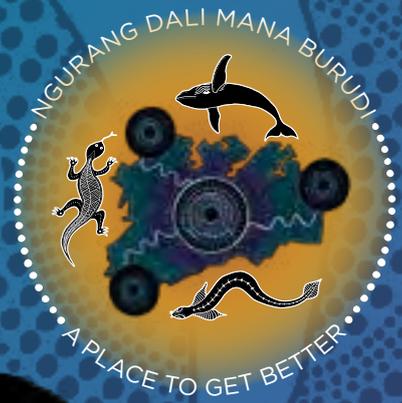






Health
Sydney
Local Health District

Aboriginal Health Strategic Plan 2018-2022

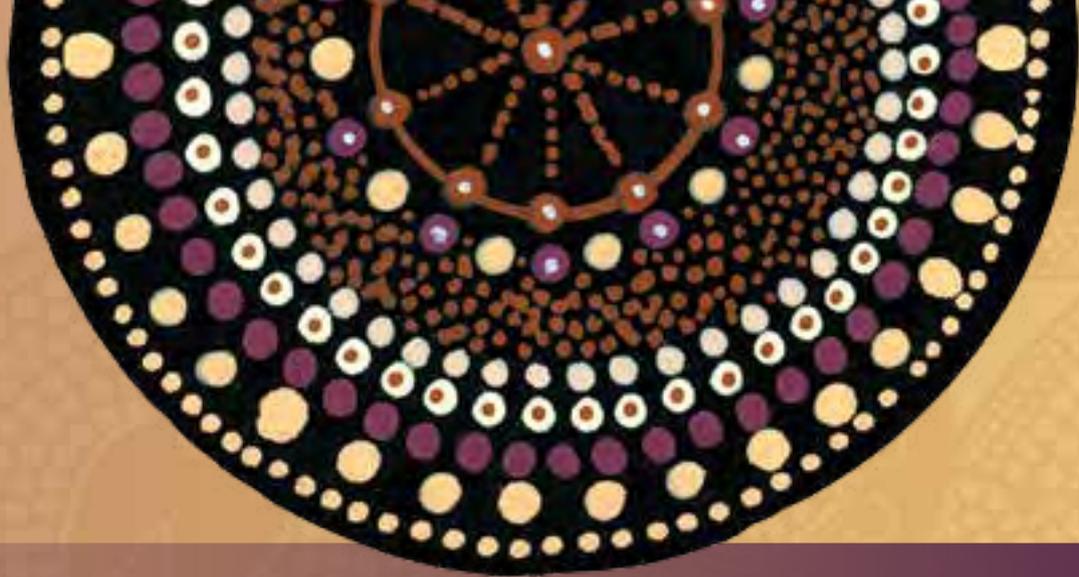




Art and elements used to design this plan are part and in full extracts from the *'Getting Better Together'* artwork painted by Lee Hampton, 2018

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Ngurang Dali Mana Burudi – A Place to Get Better

The Sydney Local Health District's Aboriginal Health logo was created by the District's Aboriginal Cultural Committee in coordination with our Aboriginal workforce.

The map in the centre represents the boundaries of Sydney Local Health District.

The blue lines on the map are the Parramatta River to the north and the Cooks River to the south which are two of the traditional boundaries.

The Gadigal, Wangal and Bediagal are the three clans within the boundaries of the Sydney Local Health District. They are three of the twenty-nine clans of the great EORA nation.

The centre circle represents a pathway from the meeting place for Aboriginal people to gain access to better health care.

The Goanna or Wirriga

One of Australia's largest lizards the goanna is found in the bush surrounding Sydney.

The Whale or Gawura

From June to October pods of Humpback whales migrate along the eastern coastline of Australia to warmer northern waters, stopping off at Watsons Bay the traditional home of the Gadigal people.

The Eel or Burra

Short-finned freshwater eels and grey Moray eels were once plentiful in the Parramatta River inland fresh water lagoons.

A Place to Get Better – Ngurang Dali Mana Burudi, is a view of our whole community including health services, Aboriginal communities, families, individuals and organisations working in partnership. We want to build a strong system to improve access to equitable living conditions and lifestyle choices and a healthier future for all.

(Source: Sydney Language Dictionary)

Foreword

'Closing the Gap' between Aboriginal* and non-Aboriginal communities is one of the greatest challenges currently facing our nation. Sydney Local Health District is committed to improving the health and wellbeing of Aboriginal communities, through the Sydney Metropolitan Local Aboriginal Health Partnership in collaboration with the Aboriginal Medical Service Redfern, and our local Aboriginal communities.

Sydney Local Health District will aim to close the health gap between our Aboriginal and non-Aboriginal communities by ensuring that our attitudes and approach to service delivery, and our strong commitment to improved health outcomes for Aboriginal people are characterised by respect, strong collaboration, empowerment and openness.

Recognition of Aboriginal people, their strong connection to country and their enduring culture, which has great diversity across language, experience and circumstances is essential to providing care that has a positive impact, and is delivered in partnership with the community.

The inter-relationships between health and social determinants such as education, employment status and income are well established in national and international literature. The District will work collaboratively to address the social determinants of health to actively reduce the health disparities between Aboriginal and non-Aboriginal people.

This Aboriginal Health Plan 2018–2022 is consistent with Australian and NSW policies, and builds on the previous and current plans and policies of the District, including the SLHD Aboriginal Workforce Action Plan 2016–2018, the Sydney Metropolitan Local Aboriginal Health Partnership Agreement and Plan 2016–21, and its Social Determinants of Health Forum Report 2016. Aboriginal health is a major priority of the District, and is reflected in all of our plans and strategies.

The District is committed to implementing this plan and to developing partnerships to improve the health and wellbeing of Aboriginal people as well as continuing to build on the improvements made in the past five years. We look forward to continuing to work with the community to achieve equity in access and, most importantly, equity in health outcomes for Aboriginal people.

* The term 'Aboriginal' rather than Aboriginal and Torres Strait Islander or Indigenous has been used within the content of this Plan to mean 'Aboriginal and Torres Strait Islander', in recognition the Aboriginal people are the original inhabitants of NSW (see NSW Health PD2005_319).



Dr Teresa Anderson
Chief Executive



Hon. Ron Phillips AO
Board Chair



Delivering targeted strategies in the District's health priority areas

1
Building trust through partnerships

2
Implementing what works and building the evidence

3
Ensuring integrated service planning and delivery

4
Strengthening performance monitoring and accountability

5
Providing culturally competent work environments and health services

6
Strengthening the Aboriginal workforce

2018-2022 Strategic Directions

Executive Summary

This Aboriginal Health Plan 2018–2022 builds on the successes of the former Sydney South West Area Health Service Aboriginal Health Plan 2010–2014, and aligns with the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, NSW Aboriginal Health Plan 2013–2023, and the Sydney Local Health District Strategic Plan.

This plan proudly acknowledges the achievements made by the District over the course of the previous plan; in particular, creating and building on services and programs to improve Aboriginal access to healthcare, strengthening partnerships with government and non-government organisations in both health and non-health sectors, significantly expanding and enhancing the District's Aboriginal workforce, and providing high quality mandatory and voluntary Aboriginal cultural education.

Sydney Local Health District is determined to build on its successes in empowering Aboriginal communities, to address health inequity and reduce discrimination and racism towards Aboriginal people.

The Sydney Local Health District Aboriginal Health Plan 2018–2022 aims to:

- Establish the key strategic priorities for Aboriginal Health in Sydney Local Health District for the next five years; and
- Identify key actions for Sydney Local Health District to implement the NSW Aboriginal Health Plan 2013–2023.

The seven principles that guide the response to improving the health and wellbeing of the local Aboriginal community include:

1. Strong leadership and governance
2. Holistic responses to Aboriginal health and wellbeing issues
3. Valuing Aboriginal cultures and employing Aboriginal staff
4. Active involvement of Aboriginal communities
5. Adequate and sustainable resources
6. A culturally competent system
7. Truly integrated care

Sydney Local Health District has a strong commitment to closing the health gap between Aboriginal and non-Aboriginal people and this Plan 2018–2022 has adopted the six strategic directions of the NSW Aboriginal Health Plan 2013–2023:

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

A seventh strategic direction is included Delivering targeted strategies in SLHD health priority areas, to support the delivery of locally developed strategies tailored to the local need.

This plan supports these directions with strategies that are community-driven, respectful of Aboriginal culture, supportive of ongoing partnerships, aligned to the Aboriginal Workforce Action Plan 2016–2018 and committed to 'Closing the Gap' between Aboriginal and non-Aboriginal people.

'Closing the gap' between Aboriginal and non-Aboriginal communities



Sydney Local Health District continues to focus on improving health outcomes, reducing harm from risky behaviours and supporting families and communities to manage their health.

Endorsed by the Australian Government in 2008, 'Closing the Gap' is a national strategy that focuses on the areas of health, education and employment, which are recognised as the key drivers for success in addressing the significant disparity between the health, wellbeing and prosperity of Aboriginal and non-Aboriginal people.

The 2017 National 'Closing the Gap' Report outlined some positive health gains with a decline in the national Aboriginal mortality rates, especially deaths from circulatory diseases (such as heart disease and stroke) and the Aboriginal infant mortality rate which has declined by a third in the past 17 years. The high rate of immunisation among Aboriginal children at five years of age is also encouraging.

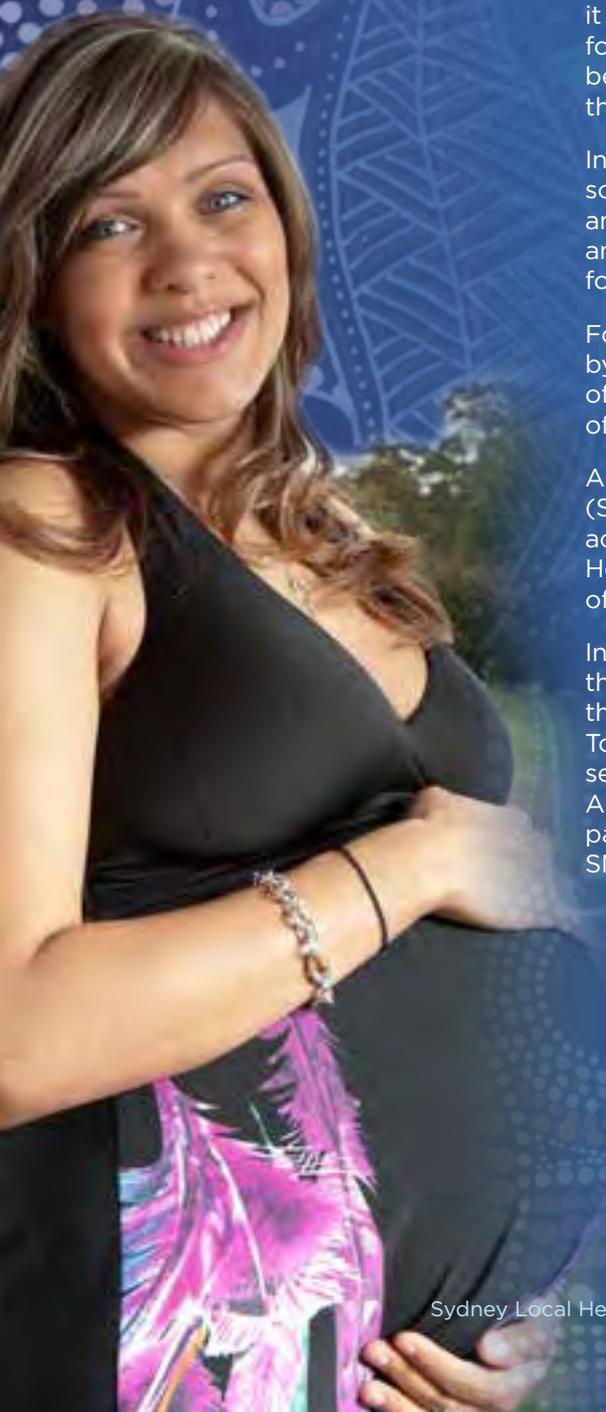
However the life expectancy of Aboriginal people is still around 10 years less than non-Aboriginal people, an unacceptably wide gap. As a result, it remains important that Sydney Local Health District continues to focus on improving health outcomes, reducing harm from risky behaviours and supporting families and communities to manage their health.

In line with the established evidence, the District recognises that the social determinants of health, such as education, employment status and income, have both direct and indirect effects on the risk of disease and injury, the overall health status, and access to healthcare services for Aboriginal people.

For Aboriginal people, the social determinants of health are mediated by the history of colonisation and dispossession, racism, the denial of recognition of (and right) to self-determination and the disruption of prior ownership of the land.

As part of the Sydney Metropolitan Local Aboriginal Health Partnership (SMLAHP) Agreement, Sydney Local Health District is committed to actioning the principles and the recommendations of the SMLAHP Health Priorities Action Plan 2015-16² and the Social Determinants of Health Forum Report 2016³.

In order for policies and programs to deliver the desired outcomes, they must be built on evidence and developed in partnership with the Aboriginal people and communities who will benefit from them. To do this, the District will strengthen both its mainstream health services and targeted Aboriginal programs and aim to empower Aboriginal communities to address health inequity through its partnership with the Aboriginal Medical Service Redfern, the SMLAHP and the local Aboriginal community.





Our vision

Sydney Local Health District's vision is to achieve excellence in health and healthcare for all.

Our vision for Aboriginal Health is to partner with Aboriginal communities and organisations to close the gap in health outcomes.



Our mission

To work in collaboration with Aboriginal communities, the Sydney Metropolitan Local Aboriginal Health Partnership Agreement and other health and non-health partners to deliver accessible, evidence-based, patient-centred, culturally competent care and information.

To empower the Aboriginal community to take ownership of their health and wellbeing, prevent and manage ill-health and ensure the earliest access to appropriate primary, secondary and tertiary healthcare.

To work with all of our partners to systematically address the social determinants of health and wellbeing.



Our values

Our values are a statement of the standards and behaviours we model in our work and how we interact with our patients, our community and amongst ourselves. These values are consistent with the CORE values of the NSW health system:

Collaboration

Improving health status and healthcare depends on everyone in the system working as a team. In Aboriginal Health, this requires a commitment to partnership, Aboriginal empowerment, community autonomy and inter-sectoral collaboration.

Openness

Transparent system improvement processes are essential to make sure that information is open, relevant and available.

Respect

The respect for and understanding of Aboriginal culture, history and people is fundamental to achieving better outcomes. We recognise the role of Aboriginal elders as leaders in the community. We also recognise that engaging Aboriginal organisations and community groups is integral to improving health. We acknowledge and respect Aboriginal people as the traditional owners of the land.

Empowerment

We must build trust on all sides and at all levels with Aboriginal people and the community. In Aboriginal health, empowerment is fundamental to 'Closing the Gap', building community capacity, supporting Aboriginal community services and ensuring culturally competent models of care.

