



# Sydney Metropolitan Local Aboriginal Health Partnership Agreement

## Aboriginal Health Priorities 2015–2016





### **Cover artwork**

*Branching out to different communities*  
by artist **Kayelene Slater**

Kayelene is an Aboriginal woman from the Kamilaroi Nation.

The Partnership meeting is represented by the circle of dots in the middle with the coming together of the four entities. The Pathways lead to the community meeting places which is represented by the full white dots.

Within this document 'Aboriginal' is used to include both 'Aboriginal and Torres Strait Islander' peoples.

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## Foreword

This document outlines the agreed Aboriginal health priorities for the Sydney Metropolitan Local Aboriginal Health Partnership for the period 2014-2016.

The Sydney Metropolitan Local Aboriginal Health Partnership is an alliance between Aboriginal Medical Service Redfern (AMS), Sydney Local Health District (SLHD), Northern Sydney Local Health District (NSLHD), and South Eastern Sydney Local Health District (SESLHD). The Agreement for this Partnership was originally signed on 14 November 2011. The Agreement was re-signed on 7 July 2014, to include St Vincent's Hospital and The Sydney Children's Hospital.

Through coordination and the collective expertise of its members, the Sydney Metropolitan Local Partnership is committed to positively improving health outcomes and service delivery for Aboriginal people living in the geographical area covered by SLHD, NSLHD and SESLHD.

The Partnership Agreement commits partners to advocate for the principles outlined in the *National Aboriginal Health Strategy 1989* and continued in the *National Strategic Framework for Aboriginal and Torres Strait Islander Health – a Framework for Action by Governments*.<sup>1</sup> The Partnership supports the *Overarching Agreement on Aboriginal Affairs between the Commonwealth of Australia and The State of New South Wales 2005-2010* and the New South Wales Aboriginal Affairs' Plan, *Two Ways Together*. The Partnership is committed to closing the gap in relation to life expectancy, child mortality and other aspects of health inequity between Aboriginal and non-Aboriginal Australians.

This *Aboriginal Health Priorities Action Plan 2014-2016*, was developed to guide joint action by the partners to “close the gap”. The Partnership recognises the need for collaborative action across services and within communities to bring about improvements in the health and wellbeing of Aboriginal people.

This Action Plan details strategies for which the Partnership will be directly and collaboratively responsible. It does not cover the many other strategies that individual members of the Partnership undertake to improve Aboriginal health and wellbeing. Further, it is not a comprehensive set of strategies for making a difference to these key priority areas. Rather it is a concrete set of actions related to the priorities that the Partnership has set for 2014-2016 which will contribute to sustainably improving Aboriginal health.

Six health priorities have been identified for selected collective action over this two year period:

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

These six priorities have been selected as they are of prime importance to our Aboriginal communities. They are consistent with the evidence about Aboriginal Health and the many important plans, principles and agreements that are in place to improve Aboriginal health and close the gap.

*The Aboriginal Health Priorities Action Plan 2014-2016*, will guide the way forward for the Partnership to make a significant collaborative contribution to long term and sustainable outcomes for Aboriginal health.

I thank all the partners for their commitment to devising and implementing *Aboriginal Health Priorities Action Plan 2015-2016*. It provides an important guiding tool to close the gap between Aboriginal and non-Aboriginal health in Australia.

### Sol Bellear

Chair  
Aboriginal Medical Service Co-operative  
Redfern



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## Background

The Sydney Metropolitan Aboriginal Health Partnership Agreement is the primary mechanism for providing advice and expertise on Aboriginal health at the regional level. The Partnership region includes the geographical area covered by Sydney, Northern Sydney and South Eastern Sydney Local Health Districts and Specialty Health Networks (SHNs).

The aim of the Partnership is:

- To bring the collective expertise of the Partnership group together to improve the health of the Aboriginal Partnership population.
- To enhance and support the guiding principles that underpin the Aboriginal community controlled health service charter. Similarly, the Partnership supports and enhances the LHDs and SHNs in their role in health service provision.
- To advocate for improved Aboriginal service delivery and improved service outcomes.
- To work together on improving sharing of Aboriginal Health information, enabling immediate and appropriate responses to local health priorities.
- To annually review the changes that occur through the implementation of the Priorities document.

