

# New South Wales

## ABORIGINAL HEALTH

### *Strategic Plan*



NSW HEALTH DEPARTMENT

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September 1999

## Background to this Strategic Plan

This Strategic Plan is an initiative under the NSW Aboriginal Health Partnership and the *NSW Aboriginal & Torres Strait Islander Health Agreement (1996)*. Its purpose is to present strategies to improve health outcomes for Aboriginal and Torres Strait Islander peoples and to address the issues raised in the Aboriginal health planning process in New South Wales.

This Plan is to be implemented in partnership.

## Conceptual Framework

The conceptual framework of this plan incorporates strategic directions addressing some of the most pressing Aboriginal health issues. These are considered in the context of a number of cross sectional considerations relating to structures, resources and reporting requirements. (see Figure 1)

## Policy Context

The key documents which form the background of this Strategic Plan are listed below:

- *Ensuring Progress - NSW Aboriginal Health Policy 1998*
- *National Aboriginal Health Strategy 1989 (NAHS)*
- *Recommendations of the Royal Commission into Aboriginal Deaths in Custody 1991*
- *Aboriginal & Torres Strait Islander Social Justice Commissioners Second Report 1994*
- *Ways Forward – The National Consultancy Report on Aboriginal & Torres Strait Islander Mental Health 1995*
- *NSW Aboriginal Mental Health Policy 1997*
- *Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children 1997*
- *NSW Aboriginal Health Information Strategy 1998 (including NSW Aboriginal Health Information Guidelines and Memorandum of Understanding)*

The NSW Aboriginal Health Policy provides a demographic account of Aboriginal health.

## An important note about Aboriginal Health Information

**Data Collection:** While Aboriginality is substantially under reported in NSW mainstream data collection systems, available data supports the proposition that the health of Aboriginal people corresponds with that of people and communities in third world countries.

**Recent Developments:** The NSW Department of Health is committed to improving the collection of data in mainstream and Aboriginal community controlled health services and a NSW Aboriginal Health Information Strategy has been developed.

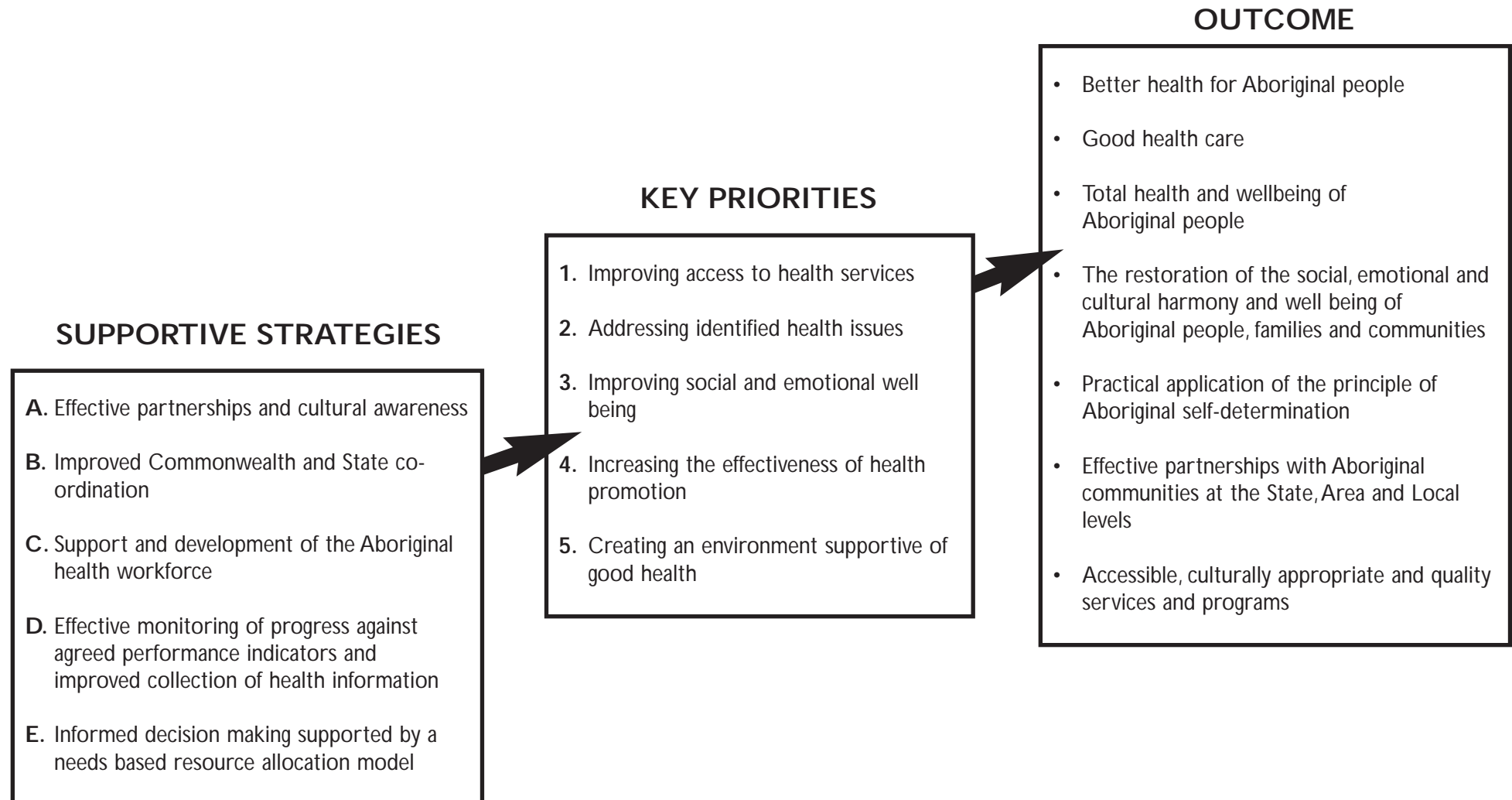
Aboriginal health information provides an essential tool in planning and evaluation. Of equal importance is "ensuring consistency and appropriateness in the management of health and health related information about Aboriginal people in NSW." Consequently,

the first stage of the Aboriginal Health Information Strategy was the development of the NSW Aboriginal Health Information Guidelines. This document was launched in 1998 and expounds the ethical principles and protocols applicable to the collection of Aboriginal health information in NSW.