Key principles of Aboriginal healthcare delivery



The following seven principles* guide the District's response to improving Aboriginal health:

Strong leadership and governance

To ensure the District's senior leadership is committed to, and prioritises Aboriginal health, 'Closing the Gap' and working in close partnership with Aboriginal communities and organisations.

Holistic responses to Aboriginal health and wellbeing issues

To support health and wellbeing across the lifespan, the District's responses must take into account the cultural, social, emotional and economic context, including being aware of the trauma, grief and loss associated with colonisation, as well as the community's strength and ongoing resilience.

Valuing Aboriginal cultures and employing Aboriginal staff

To value Aboriginal contributions to the organisation and promote positive cultural identity by providing training, education, support and ongoing career opportunities to Aboriginal staff.

Active involvement of Aboriginal communities

To involve Aboriginal communities in service planning, delivery and evaluation, through community engagement that fosters genuine and sustainable partnerships and builds community capacity.

Adequate and sustainable resources

To support sustainable programs targeting Aboriginal communities with demonstrated evidence-based success; and ensure data and information systems support evaluation and performance in 'Closing the Gap'.

A culturally competent system

To develop culturally competent strategies to increase the accountability, understanding, knowledge and skills of staff in order to ensure a culturally competent system. This includes addressing racism and developing strategies to mitigate negative attitudes and behaviours.

Truly integrated care

To value and support targeted Aboriginal health services and to integrate care that spans across services, agencies, organisations and settings to meet Aboriginal people's health and wellbeing needs across their lifespan.

* Adapted from Australian Government 'Closing the Gap' Prime Minister's Report December 2013 https://www.dss.gov.au/sites/default/files/documents/02_2013/00313-ctg-report_fa1.pdf



The Planning Process

The planning process included a review of the outcomes of the previous Aboriginal Health Plan, a consultation process with the local community and stakeholders, an analysis of the current policy context and the incorporation of the available evidence about best practice in Aboriginal health.

Achievements of the SSWAHS Aboriginal Health Plan 2010–2014

A comprehensive review of the implementation of the previous Sydney South West Area Health Service (SSWAHS) Aboriginal Health Plan 2010–2014 was undertaken. This process identified strategies that were successfully achieved, those that were modified to meet the changing needs of the District and those that have continuing relevance for the District. Major achievements under each of the health priority areas have been highlighted on the next page:

District initiatives

- The Sydney Metropolitan Local Aboriginal Health Partnership Agreement, a formalised alliance between the AMS Redfern, Sydney, Northern Sydney and South Eastern Sydney Local Health Districts, St Vincent's Hospital Network and the Sydney Children's Hospitals Network was developed.
- Since 2012, there has been significant growth in the District's Aboriginal workforce, with 1.9 per cent of the workforce identifying themselves as Aboriginal and/or Torres Strait Islander. The District also continues to build a culturally competent and safe organisation through ongoing implementation of the Respecting the Difference program and associated strategies.

Early years, children and young people

- Delivery of the '*Yana Muru – Walking Together*' program which provides parent support, education, child health checks and vaccination and sustained home visiting for Aboriginal children and their families. This Commonwealth funded service is now grouped under the District's Healthy Families, Healthy Children initiative.
- Relocation of the Youthblock Youth Health Service to Chippendale and ongoing provision of onsite and outreach counselling, health services and health education. Youthblock works in partnership with a number of organisations and the community to deliver health promotion activities including a mental health awareness workshop (Deadly Minds), nutrition and cooking skills workshop (Roaming Kitchen) and general youth health education (Living Strong).
- Introduction of a paediatric medical clinic at the AMS Redfern to improve access for local Aboriginal children and their families to paediatric specialist doctors and associated child and family health services.
- Between 2010 to 2015, the number of fully immunised Aboriginal children in the District increased across the one, two and five year age groupings. In 2015, one year-old Aboriginal children were fully immunised at the same rate as non-Aboriginal children (92.4 per cent) in the District.

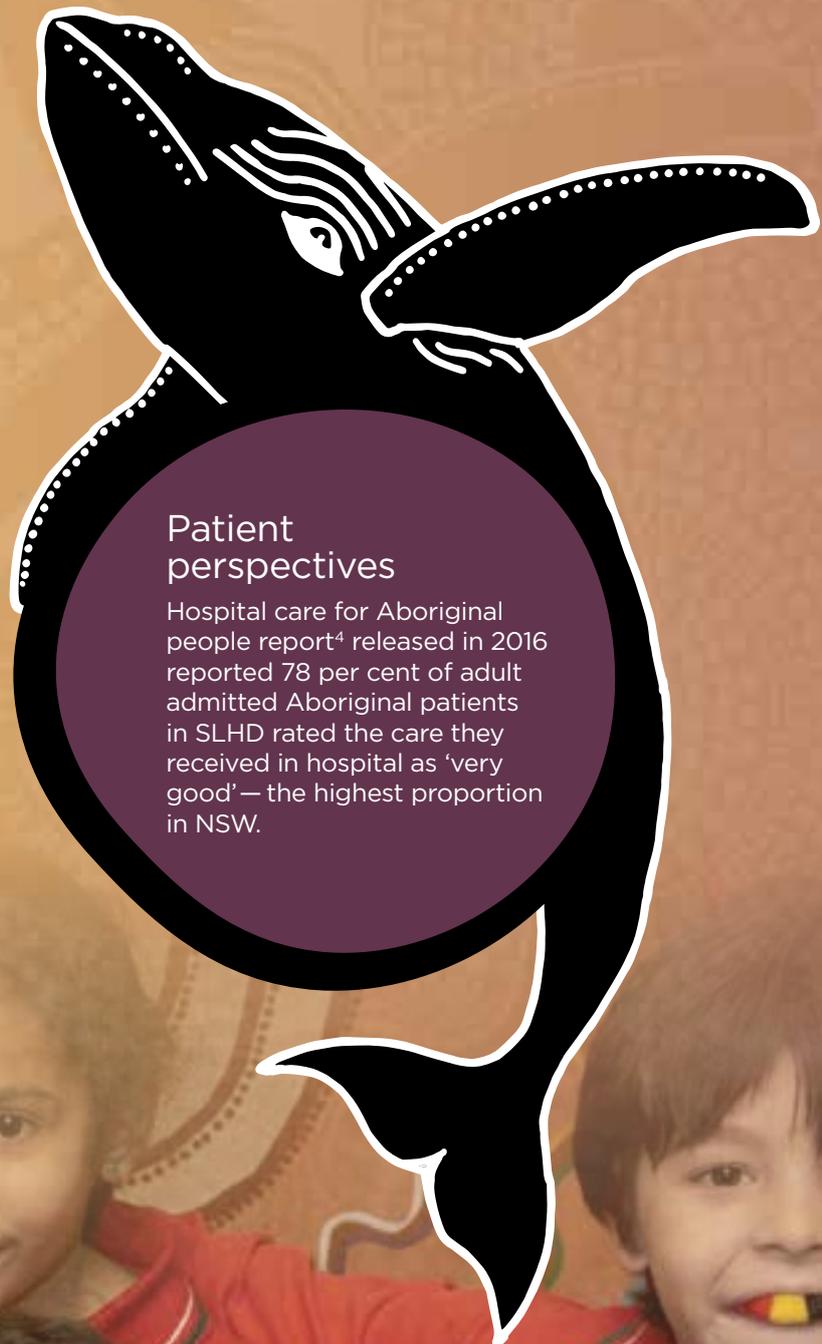


Chronic diseases and ageing

- Expanding the Sydney District Nursing pathway for the 48-hour follow up program, resulted in an increase in new referrals in the first month of implementation.
- Establishment of Cardiac, Diabetes and Geriatric clinics at the AMS Redfern.
- Enhancement of the Chronic Disease Management Program for Aboriginal patients through developing an integrated service delivery model with the Coordinated Care and Supplementary Services Program delivered through the Central and Eastern Sydney PHN.

Mental Health

- Expansion of mental health promotion work through training both internal and external staff in delivery of the Aboriginal Mental Health First Aid program.
- Development of a culturally sensitive model to strengthen Aboriginal mental health as a specialised component of the District's Mental Health service.
- Continued workforce development through local training initiatives, and support of the NSW Aboriginal Mental Health Worker Training Program.



Patient perspectives

Hospital care for Aboriginal people report⁴ released in 2016 reported 78 per cent of adult admitted Aboriginal patients in SLHD rated the care they received in hospital as 'very good' – the highest proportion in NSW.

Drug Health

- Delivery of a collaborative Aboriginal Drug and Alcohol Forum, with the AMS Redfern which identified concerns among agencies and workers about the impact of drugs on individuals, families and the community, with a commitment to work together to build a strong and safe community.
- Strengthening the partnership with the AMS Redfern and the District's Drug Health Services, to develop additional shared care arrangements, an outreach hepatitis C clinic, and an addiction specialist and registrar secondment.
- Improved access to clinical Drug Health Services at Concord Hospital for the AMS Redfern patients, through improved referral processes and secondment of addiction specialists to the AMS Redfern.

Infectious diseases and sexual health

- Increased access to STI screening for community members by training Aboriginal Health Workers and health promotion officers to conduct urine testing for chlamydia and gonorrhoea in outreach settings.
- Increased capacity to deliver health promotion activities due to the employment of a sexual health focussed Aboriginal Health Worker who attends local community groups and events.
- Participation in sexual health awareness raising events targeting local Aboriginal communities including What's the HARM, World AIDS Day and HIV Testing Week.
- Delivery of targeted STI education to Staff of the Sexual Health Service at the AMS, Redfern by SLHD Sexual Health Staff.

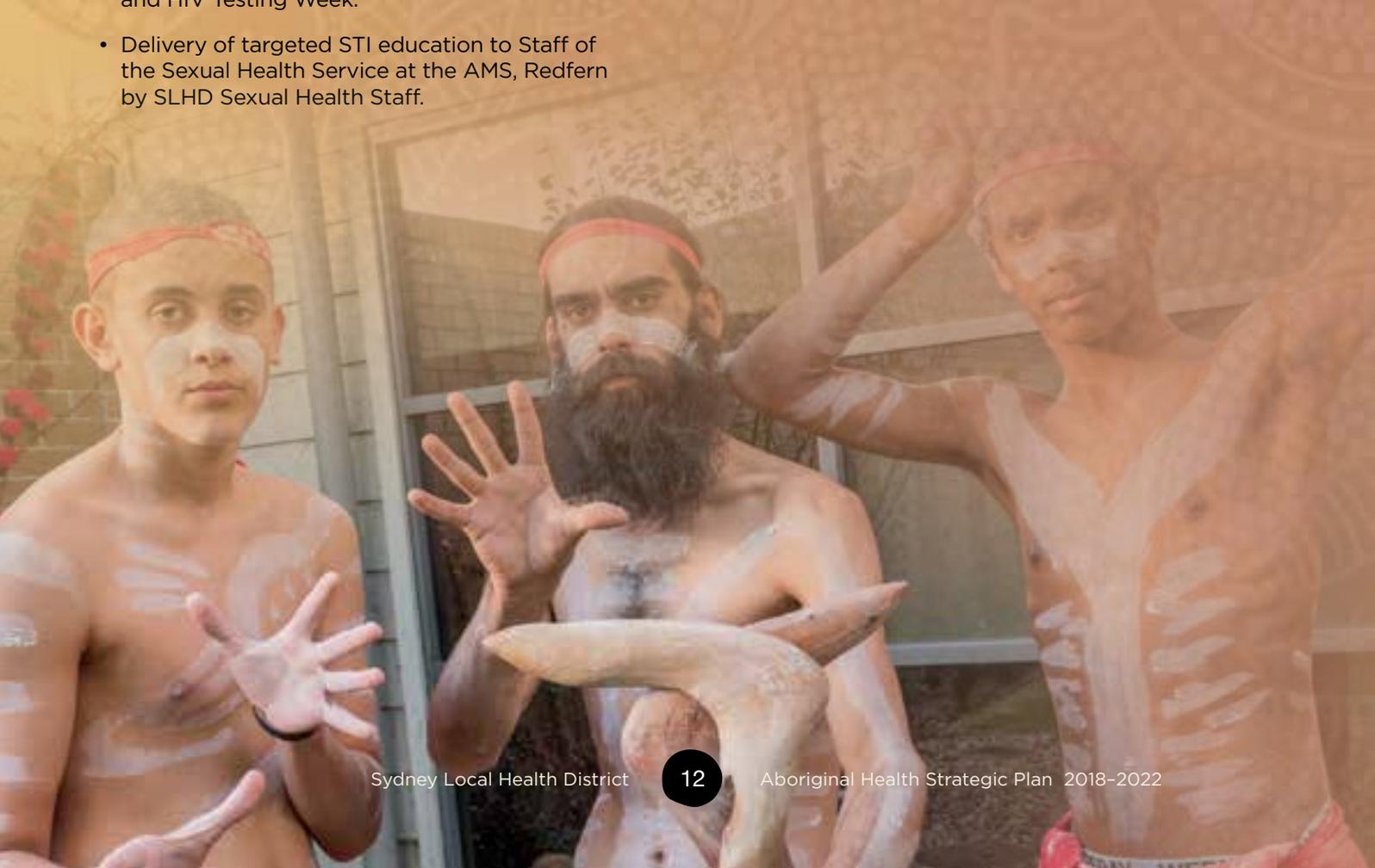
Oral health

- Establishment of the Aboriginal Hub and Spoke program funded through 'Closing the Gap' which has been successful in providing dental services to over 10,000 additional Aboriginal patients in NSW in the past three years.
- Participation of Oral Health Promotion in a number of community events providing promotion, education and early intervention, including the provision of mouthguards to Aboriginal children.
- Appointment of several identified Aboriginal positions, including in the Hub and Spoke program, and ongoing support for Aboriginal Dental Assistant and Administration Traineeships.

Community consultation

In developing this plan, Sydney Local Health District's Aboriginal Health unit, with support from the planning unit, undertook a number of consultation workshops, which were attended and chaired by the District Chief Executive, demonstrating the senior executive and Board commitment to Aboriginal health.

Stakeholder consultations included Aboriginal community members, Aboriginal NGOs and community leaders, the Central and Eastern Sydney PHN and staff including Aboriginal Health Workers, service managers, clinical directors, general managers.



National policies and plans

National Aboriginal and Torres Strait Islander Health Plan 2013–2023⁵

This plan commits the Australian Government to:

- Continue working across governments and sectors to close the gap in Aboriginal disadvantage.
- Invest in making health systems accessible, culturally safe, effective and responsive.
- Support good health and wellbeing across the life course, and continue to target risk factors.

State policies and plans

NSW State Health Plan: Towards 2021⁶

The NSW Health Plan commits to three directions:

1. Keeping people healthy
2. Providing world class care
3. Delivering truly integrated care

NSW Aboriginal Health Plan 2013–2023⁷

Reflects the NSW Government's commitment to close the health gap between Aboriginal and non-Aboriginal people in NSW through the 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.