## Strategic context

The health system in NSW is complex, with responsibility for health and wellbeing service provision shared across a range of stakeholders.

Key stakeholders of relevance to Aboriginal Health in NSW include:

- Australian Government
- NSW Government
- NSW Ministry of Health and pillars
- Aboriginal Community Controlled Health Services
- Aboriginal Health and Medical Research Council of NSW
- Local Health Districts
- Medicare Locals and Primary Health organisations
- General Practitioners and private medical specialists
- Private Allied Health professionals
- Non-Government Organisations
- Specialty health networks



## The local Aboriginal population

Within the geographical boundaries of the partnered LHDs, Census data indicates a total Aboriginal population of 16,500. The Partnership recognises the large transient population that is not included in the data specified below.

Local Health Districts	Aboriginal residents	Total Population	Per cent of total population
Sydney	6,585	578,162	1.1
South Eastern Sydney	7,367	838,416	0.9
Northern Sydney	2,548	839,699	0.3
<b>Total</b>	<b>16,500*</b>	1,735,277	0.95

\* Inclusive of St Vincent's Hospital and Sydney Children's Hospital Networks.

## Policy context

In NSW, Aboriginal Health initiatives are governed and supported by National and State policy and informed by several policy and evidence sources. These documents are complementary to each other. They include:

### *National Aboriginal and Torres Strait Islander Health Plan (2013-2023)*<sup>1</sup>

The Department of Health and Ageing have released their National Aboriginal and Torres Strait Islander Health Plan (2013-2023).

This Plan commits the Australian Government to:

- 1 Continue working across governments and sectors to close the gap in Aboriginal and Torres Strait Islander disadvantage;
- 2 Invest in making health systems accessible, culturally safe and appropriate, effective and responsive for all Aboriginal and Torres Strait Islander people; and
- 3 Support good health and wellbeing across the life course, and continue to target risk factors at key life stages.

### *NSW Aboriginal Health Plan (2013-2023)*<sup>2</sup>

The NSW Aboriginal Health Plan was launched on 7 December 2012. This Plan guides Aboriginal Health policy across the State. The Plan's vision is to achieve health equity for Aboriginal people, with strong, respected Aboriginal communities in NSW, whose families and individuals enjoy good health and wellbeing.

The goal of the plan is

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

The Plan includes six 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

***The Health of Aboriginal People of NSW: Report of The Chief Health Officer (2012)***<sup>3</sup>.

The Chief Health Officer reports on Aboriginal Health every two years. The report provides population health data in the areas of life expectancy and child mortality, babies and child health, risk and protective factors for health and the burden of ill-health. This report now functions as an annual audit or baseline for local health districts to report on how they have addressed disparity and closed the gap between Aboriginal and non-Aboriginal communities.

***OCHRE NSW Government Plan for Aboriginal Affairs: education, employment & accountability (2013-2023)***<sup>4</sup>.

The NSW Government Aboriginal Affairs plan includes reforms to support more Aboriginal students to stay at school and transition to work; builds local decision making skills in communities and; ensures government and community are more accountable for how

money is spent. Called OCHRE – Opportunity, Choice, Healing, Responsibility and Empowerment – the Plan was created through the Ministerial Taskforce on Aboriginal Affairs.

Key initiatives include:

- 1** Developing Opportunity Hubs to provide school students pathways to real jobs by getting local employers involved in career planning early on at school;
- 2** Establishing Aboriginal Language and Culture Nests to provide a continuous pathway of learning from pre-school to tertiary education for Aboriginal language learners and teachers, at school and at home;
- 3** Supporting a Local Decision Making model to develop the decision making skills of local Aboriginal governance bodies to make decisions about local service delivery;
- 4** Supporting Connected Communities, a current initiative that is changing the way educational services are delivered in 15 regional schools by working in partnership with Aboriginal communities.