The Guidelines form the subject of a Memorandum of Understanding signed by the NSW Minister for Health and the Aboriginal Health and Medical Research Council of NSW. The Memorandum states "...there needs to be clear guidance in the NSW health system in relation to the collection, ownership, storage, security, access, release, usage, reporting and interpretation of information as well as confidentiality and privacy."

[Figure 1]

## NSW Aboriginal Health Strategic Plan Conceptual Framework



## The role of Aboriginal Health Partnerships

**Commonwealth:** The *NSW Aboriginal and Torres Strait Islander Health Agreement* (1996) establishes an Aboriginal Health Forum to facilitate the process of joint planning at a statewide level, involving the NSW Department of Health, the Commonwealth Department of Health and Aged Care, the Aboriginal Health and Medical Research Council of NSW (AH&MRC) and the Aboriginal and Torres Strait Islander Commission (ATSIC).

**State:** The *NSW Aboriginal Health Partnership* was formed in 1995 and a subsequent Partnership Agreement was signed in 1997 following a review. The Partnership provides the NSW Minister for Health with "agreed positions relating to Aboriginal health policy, strategic planning and broad resource allocation issues."

Both the NSW and Commonwealth Agreements are consistent with the principles of the NAHS with respect to Aboriginal community control, a partnership approach and intersectoral collaboration.

**Local/Area:** The NSW Aboriginal Health Partnership is to be replicated throughout the state by the establishment of Local/Area Aboriginal Health Partnerships. (See Figure 2) The Local/Area Partnerships will play a vital role in the organisation and co-ordination of resources to address Aboriginal health issues identified in the Local Aboriginal Health Plans (LAHPs) and the Area Health Service Aboriginal Health Strategic Plans. While the Local/Area Partnerships are between the Area Health Services and the local Aboriginal community controlled health services (ACCHS), the involvement of other service providers (eg. GPs and other relevant organisations) through working groups will enhance the effective co-ordination and delivery of health services.

## The Aboriginal Health Planning Process

**Local Aboriginal Health Plans (LAHPs):** The *NSW Aboriginal Health Partnership Agreement* and the *Aboriginal and Torres Strait Islander Agreement* specify that Local Aboriginal Health Plans (LAHPs) will be developed by Aboriginal communities with the assistance of

the AH&MRC. The LAHPs will be a primary source of Aboriginal community health information.

**Area Health Service Aboriginal Health Plans:** Area Health Service Aboriginal Health Plans will be developed and implemented at the Area level. Local Aboriginal Health Plans will inform the Area Plans and provide the basis of strategic planning by Local /Area Partnerships.

The Local/Area Aboriginal Health Partnerships are ideally suited to evaluate and monitor the implementation of the Local and Area Health Plans.

**NSW Aboriginal Health Strategic Plan:** This Plan is a response to state wide issues identified through the Local and Area planning process and government policies and priorities in Aboriginal health. Figure 3 shows the NSW Aboriginal health planning process.

[Figure 2]