Good Health – Great Jobs. Aboriginal Workforce Strategic Framework 2016–2020⁸

The Framework is intended to support Local Health Districts, Specialty Health Networks and other NSW Health organisations to grow and to develop their Aboriginal workforce and is structured around six key priority areas:

1. Lead and plan Aboriginal workforce development.
2. Build cultural understanding and respect.
3. Attract, recruit and retain Aboriginal staff.
4. Develop the capabilities of Aboriginal staff.
5. Work with others to achieve workforce priorities.
6. Track our achievements and improve results.

Priorities of the Framework include:

- Increase the representation of Aboriginal employees to 2.6 per cent across NSW Health.
- Increase the representation of Aboriginal people working across all public service classifications to 1.8 per cent. This is in line with the NSW Public Sector Aboriginal Employment Strategy (2014–2017).

Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health⁹

The Framework aims to increase cultural competencies to promote greater understanding of the processes and protocols necessary for delivering health services to Aboriginal people.

OCHRE – The NSW Government Plan for Aboriginal Affairs – April 2013¹⁰

OCHRE, the plan for the Aboriginal Affairs Department, outlines a number of initiatives including:

- Connected communities: improving educational outcomes for Aboriginal students.
- Language and culture nests: creating learning pathways.
- Opportunity hubs: providing Aboriginal students with clear pathways to real jobs.

Sydney Local Health District policies and partnership plans

Sydney Local Health District Strategic Plan 2012–2017 (revised 2014)¹¹

The Sydney Local Health District Strategic Plan identifies Aboriginal health as a priority for the District. The plan seeks to strengthen the District's partnerships with the AMS Redfern and the SMLAHP to implement:

- The NSW Aboriginal Health Plan.
- The Aboriginal Workforce Strategic Framework.
- The Aboriginal Oral Health Program.
- The New Directions Program for Aboriginal Families.
- The Aboriginal Chronic Care Program and other related policies, plans and projects.

Sydney Metropolitan Local Aboriginal Health Partnership Agreement

The SMLAHP Agreement was originally signed on 14 November 2011, as a formalised alliance between the AMS Redfern, Sydney, Northern Sydney and South Eastern Sydney local health districts. The Agreement was re-signed on 7 July 2014, to include St Vincent's Hospital and the Sydney Children's Hospitals Network. The partnership agreement commits to:

- Advocate for the principles outlined in the National Aboriginal Health Plan 2013–23; and
- 'Closing the Gap' in health inequity between Aboriginal and non-Aboriginal people.

In 2014, the SMLAHP Aboriginal Health Priorities 2015–2016 Action Plan² was developed, identifying six health priority areas for collective action:

- The social determinants of health
- Cancer
- Aboriginal workforce
- Chronic care
- Research
- Illicit drugs, alcohol, smoking and gambling

In 2015, the SMLAHP Social Determinants of Health Forum was held and informed the development of the SMLAHP Social Determinants of Aboriginal Health Forum: Report and Recommendations³ which identified eight key areas for action:

1. Early childhood services and education
2. Racism and lateral violence
3. Education
4. Connectedness
5. Criminal justice
6. Housing
7. Employment and training
8. Addiction



Our Aboriginal Health Service

Sydney Local Health District's Aboriginal Health Service provides leadership, advocacy, cultural support and education to mainstream health services, and to the Aboriginal health workforce. The Aboriginal Health Service is responsible for strategic partnerships, planning, performance and the coordination of Aboriginal health policy and programs across the District.

Services

Aboriginal health services and program delivery across the District is located within mainstream services. The District also provides clinical services at the AMS Redfern across podiatry, endocrinology, obstetrics, geriatric/aged care, paediatric, drug health and hepatitis.

These mainstream services are responsible for supporting Aboriginal Health Workers by providing clinical supervision, developing work plans, undertaking professional development, reporting and open communication.

The District's Aboriginal Health Service consists of a Director, two Deputy Directors, one Project Officer and an Administrative Support Officer. The service also has dot-line management responsibility for Aboriginal Health Workers, providing cultural support to both workers and managers; and it co-manages Aboriginal health policy and workforce development programs in collaboration with mainstream service managers.

Partnerships

The District signed the Sydney Metropolitan Local Aboriginal Health Partnership (SMLAHP) Agreement 2011-2016 along with the AMS Redfern, Northern Sydney Local Health District, South East Sydney Local Health District, St Vincent's Health Network and the Sydney Children's Hospitals Network.

Other important partners include local Aboriginal consumers and community groups, government and non-government organisations. These partners provide essential input into the planning, implementation and evaluation of local Aboriginal programs and initiatives.

Aboriginal Workforce Strategy

One of the best ways to improve Aboriginal health and to improve access to health care for Aboriginal people is to employ Aboriginal people. The District employs an Aboriginal workforce consultant in the Workforce Services department, to further Aboriginal recruitment and retention strategies within our health services.

The District's Strategic Plan developed a strong foundation to support the growth of our Aboriginal workforce and since 2012 there has been significant growth in our Aboriginal employment levels. The District supports flexible employment practices to maximise the opportunities for Aboriginal candidates to obtain employment.

The SLHD Aboriginal Workforce Action Plan 2016-2018¹² is a plan to meet the targets set out in the NSW Public Sector Aboriginal Employment Strategy 2014-2017 and the SLHD Workforce Strategic Plan 2016-2020. Implementation of the Action Plan is the responsibility of Workforce Services and is supported by the District's Aboriginal Workforce Steering Committee and working groups.

Our goal is for Sydney Local Health District to be an employer of choice for Aboriginal people. The Action Plan provides strategies to enhance culturally safe and competent health services across the District and to assist in 'Closing the Gap' between Aboriginal and non-Aboriginal communities.



Our Aboriginal Population

The traditional custodians of the land that forms Sydney Local Health District are the people of the Eora nation.

The Aboriginal population

Aboriginal people make up 0.9 per cent of the District's population, compared with 2.5 per cent of the state's population.

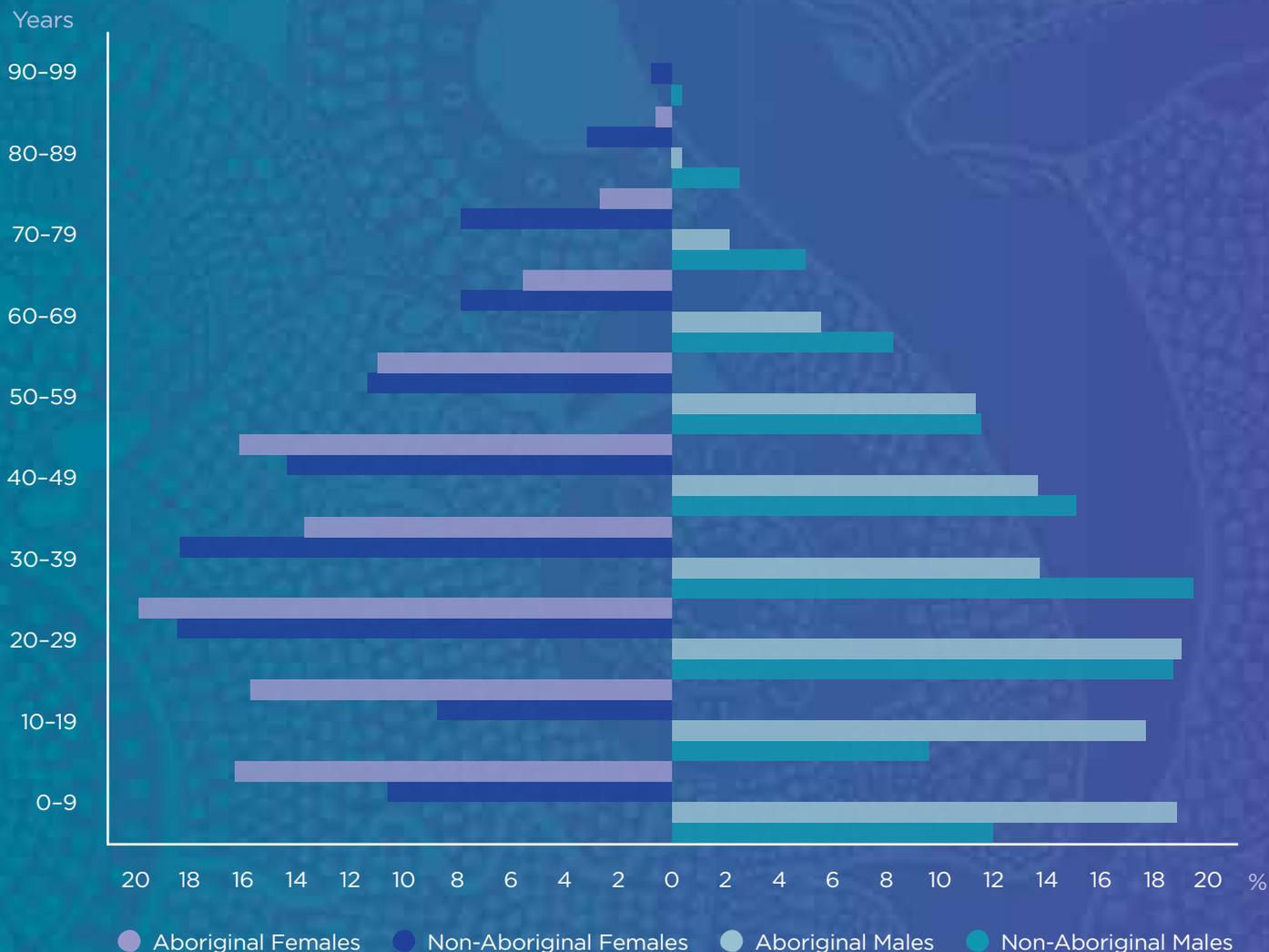
The Inner West and City of Sydney councils have the highest number of Aboriginal residents (2,000 and 1,800 respectively) in the District; with the lowest number of Aboriginal people residing in Strathfield LGA (112)¹².

Consistent with state and national figures, the age profile of Aboriginal people in the District is younger than the non-Aboriginal population. The population pyramid compares the Aboriginal and non-Aboriginal population by age and gender.

Aboriginal Residents within Sydney Local Health District



Population pyramid for Aboriginal and non-Aboriginal residents in NSW, by age and gender, 2016



Source: Australian Bureau of Statistics, Estimates of Aboriginal Australians, 2016

By 2031, the local population is projected to reach 832,790 people.

Significant planned urban renewal developments in the District may further impact on population growth projections, including:

- continued development in Green Square, to accommodate a further 1,800 dwellings and introduce 6,000 new jobs to the area.
- urban renewal along the Parramatta Road corridor, which will aim to deliver 50,000 new dwellings and 50,000 jobs.

- the Bays Precinct urban transformation, to regenerate waterfront areas in and around Blackwattle Bay.
- the Central to Eveleigh urban transformation.
- continued developments in Breakfast Point, Burwood, Canterbury/Bankstown, Strathfield/Homebush and Redfern/Waterloo.
- Nearby developments in Western Sydney Local Health District including the development of the Sydney Olympic Park site, Wentworth Point, Carter Street Lidcombe, Rhodes, and a range of private developments.

Social and environmental context

Aboriginal people experience greater environmental and social risk factors than non-Aboriginal people. This includes overcrowded housing, unemployment, educational and socioeconomic disadvantage. Specific health risk factors include tobacco, alcohol exposure and poor nutrition.

A greater proportion of Aboriginal people live in government housing (29 per cent) compared to non-Aboriginal people (5 per cent) and a greater proportion of Aboriginal households (12 per cent) have smaller living space, while only a quarter (23 per cent) of Aboriginal people who lived in Sydney Local Health District were employed full time.

Aboriginal people are also more likely to live in improvised dwellings or in specialist homelessness support program accommodation than non-Aboriginal people. The rate of Aboriginal homelessness is a particular issue, with an estimated rate of 566 per 10,000 Aboriginal people in City of Sydney council compared to 125 per 10,000 non-Aboriginal people in the same area¹³.

Fewer Aboriginal people (40 per cent) have completed year 12 or equivalent than non-Aboriginal people in the area and less Aboriginal people over the age of 15 were employed (55 per cent) compared to non-Aboriginal people (65 per cent)¹⁴.

Social, environmental and health risk factors for SLHD Aboriginal residents*



* Adapted from SLHD Public Health Unit, Indigenous Environmental Health Profile for Sydney Local Health District, 2015, NSW Health.

Health outcomes of Aboriginal people

'Closing the Gap' in health behaviours, health outcomes and access to health services that exist between Aboriginal and non-Aboriginal people is a high priority for Sydney Local Health District.

While there have been achievements in some areas to support better health and wellbeing outcomes, the life expectancy of Aboriginal people is still around 10 years less than non-Aboriginal people, highlighting the ongoing attention required to address the continued disparities.

Banks' grevillea
(*Grevillea Banksii*)

Health risk factors

In 2014/15, 31.6 per cent of Aboriginal people in NSW aged 16 years and over, smoked daily.

- During 2014/15, Aboriginal people in NSW aged 16 years and over, were twice as likely as non-Aboriginal people to smoke daily.
- In 2015, Aboriginal mothers in SLHD were 4.2 times more likely to smoke at all during pregnancy compared to non-Aboriginal mothers.

In 2015, 40 per cent of Aboriginal people in NSW aged 16 years and over consumed alcohol at levels posing long term health risks.

- In 2015, Aboriginal people in NSW were 1.5 times more likely to consume alcohol at levels that pose long term risks than non-Aboriginal people.

In 2015, 25 per cent of Aboriginal people in NSW aged 16 years and over were obese, and 32.5 per cent were overweight.

- Since 2005, the number of Aboriginal people in NSW who were obese decreased by 6 per cent.

In 2015, 39 per cent of Aboriginal people in NSW aged 16 years and over, achieved adequate amounts of physical activity.

- Since 2002, the number of Aboriginal people in NSW who achieve adequate amounts of physical activity increased from 34 to 39 per cent.

In 2014, 18.5 per cent of Aboriginal people in NSW aged 16 years and over, suffered from food insecurity in the previous 12 months.

- This represents a 3.4 per cent increase since 2002 in the number of Aboriginal people that suffered from food insecurity (having run out of food and not being able to afford to buy more).

In 2015, 92.4 per cent of Aboriginal children in SLHD aged one year, were fully immunised.

- This represents a 6.5 per cent increase since 2008 of the number of Aboriginal children in SLHD who have been fully immunised, and is equivalent to immunisation rates of non-Aboriginal children in SLHD.
- In 2015, 52.3 per cent of Aboriginal mothers in SLHD attended their first antenatal visit before 14 weeks, a 10 per cent increase since 2001 but much lower than non-Aboriginal mothers whose attendance is 83 per cent.