## The Partnership's Aboriginal health priorities to 2016

Following its formation in February 2012 the Sydney Metropolitan Local Aboriginal Health Partnership Committee agreed to collaboratively work together to create an Aboriginal Health Priorities Action Plan. It was initially agreed to have five health priorities, these included:

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

Following initial discussions and preliminary work, it was agreed that another priority be included in the action plan. Therefore, Cancer was added to create a total of six Aboriginal health priorities.

The six Aboriginal health priorities are:

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

Each of these is very briefly outlined in the following section.



## The Social determinants of health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at the global, national and local levels. Much research has demonstrated a close association between an individual's social and economic status and their health status. These determinants can have an effect on the risk of disease, injury and hence health status, and their access and interactions with health and other services.

The most important social determinants of health for Aboriginal people include those related to:

- Connectedness to family, culture, identity, country and land
- Community functioning and participation
- Access to early childhood services and education
- Access to, participation and levels of attainment in primary, secondary, tertiary and vocational education/ training
- Health literacy
- Access to employment and participation in the labour force
- Income levels

- Housing factors such as overcrowding, homelessness, housing tenure, infrastructure
- Access to transport
- Racism and racial discrimination
- Being in social settings where violence is common
- Contact with the criminal justice system
- Equity in access to services
- Economic independence

Differences in the social determinants of health between Aboriginal and non-Aboriginal people explain between about one third and one half of the health gap.<sup>1</sup>

“Improvements in Aboriginal and Torres Strait Islander people’s health require an integrated approach encompassing the strengthening of community functioning, reinforcing positive behaviours, improving education participation, regional economic development, housing and environmental health, and spiritual healing. It is vital for communities and individuals to have the ability and freedom to be empowered and able to translate their capability, knowledge, skills and understanding into action.”



### Bulbuwil Healthy Lifestyle Program

*Back Row:*  
Mark, Fran, Nat,  
Maryanne

*Front Row:*  
Jenny, Rosa, Danielle,  
Deb



Charmaine Moran, AHEO, POWH

## Chronic care

Aboriginal people living in New South Wales (NSW), represent approximately 2.2 per cent of the total population and 29 per cent of the total Australian Aboriginal population. While many people living in NSW have experienced significant health gains, these improvements have not been equally shared by Aboriginal people who continue to experience greater health risks, poorer health and shorter life expectancies than non-Aboriginal people.<sup>10</sup>

Hospitalisation rates for Aboriginal people are 1.7 times higher than for non-Aboriginal people and preventable hospitalisations are 2.5 times higher in Aboriginal Australians. Over the past decade, Aboriginal people in NSW were 4.3 times more likely to discharge against medical advice than non-Aboriginal people.<sup>3</sup>

A particular issue is the disproportionately high burden of chronic diseases, such as diabetes, cardiovascular, renal and chronic respiratory diseases. These conditions significantly collectively impact on the higher morbidity and premature mortality in Aboriginal populations.<sup>10</sup> Seventy per cent of the health disparity between Aboriginal and non-Aboriginal people relates to chronic

conditions. Aboriginal people are 2.7 times more likely to be hospitalised for diabetes, 3.9 times more likely to be hospitalised for COPD, 1.6 times more likely to be hospitalised for cardiovascular diseases and five times more likely to be hospitalised for chronic kidney diseases than non-Aboriginal people.<sup>3</sup>

Aboriginal people report similar level of physical activity as non-Aboriginal people. However the reported eating recommended levels of fruit and vegetables, obesity and smoking is significantly worse in Aboriginal communities.<sup>3</sup>

A range of social determinants contribute to chronic health conditions in Aboriginal communities. These factors typically also promote barriers to accessing primary health care in a timely way, and often result in Aboriginal people presenting to health services late in the course of their disease. This leads to significantly higher rates of complications and death.<sup>3, 6, 7, 8, 10.</sup>

Managing chronic diseases requires co-ordination and integration of culturally safe and relevant health care services provided by a range of different providers and services.