### NSW Aboriginal Health Strategic Plan Aboriginal Health Partnership Structure

## PARTIES TO PARTNERSHIP AGREEMENTS

#### NSW ABORIGINAL HEALTH PARTNERSHIP AGREEMENT THE PARTIES

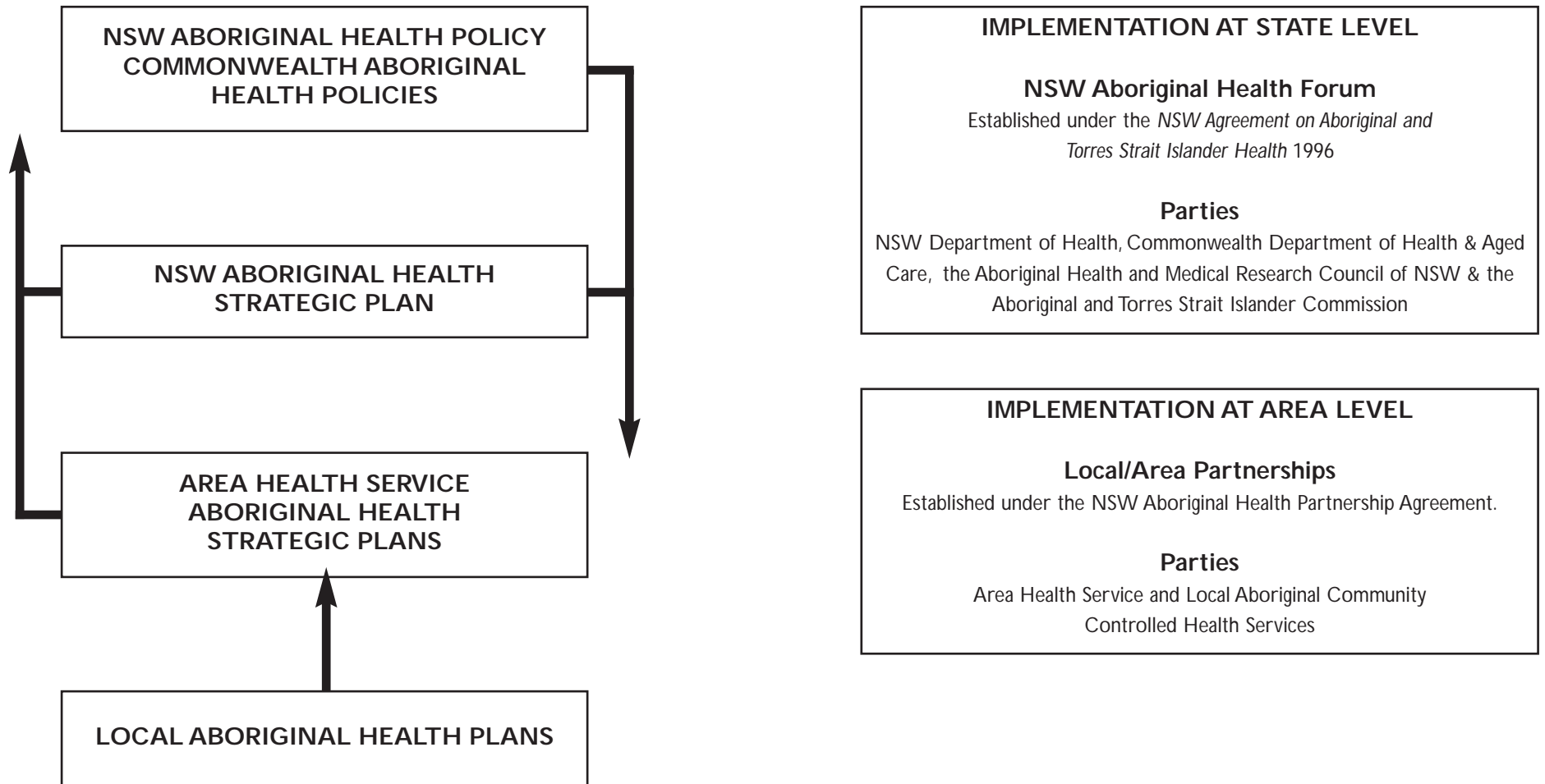
Minister for Health NSW Department of Health	Aboriginal Health and Medical Research Council of NSW
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#### LOCAL/AREA ABORIGINAL HEALTH PARTNERSHIPS THE PARTIES

CEO, Area Health Service Chairperson, AHS Board	CEO, Aboriginal Community Controlled Health Service Chairperson, ACCHS Board
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[Figure 3]

## NSW Aboriginal Health Strategic Plan Aboriginal Health Planning Process and Implementation



## Evaluation of this Strategic Plan

Responsibilities of all parties to the *NSW Agreement on Aboriginal and Torres Strait Islander Health* and the *NSW Aboriginal Health Partnership Agreement* for the implementation of strategies will be measured against agreed progress indicators. As outlined in Figure 3, at a State level, progress on the implementation of this plan will be monitored by the Aboriginal Health Forum. At an Area Health Service level, implementation will be undertaken through the Local/Area Aboriginal Health Partnerships. Progress will be monitored through Area Health Service Performance Agreements and will also be reported annually to the Australian Health Ministers Advisory Council (AHMAC).

## Supportive Strategies of This Plan

### A. Effective Partnerships & Cultural Awareness

The aim of the NSW Aboriginal Health Partnership is to ensure that the expertise of Aboriginal communities is brought to the health care processes. The AH&MRC of NSW and the NSW Government through its health portfolio are equal members of this Partnership.<sup>1</sup> This is reflected at the Local/Area level where Partnerships exist between Area Health Services (AHS) and the Local Aboriginal Community Controlled Health Services (ACCHS). This Partnership is complemented by the Commonwealth/State partnership established by the *NSW Agreement on Aboriginal & Torres Strait Islander Health*.<sup>2</sup>

Working partnerships are essential in providing equitable access to appropriate health services that address the issues underlying the disadvantage of Aboriginal people and communities.<sup>3</sup> In this regard, service providers and other relevant organisations, (eg. GPs, substance abuse services, Aboriginal Land Councils, Royal Flying Doctors Service, etc.) would be encouraged to support local service development through participation in working groups of the Local/Area Partnerships.

Cultural understanding shapes the provision of health services. Understanding of Aboriginal culture must be applied in order to achieve improved Aboriginal health outcomes.<sup>4</sup> The local Aboriginal Health Plans have identified that the employment of Aboriginal personnel throughout the public health system assists in improving the cultural sensitivity of services.<sup>5</sup> It is also recognised that cultural awareness education can promote cultural sensitivity in the health care setting.

<sup>1</sup> NSW Aboriginal Health Partnership Agreement, January 1997

<sup>2</sup> NSW Agreement on Aboriginal & Torres Strait Islander Health 1996

<sup>3</sup> Ensuring Progress – Aboriginal Health Policy 1998, p.5

<sup>4</sup> loc. cit.

<sup>5</sup> See NSW Health Aboriginal Employment Strategy

### B. Improved Commonwealth and State Co-ordination

The *NSW Agreement on Aboriginal & Torres Strait Islander Health* addresses the need for improved Commonwealth and State co-ordination to achieve health outcomes for Aboriginal people which are equitable with the broader community. This will require a co-operative and sustained effort from all parties.<sup>6</sup>

The *NSW Agreement on Aboriginal & Torres Strait Islander Health* addresses the need for joint planning, increased resources, improved access to mainstream and Aboriginal specific health services, intersectoral collaboration and for the provision of culturally sensitive and ethically sound privacy and confidentiality protocols for the routine collection of standardised data on Aboriginal health.