Health outcomes

During 2012 to 2014, there were 4.4 Aboriginal infant deaths per 1,000 live Aboriginal births.

- This represents a significant decrease from 1998–2000, where the rate of Aboriginal infant deaths was 11.8 per 1,000 live births in NSW.

During 2010 to 2012, the life expectancy for Aboriginal males and females was less than non-Aboriginal males and females living in NSW.

- During 2010 to 2012, the life expectancy for Aboriginal males was 9.3 years less than for non-Aboriginal males in NSW, while life expectancy for Aboriginal females was 8.5 years less than for non-Aboriginal females.

In 2013, Aboriginal Australians were three times more likely to develop liver cancer than non-Aboriginal Australians.

- Aboriginal Australians are 1.9 times more likely to develop and die from lung cancer than non-Aboriginal Australians.

In 2015, Aboriginal people living in NSW were consistently over represented in the notification of blood borne viruses and sexually transmissible infections.

- The rate of Hepatitis C notifications among Aboriginal people in Australia is almost five times higher than non-Aboriginal people.
- The rate of Hepatitis B notifications among Aboriginal people in Australia is two times higher than non-Aboriginal people.
- In NSW, the chlamydia notification rate in Aboriginal people was three times higher than non-Aboriginal people.

In 2014/15, the rate of potentially preventable hospitalisations for Aboriginal people in NSW was 4,971 per 100,000 hospitalisations.

- Diabetes hospitalisations were 3.4 times higher for the Aboriginal population than the non-Aboriginal population (488 to 140 hospitalisations per 100,000 people).
- Coronary Heart Disease hospitalisations were 1.9 times higher for the Aboriginal population than the non-Aboriginal population (1,000 to 517 per 100,000 people).

In 2010, the proportion of hospitalisations due to violence was much higher among Aboriginal people (18 per cent) compared to non-Aboriginal people in NSW.

- In 2010, Aboriginal females were 12 times more likely to be hospitalised due to violence compared to non-Aboriginal females in NSW.

In 2015, 22 per cent of Aboriginal people in NSW aged 16 years and over reported experiencing high or very high levels of psychological distress.

- In 2015, Aboriginal people were 10 per cent more likely than non-Aboriginal people to report experiencing high or very high levels of psychological distress.

Health outcomes at a population level generally do not improve within short or medium timeframes. There is a time lag between interventions and improvements in health risk factors translating into improved health outcomes.

Over the long-term, improvements in health care access, healthy lifestyle practices, such as reductions in smoking and improved health literacy are expected to have a positive impact on 'closing the gap' between Aboriginal and non-Aboriginal people.

Use of Health Services by Aboriginal People

Emergency Department Figures activity

In 2015/16, Sydney Local Health District had a total of 156,147 emergency presentations, with Aboriginal people making up 3,135 (2 per cent). The most common reasons for presentation to the emergency department were injury related (15.9 per cent) followed by unspecified diagnoses (14.5 per cent) (including urinary tract infections, abscesses, unspecified pain) and gastrointestinal and hepatobiliary disorders (12.1 per cent).

Aboriginal presentations to SLHD Emergency Departments (2015/16)



Source: SLHD Emergency Department Utilisation Application, STARS

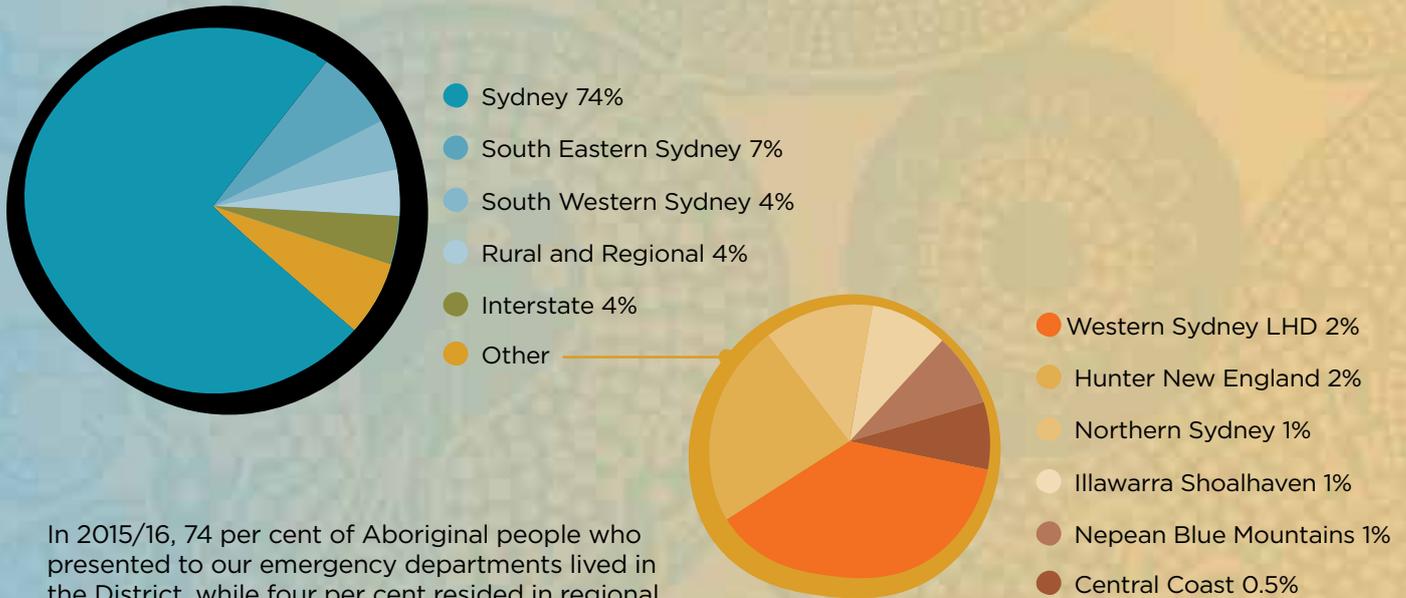
In 2015/16, **11.1%** of Aboriginal people left the Emergency Department at their own risk and/or did not wait, compared to **5.9%** in the non-Aboriginal population.

For an Aboriginal person re-presenting to the Emergency Department, there is a 2.4 per cent chance of re-presentation within 48 hours, which is similar to the likelihood of re-presentation of non-Aboriginal people (2.2 per cent).

Royal Prince Alfred (RPA) Hospital receives the majority of emergency presentations for Aboriginal people (79.4 per cent) in the District, followed by Canterbury Hospital (12.6 per cent) and Concord Hospital (8 per cent).



Aboriginal patient inflows to SLHD Emergency Departments (2015/16)



In 2015/16, 74 per cent of Aboriginal people who presented to our emergency departments lived in the District, while four per cent resided in regional or rural areas.

Source: Emergency Department Activity Analysis Tool 2015 v16.0. NSW MoH Clinical Services Planning Analytics (CaSPA).

Inpatient activity

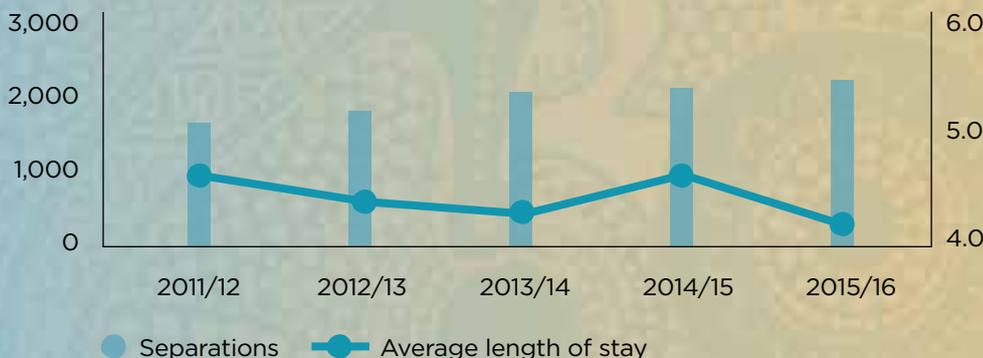
Identification of Aboriginality is essential to providing services to Aboriginal people. Between 2011/12 and 2015/16, there has been an improvement in the identification rate for admitted patients, although the level of reporting of Aboriginal people in admitted patient data remains lower (79.9 per cent) than the NSW average (88 per cent).

In 2015/16, the District had a total of 2,121 inpatient admissions by Aboriginal people (1.8 per cent of the District's total activity) representing 8,993 bed days (2 per cent of the District's total activity). When

compared to the District's Aboriginal population of 0.9 per cent, this level of activity is an over-representation, even after considering the number of patients admitted to hospital from other areas of NSW (37 per cent inflows).

From 2011/12 to 2015/16, the District witnessed significant growth in the number of Aboriginal people being admitted to its hospitals, reaching an annual growth rate of 7.1 per cent. The average length of stay for Aboriginal patients has varied between 4.2 to 4.6 days over the last five years.

Inpatient separations for Aboriginal people, 2011/12 to 2015/16**

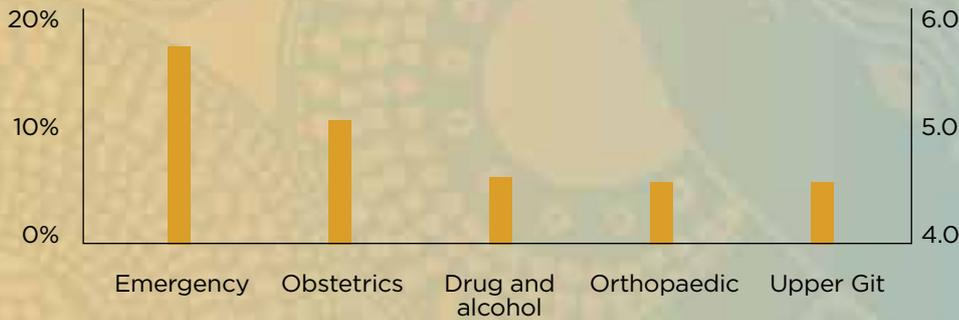


Source: SLHD Clinical Variation Application STARS.**

Across our hospitals, the majority of Aboriginal patients were admitted through emergency departments (18 per cent), followed by obstetrics (10 per cent) and drug and alcohol (5 per cent) units.



Aboriginal inpatient separations, by specialty unit, 2015/16**



Source: SLHD Clinical Variation Application STARS.

Mental Health Aboriginal inpatient activity has increased 54 per cent from 138 separations in 2011/12 to 212 in 2015/16 and Aboriginal patients made up 2.1 per cent of all mental health admissions.

** Inpatient activity presented includes critical care (emergency admissions). Excludes renal dialysis (DRG L61Z Haemodialysis), Mental Health (Days in psych unit >1), Rehabilitation (Z60A, Z60B, Z60C) and chemotherapy (DRG R63Z Chemotherapy).

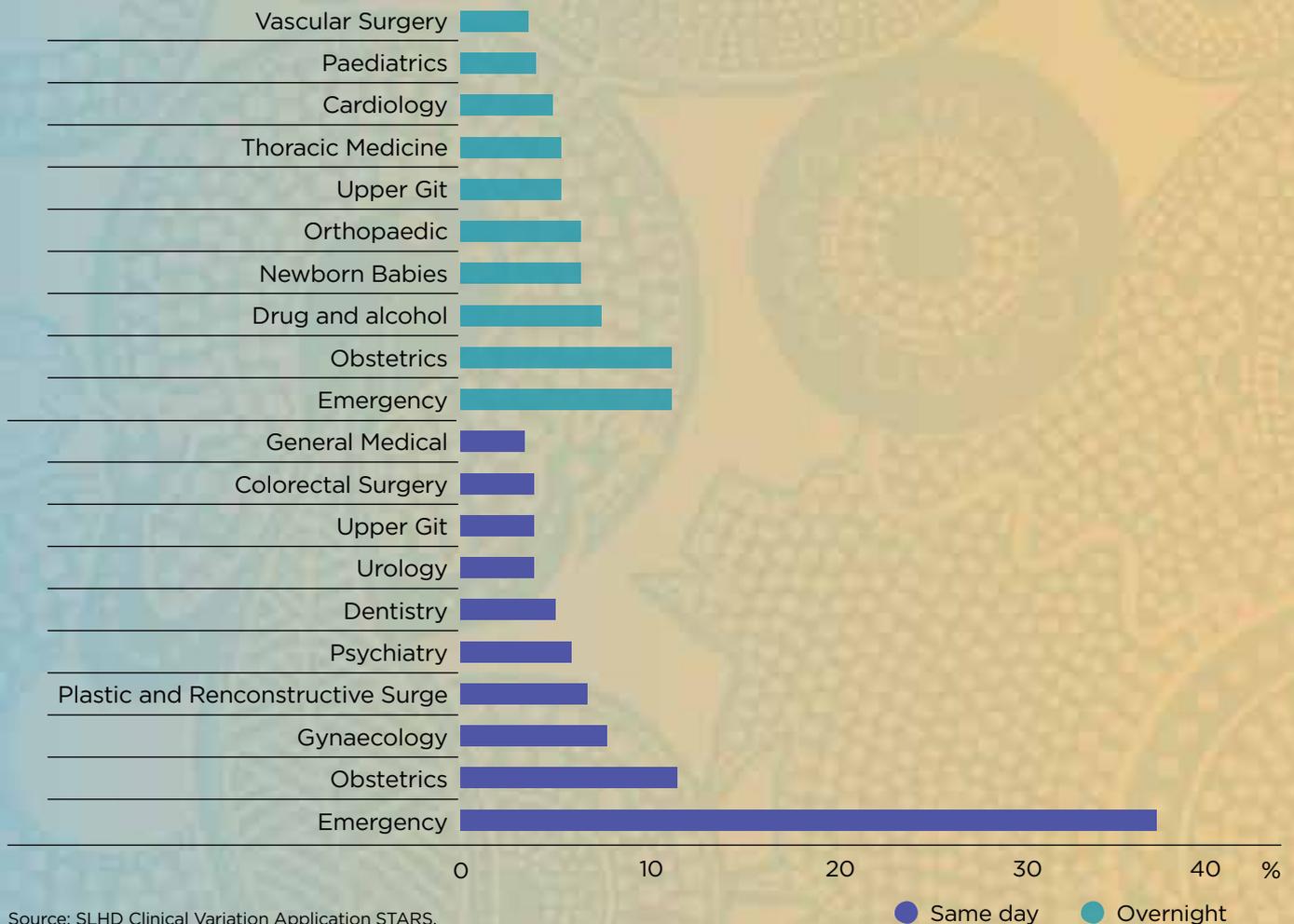
In 2015/16, 70 per cent of Aboriginal inpatient separations were overnight. RPA Hospital accounted for the majority of overnight separations, while Canterbury accounted for the majority of same-day separations.

