

Ensuring Progress in Aboriginal Health

A Policy for the NSW Health System

Better Health Good Health Care



Better Health Good Health Care

Developed in collaboration with the
Aboriginal Health and Medical Research Council of NSW

The cover design titled "*A Community - Togetherness and Health*" is by well known Aboriginal artist Danny Eastwood. It is the artists' interpretation of government and community working together to improve Aboriginal Health.

The story of this interpretation is as follows:

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

NSW HEALTH DEPARTMENT

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Foreword

NSW Health recognises the improvement of the health and well-being of Aboriginal Australians as a key priority area. The release of *Ensuring Progress in Aboriginal Health: A Policy for the NSW Health System* is an important step towards achieving this aim. It was developed by NSW Health in partnership with the NSW Aboriginal Health and Medical Research Council (AHMRC).

The *Policy* outlines for the first time NSW Health's position with respect to all aspects of improving the health and well-being of Aboriginal people. It establishes an agreed framework of principles and goals which will guide the New South Wales public health system and Aboriginal Community in addressing Aboriginal health. Detail for the implementation of the *Policy* will be provided at the statewide level by the NSW Aboriginal Health Strategic Plan and at the local level by Area Aboriginal Health Plans.

The key principles underpinning the *Policy* and its implementation are:

- A whole-of-life view of health,
- The practical exercise of self-determination,
- Partnership,
- Cultural understanding, and
- A recognition of trauma and loss.

The goals of the *Policy* focus on improving the capacity of the New South Wales health system and the Aboriginal Community to deliver more effective services to Aboriginal people and accountability for outcomes and resources.

The *Policy* supports the implementation of the NSW Partnership Agreement, between NSW Health and the AHMRC and the Agreement on Aboriginal and Torres Strait Islander Health between the then Commonwealth Department of Health and Family Services, NSW Health, ATSIC and the then AHRC.

It is based on strengthening partnerships between Government health services and Aboriginal community controlled health services.

The *Policy* and *NSW Aboriginal Health Strategic Plan* will be a catalyst for change in Aboriginal health and play an important role in improving the health and well-being of the Aboriginal community of New South Wales.



Michael Reid
Director-General
NSW Health Department



Sandra Bailey
Chief Executive Officer
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What We Want to See

Total Health and Well-being of Aboriginal People

**The Restoration of the Social, Emotional, and
Cultural Harmony and Well-being of
Aboriginal People, Families and Communities**

**Practical Application of
the Principle of Aboriginal Self-determination**

**Effective Partnerships with Aboriginal Communities at
the State, Area and Local Levels**

**Accessible, Culturally Appropriate
and Quality Services and Programs**

Acknowledgments

The NSW Health Department acknowledges the efforts of all those who contributed to the development of the the development of this *Policy* including the:

- Members of the Aboriginal Health Policy Working Party;
- Divisions of the NSW Health Department, and Area Health Services;
- the Aboriginal Health and Medical Research Council of NSW and its member organisations; and
- Aboriginal Health Coordinators within the NSW health system.

Executive Summary

Ensuring Progress in Aboriginal Health: A Policy for the Health System contributes to the NSW Government's commitment to partnership with the Aboriginal community in restoring social, emotional and cultural harmony and well-being of Aboriginal people and communities. The *Policy*:

- Outlines NSW Health's position with respect to all aspects of improving the health and well-being of Aboriginal people and communities in NSW; and
- Establishes agreed principles and goals to:
 - guide decisions and actions by the NSW health system in all matters relating to Aboriginal health; and
 - strengthen accountability for outcomes and the management of resources.

The *Policy* focuses on creating an environment of improvement in Aboriginal health which supports partnerships and improves the capacity of the NSW health system and Aboriginal community controlled health services to deliver better services.

The comparative ill-health of the Aboriginal population is well documented. It is in this context that the equitable allocation of resources to meet the needs of Aboriginal health is a priority including:

- Reallocation of funding, on equity grounds, within the global pool of available health funds; and
- Improved equity in the distribution of Aboriginal health funds.

Principles

Success in improving the health and well-being of Aboriginal people depends on an understanding and application of the following principles:

A whole-of-life view of health

Aboriginal people have a holistic and social view of health encompassing the physical, emotional, cultural, and spiritual well-being of individuals and communities. A holistic approach to the delivery of services is essential to the improvement of Aboriginal health outcomes.

Practical exercise of the principles of self-determination

The practical exercise of self-determination is central to Aboriginal health. It underpins cultural, community and individual well-being. Aboriginal self-determination and responsibility lies at the heart of Aboriginal community control (see Appendix 1) in the provision community-based health services.

Partnership

Partnership is about working collaboratively in an environment based on respect, trust and equality. It includes pursuing the achievement of joint positions on matters that are the agreed business of the partnership.

Working partnerships are essential to providing Aboriginal people with equitable access to culturally sensitive health services and to address the issues underlying the disadvantage of Aboriginal people and communities.

Cultural understandings

Cultural understandings shape the provision of health services. Understandings of Aboriginal culture need to be applied in mainstream health services in order to achieve sustained improvement in health outcomes for Aboriginal people.

Recognition of trauma and loss

Disruption to cultural well-being and the resulting loss and trauma significantly contributes to ill-health in the Aboriginal community. Recognising and addressing the issues of loss and trauma resulting from the history of Aboriginal people since colonisation is critical to the success of services and programs in preventing Aboriginal ill-health and in determining strategies for healing.

Goals, Strategic Directions and Implementation

The goals and strategic directions of this *Policy* focus on achieving improved health outcomes for Aboriginal people and communities while building and consolidating the infrastructure required to sustain these. The strategic directions for each goal outline the important considerations and broadly outline what we aim to achieve.

Goal 1: Improved health of Aboriginal people taking account of the need to restore social, economic and cultural well-being

Strategic Direction 1.1 Improved health outcomes for Aboriginal people

Strategic Direction 1.2 Improved environments and infrastructure that support the health and well-being of Aboriginal people and communities

Goal 2: Improved access to culturally sensitive and culturally appropriate services

Strategic Direction 2.1 Working partnerships

Strategic Direction 2.2 Improved access to culturally and socially sensitive mainstream health services

Strategic Direction 2.3 Improved access to Aboriginal community controlled health services

Strategic Direction 2.4 A skilled and motivated workforce

Goal 3: Effective evidence-based health planning

Strategic Direction 3.1 Improved access to timely, accurate and reliable information

Strategic Direction 3.2 Improved participation of Aboriginal people in planning

Strategic Direction 3.3 Equity in resource allocation

Goal 4: An environment of improvement

Strategic Direction 4.1 Effective monitoring and evaluation

Strategic Direction 4.2 Effective use of 'Better Practice' as a tool for improvement

Implementation

Aboriginal health strategic planning, at the Statewide level, and Area/Regional Aboriginal Health Plans will provide the basis for the implementation of the *Policy*, monitoring of progress and the evaluation of outcomes.

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Background

Improving the health and well-being of Aboriginal people and communities is a major priority for the NSW Government.

More than one quarter of Australia's Aboriginal and Torres Strait Islander population live in New South Wales. Aboriginal and Torres Strait Islander people were 1.7 percent of the population in the 1996 census:

- 14 percent of the NSW indigenous population were aged less than five years, compared with 7 percent of the total population; and
- 13 percent of the indigenous population aged 45 years or over, compared with 34 percent of the total population.

The health status of the Aboriginal population is significantly lower than that of any other group in Australia (Figure 1). In addition, Aboriginal people are likely to suffer more than one illness at a time. Overall the health of Aboriginal people is estimated as 3 times worse than that of the rest of the population. It is widely agreed that the health status of Aboriginal people in NSW is as poor as that of Aboriginal people in other parts of Australia.