### C. Support and Development of the Aboriginal Health Workforce

Under the auspices of the *NSW Agreement on Aboriginal & Torres Strait Islander Health* there has been agreement to implement programs and strategies to improve the status of Aboriginal health workers to achieve agreed training and employment outcomes.

The Commonwealth and States agreed in October 1998 to undertake a comprehensive national review of Aboriginal health worker training. The Commonwealth will support a national consultation process and identify priorities for further development. Following this, the NSW Aboriginal Health Forum will identify state training requirements.

The role of Aboriginal health workers in Aboriginal community controlled health services is defined within the context of the National and Aboriginal Community Controlled Health Organisation (NACCHO) and AH&MRC primary health care definitions.<sup>7</sup> This incorporates health and health related services and is recognised in the Multilateral Agreement.<sup>8</sup> Their key responsibilities are determined by a board of Directors and include the delivery of a holistic primary health care service.

<sup>6</sup> NSW Aboriginal and Torres Strait Islander Health Agreement (1996), 1.2

<sup>7</sup> AH&MRC Statement on Primary, Secondary & Tertiary Health Care Services to Aboriginal Communities

<sup>8</sup> NSW Aboriginal and Torres Strait Islander Health Agreement (1996), Attachment 1, Interpretation

Aboriginal health workers who are involved in service provision to their communities are often in high demand due to extent of ill health and the expectation of service beyond normal working hours.

In order to support Aboriginal health workers, Area Health Services need to ensure that appropriate organisational structures are in place which link Aboriginal staff with non-Aboriginal service providers, and which facilitate appropriate clinical and managerial support.

#### **D. Effective Monitoring of Progress against Performance Indicators and Improved Collection of Health Information**

National Aboriginal Health Performance Indicators, which are awaiting further technical refinement, were reported against by all state jurisdictions in 1997 and 1998.

In order to measure improvements and effectively target funding to programs which will improve the health of Aboriginal people, strategies are required to:

- Develop robust performance indicators
- Improve data collection
- Improve reporting processes

Health data collection is being addressed within NSW through the *NSW Aboriginal Health Information Strategy 1998* (see p.2 above).

#### **E. Informed Decision Making supported by a Needs Based Resource Allocation Model**

Equity in funding for Aboriginal health continues to be a significant issue. In the *NSW Agreement on Aboriginal and Torres Strait Islander Health*, there is a commitment to increasing levels of resources to reflect the higher health need of Aboriginal people both within the mainstream and Aboriginal community controlled health sectors.<sup>9</sup>

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<sup>9</sup> *ibid.* Aim, 2.0

As a measure to ensure equity in resource allocation within the state a working group has been established to develop an Aboriginal resource allocation policy and formulae which reflect the Aboriginal health needs identified with the planning process.

## **Key Priorities of this Plan**

### **1. Improving Access to Health Services**

The National Aboriginal Health Strategy 1989 recognised Aboriginal community controlled health services (ACCHSs) "as being the most efficient and effective way to deliver holistic primary health care to the Aboriginal community".<sup>10</sup>

This approach incorporates the principles of Aboriginal community control and cultural appropriateness. The principle of Aboriginal community control is also an integral part of the NSW Aboriginal Health Partnership.<sup>11</sup>

The NSW Department of Health is committed to improving health outcomes for Aboriginal people through greater access to both mainstream and Aboriginal specific health and related programs.<sup>12</sup>

The range of primary health care providers in NSW comprises ACCHSs, health services provided through the public health system and general practitioners (GPs). Studies reveal that whilst Aboriginal people under-utilise the public health system and GP services their use of inpatient services is high. A range of issues impact on the access to and utilisation of primary health care services, including distance, cost, lack of information and cultural insensitivity. In some regions, access to GPs who bulk bill is non-existent.

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<sup>10</sup> National Aboriginal Health Strategy (1989)

<sup>11</sup> NSW Aboriginal Health Partnership Agreement 1997, Guiding Principles

<sup>12</sup> NSW Aboriginal and Torres Strait Islander Health Agreement (1996), Aim, 2.0

Access to specialist services throughout many parts of NSW is severely limited by distance and availability. Better access to specialist care is needed.

Improving access to health services involves effective networking within the Partnership structure (see Figure 2). The strategies in this Plan are aimed at addressing the obstacles through a partnership approach. Consequently, responsibility for implementation of some of the strategies fall upon the range of service providers as well as the NSW Department of Health and Commonwealth Department of Health and Aged Care.

## 2. Addressing Identified Health Issues

The critical health problems identified in the Local Aboriginal Health Plans and the NSW Chief Health Officer's reports<sup>13</sup> are many. Their diversity, interrelationship and urgency make it difficult to set exclusive priorities. This Strategic Plan focuses on a set number of issues that were frequently identified by local Aboriginal communities, however, this is not intended to impinge on but rather complement the projects which already exist at the Local and Area levels targeting other priorities.

Recognising that disease prevention is generally required, the areas identified here are:

- Diabetes and Diseases of the Circulatory System
- Eye Health
- Maternal, Infant and Child Health
- Oral Health

Issues relating to the social and emotional well being of Aboriginal people are dealt with separately (see below).

## 3. Improving Social and Emotional Well Being

The policy context of this Plan refers to:

- *Ways Forward – The National Consultancy Report on Aboriginal & Torres Strait Islander Mental Health, 1995*
- *NSW Aboriginal Mental Health Policy, 1997 and*
- *Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children, 1997*

All these reports highlight the significant impact of past government policies and practices.<sup>14</sup> The NSW Aboriginal Health Policy states that 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.<sup>15</sup>

Aboriginal Social and Emotional Well Being is a particular target area of both the State and Commonwealth governments. This Strategic Plan addresses some of the following issues:

- Stolen Generations
- Prevention of youth suicide
- Substance abuse and information
- Local issues
- Education

<sup>13</sup> NSW Chief Health Officer's Annual Report – NSW Health

<sup>14</sup> NSW Aboriginal Mental Health Policy, 1997, Historical Background, p.6

<sup>15</sup> Ensuring Progress – NSW Aboriginal Health Policy 1998, p.5

#### 4. Increasing the Effectiveness of Health Promotion

Effective health promotion has the potential to reduce morbidity amongst Aboriginal people through the effective targeting of known major causes of morbidity and mortality.