In 2015/16, emergency, obstetrics and drug and alcohol were the primary admitting specialty units for overnight separations; and emergency, obstetrics and gynaecology were the primary admitting specialty units for same-day separations.

From 2011/12 to 2015/16, admissions of Aboriginal people to SLHD hospitals increased **33%** compared to **8%** for non-Aboriginals.

In 2015/16, Aboriginal people had an **11.6%** chance of an unplanned readmission to the same facility within 28 days, compared to **6.6%** for the non-Aboriginal population.

Aboriginal overnight and same-day inpatient separations, by speciality units, 2015/16**

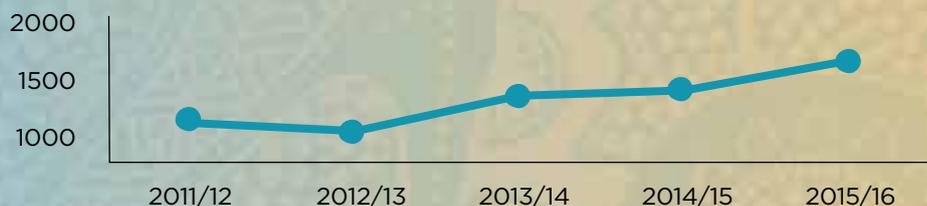


Source: SLHD Clinical Variation Application STARS.

● Same day ● Overnight

** Inpatient activity presented includes critical care (emergency admissions). Excludes renal dialysis (DRG L61Z Haemodialysis), Mental Health (Days in psych unit >1), Rehabilitation (Z60A, Z60B, Z60C) and chemotherapy (DRG R63Z Chemotherapy).

Renal dialysis separations for Aboriginal people in SLHD (2011/12 to 2015/16)

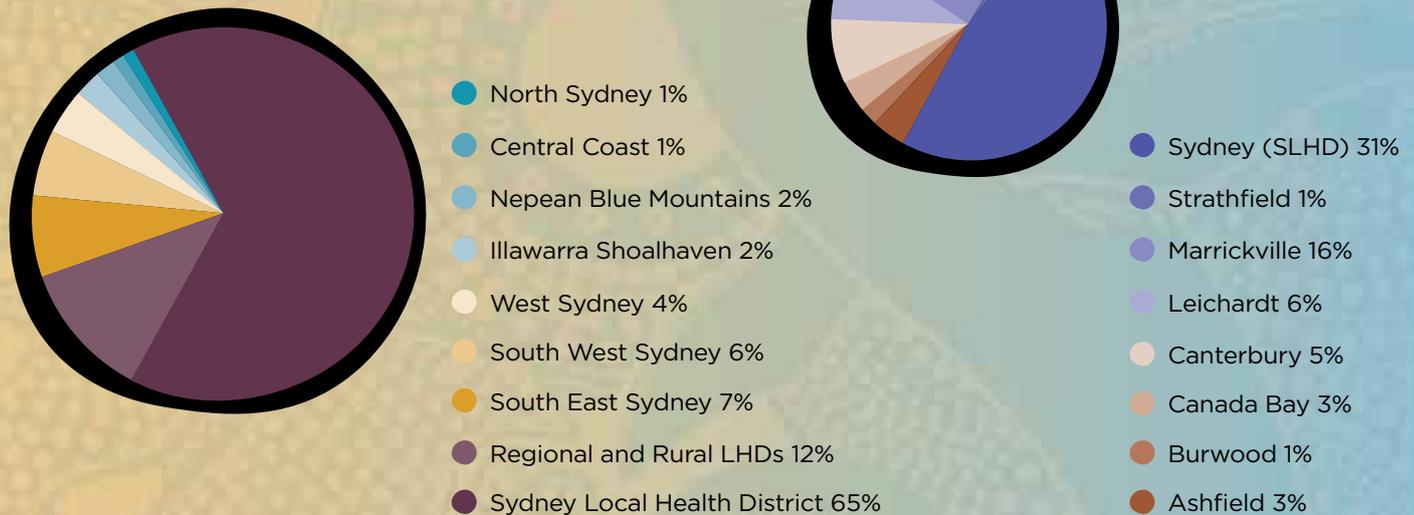


Source: SLHD Clinical Variation Application STARS. Includes renal dialysis (DRG L61Z) only.

Renal dialysis services for Aboriginal people are mainly provided at RPA Hospital, with a small proportion at Concord Hospital (from 2013/14). The majority of renal dialysis separations (74 per cent) are for local residents, with the remainder (11 per cent) from Nepean Blue Mountains and Western Sydney local health districts.

The majority of Aboriginal inpatient admissions in Sydney Local Health District hospitals were for residents from the area (65 per cent), followed by rural NSW (12 per cent), South Eastern Sydney residents (7 per cent), South Western Sydney residents (6 per cent) and Western Sydney (4 per cent) residents. City of Sydney LGA residents account for 31 per cent of all separations, followed by Marrickville (16 per cent) and Leichhardt (6 per cent) LGAs (now part of Inner West Council).

Aboriginal patient inflows to SLHD hospitals, 2014/15



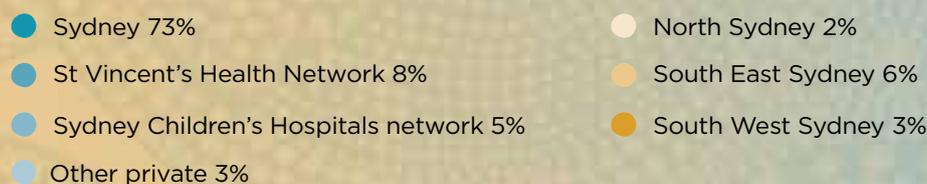
Source: Flow-Info v15. NSW MoH Clinical Services Planning Analytics (CaSPA). Excludes renal dialysis (DRG L61Z Haemodialysis) and chemotherapy (DRG R63Z Chemotherapy) only.

RPA Hospital provides the majority of Aboriginal separations (84 per cent) followed by Concord Hospital (11 per cent) and Canterbury Hospital (4 per cent). The majority of Aboriginal patient admissions were publicly funded (95 per cent) with a small proportion funded by private insurance (4 per cent).

In 2014/15, 73 per cent of Aboriginal residents in the District admitted to hospital came to Sydney Local Health District hospitals, followed by St. Vincent's Health Network (8 per cent) and South Eastern Sydney (6 per cent).

Between 2011/12 and 2015/16, there was a significant rise in renal dialysis separations for both Aboriginal (**32%** growth) and non-Aboriginal patients (**31%**).

Aboriginal patient outflows to SLHD hospitals, 2014/15



Source: Flow-Info v15. NSW MoH Clinical Services Planning Analytics (CaSPA). Excludes renal dialysis (DRG L61Z Haemodialysis) and chemotherapy (DRG R63Z Chemotherapy) only.

In 2014/15, the District had 266 inpatient separations (12 per cent) for rural NSW Aboriginal patients. The majority of rural NSW Aboriginal patients were admitted for interventional cardiology (23 separations), non-subspecialty medicine (23 separations) and cardiothoracic surgery (20 separations) Service Related Groups.

Non-admitted Aboriginal patient activity

In 2015/16, across the, 30,519 outpatient services were provided to Aboriginal people^{##}. The largest number of services were provided by Community Health, Mental Health and Drug Health.

District-wide Outpatient Services			
Drug Health services	4,013	Mental Health services	4,862
Aged and Chronic Care services	1,990	Community Health services	6,018
Lifeline Chemotherapy services	198		
RPA Hospital (top 5 areas)	5,782	Canterbury Hospital (top 5 areas)	184
Gastroenterology & Liver Services	365	Antenatal Clinic	81
Renal Medicine - Level 9	359	Midwifery Discharge Support Program	19
Foetal Medicine	334	Pre-Admission	15
Pre-Admission Unit	264	Physiotherapy	12
Antenatal	250	Hydrotherapy	11
Institute of Rheumatology and Orthopaedics (top 5 areas)	582	Balmain Hospital (top 5 areas)	31
Orthopaedics - Fracture	221	Hospital in the Home (HITH)	25
Pain Management	90	Cardiac Rehabilitation Clinic	2
Orthopaedics - Hand	65	Occupational Therapy	2
Orthopaedics	41	Continence Clinic	1
Pre-admission Clinic	36	Strong Clinic	1
Concord Hospital (top 5 areas)	1,249	Sydney Dental Hospital (SDH) (top 5 areas)	3,829
Burns Clinic	186	Aboriginal Oral Health Clinic	1,819
Pre-admission	184	X-ray Department	456
Burns	71	Oral Surgery	268
Pain	55	Orthodontics	221
Ophthalmology	37	Paediatric Dentistry	217

Source: NSW MoH. Non-admitted patient ABF extract. 2016

^{##} A non-admitted patient service event is an interaction between one non-admitted patient and one or more healthcare provider(s). The interaction contains clinical and/or therapeutic content (i.e. an assessment, examination, consultation, treatment and/or education), that results in a dated entry being made in the patient's medical record.

Challenges and Directions for Aboriginal Health

Key challenges for Sydney Local Health District

Racism

Community consultations noted the positive actions of Sydney Local Health District services to provide culturally competent services to Aboriginal people; however, racism was still a major concern and it was felt that more needed to be done, including increasing the Aboriginal workforce, enhancing partnerships with local organisations and the community, and defining racism and the key elements of a culturally competent system that strives to be racism free.

The District will not tolerate racism, in any form or in any setting, towards Aboriginal people. Racism limits the trust and ultimately the take up of services by Aboriginal communities. Evidence indicates that Aboriginal people in Australia experience racism “often” and with this, an increase in psychological distress. Even subtle forms of racial discrimination such as ‘being left out or avoided’ are just as harmful as more overt forms¹⁵.

Aboriginal culture

The consultations highlighted the need for specific strategies to address Aboriginal cultural issues, including having separate male and female areas, where appropriate, and having male and female Aboriginal Health Workers, when required. The importance of Aboriginal cultural events, symbols, artwork and flags was also identified.

Community engagement and promotion of services

Improving community awareness of the available services was raised by the community and clinicians as an important measure to improve access. It is the responsibility of the District to ensure our services are available, known, trusted and promoted. It was also identified that the community needed to be involved in designing successful health services and strategies.

Out-of-area referrals

Sydney Local Health District serves a significant number of Aboriginal people from rural NSW (12% of inpatient separations). This presents specific challenges for the District, Aboriginal patients, families and carers, including: organising transport, accommodation and transfer of care. This also has implications for information sharing between local health districts and primary care providers.

Health promotion

Health promotion across the range of District services have a strategic focus on Aboriginal communities. The Health Promotion unit is working in partnership with the AMS Redfern and community groups to implement strategies that address the main lifestyle risk factors such as smoking, alcohol and obesity. Partnerships with external agencies are required to address the major social and environmental determinants of health. Mental health and wellbeing is a key priority, especially for people with coexisting drug and alcohol issues.

Aboriginal workforce employment and retention

Employing more Aboriginal staff addresses equity, improves engagement with Aboriginal people and strengthens cultural understanding. The District’s Aboriginal employment target is currently 1.9 per cent (state target is 2.6 per cent) with the aim to expand Aboriginal staff across all salary bands, and health disciplines. Strengthening the Aboriginal workforce is a key strategic direction in this plan.

Strategic Directions

1
Building trust through partnerships

2
Delivering targeted strategies in the District's health priority areas

3
Implementing what works and building the evidence

4
Ensuring integrated service planning and delivery

5
Strengthening performance monitoring and accountability

6
Providing culturally competent work environments and health services

7
Strengthening the Aboriginal workforce



1 Building trust through partnerships

This plan has adopted the six strategic directions of the NSW Aboriginal Health Plan 2013–2023 as strategic focus areas, with the addition of a seventh direction; Delivering targeted strategies in SLHD health priority areas.

Sydney Local Health District is committed to enhancing local partnerships to better meet the needs of Aboriginal communities, and to build community trust and participation.

To support Aboriginal community participation, partnerships with Aboriginal community controlled health services and NGOs need to be formally supported. Effective partnerships define roles and responsibilities to help reduce duplication of effort, build trust, improve community engagement, streamline referrals and pathways across the continuum of care, and importantly, incorporate the non-health sector in addressing the social determinants of health.

During consultation for this plan, participants acknowledged the importance of the well-developed partnerships with the AMS Redfern, Sydney Metropolitan Local Aboriginal Health Partnership, Aboriginal NGOs, and Central and Eastern Sydney PHN.

They also strongly endorsed the need for further development of genuine and collaborative partnerships with sectors outside of health, including housing, education, recruitment agencies and other local health districts from both metropolitan and rural NSW.

Local partnerships will build trust and sustainability through⁷:

- respecting and supporting the roles of Aboriginal Community Controlled Health Services (ACCHS);
- collaboration to enhance and reduce duplication of effort;
- building cultural safety; and
- working to clarify and integrate pathways of care across prevention, primary, secondary and tertiary services.

Implementing what works and building the evidence

Sydney Local Health District is committed to supporting quality research and evaluation to establish what works well, and translate it into practice to ensure that it can be built upon into the future. Evaluating Aboriginal specific and mainstream services is essential to ensure their effect on Aboriginal health is measured and understood.

The District will aim to develop a plan for research and evaluation that is meaningful, culturally sensitive and safe for Aboriginal people and communities, as well as health professionals. This plan will support the District to better identify successful aspects of programs, provide a basis to amend and improve, demonstrate success, and build an evidence base to justify allocation of ongoing resources.

Understanding, valuing and incorporating Aboriginal perspectives of health and wellbeing, and the services and systems that best suit their needs is integral to all programs and services and to developing evidence of what works well for Aboriginal people.

The Bureau of Health Information NSW recently released the Patient Perspectives: Care for Aboriginal People in NSW Public Hospitals Report⁴, based on admitted Aboriginal patients' responses to the NSW Patient Survey Program. The report identifies key aspects of care, draws on a cultural competence framework and reported that 78 per cent of adult admitted Aboriginal patients in the District rated the care they received in hospital as 'very good' – the highest proportion in NSW.

The District is committed to identifying and aligning with these relevant measures from State and local initiatives to develop consistent and meaningful measures to establish how successful our services are in providing appropriate, high quality and safe care in a sustainable way.

The Closing the Gap Clearinghouse¹⁶ reported on characteristics that support translation of research into practice, including:

- active involvement of Aboriginal people and employment of Aboriginal staff in program development, delivery and evaluation;
- providing training to build capacity; and
- providing sustainable resources for long-term, rather than short-term funding.



Ensuring integrated service planning and delivery

Successful integration of services around an individual's needs, rather than service needs will result in better service navigation, more seamless care and a better patient experience and outcome.

By collaboratively working across all clinical streams, service providers and the various settings for care, the District aims to reduce duplication, improve efficiency, service access, navigation and utilisation. This Strategic Direction is strongly linked with Strategic Direction 1: Building trust through partnerships, as strong partnerships are essential to integrated service planning and delivery.