## Cancer

Cancer is the second leading cause of death for Aboriginal people in NSW, after cardiovascular disease. In NSW, Aboriginal people were diagnosed with cancer at a 10 per cent higher rate than the total NSW population.<sup>3</sup>

Key contributing factors to higher cancer incidence and lower survival rates in Aboriginal people may include health risk behaviours including high prevalence of tobacco smoking and alcohol misuse, poorer diet, lower participation in cancer screening programs, delayed diagnoses, and cultural competency of services to support completion of treatment.

The most common cancers for Aboriginal males are prostate, lung and large bowel (colorectal) cancers.

The most common cancers for Aboriginal females are breast, lung and large bowel (colorectal) cancers.<sup>3</sup>



## Illicit drugs, alcohol, smoking and gambling

The harm caused by tobacco, alcohol and illicit drugs is a major public health problem for Aboriginal Australians. Nationally, tobacco smoking was responsible for 20 per cent of Aboriginal deaths and 12.1 per cent of Aboriginal burden of disease in 2003. These smoking-related deaths and illnesses are preventable.<sup>7</sup>

Aboriginal smoking rates are falling, but nearly 50 per cent of Aboriginal adults smoke, more than double the smoking prevalence among all Australians. Further, in NSW 48 per cent of Aboriginal women smoke during pregnancy, compared to 10 per cent of non-Aboriginal women.<sup>3</sup>

Alcohol is the leading risk factor for mental disease and injury for Aboriginal Australians. Aboriginal people are hospitalised for alcohol misuse at around four times the national rate. Excessive consumption of alcohol is associated with health and social problems in all populations. It is a major risk factor for conditions such as liver disease, pancreatitis, diabetes and some types of cancer, and can have a profound impact on foetal development if used by the mother during pregnancy. Alcohol is also a frequent contributor to motor vehicle accidents, other trauma and suicide. It has the potential to evoke anti-social behaviour, domestic violence and family breakdown.<sup>5,6,7,8,9</sup>

There is also a link between poor social and emotional wellbeing and higher levels of alcohol and other substances use. Although Aboriginal and Torres Strait Islander people are less likely to drink alcohol, a greater proportion of those who do drink consume alcohol at levels that pose risks for their health.

Aboriginal Australians are four times more likely than other Australians to be hospitalised for conditions related to alcohol use, and more than twice as likely to be hospitalised for conditions related to substance use. Reducing alcohol and other substance misuse can significantly reduce levels of violence and disability, as well as improve the overall health and wellbeing of a community.<sup>10, 11</sup>

Gambling is another common recreational activity in all communities. For most gamblers it is an enjoyable recreational activity that provides them with a chance to win money and socialise. However, for others, particularly those who gamble regularly or who use electronic gambling machines, it can lead to considerable harms for themselves and people close to them.

## Aboriginal workforce

In 2006 there were an estimated 148,178 Aboriginal people living in NSW, comprising just over 2 per cent of the total NSW population and approximately 29 per cent of the total Aboriginal population in Australia. While NSW has the largest number of Aboriginal people of any Australian state or territory, the Northern Territory has the highest proportion of Aboriginal people.<sup>2</sup>

In 2009 the NSW Government agreed to a Whole of Government Aboriginal workforce participation target of 2.6 per cent by 2015, in line with the 2009 Council of Australian Governments (COAG) decision and ongoing state and national reporting requirements. Subsequent to this in November 2011 the NSW Ministry of Health launched the *Aboriginal Workforce Strategic Framework*, which identified key priorities and actions to increase the proportion of Aboriginal people in the health workforce.

In addition to the Workforce Framework the NSW Ministry of Health released an *Aboriginal Cultural Respect* training package – Respecting the Difference. The combined face-to-face and e-learning Aboriginal Cultural Respect Training package is mandatory for all employees of the Local Health District and Specialty Health Networks.