ACCHSs incorporate health promotion in the delivery of holistic primary health care.

Whilst some diseases may be attributed to lifestyle factors, and therefore preventable, the powerlessness experienced by many is a factor that also needs to be addressed as part of health promotions programs. Local Aboriginal community empowerment is an important component of the strategies in this Plan which includes:

- Injury prevention
- Family violence

A number of health promotion strategies relating to:

- Maternal and Child Health

are included within the Key Priorities section.

#### 5. Creating an Environment Supportive of Good Health

The *National Aboriginal Health Strategy* (1989) highlighted the impact of environmental factors on the health of Aboriginal people. Housing, water quality, sewerage and waste disposal systems remain at an inferior standard for many Aboriginal communities. The NSW Government has recently developed the Aboriginal Communities Development Project, on which the parties of the Aboriginal Health Forum are represented, to address the environmental health and infrastructure issues in Aboriginal communities in NSW.

Problems are compounded by the multiplicity of agencies involved and the failure of many to meet their obligation about the delivery of a healthier environment. Intersectoral collaboration is required to address these problems.

## Supportive Strategy A: Effective partnerships and cultural awareness

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>A1</b> Establish Aboriginal Health Partnerships	Establish effective Aboriginal Health Partnerships at the Local/Area level between Area Health Services and Aboriginal community controlled health services.	Local Area Partnership Agreements in all Area Health Services and ACCHSs.	CEOs, ACCHSs; CEOs, Area Health Services	June 2000	Local Area Partnership Agreements established and signed.
<b>A2</b> Collaboration	Each Area Health Service through local partnerships to develop one collaborative Aboriginal health initiative per annum with other organisations.	Improved collaboration between Area Health Services, ACCHSs and other organisations.	CEOs, ACCHSs; CEOs, Area Health Services	June 2000	One collaborative initiative developed and implemented.
<b>A3</b> Cultural Awareness	Implementation of cultural awareness training guidelines, initially targeting executive level staff, all frontline staff and Nurse Unit Managers in hospitals.	Improved cultural awareness and sensitivity in service delivery.	CEOs, Area Health Services	June 2000	Percentage of staff who have undertaken training.
<b>A4</b> Quality improvement	Each Area Health Service to develop and implement one quality improvement project to improve cultural awareness amongst service providers.	Improved cultural awareness amongst service providers.	CEOs, Area Health Services	March 2000	Project completed.
<b>A5</b> Reader Friendly Information	Develop a reader friendly information kit on Aboriginal health for the NSW public Health system.	Improved information on Aboriginal health amongst staff in the NSW public health system.	Director, Aboriginal Health Branch	December 1999	Information kit completed and distributed to Area Health Services.

## Supportive Strategy B: Improved Commonwealth and State Co-ordination

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>B1</b> NSW Aboriginal Health Forum	To participate in the NSW Aboriginal Health Forum and implement recommendations including implementation of this Plan.	Improved co-ordination between the members of the NSW Aboriginal Health Forum.	NSW Aboriginal Health Forum	Ongoing	Participation of the members of the Forum.

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>B2</b> Joint Planning	To undertake all planning initiatives jointly among key stakeholders on the Aboriginal Health Forum as provided for in the Multilateral Agreement.	Improved planning and co-ordination.	NSW Aboriginal Health Forum	Ongoing	All planning initiatives undertaken jointly.
<b>B3</b> Information on funding	Each Department to provide information to the NSW Aboriginal Health Forum on the allocation of targeted Aboriginal health funds throughout NSW on an annual basis.	Enhanced capacity for co-ordinated planning.	Deputy Director-General, Policy, NSW Health; State Manager, Commonwealth Department of Health and Aged Care; ATSIIC	Ongoing	Information provided.
<b>B4</b> Increase Resources in Aboriginal health	Commonwealth and State to increase the general level of resourcing in the area of Aboriginal health.	Increased level of resources and funding for Aboriginal health in NSW.	Director-General, NSW Health; State Manager, Commonwealth Department of Health and Aged Care	Ongoing	Increased levels of resources and funding.
<b>B5</b> Data Protocols	To implement the recommendations of the Multilateral Agreement in relation to the protocols for the collection, use and dissemination of data and information on Aboriginal health.	Ethically sound principals applied in the collection, use and dissemination of data and information on Aboriginal health.	NSW Aboriginal Health Forum	Ongoing	Data protocols implemented.

### Supportive Strategy C: Support and Development of the Aboriginal Health Workforce

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>C1</b> National Initiatives	Collaborate with the Commonwealth on the development of the National Training and Employment Strategy for Aboriginal Health Workers.	Improved education, training and career development for Aboriginal health workers.	NSW Aboriginal Health Forum	July 2000	Effective participation in the National Training and Employment Strategy. Workforce issues in Aboriginal health being addressed.