In 2016, the District developed six Aboriginal Health specific health pathways to support care providers to identify the very best care options for their patients. This initiative continues to be a high priority for the District with periodic reviews of each pathway to ensure that they remain relevant, appropriate and targeted to the needs of our Aboriginal communities.

As a member of the Sydney Metropolitan Local Aboriginal Health Partnership Agreement, we are committed to delivering on the key outcomes of the Sydney Metropolitan Local Aboriginal Health Partnership Agreement Action Plan by ensuring that key strategic directions and priorities identified by the partnership can appropriately leverage off, enhance and support existing District services and partnerships.



We are committed to the objectives of the NSW Integrated Care Strategy¹⁷:

- organising care to meet the needs of the person;
- improving the flow of information between service providers;
- improving ways of working across providers to meet the needs of the community; and
- providing greater access to community-based care.

Strengthening the Aboriginal workforce

Sydney Local Health District is committed to attracting, developing and retaining its Aboriginal workforce. During the consultations, strengthening the Aboriginal workforce in the health system was seen as critical to improving services. Having a visible and professionally satisfied Aboriginal workforce enhances Aboriginal people's engagement and trust, and supports cultural understanding.

There has been a significant rise in the proportion of Aboriginal staff employed in the District since 2011. The NSW Aboriginal Workforce Plan 2016–2020 and the NSW Public Sector Aboriginal Employment Strategy 2014–2017 introduces an aspirational target of 1.8 per cent Aboriginal workforce across all salary

The Closing the Gap Clearinghouse¹⁶ identified a number of characteristics associated with positive and sustainable employment for Aboriginal people. They include:

- maintaining strong relationships with community and business;
- collaborating with Aboriginal leaders and the community; and
- offering holistic support to job seekers.

bands by 2021. This is a major shift from current levels and requires a range of strategies to promote leadership and planning in Aboriginal workforce development and management.

To provide additional practical guidance, the NSW Aboriginal Workforce Plan; Good Health – Great Jobs is supported by an online resource – Stepping Up (www.stepsup.health.nsw.gov.au). This resource includes detailed 'how to' descriptions and case studies designed to guide employing and supporting Aboriginal staff.

The District's Aboriginal Workforce Action Plan 2016–2018 brings together and supports the continued development and enhancement of the Aboriginal workforce across the District. Targeted key initiatives in the Action Plan provide a focused effort which is essential for sustainable employment to generate substantial personal and social benefits for individuals, families and communities.

This plan supports the strategies of the Aboriginal Workforce Action Plan to enhance culturally safe and competent health services across the District, and assist in 'Closing the Gap' between Aboriginal and non-Aboriginal communities.



Providing culturally competent work environments and health services

There are no universally accepted definitions of racism, and it exists in many different forms. Generally, racism is a set of beliefs, often complex, that asserts the natural superiority of one group over another, and which is often used to justify differential treatment and social positions. This may occur at the individual level, but often occurs at a broader systemic or institutional level²⁰.

A culturally competent work environment and health service that strives to be free of racism and inequality requires the understanding, commitment and accountability of District's Board members and Senior Executive to lead the implementation of the culturally safe practices outlined in this plan.

A Statement of Commitment endorsed by the District Board and Senior Executive will provide a public statement that reflects the commitment of the District to develop the structures, policies, and processes required for culturally safe work environments and culturally respectful and tailored health service provision. This requires a sustained focus on developing culturally competent knowledge, awareness, behaviour, skills and attitudes at all levels of service, including at the operational or administrative service level, health practitioner level, practitioner-patient level and student-training level.

Cultural competence is a process that requires ongoing action rather than a product created from training or a one off activity¹⁹.

The Closing the Gap Clearinghouse¹⁸ identified that a culturally competent system of care acknowledges and incorporates – at all levels:

- the importance of culture;
- the assessment of cross-cultural relations;
- vigilance towards the dynamics that result from cultural differences;
- the expansion of cultural knowledge; and
- the adaptation of services to meet culturally-unique needs.

During the consultations, despite the acknowledgment of significant efforts by the District to address poor attitudes and racism, the issues of institutional and interpersonal racism were raised. Racism has a negative impact on the health and wellbeing of Aboriginal people, and is experienced by Aboriginal people through the conduct, attitudes, words or practices of health service staff. District-led culturally competent responses to this issue must take into account the cultural, social, emotional and economic context in which Aboriginal people live, including being aware of the trauma, grief and loss associated with colonisation, as well as the community's strength and ongoing resilience.



Strengthening performance monitoring and accountability

Through good quality data and performance monitoring, service accountability will be accepted as routine, and District services will be more sustainable, transparent and visible. The consultation process indicated that there needs to be a performance monitoring process based on accurate data collection, and transparent processes to measure performance and ensure accountability of services and programs.

The District's Aboriginal Health Service in collaboration with the Performance unit will develop and strengthen indicators to monitor and evaluate services and outcomes. We will continue to undertake Aboriginal Health Impact Statements (AHIS) for new and existing services to ensure the needs of Aboriginal people are appropriately considered⁹.

Utilisation of validated instruments that measure health service access and use, service quality, perceived discrimination, language barriers and trust of practitioners will support the District to strengthen service accountability and performance in 'Closing the Gap'. The more we listen and learn, and the more we critically evaluate our work practices, the more we will be ensuring effective pathways to genuine empowerment.

The NSW Aboriginal Health Plan 2013-2023⁵ identified characteristics essential to strengthening performance monitoring and accountability:

- monitoring performance against meaningful and sustainable targets;
- ensuring strong leadership and governance;
- supporting people to be accountable for achieving outcomes in Aboriginal health; and
- embedding Aboriginal performance monitoring and accountability into existing mechanisms.



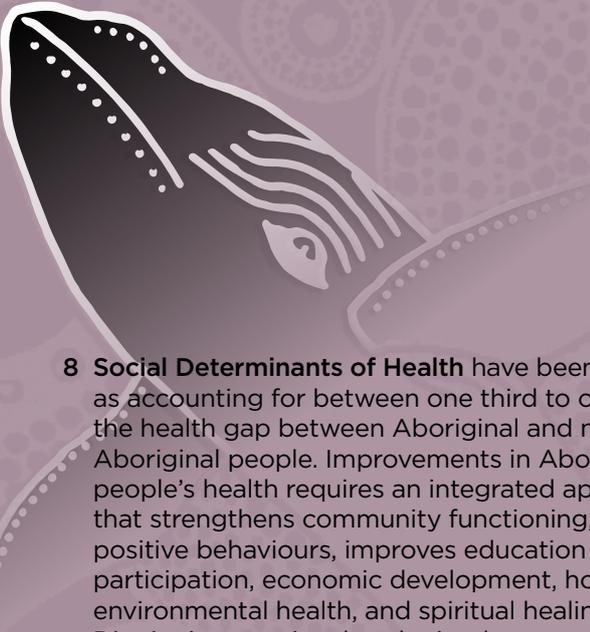


Delivering targeted strategies in the District's health priority areas

To ensure local Aboriginal health issues are addressed, the ongoing strategies for each health priority area identified in the previous SSWAHS Aboriginal Health Plan have been included in this plan, with the addition of population health, cancer and the social determinants of health.

Health priority areas

- 1 Early years, children and young people**
- 2 Chronic disease management and aged care (cardiovascular, respiratory, diabetes and chronic kidney disease)**
- 3 Drug Health**
- 4 Blood Borne Viruses and Sexual Health²⁰**
- 5 Mental Health**
- 6 Oral Health**
- 7 Cancer** was added as a new priority area in line with the SMLAHP Aboriginal Health Priorities 2015–2016 Action Plan. Cancer is the second leading cause of Aboriginal mortality in NSW, after cardiovascular disease. There are 10 per cent more Aboriginal people diagnosed with cancer compared to the non-Aboriginal population. The Aboriginal Health Service in collaboration with the Cancer Clinical Stream will explore the development of an appropriate District response to the cancer incidence of Aboriginal people.



8 Social Determinants of Health have been identified as accounting for between one third to one half of the health gap between Aboriginal and non-Aboriginal people. Improvements in Aboriginal people's health requires an integrated approach that strengthens community functioning, reinforces positive behaviours, improves education participation, economic development, housing, environmental health, and spiritual healing. The District is committed to the implementation of the SMLAHP Social Determinants of Aboriginal Health Forum Report and Recommendations.

9 Population Health is responsible for population-level programs and services that reduce risk factors for disease and ill-health, improve the health and wellbeing of local residents, and improve public health. The approaches identified under this health priority area will focus on reducing the disparities in health status between Aboriginal and non-Aboriginal people and improving environmental health outcomes for local Aboriginal communities. The District's Population Health service is made up of Health Promotion, Public Health, the Health Equity and Research Development Units and the Health Observatory. Each service is engaged in progressing Aboriginal focussed population health initiatives in partnership with community members and key internal and external stakeholders.

Each of the priority health service areas will ensure their operational plans align with the SLHD Aboriginal Health Plan 2018–2022.

The Closing the Gap Clearinghouse¹⁶ reported on characteristics of interventions which contributed towards success, these included:

- a community development approach, and investing in community capacity building;
- well trained, community-based staff;
- commitment to develop culturally appropriate health promotion services;
- collaborative partnerships;
- community ownership; and
- taking into account the history of colonialism in responses to risky behaviours.

Governance and Implementation

An action plan has been devised with a set of strategic directions to achieve the objectives of this plan. Timeframes have been indicated to provide a sequential order of focussed action across the Strategic Directions. Objectives identified as ongoing, are currently in progress and remain priorities for the new Strategic Plan.

Governance

In order to achieve maximum results, implementation of the Action Plan will be overseen by the District's Aboriginal Health Service and supported by an Aboriginal Health Plan Steering Committee that will be responsible for oversight of the first six strategic directions of the Plan. An Aboriginal Health Priority Area Steering Committee will be responsible for the seventh strategic direction with each committee underpinned by relevant working groups.

Monitoring and evaluation

The Director of Aboriginal Health will conduct periodic meetings with senior managers to discuss the progress of the plan, and a yearly performance report will be provided to the District's Clinical Quality Council.

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Strategic Direction 1: Building Trust Through Partnerships

Outcomes

- Enhanced capacity of both SLHD and partners to respond to Aboriginal communities' needs
- Greater inter-sectoral trust and engagement
- Streamlined referral pathways across the continuum of care

Objective	Strategic Action	Responsibility	Timeframe
1.1 Strengthen and build on partnerships with the AMS Redfern, SMLAHP and Aboriginal NGOs	<p>1.1.1 Continue to implement the Sydney Metropolitan Local Aboriginal Health Partnership (SMLAHP) Agreement.</p> <ul style="list-style-type: none"> • Continue to support the implementation, in partnership with the SMLAHP, of the Aboriginal Health Priorities Action Plan as outlined in Appendix 1. • Continue to support the implementation, in partnership with the SMLAHP, of the Social Determinants of Health Report recommendations as outlined in Appendix 2. 	Chief Executive Director, Aboriginal Health	Ongoing
	<p>1.1.2 Continue the partnership between SLHD and the AMS Redfern</p> <ul style="list-style-type: none"> • Formalise the Memoranda of Understanding regarding service provision between SLHD and the AMS Redfern, including existing and new clinics. • Streamline referrals and consultation services between SLHD and the AMS Redfern. • Further develop opportunities for joint staff development via staff exchange agreements and tailored learning modules between the AMS Redfern and SLHD. • Explore opportunities for additional specialist clinics located at the AMS Redfern, and outreach clinics and educational opportunities in the community. 	Chief Executive Director, Aboriginal Health Director, Centre for Education and Workforce Development	Ongoing
	<p>1.1.3 Develop appropriate service models and referral pathways with relevant NGOs to integrate service provision.</p>	Director, Operations Director, Aboriginal Health Director, Clinical Services Integration	2018-2022
	<p>1.1.4 Undertake planning to establish an Aboriginal primary care clinic in the Charles Perkins Centre in collaboration with the AMS Redfern and the University of Sydney.</p>	Director, Aboriginal Health Director, Clinical Services Integration	2018
	<p>1.1.5 Develop pathways for approval and oversight, in collaboration with the AMS Redfern, for Aboriginal research undertaken in the SLHD that is culturally and ethically appropriate</p>	Clinical Director, Research Clinical Director, Population Health	2018

Objective	Strategic Action	Responsibility	Timeframe
1.2 Develop sustainable and equitable models of care with rural and remote local health districts	1.2.1 Develop sustainable models of care with rural LHDs to ensure follow-up and support for Aboriginal people from rural areas attending SLHD services. 1.2.2 Work with rural local health districts in NSW to identify service developments that may benefit from collaboration. 1.2.3 Review support within SLHD services for Aboriginal people living 'out-of-area', including: <ul style="list-style-type: none"> • Enhance care-coordination for out-of-area Aboriginal patients. • Improve support for carers and families of out-of-area Aboriginal patients, including accommodation, transport and connecting to local community. • Explore opportunities to re-establish Aboriginal hostels to temporarily accommodate out-of-area families. 	Chief Executive Director, Aboriginal Health	2018-2022
1.3 Develop partnerships with housing organisations and other government agencies	1.3.1 Leverage known opportunities (such as the Central to Eveleigh Urban Transformation Project) to advocate for investment in social housing and associated infrastructure.	Chief Executive Director, Aboriginal Health Director, Planning	Ongoing
	1.3.2 Advocate for NSW Health to review: <ul style="list-style-type: none"> • Asset standards against Housing for Health standards to determine if there are any gaps and if they target the needs of Aboriginal people. • Response times to repairs against Housing for Health standards. 	Clinical Director and General Manager, Population Health	Ongoing
1.4 Support and advocate for the development of primary care services in partnership with the AMS Redfern, CESP, FACS and Urban Growth NSW	1.4.1 Work with UrbanGrowth NSW, the AMS Redfern, Central and Eastern Sydney PHN and FACS to ensure that the Waterloo Metro redevelopment planning includes a strong Aboriginal primary healthcare and early intervention focus.	Chief Executive Director, Aboriginal Health Director, Planning	2018-2022
	1.4.2 Work with the AMS Redfern and Central and Eastern Sydney PHN, to ensure the Green Square HealthOne development explores and establishes whether there is a need for an Aboriginal health early intervention and prevention component.	Chief Executive Director, Aboriginal Health Director, Planning	Ongoing
1.5 Develop partnerships with the Aboriginal community and community organisations	1.5.1 Develop opportunities for regular consultation with community organisations to establish community needs and hear views about healthcare delivery. 1.5.2 Ensure that Aboriginal consumers are represented on all existing SLHD consumer groups. 1.5.3 Collaboratively develop events with community organisations.	Chief Executive Director, Aboriginal Health Manager, Community Participation	Ongoing

Strategic Direction 2: Implementing What Works and Building the Evidence

Outcomes

- Services that are relevant and meet the communities needs
- Strengthen performance in 'Closing the Gap'
- Improved resource management

