The Aboriginal Health Impact Statement and Guidelines are available from the NSW Health website at <http://www.health.nsw.gov.au/policies/index.html>.