Currently available Aboriginal health information is widely believed to understate the low health status of the Aboriginal population. It is estimated that fewer than 30 percent of the deaths among Aboriginal people in NSW are recorded as deaths of Aboriginal people.

Substantial under-reporting of the hospitalisation of Aboriginal people restricts the ability to plan effectively and monitor and report on indigenous health outcomes.

Many Aboriginal people live in an environment that provides inadequate access to housing and essential services such as clean water, sewerage and waste disposal systems. These factors contribute to a reduced quality of life, unacceptably high rates of illness and death at a premature age.

The link between socio-economic factors and health status is widely accepted. The overall health status of Aboriginal people reflects the lower than average levels of education, employment and income of Aboriginal people compared to the non-Aboriginal population. The disruption of the social, emotional and cultural harmony and well-being of Aboriginal communities following colonisation continues to make a significant contribution to the poor health status of Aboriginal people.

Despite many reviews and inquiries at the Commonwealth and State levels (Appendix 2) the health status of Aboriginal people continues to be significantly lower than that of the rest of the

Figure 1: Examples of the Poor Health Status of Aboriginal People

Due to poor identification of Aboriginality in data the true position of Aboriginal health in NSW is likely to be worse than the following figures indicate.

Compared to non-Aboriginal peoples, for Aboriginal people:

- Life expectancy is 20 to 25 years less
- Perinatal mortality rate for Aboriginal babies is twice as high
- Premature birth rates 64 percent higher
- Babies are twice as likely to be of low birth weight
- Diabetes is two and a half times more common
- Kidney disease is twice as common in people over 35 years of age
- Hearing problems are five times as common in children aged 15 years or younger
- Asthma is 35 per cent to 45 per cent higher in people under 25 years old
- Hospitalisation is around twice the rate for cardiovascular disease, diabetes, respiratory disease, lung cancer, injury and poisoning
- Men and women are much more likely to be current smokers and to be overweight

Source: Report of the NSW Chief Health Officer, 1997

community. Many recommendations of these reports and reviews remain to be implemented. Likewise, the infrastructure and environmental health conditions of many Aboriginal communities and the socio-economic status of Aboriginal people have shown little improvement.

Partnerships between service providers and the communities they serve are essential and widely recognised as making a significant contribution to improving the delivery of health services and outcomes. Working partnerships between the NSW health system and Aboriginal communities and Aboriginal community controlled agencies are a major feature of the NSW Government's commitment to Aboriginal people.

Sustainable improvement of Aboriginal health also requires collaboration and coordination across NSW Government agencies, with the Commonwealth, non-Aboriginal community controlled sector, Local Government and private health service providers.

Context of the Policy

Ensuring Progress in Aboriginal Health: A Policy for the Health System is consistent with and informed by the:

- *Strategic Directions for Health - Better Health, Good Health Care, 1998-2003, (NSW), 1998*
- *NSW Government Statement of Aboriginal Commitment to Aboriginal People, 1997*
- *NSW Partnership Agreement, 1997*
- *Agreement on Aboriginal and Torres Strait Islander Health, 1996*
- *National Aboriginal Health Strategy, 1989*
- *Review of the National Aboriginal Health Strategy, 1994*
- *National Commitment to Improved Outcomes in the Delivery of Programs and Services for Aboriginal and Torres Strait Islanders, 1992*
- *Report and Recommendations, Royal Commission Into Aboriginal Deaths in Custody, 1989*
- *Bringing Them Home - Report of the National Inquiry into the Separation of Aboriginal Children from Their Families, 1997*
- *NSW Social Justice Directions Statement, 1996*

Strategic Directions for Health

Goals

- Healthier people
- Fairer access
- Quality health care
- Better value

Attributes

- Sharing a clear direction
- Skilled, valued workforce
- Engaging the community
- Working partnerships
- Informed decision making
- Harnessing innovation

Source: *Strategic Directions for Health 1998 - 2003*

Purpose of the Policy

The *Policy* outlines the NSW health system's position with respect to improving the health and well-being of Aboriginal people and communities in NSW. It contributes to the NSW Government's policy commitment to achieving justice and equality for Aboriginal people through "*initiatives based on a foundation of true partnership with Aboriginal Communities*"³ and the restoration of the health and well-being of Aboriginal people and communities.

The *Policy* establishes agreed principles and goals to guide decisions and actions by the NSW Government in all matters relating to Aboriginal health particularly in regard to:

- Determining priorities,
- Planning courses of action,
- Delivering services and programs, and
- Evaluating strategies and outcomes.

The NSW Aboriginal Health Strategic Plan and Area/Regional Aboriginal Health Plans will provide the detail for the implementation of the Principles and Goals of the *Policy* (see Appendix 3).

Aboriginal health strategic planning, at the statewide level, together with Area/Regional Aboriginal Health Plans will provide the basis for the implementation of the *Policy*, monitoring of progress and the evaluation of outcomes (see Appendix 3).

The Development of the Policy

The *Policy* was developed by NSW Health in partnership with the Aboriginal Health and Medical Research Council of NSW. Assistance and guidance was provided by a working party with the participation of representatives of the following key stakeholders:

- NSW Health Department,
- NSW Aboriginal Health and Medical Research Council of NSW,
- NSW Area Health Services, and
- The Commonwealth Department of Health and Aged Care, Office of Aboriginal and Torres Strait Islander Health.

The development of the *Policy* was informed by a comprehensive review of literature and policy sources relevant to Aboriginal health.

The following were consulted in the development of this *Policy*:

- Divisions and Branches of the NSW Health Department,
- The Aboriginal Health and Medical Research Council of NSW and associated Aboriginal Community Controlled Health Services,
- Area Health Services,
- Aboriginal Health Coordinators within the NSW health system,
- Corrections Health,
- New Children's Hospital, and
- NSW Department of Aboriginal Affairs.

Principles

The following principles are to guide the implementation of this *Policy*:

A whole-of-life view of health

Aboriginal health is defined as follows:

*"Health does not just mean the physical well-being of the individual but refers to the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities."*⁴

This holistic and social view of health encompasses the physical, emotional, cultural, and spiritual well-being of individuals and communities. It includes the relationships and shared understandings which constitute cultural well-being and encompass the physical, emotional, spiritual, social, economic and

Aboriginal Health Policy Principles

- A whole-of-life view of health
- Practical exercise of the principles of self-determination
- Partnership
- Cultural understanding
- Recognition of trauma and loss

political environments within which Aboriginal people live. Aboriginal health depends on the harmony of these relationships. The right to self-determination and the process of its implementation is critical to ensuring such harmony.

Practical exercise of the principles of self-determination

The practical exercise of self-determination is central to Aboriginal health. It underpins cultural, community and individual well-being. Aboriginal self-determination and responsibility for the provision of community based health services lies at the heart of Aboriginal community control.

Self-determination is defined in the *International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights* as the right of peoples, distinct in their culture, territory and history, to their territory, land and resources and to their own cultural, economic, social and political institutions.

Partnership

Partnership with the Aboriginal Community Controlled Sector is a major platform of the NSW Government's policy commitments to the Aboriginal people of NSW. Partnership is about working collaboratively in an environment based on respect, trust and equality. It involves pursuing the achievement of agreed positions on matters that are the business of the partnership.

Working partnerships are essential to providing equitable access to appropriate health services that address the issues underlying the disadvantage of Aboriginal people and communities.

"Health cannot be driven into a community on the back of a truck....the process of designing, building and maintaining a healthy living environment is fundamentally dependant on our choices, our practices, and the control of our own lives. Support, advice, resources, encouragement, and assistance from governments and the broader community is required and welcome. But ultimately it is down to us if hard yards are to be sustained over-time. The right to self-determination is the foundation stone. It is justified in both principle and practicality."

Source: Aboriginal and Torres Strait Islander Social Justice Commissioner, Fourth Annual Report.