Objective	Strategic Action	Responsibility	Timeframe
2.1 Increase community awareness of the services provided by SLHD	<p>2.1.1 Promote health, wellness and available services to community members by regularly attending Aboriginal events.</p> <p>2.1.2 Develop information brochures about SLHD Aboriginal health services.</p> <p>2.1.3 Better utilise social media to reach Aboriginal people – explore opportunities for social media to be interactive and include a virtual message board and consumer portal.</p>	Director, Aboriginal Health Director, Strategic Relations and Communications/ Director Media Health Promotion unit	Ongoing
2.2 Address the needs of vulnerable populations in the Aboriginal community through strategies associated with Healthy Strong Communities initiative	<p>2.2.1 Ensure that the Mental Health housing initiative considers the needs of Aboriginal communities.</p> <p>2.2.2 Ensure that Healthy Homes and Neighbourhoods program supports vulnerable Aboriginal children and young people.</p> <p>2.2.3 Support Redlink's approach to providing soft entry points to develop and support communities.</p>	Director, Aboriginal Health Director, Clinical Services Integration	Ongoing
2.3 Build on success and do more of 'what works'	<p>2.3.1 Continue to strengthen and evaluate programs with demonstrated success including:</p> <ul style="list-style-type: none"> • Sustained Health Home Visiting Program for Aboriginal families requiring additional support (Yana Muru/Healthy Families, Healthy Children) • Aboriginal Youth Health Programs including 'Living Strong' and 'Roaming Kitchen' • Healthy Homes and Neighbourhoods integrated care initiative • 48 hour follow-up and 'One Deadly Step' • School Link and MindMatters • Co-location of SLHD services at Redlink integrated health hub at Redfern • Aboriginal antenatal care • Living Well, Living Longer • Quit for New Life (Tobacco cessation for Aboriginal people) • Aboriginal immunisation program • Healthy Beginnings 	Director, Aboriginal Health Director, Clinical Services Integration General Manager, Community Health Clinical Director, Women's Health Clinical Director, Mental Health Clinical Director and General Manager Population Health General Manager, Drug Health	Ongoing

Objective	Strategic Action	Responsibility	Timeframe
<p>2.4 Conduct research to develop evidence for best practice in Aboriginal health</p>	<p>2.4.1 Develop a plan for Aboriginal Health research and evaluation that identifies research priority areas.</p> <p>2.4.2 Develop processes to ensure research and evaluation of evidence based practice is informed by Aboriginal people's perspective of service delivery and design, using targeted consultations and evidence.</p>	<p>Chief Executive Director, Operations Director, Aboriginal Health Director, SLHD Research Clinical Director, Population Health</p>	<p>2018</p>
	<p>2.4.3 Ensure all research and evaluation is culturally safe for Aboriginal people and communities, as well as health professionals.</p> <p>2.4.4 Enhance Aboriginal health focussed research opportunities in collaboration with Aboriginal controlled health organisations, and in accordance with the AH&MRC.</p>		<p>2018-2022</p>



Strategic Direction 3:
**Ensuring
 Integrated
 Service Planning
 and Delivery**

Outcomes

- Standardised seamless care
- Improved service accessibility
- Enhanced system navigation

Objective	Strategic Action	Responsibility	Timeframe
3.1 Strengthen the links with clinical streams across SLHD	3.1.1 Ensure assessment processes across clinical streams and facilities are holistic and culturally appropriate.	Director, Operations Director, Aboriginal Health	Ongoing
	3.1.2 Increase awareness of, and develop (where necessary), culturally appropriate referral pathways that provide for seamless patient journeys across SLHD services.		
	3.1.3 Establish a mechanism for collaborative operational planning and strategy development between the SLHD Aboriginal Health Service, Clinical Directors and General Managers.	Director, Operations Director, Aboriginal Health	2018



Strategic Direction 4: Strengthening the Aboriginal Workforce

Outcomes

- Improved Aboriginal employment and retention
- Satisfied and fulfilled Aboriginal staff
- Improved Aboriginal community trust and engagement

Objective	Strategic Action	Responsibility	Timeframe
4.1 Review current position descriptions, role responsibilities, education opportunities and career progression strategies	<p>4.1.1 Support consultation with Aboriginal Health Workers (AHWs) and their Managers (as outlined in SLHD Aboriginal Workforce Action Plan¹¹) to:</p> <ul style="list-style-type: none"> • Review the roles and capacity of AHWs. • Explore cadetship programs to provide a greater pool of skilled Aboriginal health professionals. • Identify training opportunities, including traineeships and university degrees that can expand Aboriginal Health Worker's skills and credentials. 	<p>Director, Workforce Director, Aboriginal Health Director, Centre for Education and Workforce Development</p>	As per SLHD Aboriginal Workforce Action Plan
4.2 Continue to grow Aboriginal employment across all salary bands	<p>4.2.1 Support implementation of key strategic priorities identified in the SLHD Aboriginal Workforce Action Plan 2016-2018¹¹ to improve Aboriginal employment opportunities including:</p> <ul style="list-style-type: none"> • Partner with local employment agencies to provide employment support services for SLHD advertised positions. • Simplify and improve the timeliness of the recruitment process for Aboriginal applicants. • Create a talent pool of Aboriginal job applicants. • Introduce work experience programs in collaboration with local schools. • Promote health careers to school students through existing Aboriginal Health Workers sharing their experiences with high school students. 	<p>Director, Workforce Director, Aboriginal Health Director, Centre for Education and Workforce Development</p>	As per SLHD Aboriginal Workforce Action Plan

Finger lime (*Citrus Australasica*)
branch and thorns

Strategic Direction 5:

Providing Culturally Competent Work Environments and Health Services

Outcomes

- Improved Aboriginal cultural understanding
- Responsive and relevant service delivery
- Welcoming and culturally inclusive services

Objective	Strategic Action	Responsibility	Timeframe
5.1 Develop and implement a SLHD cultural competency framework	5.1.1 Develop a Cultural Competency Framework that define the elements necessary to foster a culturally competent work environment and deliver culturally safe health services to Aboriginal people, including: <ul style="list-style-type: none"> • A SLHD Board endorsed Statement of Commitment. • Processes to ensure commitment to the incorporation of Aboriginal practices and protocols in official meetings, and Aboriginal cultural symbols in work environments and services including: <ul style="list-style-type: none"> ◦ Displaying the Aboriginal flag ◦ Acknowledgement and promotion of key Aboriginal community events (e.g. NAIDOC week) ◦ Displaying Aboriginal cultural symbols including artefacts and artwork • A systematic approach to addressing cultural competence across SLHD facilities and services including: <ul style="list-style-type: none"> ◦ Development of local facility based cultural implementation plans ◦ Processes to support utilisation of the Aboriginal Health Impact Statement (AHIS) ◦ District strategy to continue to improve Aboriginal identification ◦ Review of policies and practices that address racism in the workplace ◦ Development of a process to address cultural concerns of Aboriginal patients early in their admission • A cultural competency checklist to support staff to implement the identified elements of culturally competent environments/services. • Development of processes to collect information on SLHD Aboriginal staff and patients perceptions of the workplace/service, including the development of indicators to measure the impact of strategies to support cultural competency. 	Director, Aboriginal Health Director, Workforce Director, Planning Director, Centre for Education and Workforce Development Hospital General Managers	2018
5.2 Embedding cultural competence within SLHD facilities and services	5.2.1 Support staff to review workplaces, and services against the SLHD cultural competency framework. 5.2.2 Embed Aboriginal health and cultural respect as a key component of new employee's orientation program. 5.2.3 Further develop, promote and mandate Aboriginal cultural respect training. 5.2.4 Explore opportunities in research that promote cultural safety in the workplace.	Director, Operations Director, Aboriginal Health Director, Centre for Education and Workforce Development	2018–2022

Strategic Direction 6:
**Strengthening
 Performance
 Monitoring,
 Management &
 Accountability**

Outcomes

- Greater service accountability towards Aboriginal health
- Enhanced service efficiency
- Improved reporting mechanisms

Objective	Strategic Action	Responsibility	Timeframe
6.1 Improve system capacity to capture and report Aboriginal related performance data	<p>6.1.1 Collaborate with SLHD performance unit to develop applications within STARS to better present Aboriginal patient service utilisation data, including reporting against key 'Closing the Gap' performance indicators.</p> <p>6.1.2 Explore opportunities to collaborate to collect and analyse population level data to report against key 'Closing the Gap' performance indicators.</p> <p>6.1.3 Provide staff training about the improved accessibility to Aboriginal patient activity data.</p>	Director, Performance Director, Aboriginal Health	2018
6.2 Build leadership and accountability for Aboriginal health	<p>6.2.1 Ensure Aboriginal Health Impact Statements are undertaken and findings implemented by new and existing services, where appropriate.</p> <p>6.2.2 Embed accountability and responsibility towards Aboriginal health at all levels of management.</p>	Chief Executive Director, Aboriginal Health	Ongoing



Strategic Direction 7:
Targeted Strategies in the District's Health Priority Areas

Outcomes

- Sydney Local Health Districts responds to the local Aboriginal priority health issues

Objective	Strategic Action	Responsibility	Timeframe
7.1 Early years, children and young people	<p>7.1.1 Enhance targeted support through pregnancy and during infant years (0–5) for Aboriginal children, their mothers and families.</p> <p>7.1.2 Maintain the Healthy Homes and Neighbourhoods integrated care initiative providing care coordination for families with children (0–17 years) where a parent has a complex chronic condition and/or mental illness that is impacting on their ability to effectively parent.</p> <p>7.1.3 Maintain medical and counselling outreach clinics to local primary schools in the Redfern/Waterloo area and surrounds.</p> <p>7.1.4 Provide health promotion, case management and referral pathways through an Aboriginal youth worker model.</p> <p>7.1.5 Support Aboriginal young people, their families and communities through an inter-sectoral model for health education and promotion in schools and community venues.</p> <p>7.1.6 Increase access to information and services for Aboriginal women who have experienced family violence and/or sexual violence.</p> <p>7.1.7 Ensure a culturally appropriate response by SLHD services for Aboriginal people and families referred to the Safety Action Meetings as part of the Safer Pathway Domestic Violence reforms.</p>	General Manager Community Health Clinical Director, Women and Babies	Ongoing
7.2 Mental health	<p>7.2.1 Strengthen mental health promotion through:</p> <ul style="list-style-type: none"> • Increased provision of Aboriginal Mental Health First Aid Training programs to partner organisations. • Expanded focus of school based programs such as School Link and MindMatters to Aboriginal students. <p>7.2.2 Provide accessible and responsive services through:</p> <ul style="list-style-type: none"> • Completing the Aboriginal Mental Health Unit model of care. • Expanding services to meet identified needs of Aboriginal communities in specific areas including: social and emotional wellbeing, isolation and depression for Elders and camp programs for children and adolescents. <p>7.2.3 Develop a greater focus on young Aboriginal people with coexisting mental health and drug issues:</p> <ul style="list-style-type: none"> • Consider case management and short stay unit models to allow for appropriate ongoing care. • Establish a working group to explore issues and opportunities for improving the social and emotional health of young people, such as through the use of 'social bonds' as a funding strategy. 	Clinical Director, Mental Health	Ongoing

Objective	Strategic Action	Responsibility	Timeframe
7.3 Chronic disease management and aged care	<p>7.3.1 Continue to implement the 48-hour follow-up program and expand to Concord and Canterbury hospitals.</p> <p>7.3.2 Continue to implement and strengthen the Chronic Disease Management Program (CDMP).</p> <p>7.3.3 Provide health promotion for Aboriginal people with existing, or risk factors, for aged and chronic diseases, including support for One Deadly Step.</p> <p>7.3.4 Enhance healthy ageing initiatives by improving access to health and human services and supporting clients of Aboriginal Day Care Centres.</p> <p>7.3.5 Improve access to Transitional Aged Care Programs (TACP) to optimise opportunities for their continued living at home.</p>	Clinical Director, Aged and Chronic Care	Ongoing
7.4 Drug health	<p>7.4.1 Expand programs for prevention, health promotion and early intervention in relation to substance use in Aboriginal communities.</p> <p>7.4.2 Develop and support partnerships between SLHD Drug Health Services, Aboriginal NGOs and Aboriginal communities.</p> <p>7.4.3 Enhance the availability of, and access to, clinical services for Aboriginal people with drug health issues.</p> <p>7.4.4 Strengthen connections between SLHD Drug Health Services and Justice Health to facilitate transfer to and from correctional settings.</p>	General Manager and Clinical Director, Drug Health	Ongoing
7.5 Blood Borne Viruses and Sexual Health	<p>7.5.1 Improve access for young Aboriginal people (16–24 years) to outreach STI testing by making testing available at events and services where young people gather.</p> <p>7.5.2 Continue to deliver STI and BBV education to staff of the Sexual Health Service at the AMS Redfern.</p> <p>7.5.3 Improve access to HIV testing and treatment for Aboriginal communities.</p> <p>7.5.4 Provide comprehensive health information and education on sexual health issues to community groups, and support state and national campaigns at a local level.</p> <p>7.5.5 Improve access to Hepatitis B and C prevention, diagnosis and treatment services.</p> <p>7.5.6 Continue to implement the Person's in Custody Project to ensure Aboriginal people living with HIV who are transitioning from custodial settings back into the community receive seamless HIV services, care and support.</p> <p>7.5.7 Collaborate with Juvenile Justice to establish outreach nursing clinics that will include STI testing and care.</p>	Clinical Director and General Manager, Drug Health	Ongoing

Objective	Strategic Action	Responsibility	Timeframe
7.6 Oral Health	<p>7.6.1 Increase access to health promotion and oral hygiene products in Aboriginal communities.</p> <p>7.6.2 Expand Aboriginal workforce across all grades from dental technicians to specialists</p>	General Manager and Clinical Director, Oral Health	Ongoing
7.7 Cancer	<p>7.7.1 Support and utilise NSW and District education campaigns and support services to reduce smoking.</p>	General Manager and Clinical Director, Population Health Clinical Director and General Manager, Drug Health	Ongoing
	<p>7.7.2 Work in partnership with key stakeholders, including the CESP HN, to encourage participation in cancer screening programs such as breast cancer screening.</p>	Director, BreastScreen Director, Clinical Services Integration	
	<p>7.7.3 Ensure all cancer early assessment, diagnosis and treatment pathways are culturally appropriate</p>	General Manager, Population Health	
	<p>7.7.4 Promote culturally appropriate resources that support Aboriginal people affected by cancer.</p>	Program Manager, HealthPathways Clinical Director, Cancer Services	
7.8 Social Determinants of Health	<p>7.8.1 Implement the recommendations of the Sydney Metropolitan Local Aboriginal Health Partnership Forum Report on the Social Determinants of Health (as outlined in Appendix 2).</p>	Chief Executive Director Aboriginal Health	Ongoing
7.9 Population Health	<p>7.9.1 Health promotion activities targeting Aboriginal communities (include: Aboriginal Go4Fun Program, Quit for New Life and Healthy Beginnings) that deliver on focus areas:</p> <ul style="list-style-type: none"> • Promoting healthy eating and active living; • Tobacco cessation programs and prevention of uptake; • Prevention of injury and safety; • Prevention of harmful use of alcohol; and • Promoting mental health and wellbeing <p>7.9.2 Strengthen and deliver Aboriginal Immunisation Program, including childhood and influenza vaccination.</p>	General Manager and Clinical Director, Population Health	Ongoing