This aims to create an environment in which LHDs and SHNs can attract and retain Aboriginal staff. The Workforce Strategy also recognises the importance of employment as a “social determinant of health”.

## Research

In accordance with the best practice guidelines, it is critical that decision makers be guided by evidence and research when developing, implementing or evaluating healthcare and related programs that are Aboriginal-focused.<sup>2, 7</sup>

Fundamental to evidence-based practice is accurate data and information. Accurate data will help in the establishment of sound policy, programs and service delivery that will ultimately result in supporting the ‘Close the Gap’ targets.

Research in the area of Aboriginal health is important to understanding wellbeing, disease patterns, healing, health systems and services. It can contribute to improving the quality, cultural safety and effectiveness of services and strategies in the area of Aboriginal health.



## Action Plan

### Social determinants of health

Action	Responsibility	Timeframe	Outcomes
1 Organise a forum exploring Aboriginal Social Determinants of Health	Aboriginal Social Determinants of Health Working Party	February 2015	Forum conducted. Positive evaluations. Report on outcomes and recommendations for action developed
2 The Partnership group actively considers the report on the outcomes and recommendations of the forum	Partnership	April/May 2015	A set of actions to collaboratively impact the social determinants of health are devised

### Chronic care

Action	Responsibility	Timeframe	Outcomes
1 Establish a Chronic Disease Manager position	SLHD Secretariat	2015	Improve co-ordination and integration of services for Aboriginal people
2 Evaluate the effectiveness of the Chronic Disease Manager position	Relevant Partners	End 2016	Information on Model of Care 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

Action	Responsibility	Timeframe	Outcomes
<p><b>1</b> Explore options for centralised breast cancer screening clinics across the Partnership region</p> <ul style="list-style-type: none"> <li>a. Breast Screen rooms/vans to be booked for Aboriginal women</li> <li>b. Establish frequent scheduling at breast screen for Aboriginal women</li> <li>c. Aboriginal administration staff at Breast Screen</li> <li>d. Aboriginal Health workers to engage women in screening,</li> </ul>	Relevant Partners - Adult Services	Ongoing	To ensure improved screening rates of Aboriginal women.
<p><b>2</b> Develop a Model of Cancer Care across the Partnership based on the AMS/SESLHD Aboriginal Cancer Partnerships Grants Program findings.</p>	Relevant Partners - Adult Services	2015-16	Improved access to cancer services, culturally safe and appropriate services, improved outcomes for Aboriginal people
<p><b>3</b> Expand the Partnership poster campaign to include cancer health promotion with specific posters for Men and Environmental Health Risk</p>	Relevant Partners - Adult Services	2015-16	Brochures and posters to be distributed to the Districts.

## Action Plan

### Illicit drugs, alcohol, smoking and gambling

Action	Responsibility	Timeframe	Outcomes
<b>1</b> 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 devised
<b>2</b> 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
<b>3</b> Determine the most effective strategies and implement these across the Partnership	Relevant Partners	2015	Tobacco usage reduction
<b>4</b> Develop and distribute the Partnership posters featuring role models. Posters include "Kicking the Habit", healthy lifestyle posters.	AMS Redfern, LHDs	2014 and Ongoing	Healthy lifestyle promoted
<b>5</b> Aboriginal Quitline Services at St Vincent's to offer training to partner organisations	St Vincent's	Ongoing	Partners Trained on Request
<b>6</b> Stimulant Treatment Program at St Vincent's to offer training on early intervention S-Check program to partner organisations	St Vincent's	Ongoing	Partners Trained on Request
<b>5</b> Gambling Treatment Program at St Vincent's to offer training on early intervention for people affected by problem gambling to partner organisations	St Vincent's	Ongoing	Partners Trained on Request



## Aboriginal workforce

Action	Responsibility	Timeframe	Outcomes
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

Action	Responsibility	Timeframe	Outcomes
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 is given to new research findings and publications dealing with the social determinants of health at each of the Partnership meeting	Partnership Directors	2015-2016	Evidence is translated into practice

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**Cover artwork**

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