Cultural understanding

Cultural understandings shape the provision of health services. Understandings of Aboriginal culture must be applied in order to achieve improved Aboriginal health outcomes.

In NSW there is diversity of Aboriginal kinship and family groups, languages, spiritual beliefs and ways of living in urban, rural and remote settings. People often move between these ways of living. These relationships are central to Aboriginal identities and lives, encompassing reciprocal affection, responsibilities and sharing.

Recognition of trauma and loss

The fact of colonisation and dispossession continues to present major barriers to the physical, emotional and cultural well-being of Aboriginal people. It continues to give rise to trauma and loss that is compounded by continuing racism, social and economic disadvantage and the loss of access to land.

Recognising and addressing issues of loss and trauma is critical to the success of services and programs in preventing Aboriginal ill-health and in determining strategies for healing.

At the statewide level the issues of loss and trauma require strategic action to achieve social, economic, political and spiritual environments in which Aboriginal people and communities can control health and well-being.

Goals and Strategic directions

The goals and strategic directions of this *Policy* take account of the complexity of the issues involved in Aboriginal health. They focus on achieving improved health outcomes for Aboriginal people and building and consolidating the infrastructure required to sustain these, in particular:

- Equitable access to culturally sensitive and culturally appropriate services and programs,
- Working partnerships at all levels between the Government and the Aboriginal Community Controlled Sector in:
 - policy,
 - strategic planning, and
 - broad resource allocation.
- Working partnerships between Government and Aboriginal Community Controlled services in:
 - identifying needs and determining priorities, and
 - planning and delivery of services.
- Effective collaborative planning including access to accurate and reliable information about Aboriginal health, and
- An environment in Aboriginal health that is based on quality improvement principles, in particular:
 - monitoring and evaluating progress to inform improved planning and service delivery,
 - establishing core standards for 'Better Practice', and
 - promoting models of 'Better Practice'.

Figure 2 Goals and directions

Goal 1 Improved health of Aboriginal people taking account of the need to restore social, economic and cultural well-being

Strategic Direction 1.1

Improved health outcomes for Aboriginal people

Strategic Direction 1.2

Improved environments and infrastructure that support the health and well-being of Aboriginal people and communities

Goal 2 Improved access to culturally sensitive and culturally appropriate services

Strategic Direction 2.1 Working partnerships

Strategic Direction 2.2 Improved access to culturally and socially sensitive mainstream health services

Strategic Direction 2.3 Improved access to Aboriginal community controlled health services

Strategic Direction 2.4 A skilled and motivated workforce

Goal 3 Effective evidence based health planning

Strategic Direction 3.1 Improved access to timely, accurate and reliable information

Strategic Direction 3.2 Partnerships and improved participation of Aboriginal communities in planning

Strategic Direction 3.3 Equity in resource allocation

Goal 4 An Environment of Improvement

Strategic Direction 4.1 Effective monitoring and evaluation

Strategic Direction 4.2 Effective use of "Better Practice" as a tool for improvement

The goals and strategic directions of this Policy are set out in Figure 2.

Goal 1 Improved health of Aboriginal people taking account of the need to restore social, economic and cultural well-being

Strategic Direction 1.1 Improved health outcomes for Aboriginal people

The low status of Aboriginal health compared to the health of the non-Aboriginal population was illustrated in the background to this *Policy*. Improved health outcomes for Aboriginal people are the ultimate measure of success of this *Policy* and its implementation.

Considerations for future directions:

- Reducing ill-health, disability and premature death among Aboriginal people with emphasis on:
 - Maternal, infant and child care,
 - Chronic disease management, specifically in regard to diabetes and diseases of the circulatory system,
 - Emotional and social well-being including interpersonal abuse,
 - Substance misuse, and
 - Injury and poisoning.
- Providing access to culturally appropriate resources to improve the effectiveness of population health and health promotion efforts,
- Adequate resourcing of prevention strategies, population health strategies and clinical services,
- Building and maintaining collaboration and partnerships between mainstream service providers and the Aboriginal community controlled sector,
- Improving equity in the allocation of resources and accountability for their use, and
- Building an evidence-based approach to planning and service delivery.

Strategic Direction 1.1 Improved health outcomes for Aboriginal people and communities

What we will do:

Implement strategies, in accordance with priorities identified in plans at the statewide and Area (Regional) levels, to reduce the risk of Aboriginal ill-health, disability and premature death, emphasis being given to:

- maternal, infant and child health,
- diabetes,
- diseases of the circulatory system,
- emotional and social well-being including interpersonal abuse,
- substance misuse,
- injury and poisoning,
- improving the ability of Aboriginal communities to improve the health of individuals and families, and communities, including environmental health,
- improved early intervention,
- chronic disease management, and improved access to acute care services.

Strategic Direction 1.2 Improved environments and infrastructure that support the health and well-being of Aboriginal people and communities

Improvement in environments and infrastructure has made a major contribution to the improved health and well-being of non-Aboriginal people and communities. For many Aboriginal people and communities access to housing, water supplies, waste disposal and other basic infrastructure, such as to transportation, are well below standards that would be acceptable to the non-Aboriginal community.

The Environmental Health and Infrastructure Project was born out of the need to address these issues. It had two components, firstly to improve community infrastructure and secondly to train Aboriginal Environmental Health Officers. This project has now been replaced by the NSW Aboriginal Communities Development Program.

Considerations for future directions:

- Maintaining effective and sustained cross-sectoral collaboration and coordination between government and other agencies to address environmental and infrastructure issues, and
- Establishing clear accountability of agencies for implementing initiatives involved and the delivery of outcomes.

Goal 2 Improved access to culturally sensitive and culturally appropriate services

Better access to culturally and socially appropriate services is widely recognised as a major factor in the improvement of the health and well-being of Aboriginal people and communities. It requires:

- Increased participation of Aboriginal people and communities in planning and delivering services,
- Employment and career opportunities developed for Aboriginal people throughout the NSW public health sector,
- Alignment of services with the cultural and social needs of Aboriginal people,
- Improved coordination and collaboration between agencies and sectors in planning and delivering services, and
- Increased resources, within global budget limitations and on the basis of equity, to support the delivery of services and programs to meet identified needs.

Strategic Direction 1.2 Improved environments and infrastructure that support the health and well-being of Aboriginal people and communities

What we will do:

- Extend infrastructure and environmental health projects to more Aboriginal communities
- Train and employ a sufficient number of Aboriginal Environmental Health Officers to enable 80% of Aboriginal communities in NSW to have access to their services
- Work with other agencies to develop and implement administration policies that enable improved collaboration, coordination and joint action and accountability in addressing infrastructure and environmental health issues

Strategic Direction 2.1 Working partnerships

Partnership with the Aboriginal Community Controlled Sector in developing policy and provision of services is the foundation of the NSW Government's policy commitments to the Aboriginal people of NSW. Working partnerships and strategic alliances are important to:

- Implement the principle of Aboriginal self-determination,
- Improve the coverage and continuity of health services and programs available to Aboriginal people, and
- Address, in a holistic manner, the complex issues underlying Aboriginal ill-health.

Public sector systems often have limited experience in sharing control and entering into genuine partnerships with communities and community controlled non-government organisations. This is particularly noticeable in bureaucracies which have regulated, rather than served, the dispossessed indigenous peoples in colonised countries.

The NSW Health Partnership

In 1995 the NSW Aboriginal Health Partnership Agreement was formalised in an agreement between the Minister for Health and the then Aboriginal Health Resource Cooperative. It was reviewed in 1996 and a revised Agreement signed on 24 January 1997.

The aim of the *NSW Aboriginal Health Partnership Agreement* is to ensure that the expertise of Aboriginal people is brought to health care processes in NSW. The Partnership is established at the statewide level and its operation continues to be consolidated and improved. Formal processes for the implementation of the Partnership are being developed at the Area and local levels.