Banks' grevillea
(*Grevillea Banksii*)



Appendices

Appendix 1

Sydney Metropolitan Local Aboriginal Health Partnership Agreement Aboriginal Health Priorities 2015–2016: Action Plan

Action	Responsibility	Timeframe	Outcomes
Social determinants of health			
1. Organise a forum exploring Aboriginal Social Determinants of Health.	Aboriginal Social Determinants of Health working party	Feb 2015	Forum conducted. Positive evaluations. Report outcomes and recommendations for action developed.
2. The Partnership group actively considers the report on the outcomes and recommendations of the forum.	Partnership	April 2015	A set of actions to collaboratively impact the social determinants of health are advised.
Chronic care			
1. Establish Chronic Disease Manager position.	SLHD Secretariat	2015	Improve coordination and integration of services for Aboriginal people.
2. Evaluate the effectiveness of the Chronic Disease Manager position.	Relevant partners	End 2016	Information on efficacy developed.
3. Examine the feasibility of devising specific Aboriginal HealthPathways.	Relevant partners	2015	The model of Pathways is evaluated for application to Aboriginal Health.
Cancer			
1. Explore options for centralized breast cancer screening clinics across the Partnership region. <ul style="list-style-type: none"> Breast Screen rooms/vans to be booked for Aboriginal women. Establish frequent scheduling for Aboriginal women. Aboriginal administration staff at BreastScreen. Aboriginal health workers to engage women in screening. 	Relevant partners – adult services	Ongoing	To ensure improved screening rates of Aboriginal women.
2. Develop a model of cancer care across the Partnership based on the AMS/SESLHD Aboriginal Cancer Partnership Grants Program findings.	Relevant partners – adult services	2015–16	Improved access to cancer services, culturally safe and appropriate services, improved outcomes for Aboriginal people.
3. Expand the Partnership poster campaign to include cancer health promotion with specific posters for men and environmental health risk factors.	Relevant partners – adult services	2015–16	Brochures and posters to be distributed to Districts.

Action	Responsibility	Timeframe	Outcomes
Illicit drugs, alcohol, smoking and gambling			
1. Consider the actions and outcomes from the Aboriginal Drug Health Forum to determine relevant actions for the Partnership to implement.	Partnership working party	2015	A set of agreed actions for the Partnership are devised.
2. Consider the major recommendations of the review of the Metropolitan Strategy on Tobacco, including use of Nicotine Replacement Therapy (NRT), training and Quit programs.	Partnership	2015	Strategy report developed.
3. Determine the most effective strategies and implement these across the Partnership.	Relevant partners	2015	Tobacco usage reduction.
4. Develop and distribute the Partnership posters featuring role models.	AMS Redfern, LHDs	2014 and ongoing	Healthy lifestyles promoted.
5. Aboriginal Quitline Services at St Vincent's to offer training to partners.	St Vincent's	Ongoing	Partners trained on request.
6. Stimulant Treatment Program at St Vincent's to offer training on early intervention S-Check program to partners.	St Vincent's	Ongoing	Partners trained on request.
7. Gambling Treatment Program at St Vincent's to offer training on early intervention for people affected by problem gambling to partners.	St Vincent's	Ongoing	Partners trained on request.
Aboriginal workforce			
1. Support the sharing of Aboriginal training programs across the Partnership.	All partners	2015-16	Resources shared in an efficient way.
2. Discuss and share the lessons arising from successes in the implementation of the Aboriginal Workforce Strategy across the Partnership.	All partners	2015	Stronger implementation strategies devised.
3. Ensure that cultural competency training is undertaken by members of the Partnership.	All partners	2015 and ongoing	Cultural safety improved.
Research			
1. Assess opportunities for working with the University of Sydney in the Charles Perkins Centre to enhance the Aboriginal Chronic Care Program and research in this area.	Relevant partners	2015	Improved chronic care programs and outcomes. Access to best practice chronic care.
2. Consideration of new research findings and publications dealing with the social determinants of health at each of the Partnership meetings.	Partnership Directors	2015-16	Evidence is translated into practice.

Appendices

Appendix 2

Sydney Metropolitan Local Aboriginal Health Partnership: Social Determinants of Aboriginal Health Forum – Report and Recommendations 2016

Strategies	Actions	Outcomes
Early Childhood		
1. Advocacy for investment in early childhood services in the education and health sectors.	<p>Review current initiatives to identify strengths and gaps.</p> <p>Continue (and/or expand) financial and workforce support for the services required.</p> <p>Form new partnerships or strengthen existing partnerships between services.</p>	The Partnership has advocated for continued, and where necessary, increased investment from the health and education sectors in Aboriginal early childhood services, programs and resources.
2. Communication.	Implement a communication strategy to encourage Aboriginal parents to participate in designing and implementing services and programs for their children's health.	Public and professional support is in place for increased, sustained investment in early childhood initiatives.
3. Map and assess quality and cultural safety of services.	Map and assess the reach, quality, and cultural safety of services being provided in each of the LHDs. Benchmark against national standards and other LHDs. The relevant services include: Sustained Home Visiting, pre-school engagement, antenatal health and health promotion	Actions to increase reach, quality and cultural safety identified and implemented.
Criminal Justice		
1. Work with the Sydney East Justice and Wellbeing Taskforce to establish systematic training for police and other justice workers.	The training will enable police and other justice workers to: recognise people with health problems, including mental illness, or mental health problems, and to respond effectively and be culturally sensitive.	The justice systems, police and other professionals who encounter people with poor health outcomes, including mental illness or mental health problems will correctly recognise these problems and refer appropriately.
2. Work with the Sydney East Justice and Wellbeing Taskforce and the health system to develop more effective services and referral pathways for Aboriginal people in the criminal justice system.	<p>Investigate and map pathways that link people in the Justice system with community-based health and social support services.</p> <p>Establish routine referral systems based on the pathways.</p> <p>Inform health and other community-based agencies about the pathways and routine referral systems.</p>	The justice systems, police, and other professionals working within the criminal justice system will assist people to connect with appropriate health and social support services to facilitate successful return to community.
3. Work with the Sydney East Justice and Wellbeing Taskforce to develop court diversion pathways.	<p>Develop court diversion pathways.</p> <p>Advocate for the implementation of Court diversion pathways.</p> <p>Engage communities to support and facilitate the use of merit based court diversion program.</p>	Court diversion pathways in place for young people with mental health problems or who are experiencing problems with drugs and alcohol.

Strategies	Actions	Outcomes
Racism		
<p>1. Health services (and other social services) recognise, audit for, and take evidence-based actions to eliminate institutional racism from their policies and practices.</p>	<p>Decide on and disseminate agreed definitions of institutional racism and lateral violence.</p> <p>Endorse agreed cultural protocols that health services and other organisations can use to audit their policies, practices, and environments for cultural safety.</p> <p>Endorse agreed evidence-based models for reducing and eliminating institutional racism and/or lateral violence.</p> <p>Review relevant policies to determine what changes are required and to advocate for the changes.</p> <p>Review relevant policies to determine whether they are being implemented and recommend appropriate actions.</p> <p>Investigate whether there is relevant funding available for actions to eliminate bullying, harassment, or lateral violence that could be used for this purpose.</p> <p>Identify and disseminate relevant resources.</p>	<p>Partners each establish a Committee responsible for deciding on and guiding actions to reduce institutional racism and lateral violence.</p> <p>Each LHD has audited policies and practices to identify institutional racism and has identified and implemented evidence-based responses.</p> <p>Report on progress being made by the LHDs each year.</p> <p>Information and resources to build awareness of and support for action to build and sustain culturally safe environments identified and disseminated routinely (e.g. in LHD newsletters; Board reports; Terms of Reference of committees).</p>
Housing		
<p>1. Identify Aboriginal families' housing preferences and options within the LHDs.</p> <p>Identify Aboriginal families who are living in unaffordable, and/or inappropriate housing (or who are homeless).</p>	<p>Collaborate with the AHMRC, NACCHO, LHDs, the Indigenous Business Association, the Aboriginal Legal Service and other relevant partners to identify Aboriginal families' housing preferences and options.</p> <p>This should include investigation of the number of people being forced out of public housing and the affordable options available to them.</p>	<p>Aboriginal families' housing preferences and options (and the numbers and locations of homes) have been identified.</p>
<p>2. Increase the number of Aboriginal families living in secure, appropriate housing.</p>	<p>Identify available housing and include information on the Partnership website.</p> <p>Trial the Holistic Housing and Health Packages (such as the Redfern Integrated Support Program) across LHDs – including housing, mental health, drug and alcohol services, and health care.</p>	<p>More housing options and opportunities available to Aboriginal residents of the Sydney Metropolitan Health Partnership area.</p> <p>All available trial packages adopted.</p>

Strategies	Actions	Outcomes
3. Brief the Minister of Housing about the significant link between housing and health in urban areas. – Advocate for greater investment in affordable housing.	Prepare a briefing note for the Minister of Housing informing him of the significant link between housing and health in urban and rural/remote areas. Advocate to government (and Urban Growth) for greater investment in affordable housing.	Increase in the stock of affordable, secure, appropriate housing, especially on government-controlled urban development sites.
4. Public information on housing options available to communities.	All information about housing preferences and options to be available on LHD websites.	Aboriginal families informed about housing options and support services.
Education		
1. Start the dialogue between the services and the schools to develop local schools and local initiatives.	Partnership to engage Department of Education to map and engage all schools within its boundaries with a high enrolment of Indigenous students.	Communication strategy with Department of Education and local schools developed and implemented.
2. Engage the Schools as Communities Projects to support and work with the Partnership to provide better access for health services into schools.	Scope current health and other services in local schools. Provide health and other services in the schools by engaging with students and parents, inviting families to be part of the process.	Supported access to schools for health services. Engagement with students, parents and local communities to provide appropriate health care.
3. Recruit school nurses into schools alongside consideration of the network into the community.	Investigate Department of Education Aboriginal Workforce. Develop a plan and advocate for nurses to be located in schools with high numbers of Aboriginal students.	Appropriate Aboriginal workforce in schools to meets the needs of Aboriginal children.
Employment and training		
1. Support the Aboriginal Workforce Steering Committee in LHDs to recruit and retain more Aboriginal people in all types of positions – professional, administrative, strategic, environmental.	Advocate for increased employment opportunities for Aboriginal people across the health sector and encourage and support Aboriginal people to enter the health sector as a career option.	Increase in the number of Aboriginal people employed in secure positions within the health sector. Increase in the number of Aboriginal people employed at every level within the health sector.
2. Simplify the application process	Each of the organisations within the health sector reviews the application process (for all employees and Aboriginal employees in particular) and, where necessary, simplify or provide support for applicants. For all Aboriginal identified positions, wherever practical, ensure that an Aboriginal person is included on interview panels.	Increase in number of Aboriginal people recruited to health sector positions.
3. Cultural awareness training for all non-Aboriginal staff.	Agree on a consistent model of effective cultural awareness training. Provide cultural awareness training routinely to all staff.	Model developed and disseminated.
4. Career development, mentorship, and on-going appointments – Retention of employees.	Increase career development opportunities for Aboriginal employees within the health sector Ensure that Aboriginal employees with transferable, career building skills and experiences, including secure employment, and training.	Increase in number of Aboriginal people who are employed in the Partner health services for five and ten years or more – retention.

Strategies	Actions	Outcomes
Connectedness		
1. Define Aboriginal sovereignty and articulate the relationship between Aboriginal sovereignty and health and wellbeing	The Partnership liaises with the Sydney Metropolitan Aboriginal Land Council to develop an agreed understanding of Aboriginal sovereignty.	The chairs of the Partnership will have written to appropriate authorities to articulate the definition of Aboriginal sovereignty and the relationship between sovereignty and health and wellbeing.
2. Public communication	The Partnership works with communities and organisations and explains the vital importance of the relationship between Aboriginal sovereignty and health outcomes.	Health professionals have reached a deeper understanding and recognition of Aboriginal culture
3. Support provided to enable Aboriginal NGOs and community organisations to be effective, efficient, and viable in the long term.	Scope Aboriginal NGOs and community groups offering effective services and programs within the LHDs. Support Aboriginal NGOs and community groups that are effectively promoting and improving health to develop the infrastructure and systems needed to ensure long-term viability.	Aboriginal NGOs and community organisations have been supported to enable them to maximise their effectiveness.
Addiction		
1. Implement recommendations from the Aboriginal Drug and Alcohol Forum – Drug and alcohol services to expand models of care to engage with Aboriginal people and communities.	Mainstream and Aboriginal Community Controlled Organisations work in partnership to treat and prevent health and social problems related to drug and alcohol use. Identify and respond quickly and appropriately to patient and community needs, and to drug trends. Strengthen partnerships between Aboriginal Medical Services, mainstream services, and communities	Health services, programs and projects that are focused on working with Aboriginal groups including young people and families. Agreed principles for working effectively to treat or prevent drug and alcohol addiction, including to reduce harm and to prevent misuse. Increase in number of Aboriginal people engaging with drug and alcohol services. KPIs reflecting improved access to social determinants of health embedded into funding and performance agreements.
2. Aboriginal staff and community members have leadership roles in deciding on strategies and solutions, and in guiding implementation.	Use the NSW Health Impact Statement to ensure consultation with Aboriginal people in developing, delivering and evaluating services.	Aboriginal people have leadership roles in developing and implementing services and programs.
3. Increase the Aboriginal drug and alcohol workforce including clinicians, managers and administrators	Advocate that all Partners work with Aboriginal Employment Services to increase the Aboriginal workforce.	All partners have Aboriginal employment strategies in place.
4. Reduce stigma that prevents access to drug and alcohol treatment and services.	Provide training and support in treatment and service availability for the Aboriginal drug and alcohol workforce. Provide training for the non-Indigenous drug and alcohol workforce to increase understanding of the complex and traumatic history of Aboriginal people – and the relationship to drug and alcohol addiction.	Increase in number of Aboriginal people engaging with drug and alcohol treatment and prevention services and programs.
5. Increase information available related to needs, service development, prevention programs and progress.	Investigate where data linkage between agencies is possible (both in terms of technical capacity and in terms of privacy legislation).	Seamless, integrated care provision in place, offering flexible wrap around services that include outreach services.

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