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>C2</b> Clinical back-up	Area Health Services to establish systems which provide identified points of reference for clinical advice/back-up for all Aboriginal health workers.	Improved opportunities for skills development for Aboriginal health workers.	CEOs, Area Health Services	June 2000	Clinical advice/back-up for Aboriginal health workers provided.
<b>C3</b> Skills Development	Each Area Health Service to develop skills development plans for Area Health Service Aboriginal health workers.	Increased skills amongst Aboriginal health workers.	CEOs, Area Health Services	March 2001	Skills development plans for Area Health Service Aboriginal health workers developed.
<b>C4</b> NSW Aboriginal Employment Strategy	Implement the NSW Aboriginal Employment Strategy.	Increased numbers of Aboriginal people employed in Area Health Services and the NSW Department of Health.	CEOs, Area Health Services; Director-General, NSW Health	December 2000	Increased numbers of Aboriginal people employed in the NSW public health system.
<b>C5</b> Inservice Training	Area Health Services and ACCHSs to make available to each other inservice training where possible.	Improved skills and knowledge amongst Area and ACCHS staff.	CEOs, Area Health Services; CEOs, ACCHSs	January 2000	Opportunities for in-service training.
<b>C6</b> Aboriginal Public Health Officer Training	NSW Health continue to support the scholarship program and NSW Public Health Officer Training Program for Aboriginal people.	Access to graduate training and support for Aboriginal people.	Director-General, NSW Health	July 1999	Program continues.

### Supportive Strategy D: Effective Monitoring of Progress

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>D1</b> Uniform Reporting by Governments	Develop agreed key performance indicators for the Commonwealth, State, Area Health Services and ACCHSs and align reporting systems to reflect these where appropriate.	Measurable improvements.	NSW Aboriginal Health Forum	December 2000	Agreed performance indicators developed.
<b>D2</b> Area Health Service Performance Agreements	Performance Agreements between NSW Health and Area Health Services to have clear accountabilities and reporting requirements for improving Aboriginal health.	Clear accountabilities concerning Area Health Services.	Director-General, NSW Health	September 1999	Revised performance agreements.

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>D3</b> Data	Implementation of the NSW Aboriginal Health Information Strategy to improve recording of Aboriginality in all Area Health Service data collections.	Improved Aboriginal Health data collection.	Director-General, NSW Health; CEO, AH&MRC; CEOs, Area Health Services; CEOs, ACCHSs	December 1999	Improved identification of Aboriginal people in the Inpatient Statistics Collection for all NSW public hospitals.

### Supportive Strategy E: Informed Decision Making Supported by a Needs Based Resource Allocation Model

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>E1</b> Resource Allocation Policy	NSW Aboriginal Health Forum to develop in conjunction with the Aboriginal Health Partnership an Aboriginal health resource allocation policy.	Equitable distribution of targeted Aboriginal Health funding in NSW.	NSW Aboriginal Health Forum and NSW Aboriginal Health Partnership	March 2000	Resource allocation policy agreed and implemented.
<b>E2</b> Funding formulae	Identify through the Local Aboriginal Health Plans and supporting data, existing resource inequities across NSW and develop a remedial funding formula to ensure effective targeting of new Aboriginal health resources.	An equitable distribution of targeted Aboriginal health funds in NSW and improved access to primary health care.	NSW Aboriginal Health Forum	June 2000	Funding formula developed and implemented.

## KEY PRIORITIES

### Key Priority 1: Improving access to health services

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
1.1 Effective Partner-ship	Establish effective Aboriginal Health Partnerships at the Local/Area level between Area Health Services and Aboriginal Community Controlled Health Services.	Improved management and planning of Aboriginal health.	CEOs, Area Health Services; CEOs, ACCHSs	June 2000	Effective local Area partnerships established.
1.2 Effective Service Networks	Local Area partnerships to develop an effective linkage of ACCHSs, GPs and Area Health Services in order to ensure access to a network of primary health care services for Aboriginal people.	Provision of primary health care services for Aboriginal people.	CEOs, Area Health Services; CEOs, ACCHSs	March 2001	primary health care services established.
1.3 Better practice	NSW Health to establish a program to promote better practice in primary health care services for Aboriginal people with implementation to take place through local Area partnerships.	Better practice in primary health care services for Aboriginal people.	Deputy Director-General, Policy, NSW Health	December 2000	Program established and evidence of better practice established.
1.4 Better practice	Commonwealth Health to promote better practice in primary health care services for Aboriginal people, particularly services provided through ACCHSs and GPs.	Better practice in primary health care services for Aboriginal people.	State Manager, Commonwealth Department of Health and Aged Care	December 2000	Program established and evidence of better practice established.
1.5 Electronic Linkages	One-off funding to be provided to Aboriginal Community Controlled Health Services and General Practices for the electronic linkage of these services with the NSW public health system.	Improved capacity for, and timeliness of communication between Aboriginal health service providers.	Deputy Director-General, NSW Health; State Manager, Commonwealth Department of Health and Aged Care	May 2001	Electronic linkages established.

	<b>Strategy</b>	<b>Outcome</b>	<b>Responsibility</b>	<b>Target Date</b>	<b>Progress Indicator</b>
<b>1.6</b> GP Plans	Divisions of General Practice to incorporate into their strategic planning components relating to Aboriginal health, specifically, increased knowledge and understanding of Aboriginal communities and strategies to work collaboratively with Local Area Partnerships.	Better health care provision through increased knowledge and understanding.	State Manager, Commonwealth Department of Health and Aged Care; Deputy Director-General, Policy, NSW Health, Alliance of NSW Divisions of GPs	October 2000	Components included in plans.
<b>1.7</b> Capital Works	Develop business case to increase the annual allocation for the Aboriginal Minor Capital Works Program.	Increased funding for Aboriginal capital works available.	Director, Aboriginal Health Branch	November 1999	Business case submitted.
<b>1.8</b> Review of ACCHSs infrastructure	Conduct capital infrastructure review of ACCHSs to identify maintenance and infrastructure requirements.	Improved capacity to allocate capital funding according to need and relative priority.	State Director, OATSIH	October 1999	Review completed.
<b>1.9</b> Primary health care facilities	Commence construction of two additional Aboriginal health facilities in identified areas of need in 1999/2000 and a further two in 2000/2001, following completion of review of the NSW Community Health Post program.	Review completed and construction commenced.	NSW Aboriginal Health Forum	October 2000	Construction commenced.
<b>1.10</b> IPTAAS	Increase the allocation to IPTAAS and review IPTAAS guidelines to ensure increased access to IPTAAS by Aboriginal people.	IPTAAS accessible to Aboriginal people.	Deputy Director-General, Policy	January 2001	Review completed and IPTAAS allocation increased.
<b>1.11</b> Specialist Network	In conjunction with the AH&MRC, establish a committee with representation from medical specialists and surgeons to establish a network of specialist outreach health services to Aboriginal people.	Improved access to specialist health care by Aboriginal people.	NSW Aboriginal Health Forum	May 2000	Committee established and strategies identified.