The NSW Aboriginal Health Forum

The NSW Aboriginal Health Forum was established following the multilateral *Agreement on Aboriginal and Torres Strait Islander Health* between the NSW Minister for Health, the then Commonwealth Minister for Health and Family Services, the Chairperson of the Aboriginal and Torres Strait Islander Commission and the then NSW Aboriginal Health Resource Co-operative. The Forum consists of representatives of the signatories.

The NSW Aboriginal Health Forum and the NSW Aboriginal Health Partnership work together to improve collaboration and coordination between the NSW Government and Commonwealth Government and the Aboriginal Community Controlled Health Sector.

Strategic Direction 2.1 Working partnerships

What we will do:

- Implement formal partnership arrangements at the Area Health Service level
- Develop guidelines, including core standards, and models of "Better Practice" to improve the practice of partnership and collaboration between the NSW health system and Aboriginal Community Controlled agencies
- Support practical innovative partnerships and strategic alliances that improve:
 - the coverage and quality of services
 - the continuity of care, through better integration of primary health care with a range of specialist and allied health professional services
- Establish formal liaison arrangements to facilitate cross-sector collaboration and coordination with key NSW Government Departments, including the Department of Education and Training, Department of Community Services, Department of Housing, Department of Juvenile Justice and the NSW Police Service
- In collaboration with the Aboriginal Health and Medical Research Council, the Commonwealth and representatives of other health services providers, such as the Divisions of General Practices, collaborate in strategic planning to ensure single plans at the Statewide and the Area (Regional) levels and map and coordinate activities against these plans.

Collaborative health service provision

Collaboration between different sectors in the provision of health services is essential to improving the availability of services to Aboriginal people in NSW. The health services available to many Aboriginal people are often limited in their coverage and continuity. Collaboration between the NSW health system, the Aboriginal Community Controlled Sector and main health service providers can improve access to services and continuity of care. Frequently the success of such initiatives is marked by the determination of those involved to forge strategic partnerships and alliances.

Collaborative action between government agencies and the Aboriginal Community Controlled Sector

Collaboration between State, Commonwealth and Local Government agencies and the Aboriginal Community Controlled Sectors is critical to addressing the complex factors underlying Aboriginal ill-health. Such factors are often interdependent and the lack of gains in one area can seriously impede or even erode achievements in other related areas. Strengthening relevant cross-sectoral linkages can also help to avoid such consequences and lead to better utilisation of resources.

Considerations for future directions:

- Identifying major cross-sectoral issues impacting on Aboriginal health,
- Building partnerships with State, Commonwealth and Local government agencies and the Aboriginal Community Controlled Sector to address these issues,
- Consolidating working partnerships at all levels to ensure:
 - community participation is ongoing and represents the views of the community,
 - continuity where changes occur in staffing or the participation of elected representatives,
- Improving transparency in decision making and ensuring accountability for outcomes is clearly defined in cross-sectoral strategies and projects.

Strategic Direction 2.2 Improved access to culturally sensitive mainstream health services

Factors that govern Aboriginal peoples' access to mainstream services include the:

- Ability of services to address the cultural requirements of Aboriginal people,
- Participation of Aboriginal communities in service planning, delivery and evaluation,
- Working partnerships between service providers to ensure adequate coverage and continuity of services, and
- Skills and motivated staff to plan and deliver services.

Strategic Direction 2.2 Improved access to culturally sensitive mainstream health services

What we will do:

- Implement:
 - guidelines for cultural awareness training that establish core standards and provides flexibility for Area Health Services to tailor training to meet local Aboriginal community cultural needs and the needs of staff
 - a statewide cultural awareness training plan and monitor and evaluate against agreed performance indicators and targets
- Implement core standards of practice for service provision to improve clinical, public health outcomes and customer satisfaction within the NSW health system including standards of practice for:
 - culturally appropriate primary, secondary and tertiary health service delivery
 - accessible, fair and culturally sensitive complaint resolution processes
- Make available training and development opportunities that improve knowledge and skills in:
 - working in collaboration with Aboriginal Community Controlled Organisations
 - facilitating community participation
 - Extend the Aboriginal Health Capital Works Program to further Aboriginal communities

Mainstream service delivery

The major providers of mainstream health services are Area Health Services, the Corrections Health Service, the NSW Ambulance Service, the New Children's Hospital and private health practitioners. Aboriginal peoples' access to these services can be limited by their cost, location, availability and continuity. The conflict which can occur between the western cultural values that underpin the delivery of mainstream health services and the cultural practices and values of Aboriginal people may also be a further barrier to access.

Some of these access barriers are being addressed by:

- Establishing partnerships at the Area and local levels to improve Aboriginal community participation, develop local Aboriginal health plans and enhance collaboration in services delivery,
- Improving cultural awareness training strategies to more effectively meet the needs of staff and the local communities, and
- Implementing strategies to increase the employment of Aboriginal staff at all levels and in all occupations in the health system.

Aboriginal Health Workers

Aboriginal health workers are employed both within mainstream services and by the Aboriginal Community Controlled Sector. Aboriginal health workers in mainstream services play a critical role in improving access to services for Aboriginal people and the ability of services to address Aboriginal cultural issues. The focus of their work includes client and population-based health interventions such as:

- Providing information that enables individuals and communities to make decisions related to the health of individuals, families and environmental health, and
- Building critical linkages between mainstream Health Services, local Aboriginal communities and Aboriginal Community Controlled health services to improve access to services.

They also fulfil other key roles in health promotion, early detection, liaison, and advocacy and in some cases paraprofessional roles in screening and counselling.

The NSW health system employs:

- Aboriginal Health Coordinators in Area Health Services with significant Aboriginal populations to:
 - plan, facilitate, monitor and evaluate mainstream health service provision to Aboriginal people, and
 - provide policy advice to management.
- A network of over one hundred Aboriginal Health Education Officers in mainstream community health centres throughout NSW. The role of Aboriginal Health Education Officers is primarily in community development, working with Aboriginal communities and health service providers,
- Aboriginal Hospital Liaison Officers to provide support for Aboriginal patients, and assist management of NSW public sector hospitals in delivering culturally appropriate services, and
- Aboriginal staff in the delivery of mainstream services.

Aboriginal Capital Works Program

The NSW Aboriginal Capital Works Program was set up to establish Community Health Posts in rural and isolated Aboriginal communities that have little or no access to mainstream health services. Under this program a number of Community Health Posts have been established.

Considerations for future directions:

- Improving front-line staff and health personnel understanding of Aboriginal health, culture and history since colonisation,

- Improving the experience and skills of administrators and health personnel working in an environment that emphasises Aboriginal self-determination, partnership and cultural understanding,
- Improving the alignment of services and programs with the practical needs, practices and values of Aboriginal people,
- Improving location, availability and continuity of services and other programs, and
- Increasing the employment of Aboriginal people at all levels of health service delivery, administration and management in keeping with the NSW Health Aboriginal Employment Strategy.

Strategic Direction 2.3 Improved access to Aboriginal Community Controlled Health Services

Aboriginal Community Controlled Health Services deliver comprehensive, culturally appropriate, primary health care to Aboriginal people. These services work independently to deliver primary health care services and help to facilitate the provision of culturally sensitive secondary and tertiary health mainstream services.

The first Aboriginal Community Controlled Health Service was established in Redfern in 1971. Since then many Aboriginal Community Controlled Health Services have been established in NSW.

Aboriginal Community Controlled Health Services are primarily funded by the Commonwealth Government. The New South Wales Health Department provides health related grants to Aboriginal Community Controlled Health Services to enable them to provide specific health programs including dental, drug/alcohol and public health services.

The Aboriginal Health and Medical Research Council of NSW

The Aboriginal Health and Medical Research Council of NSW is the peak body for Aboriginal community controlled health services in NSW. It was established in 1995 to advise the NSW Government on matters relating to Aboriginal health and until 1999 was called the Aboriginal Health Resource Cooperative.

The Aboriginal Health and Medical Research Council of NSW advises the NSW Government through Partnerships established at all levels of the NSW Health system under the *NSW Partnership Agreement*. A revised Partnership Agreement between NSW Health and the Aboriginal Health Resource Cooperative was signed in 1997. The Partnership provides a mechanism by which Government and Aboriginal community can jointly participate in:

- Policy development,
- Strategic planning, and
- Broad resource allocation.

Strategic Direction 2.3 Improved access to Aboriginal community controlled health services

What we will do:

- Implement strategies to improve the availability and continuity of Aboriginal Community Controlled Health Services including enhanced collaboration with public and private sector health service providers
- Support Aboriginal Community Controlled Health Services in the development of core standards of practice for the delivery of culturally appropriate primary health services
- Consolidate the Partnership and conduct a review in keeping with the NSW Partnership Agreement (1997)
- Implement the Aboriginal Health Information Agreement so that Aboriginal Community Controlled Health Services have access to adequate information to enable effective planning, monitoring and evaluation of programs
- Develop and implement, through the NSW Aboriginal Health Forum, strategies to improve coordination in Commonwealth and State resource allocation

The NSW Health Department in keeping with the *Agreement on Aboriginal and Torres Strait Islander Health 1996*, provides funding to enable the Aboriginal Health and Medical Research Council of NSW to participate in these processes.

Considerations for future directions:

- Ensuring equity in access to services including improved coverage and continuity of services,
- Improving Aboriginal Community Controlled Health Services' access to information that enables effective planning, monitoring, evaluation and improvement of programs,
- Establishing standards for the delivery of culturally appropriate primary health services,
- Ensuring equity in allocating health related grants to Aboriginal Community Controlled Health Services,
- Improving the capacity of both the mainstream and Aboriginal community controlled health services to work in partnership in health planning and service delivery, and
- Building on the NSW Aboriginal Health Forum to improve collaboration between NSW Health, the Commonwealth Department of Health and Aged Care and Aboriginal Community Controlled Health Sector.

Strategic Direction 2.4 A skilled and motivated workforce

The importance of employing Aboriginal people in all aspects of health service delivery is widely recognised.

The employment and development of Aboriginal Health Workers within the mainstream health system is often isolated from structured career path planning, education and development. The *NSW Health Aboriginal Employment Strategy* was developed to provide a coordinated approach to addressing these issues. National Competency Standards for Aboriginal and Torres Strait Islander Health Workers have been developed for use in:

- Defining industry skills and knowledge competencies,
- Designing accredited education programs, and
- Providing linkages with industrial award structures.

Considerations for future directions:

- Improving opportunities for the employment of Aboriginal people at all levels in the NSW health system,
- Developing the knowledge and skills Aboriginal health workers through a range of defined career paths and accredited education,
- Linking career paths in Aboriginal health with other professional and occupational competencies, to provide a strong base for individual career path movement and development,

Strategic Direction 2.4 A skilled and motivated workforce

What we will do:

- Implement the NSW health system's Aboriginal Employment Strategy with specific attention to:
 - improved employment, retention and career development of Aboriginal people at all levels and in all occupations
 - development, with relevant unions, of an occupational classification for state employed Aboriginal Health Workers that establishes career paths
 - development of accredited education/training options of Aboriginal Health Workers aligned with National Competency Based Standards
- Facilitate the reciprocal transfer of skills between public, private and Aboriginal Community Controlled sectors
- Implement practical strategies at the local level to improve the employment of local Aboriginal people
- Improve the health sector's capacity to recruit, select and induct staff in ways that encourage better service delivery for Aboriginal people
- Implement cross-cultural education models that meet the diverse in service training needs of different occupational groups
- Facilitate improvement of Aboriginal health curricula, educational resources and delivery methods in professional education and training

- Developing the knowledge and skills of non-Aboriginal staff to enable them to:
 - provide culturally sensitive services,
 - work effectively in partnership with Aboriginal Community Controlled Sector, and
 - facilitate effective community participation.
- Developing the knowledge and skills of staff in managing and using information in planning and improvement of practices.
- Providing scope for career and education pathways to include both the NSW health system and staff in the Aboriginal Community Controlled Sector.

Goal 3: Effective evidence-based planning

The processes of evidence based planning can:

- Improve transparency in decisions about priorities, service delivery and allocation of resources, and
- Strengthen self-determination by providing information that enables Aboriginal people and communities to make informed decisions concerning health and well-being.

Effective evidence-based planning depends on the:

- Use of timely, accurate and reliable information to enable better access to services and programs, allocation of resources and monitoring of the health of Aboriginal people, and
- Participation of Aboriginal communities to ensure decisions about priorities, strategies and resource allocation are made within Aboriginal Terms of Reference (see Appendix 4) and with an understanding of the NSW Aboriginal community context.

Strategic Direction 3.1

Improved access to timely, accurate and reliable information

It is widely recognised that the quality of information supporting Aboriginal health in NSW is poor. Related information such as births and deaths of Aboriginal people is also inadequate.

The NSW Health Department, in collaboration with the Aboriginal Health and Medical Research Council of NSW, has developed the Aboriginal Health Information Strategy to address these issues. The Strategy is being implemented over a two year period.

The first stage of implementation of the strategy, the development of an Aboriginal Health Information Agreement to cover the ownership and management of information has been completed.

Considerations for future directions:

- Improving reporting of Aboriginality,
- Addressing differences in the way information is defined and collected across information systems,

Strategic Direction 3.1 Improved access to timely, accurate and reliable information

What we will do:

- Work in collaboration with stakeholders to improve the management of Aboriginal health information in NSW
- Improve use of information to support the planning and delivery of health services for Aboriginal people
- Assist Aboriginal community controlled health services in the development and support of information systems to inform planning decisions and service improvements
- Make available training and development opportunities in the management and use of information
- Ensure appropriate consideration is given to cultural factors associated with the collection, privacy and ethical use of information about and communities
- Develop a communication strategy to improve the availability of information on Aboriginal health to Aboriginal people, Area Health Services and Aboriginal Community Controlled Sector

- Responding to changing information needs at the Local, State and National levels, and
- Improving the overall accuracy, reliability and availability of information to enable more effective planning, monitoring and evaluation.

Strategic Direction 3.2

Improved participation of Aboriginal communities

Aboriginal community collaboration is essential for planning to take place within Aboriginal Terms of Reference and an understanding of the community context. It is widely accepted that service delivery will be most effective where Aboriginal community participation occurs. The NSW Partnership Agreement at the statewide and local levels and the Agreement on Aboriginal and Torres Strait Islander Health at the State/Commonwealth level are important mechanisms to improve participation.

Local Aboriginal Health Plans

The development of local Aboriginal health plans, occurring through the Partnership, provides a way for the considered views of the local Aboriginal community that reflect local conditions and needs to be heard and determine the direction of planning and service delivery.

As a primary source of advice on the health needs of local and communities, the plans inform the development of the NSW Strategic Aboriginal Health Plan.

NSW Aboriginal Health Strategic Plan

The NSW Aboriginal Health Strategic Plan is being developed by NSW Health in partnership with key stakeholders as an element of its commitments under the Agreement on Aboriginal and Torres Strait Islander Health. The Plan, to be completed in late 1998, will detail strategies to implement this *Policy*, including issues of collaboration between the Commonwealth and NSW Governments and the Aboriginal Community Controlled Health Sector. It will be the basis for the evaluation of progress and outcomes in Aboriginal health in NSW.