	<b>Strategy</b>	<b>Outcome</b>	<b>Responsibility</b>	<b>Target Date</b>	<b>Progress Indicator</b>
<b>1.12</b> Nurse Practitioners	Develop opportunities to support nurse practitioner initiatives in identified areas of need, including positions in ACCHSs.	Increased access to nurse practitioner services.	Chief Nursing Officer	June 2000	Opportunities developed.
<b>1.13</b> Universities and Colleges	In collaboration with Universities and Colleges, identify potential opportunities to develop and implement strategies which improve recruitment and retention of specialist health service providers in rural NSW.	Improved recruitment and retention of specialist health service providers in rural NSW.	Director-General, NSW Health; State Manager, Commonwealth Department of Health and Aged Care	June 2001	Strategies developed and implemented.
<b>1.14</b> Royal Flying Doctor Service	Identify potential capacity for the Royal Flying Doctor Service (RFDS) to provide additional health services in order to provide improved and increased services to Aboriginal people.	Improved access to health services in rural NSW.	NSW Aboriginal Health Forum	December 1999 and ongoing	Potential for additional health services identified.
<b>1.15</b> Transport	Review and prepare a discussion paper on transport services for Aboriginal communities in NSW to present to relevant Government agencies.	Identification of transport needs.	Director, Aboriginal Health Branch; CEO, AH&MRC.	December 1999	Discussion paper completed and presented to relevant government agencies.
<b>1.16</b> Accommodation	Conduct a feasibility study into providing transitory, affordable accommodation for Aboriginal people requiring secondary/tertiary health services at major referral centres in NSW.	Strategies developed to improve access to affordable accommodation for Aboriginal people requiring secondary /tertiary health services at major referral centres.	NSW Aboriginal Health Forum	October 2001	Feasibility study completed and strategy developed.
<b>1.17</b> Clinical Priority	Review existing guidelines to ensure that the allocation of clinical priority for admission for booked procedures adequately recognises the health status and needs of Aboriginal people.	Appropriate clinical priority given to Aboriginal people.	Deputy Director-General, Policy; CEO, AH&MRC	March 2001	Revised guidelines issued.
<b>1.18</b> Key Common-wealth initiatives	Implementation of agreed key Commonwealth initiatives as identified by the NSW Aboriginal Health Forum.	Commonwealth initiatives implemented in NSW in co-ordination with the NSW Aboriginal Health Forum.	NSW Aboriginal Health Forum	Ongoing	Initiatives implemented.

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
1.19 Clinical referral procedures	Develop guidelines for Aboriginal health workers on the appropriate clinical referral procedures for their clients.	Aboriginal people referred in accordance with their clinical need by Aboriginal Health Workers.	CEOs, Area Health Services, CEOs, ACCHSs	May 2000	Guidelines developed and implemented.
1.20 Corrections Health	Provide appropriate health services to Aboriginal inmates of correctional facilities.	Improved access and services for Aboriginal inmates.	Director, Aboriginal CEO, Corrections Health; State Director, OATSIH; CEO, AH&MRC	June 1999 December 1999	Aboriginal health plan completed Appropriate services commenced.

## Key Priority 2: Addressing Identified Health Issues

### Disease Prevention

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
2.1 Disease prevention	Local Area partnership to identify priorities for disease prevention and implement strategies and protocols to address those priorities.	Priorities identified and strategies implemented for disease prevention.	CEOs, Area Health Services; CEOs, ACCHSs	Ongoing	Protocols and strategies developed and implemented.
2.2 Disease registers and patient recall systems	Area Health Services and ACCHSs to establish co-ordinated disease registers and patient recall systems to enable early intervention, effective management and follow up.	Early intervention and effective management and follow-up of diseases.	CEOs, Area Health Services; CEOs, ACCHSs	June 2001	Disease registers and patient recall systems established.