Considerations for future directions:

- Ensuring active collaboration in planning between the mainstream health services and Aboriginal Community Controlled Health Services at the Statewide, Area and local levels.
- Ensuring community views are represented in planning through effective consultation, participation and negotiation processes, and
- Incorporating relevant aspects of the NSW Aboriginal Health Strategic Plan into the NSW Health Department and Area Health Service corporate plans and performance agreements.

Strategic Direction 3.2

Improved participation of Aboriginal communities in planning, monitoring, evaluation

What we will do:

- Ensure Statewide and Regional/Area Aboriginal health planning is undertaken in:
 - partnership with the Aboriginal Community Controlled Health Sector
 - close collaboration with the Commonwealth
 - in a whole of Government context
- Guidelines to assist Area Health Services with consultation will be developed and "Better Practice" initiatives documented and promoted
- Integrate relevant aspects of Local Aboriginal Health Plans and the NSW Aboriginal Health Strategic Plan into NSW Health Department and Area Health Service Corporate Plans and Performance Agreements and in service agreements within Area Health Services where these exist
- Implement, monitor and evaluate Aboriginal health plans through relevant partnerships
- Make training and development opportunities available to staff of mainstream services and Aboriginal community controlled services to improve knowledge and skills needed for partnerships in planning to be effective

Strategic Direction 3.3 Equity in resource allocation

Factors taken into account in the allocation of resources to Aboriginal health should reflect:

- The poor health status of Aboriginal people,
- Inadequate access of many Aboriginal people and communities to health services and infrastructure resulting from factors such as cost, location availability and continuity of services and the values of western culture that govern the delivery of many services,
- Equity in Aboriginal health funding, within the global pool of health funds.

Mainstream services

NSW Health currently allocates funds for Aboriginal specific programs in mainstream health services. These funds are used for the employment of mainstream Aboriginal health workers, targeted programs and the NSW Aboriginal Non-Government Organisation Program to support Aboriginal Community Controlled Health Services.

The NSW Health Department's *Area Health Service Funding Policy* takes account of factors including population based funding needs, recurrent requirements of new facilities as they come into operation and developments in Commonwealth funding.

Aboriginal people make greater use than non-Aboriginal people of acute care services provided by Area Health Services and require more extensive services due to such factors as the common occurrence of two or more concurrent illnesses. It is anticipated the collection of accurate data on the use by Aboriginal people of other services provided Area Health Services will confirm a similar pattern of use.

The Resource Distribution Formula, used as a planning tool to guide the allocation of funding to Area Health Services, indicates population based funding needs. It contains an equity weighting that allows for Aboriginal peoples' greater need and use of services. Significant progress, taking account of available financial resources, has been made in the phased introduction of the Resource Distribution Formula.

Considerations for future directions:

- Improving equity in the allocation of resources to both mainstream services and Aboriginal Community Controlled Health Sector, and
- Improving accountability for the use of all Aboriginal health funds allocated by the NSW Health Department.

Strategic Direction 3.3 Equity in resource allocation

What we will do:

- Continue to phase in the reallocation of mainstream resources to provide equity for Aboriginal people in keeping with the Resource Distribution Formula,
- Conduct biennial review of the equity weighting for Aboriginality in the Resource Distribution Formula and equity of the NSW Health Department Area Health Service Funding Policy
- Continue to provide funding for specific Aboriginal health programs and improve the operation and equity of such funding
- Establish a new Aboriginal Health Initiatives Fund to support a "Better Practice" initiatives in the delivery of health services
- Develop and implement policy and protocols to determine, through the partnership, broad funding allocations at the State and Area level and to improve accountability for the use of these resources
- The Department and the Partnership advocate for increased resources for Aboriginal health on the basis of needs and equity within global budget limitations

Goal 4 An Environment of Improvement

Effective monitoring and evaluation will establish an environment in which improvement can be sustained, current models of “Better Practice” be identified and resources appropriately allocated to services and programs.

Aboriginal health data in NSW is currently inadequate for a “best practice” approach to be adopted for improving service delivery and outcomes.

“Better Practice” models are approaches to service delivery that work well in addressing an Aboriginal health issues. Identifying “Better Practice” requires establishing criteria against which performance can be measured.

The use of models of “Better Practice” is an intermediate step that, with improvement of Aboriginal health information, will facilitate the introduction of “best practice” models.

Strategic Direction 4.1 Effective monitoring and evaluation

Monitoring, evaluation and outcome measurement are an integral part of action to bring about change and improve accountability for outcomes and the use of resources. Without effective monitoring and evaluation it may be possible to achieve a small improvement in one aspect of health or well-being without making a significant contribution to the overall picture. In some circumstances the methods of achieving these small improvements may produce a detrimental impact on other related areas of social or physical well-being.

Monitoring and evaluation provides information to:

- Assess progress in meeting the health needs of Aboriginal people,
- Measure progress in the implementation of policies, plans and strategies
- Make better decisions about future priorities and action to improve the strategies undertaken to address them, and
- Report on outcomes and the use of resources as a part of accountability requirements.

Strategic Direction 4.1 Effective monitoring and evaluation

What we will do:

- Include monitoring and evaluation processes in the implementation of all policies, plans and strategies
- Develop the capacity to measure progress using relevant performance indicators at the State, Area and local levels
- Ensure information collected is used for agreed purposes in accordance with the Aboriginal Health Information Agreement
- Make explicit the roles of partnerships, service providers and the Aboriginal community in monitoring and evaluation of policies, strategies and services
- Implement strategies to determine the level of satisfaction of Aboriginal people as consumers of services
- Incorporate accountabilities for the achievement of Government objectives in Aboriginal health in the performance Agreements of Area Health Services and other relevant NSW health organisations, including:
 - improved health outcomes and performance measures, and
 - expenditure of targeted Aboriginal Health Program funding.
- Development of process for improved reporting by Area Health Services to the NSW Department of Health and Area Health Service Boards, on services and programs for Aboriginal people and progress in achieving outcomes
- Implement a collaborative process for peer review of the implementation of Area and local Aboriginal health plans, and review two metropolitan and two rural Area Health Services each year to:
 - assess progress, and
 - inform future planning, outcome and budget settings reviews

To be of value to Aboriginal people, monitoring and evaluation must be consumer and community oriented.

Consideration for future directions include:

- Ensuring monitoring and evaluation is aimed at the improving planning processes, strategies and the delivery of services,
- Ensuring partnership with Aboriginal communities in developing monitoring and evaluation processes and deciding the purpose for which the information acquired can be used,
- Building monitoring and evaluation of progress and outcomes into programs during the development stage,
- Establishing accurate and reliable baseline data, and
- Developing the capacity to measure progress using relevant performance indicators:
 - from interim *National performance indicators and targets for 1998 - 2000* to monitor government efforts to improve Aboriginal and Torres Strait Islander health,
 - developed in the local and Area contexts and in the context of “Better Practice” performance indicators.

Strategic Direction 4.2 Effective use of “Better Practice” as a tool for improvement

Monitoring and evaluation enables the identification of what works well, “Better Practice”, and what doesn’t work. A key strategy in creating an environment of improvement is the promotion and adoption of models of “Better Practice” in service delivery and administration.

Consideration for future directions include:

- Defining evidence-based criteria for “Better Practice” in:
 - partnerships at the statewide, Area and local levels,
 - culturally sensitive and appropriate service delivery within the NSW health system and Aboriginal Community Controlled Health Services,
 - ethical standards for information, data collection and research relating to the health of Aboriginal people, and
 - access of Aboriginal people to culturally sensitive complaint resolution processes,
- Ensuring the criteria for “Better Practice” continue to be relevant and do not artificially limit improvement,
- Ensuring the information about “Better Practice” models are communicated in a way that makes them useful to service providers as a tool for improvement, and
- Identifying ways to encourage the adoption of “Better Practice” models.

Strategic Direction 4.2 Effective use of “Better Practice” as a tool for improvement

What we will do:

- Establish criteria to identify “Better Practices” for each relevant strategic directions of this Policy
- Establish “Better Practice” initiatives
- Document and promote “Better Practice” initiatives in the improvement of:
 - individual and family health
 - environment and infrastructure
 - partnership, with particular focus on collaboration in providing health services
 - culturally appropriate services within the NSW health system which improve clinical and public health outcomes
 - employment, professional development and career paths for Aboriginal people within the NSW health system
 - community participation in planning and in service delivery
- Benchmark “Better Practice” against national and international practices
- Implement effective and culturally sensitive and appropriate strategies to facilitate “Better Practice” initiatives by mainstream and Aboriginal community controlled health service providers

Implementation

The *Policy* will be implemented, monitored and evaluated through:

- The NSW Aboriginal Health Strategic Plan, and
- Area (Regional) Aboriginal Health Plans.

An advisory group will be established to provide advice on the implementation of the *Policy* and the *NSW Aboriginal Health Strategic Plan*.

A review of implementation of the *Policy* and the *NSW Aboriginal Health Strategic Plan* will be undertaken after a period of three years and a comprehensive evaluation conducted prior to the expiry of the five year implementation period.

Appendix 1

Definition of Aboriginal Community Control of Health Services

“...The process of Aboriginal Community control in the area of health.... means that an Aboriginal health service is independent and autonomous, is controlled by an Aboriginal Board of Directors elected by the local Aboriginal Community it serves in order to provide culturally appropriate health care to meet its health needs as defined by that Community.

Aboriginal community control is central to achieving and maintaining cultural well-being and is therefore essential to the philosophy and operations of Aboriginal health care services.

Aboriginal Community control is also about responsibility and accountability to the Community having regard for local cultural perceptions and imperatives.

The essence of Aboriginal Community control, in this context, distinguishes it from all other methods of control by the coming together of minds and experiences, harnessing talent and diverse abilities from within the local Aboriginal Community towards regaining and maintaining its well-being.”

Source: National Aboriginal Community Controlled Health Organisation (NACCHO)

Appendix 2

Historical Reports

For over twenty years, or one generation - major government reviews and reports, at both Commonwealth and State level, have documented the poor health status of , Aboriginal people frequently recording commitments and policy recommendations by government to redressing this situation.

Despite these reports, reviews and strategies improvement in health outcomes for Aboriginal and Torres Strait Islander peoples, equitable to the rest of the community, has not been achieved.

Major reports include:

Commonwealth Department of Health. National Plan for Aboriginal Health (1973) - aimed to "raise the standard of health of the Aboriginals of Australia to the levels enjoyed by their fellow Australians"⁵ within ten years.

House of Representatives Standing Committee on Aboriginal Affairs. Report on Aboriginal Health (1979) - acknowledged that the targets of the National Plan would not be achieved. The highest priority was given to the provision of basic environmental health facilities, especially safe water supplies. The resulting Aboriginal Public Health Improvement Program ran from 1981 to 1985.

Commonwealth Program Effectiveness Review Committee Aboriginal Health (1980) - was prepared as a comprehensive review of Aboriginal health, providing an insightful assessment of policy and programs together with an evaluation and recommendations. It was never released.

NSW Task Force on Aboriginal Health. Report to the Minister for Health (1983) - drawing on submissions and meetings with interested parties in over 70 towns and communities, the report recommended radical changes in the allocation of resources for Aboriginal health in NSW:

- devolution of control over Commonwealth funds to Aboriginal community controlled medical services
- increase in the total resources allocated to Aboriginal health
- the integration of prevention programs with the general Community Health Program
- the establishment of an Aboriginal Health Resources Committee to advise governments regarding policies and resources affecting Aboriginal health.

NSW Ministerial Committee of Review into Aboriginal Health. Report to the Minister for Health (1987) - developed in conjunction with the Aboriginal Health Resource Committee now called the AHMRC, made strategic recommendations regarding funding allocations, staffing, Aboriginal representation on Hospital Boards, role of the Aboriginal Health Unit, the need for a coordinated health strategy, health priorities, family support networks, transport, deaths, responsibilities of other agencies, mainstream health services, education, careers and employment.

NAIHO Report of the National Workshop on Ethics of Research in Aboriginal Health (1987) - sets out how ethical responsibilities are to be carried out in research in Aboriginal health.

The National Health and Medical Research Council (NH&MRC) has adopted Ethical Guidelines arising from this report. The Royal Commission into Aboriginal Deaths in Custody (RCADIC) recommended that the NH&MRC's Advisory Notes on Aboriginal health research be a condition of Aboriginal health research funding.

Royal Commission into Aboriginal Deaths in Custody. Report (1989) - details twenty six recommendations specifically relating to health, including:

- the development of culturally appropriate service delivery,
- increased employment and education of Aboriginal health professionals together with special training of all health care workers in Aboriginal health,
- representation of Aboriginal people on Hospital Boards and in other decision making roles,
- the importance of Aboriginal community controlled health services in providing a broad range of functions in Aboriginal health,

- expansion of mental health services for Aboriginal people ;
- involvement of Aboriginal people in the development of Aboriginal health information and compliance with the NH&MRC ethical guidelines in Aboriginal health research.

Many of the recommendations of the Royal Commission are still to be implemented. The NSW Government is committed to implementing those recommendations for which it has the responsibility or power to implement.

National Aboriginal Health Strategy Working Party. A National Aboriginal Health Strategy (1989) - provides a comprehensive approach to improved health for Aboriginal people, including the involvement of Aboriginal people in health care, intersectoral co-ordination and monitoring of service delivery.

The NSW Government is a signatory to the National Aboriginal Health Strategy and committed to its implementation, recognising that there are recommendations which still have action outstanding.

Aboriginal Health Development Group NAHS Report to Commonwealth, State and Territory Ministers for Aboriginal Affairs and Health (1989) - the Development Group was established by the Commonwealth, State and Territory Ministers for Health and Aboriginal Affairs to advise on the implementation of the NAHS, in particular structural arrangements, areas for early action and funding guidelines for new programs and services.

Community Advisory Group on the Implementation of the National Aboriginal Health Strategy. Report (1990) - the Community Advisory Group was established by the Commonwealth Minister for Aboriginal Affairs following unanimous rejection by Aboriginal Community Controlled Health Services, of the need for a Development Group. It comprised community elected Aboriginal Health Service representatives (the Interim Council of Aboriginal Health), was asked to examine the NAHS and to advise on its implementation. The Advisory Group made a series of recommendations to the Development Group over a period of time in

response to the Development Group's draft interim report. Many of these were included in the Development Group's final Report.

Commonwealth Department of Health. Review of Hospital Casualty Services in Aboriginal Health (1990) - was undertaken following the recommendation of the Interim Report of the Royal Commission into Aboriginal Deaths in Custody that a review be done of hospital casualty services in communities with significant Aboriginal populations.

NSW Task Force on Aboriginal Health. The Last Report (1990) - was developed by a Task Force of Aboriginal people involved in health, from both the government and community sides. The report outlines a community development direction for improving Aboriginal health, and includes recommendations.

The Last Report notes, as its final comment: "Reports don't fix things, people do. We'll fix our health ourselves if we have the chance. The recommendations of the 'Last Report' give us that chance"⁶

Many of the recommendations of *The Last Report* have been implemented.

Council of Australian Governments. National Commitment to Improved Outcomes in the Delivery of Programs and Services for Aboriginal peoples and Torres Strait Islanders (1992) - committed the States, Territories and Commonwealth to improved outcomes for Aboriginal peoples and Torres Strait Islanders to achieve greater co-ordination of the delivery of programs and services by all levels of government. It outlines the requirement to redress the causes of inequity, to jointly plan and provide services, to agree on principles and national objectives and to provide a framework of bilateral agreements between governments.

Aboriginal Medical Service Co-operative Ltd. NSW Aboriginal Mental Health Report (1993) - outlines the vulnerability of the Aboriginal community to mental ill-health, citing underlying causes and suggesting directions of future service development in administration, program orientation and research. It calls for the inclusion in the National

Mental Health Policy of a specific section addressing the needs of the Aboriginal community.

NSW Department of Health. Aboriginal Health

Goals for New South Wales (1993) - outlines goals and targets in ten priority areas following agreement to the implementation of the *National Aboriginal Health Strategy*.

Evaluation Committee. The National Aboriginal Health Strategy: An Evaluation (1994) - found that the NAHS was not effectively implemented and details reasons for this, including: structural and administrative barriers, inappropriate organisational, resource allocation and community partnership arrangements and a lack of accountability of Governments in implementing the Strategy.

Social Justice Commission. Second Report (1994) - highlights the failure of the public health system to achieve improved Aboriginal health outcomes, outlining three key reasons:

- fundamental differences on the perspective on health held by Aboriginal people at community level and by those who design and administer health programs
- programmatic funding based on the needs of centralised bureaucracy before the needs of human beings
- failure to fund properly and to implement the NAHS in a coordinated way, including through implementation structures such as the Council of Aboriginal Health.

NSW Department of Health. NSW Aboriginal Family Health Strategy (1995) - outlines the policy context, issues, strategic aims, processes and resources by which a reduction in family violence and sexual assault in Aboriginal communities in NSW is to be achieved.

Commonwealth of Australia. Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health (1995) - this two part report by Sr Pat Swan and Professor Beverley Raphael constitutes a National Aboriginal and Torres Strait Islander Mental Health Policy and Plan. It includes guiding Principles, Strategies and

Targets to improve the mental health and well-being of the Aboriginal and Torres Strait Islander population.

State of NSW and AHRC. NSW Partnership Agreement. (1995) - this agreement between the NSW Government, through its Health Portfolio, and the AHRC outlines the principles and processes by which the Minister for Health is advised on Aboriginal Health policy, strategic planning and broad resource allocation issues.

Commonwealth of Australia, State of NSW, ATSI and the AHRC. Agreement on Aboriginal and Torres Strait Islander Health (1996) - the goal of this Agreement, flowing from the 1992 Council of Australian Governments National Commitment, is for Aboriginal and Torres Strait Islander peoples to achieve health outcomes which are equitable with the broader community.

The Agreement outlines specific agreements, respective roles and responsibilities, intersectoral collaboration and reporting and monitoring arrangements relating to:

- improving access to both mainstream and Aboriginal Health Services,
- increasing the level of resources to reflect the level of need,
- joint planning, and
- data collection and evaluation.

The Agreement will operate until 30 June 2000.

Appendix 3

The NSW Aboriginal Health Strategic Plan and Related Plans

NSW Aboriginal Health Strategic Plan

The NSW Aboriginal Health Strategic Plan will identify key priorities for action to improve the health of the Aboriginal peoples of NSW. The plan will consist of a set of strategies to address these priorities, performance indicators and identified responsibilities for implementation and strategies to monitor the implementation of the Plan will be developed.

A significant feature of the Plan is the co-ordination between the various levels of government and the Aboriginal community controlled sector. Particular emphasis is given to improving co-ordination between the NSW public health system and Commonwealth-funded health services in planning and delivery of health services. The Plan will enable a practical and achievable application of the principles and goals set out in *Ensuring Progress in Aboriginal Health: A Policy for the Health System* (NSW Health Department, 1998).

The *Agreement on Aboriginal and Torres Strait Islander Health* (1996) committed its signatories to joint planning processes with respect to existing and new services.

The *NSW Aboriginal Health Strategic Plan* is being developed by representatives of the signatories to the *Agreement* and other key stakeholders. It will be informed by AHMRC-led consultations and priority settings with Aboriginal communities.

The signatories to the *Agreement* are the NSW Minister for Health, the Commonwealth Minister for Health and Family Services, the then Aboriginal Health Resource Co-operative (AHRC) and the Chairperson of the Aboriginal and Torres Strait Islander Health Commission (ATSIC).

Local Aboriginal Health Planning Processes

The AHMRC-led planning process with local Aboriginal communities is currently being carried out in partnership with Area Health Services. This planning process enables needs to be identified and priorities established by Aboriginal communities. Results of this process will be utilised to inform the development and implementation of Area Aboriginal Health Strategic Plans.

Area (Regional) Aboriginal Health Strategic Plans

Area Health Services are required to develop Area Aboriginal Health Strategic Plans (sometimes referred to as Regional plans). Whilst Area Health Services are required to lead the planning process, it is expected that the collaborative planning process articulated in the *Agreement* be reflected in the Area Plan. Commonwealth funded health services including Aboriginal community controlled health organisations, other providers such as Divisions of General Practice and other organisations such as ATSIC and Aboriginal Land Councils need to be involved in this planning process.

Aboriginal community input to the Area Plan is provided through the local Aboriginal health planning process and additional community consultations as considered necessary by Area Health Services.

Anticipated outcomes include improved continuity of care, reduction in duplication of services and potential for innovative service delivery.

Appendix 4

Aboriginal Terms of Reference

“Aboriginal terms of reference (ATR) encompass the cultural knowledge, understanding and experiences that are associated with a commitment to Aboriginal ways of thinking, working and reflecting. ATR incorporates specific and implicit cultural values, beliefs and priorities from which Aboriginal standards are derived, validated and practiced. These standards vary according to the diverse range of cultural values, beliefs and priorities from within local settings and specific contexts”.⁷

“The Principles of Aboriginal Terms of Reference include:

- appreciation of Aboriginal diversity;
- reaffirmation of Aboriginal culture;
- confirmation of identify in the context of own Aboriginal environment;
- identification of Aboriginal issues relating to that environment,
- recognition of historical, cultural, political and economic realities;
- validation by group for assessment in achieving a negotiated standard; and
- developing individual and collective options for the future.

Aboriginal Terms of Reference is a process oriented way of working and learning to:

- build a picture of an organisation’s internal environment and of external forces,
- identify and analyse the issues from the picture and assess the resources available within and without to deal with them;
- plan - including developing an ability to assess information provided from the process and using it to develop short and long term goals;
- implement the plan by identifying approaches which fit with culture;
- evaluate outcomes to determine the gaps and barriers; redefine the plan to incorporate changes; and
- recycle the above stages as a when necessary in accordance the Aboriginal Terms of Reference.

Aboriginal Terms of Reference are important because they:

- are a process of learning and working that reflects the reality of the group;
- are an effective way to transfer skills and knowledge to achieve government policy goals, such as self-management and self-determination; and
- incorporate community development principles which facilitate re-empowerment to explore choices based on group values and beliefs.

Aboriginal Terms of Reference set the policy for discussion, determine what should be reality, what is acceptable within that reality, the ways in which to achieve what is acceptable, and the ways in which to evaluate these processes and results.”.⁸

Endnotes

1. *Report of the NSW Chief Health Officer*, NSW Health, 1997
2. *Report of the NSW Chief Health Officer*, NSW Health, 1997
3. *NSW Government Statement of Commitment to the Aboriginal People of NSW*, Department of Aboriginal Affairs, 1997
4. *National Aboriginal Health Strategy*, National Aboriginal Health Strategy Working Party 1988
5. *A National Aboriginal Health Strategy*, National Aboriginal Health Strategy Working Party 1988
6. The NSW Task Force on Aboriginal Health. *The Last Report Summary* 1990. p16.
7. Community Services, Health and Education Industry Training Council, *Competency Standards Report*. Perth 1995
8. *National Aboriginal Training Strategy for Aboriginal and Torres Strait Islander Health Workers and Professionals Working in Aboriginal and Torres Strait Islander Health*. National Health and Medical Research Council, 1997.