## Diabetes and diseases of the circulatory system

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>2.3</b> Plan for diabetes	Develop a joint plan for diabetes for Aboriginal people, including better practice standards of care building on the Systematic Review of Existing Evidence and Primary Care Guidelines in the Management of Non-Insulin Dependent Diabetes in Aboriginal and Torres Strait Islander People (1997) and provide resources to ACCHSs and Area Health Services to enable implementation.	Improved access and services for Aboriginal people with or at risk of diabetes.	NSW Aboriginal Health Forum	November 2000	Plan developed.
<b>2.4</b> Diseases of the circulatory system	Establish committee consisting of NSW Health, Commonwealth Department of Health, AH&MRC the Heart Foundation and College of Physicians to develop a long term strategy for the early detection and management of diseases of the circulatory system in Aboriginal people.	Long term strategy developed for the early detection and management of diseases of the circulatory system in Aboriginal people.	NSW Aboriginal Health Forum	March 2001	Long term strategy developed.
<b>2.5</b> Primary health care worker training	In relation to diabetes and the diseases of the circulatory system, develop education and training packages for primary health care providers, including Aboriginal Health Workers, and GPs to assist in the implementation of Strategy 2.3 and 2.4.	Improved skills in the early intervention and management of diabetes and the diseases of the circulatory system amongst primary health care providers, including Aboriginal Health Workers, and GPs.	Deputy Director-General, Public Health, NSW Health	June 2001	Education and training packages developed.
<b>2.6</b> Aboriginal Eye Health Report	Aboriginal Health Forum to oversight the implementation of the recommendations of the Aboriginal Eye Health Report developed by the Commonwealth Department of Health and Aged Care.	Increased and improved eye health services for Aboriginal people with eye health problems.	Aboriginal Health Forum	December 1999	Recommendations implemented and progress continuing.
<b>2.7</b> Renal services	Develop a plan of action to address the need for renal services by Aboriginal people.	Improved renal services for Aboriginal people.	NSW Aboriginal Health Forum	March 2001	Action plan developed and implemented.

**Maternal, infant and child health**

	<b>Proposed Strategy</b>	<b>Outcome</b>	<b>Responsibility</b>	<b>Target Date</b>	<b>Progress Indicator</b>
<b>2.8</b> Outreach midwifery services	Develop and implement culturally appropriate/ sensitive outreach midwifery services (antenatal and postnatal) to ensure access for all Aboriginal communities in NSW both through ACCHSs and other health service providers.	Improved access to midwifery services.	CEOs, Area Health Services; CEOs, ACCHSs.	July 2000	Services developed and implemented.
<b>2.9</b> Gestational diabetes	Aboriginal women to be screened for gestational diabetes to enable early detection and management.	Early detection and management of gestational diabetes.	CEOs, Area Health Services; CEOs, ACCHSs.	February 2001	Screening strategies developed and implemented.
<b>2.10</b> Obstetric unit liaison	All obstetric units to establish ongoing mechanisms for collaborative decision making in relation to maternal health of Aboriginal women.	Improved continuity of care for Aboriginal women.	CEOs, Area Health Services	March 2000	Collaborative decision making mechanisms established.
<b>2.11</b> Perinatal mortality	Develop strategies to address the causes of Aboriginal perinatal mortality at the local level.	Reduced perinatal mortality levels.	Deputy Director-General, Public Health. CEOs, Area Health Services; CEOs ACCHSs.	September 2000 March 2001	Aboriginal Perinatal Mortality Project completed. Local strategies developed and implemented.
<b>2.12</b> Breast-feeding	Develop and implement strategies to encourage and support Aboriginal mothers to breastfeed.	Increased numbers of babies being breastfed and for longer periods of time.	CEOs, Area Health Services; CEOs, ACCHSs.	May 2000	Strategies developed and implemented.
<b>2.13</b> Immunisation	Implement the NSW initiative to improve immunisation of Aboriginal children.	Increased levels of immunisation amongst Aboriginal children.	CEOs, Area Health Services; CEOs, ACCHSs.	November 1999 March 2000	Guidelines released. Local implementation commenced.
<b>2.14</b> Otitis Media Guidelines	Implement the NSW Aboriginal Otitis Media Guidelines and NSW Otitis Media Strategic Plan.	Improved and co-ordinated services for children with or at risk of otitis media.	CEOs, Area Health Services; CEOs, ACCHSs.	December 1999	Guidelines implemented.

	<b>Proposed Strategy</b>	<b>Outcome</b>	<b>Responsibility</b>	<b>Target Date</b>	<b>Progress Indicator</b>
<b>2.15</b> Support for Aboriginal families	Develop and implement holistic support and information programs for Aboriginal families through ACCHSs and other relevant organisations.	Holistic support and information programs for Aboriginal families.	CEO,AH&MRC; CEOs,ACCHSs; CEOs,Areas	December 2000	Programs established.
<b>2.16</b> Home visiting services	Develop and implement home visiting services to provide care, support and education for Aboriginal families and their babies/infants.	Improved care, support and education for Aboriginal women and their babies.	CEO,AH&MRC; CEOs,ACCHSs; CEOs,Areas	June 2000	Home visiting services established.
<b>2.17</b> Paediatric services	Develop and implement strategies to improve access to specialist paediatric services.	Improved specialist health services for Aboriginal children.	Director,Aboriginal Health Branch; CEO, New Children's Hospital; CEO, AH&MRC	December 2000	Increased outreach specialist health services for Aboriginal children.

### Oral health

	<b>Strategy</b>	<b>Outcome</b>	<b>Responsibility</b>	<b>Target Date</b>	<b>Progress Indicator</b>
<b>2.18</b> Promoting oral health	Each Area Health Service in collaboration with ACCHSs to develop strategies to promote oral health in the Aboriginal community.	Improved oral health amongst Aboriginal people.	CEOs,Area Health Services; CEOs, ACCHSs.	June 2000	Strategies developed.
<b>2.19</b> Non-invasive oral health training	Incorporate a non-invasive oral health component into Aboriginal health worker education and training.	Aboriginal health workers skilled in non-invasive oral health.	Chief Dental Officer, Oral Health Branch; Director,Aboriginal Health Branch; CEO,AH&MRC.	December 2000	Education and training in non-invasive oral health incorporated into training for Aboriginal health workers.
<b>2.20</b> Oral health services	Identify funding opportunities to maintain existing oral health services and to support the establishment of new oral health services.	Existing oral health services supported and new oral health services established.	NSW Aboriginal Health Forum.	June 2000	Funds identified.
<b>2.21</b> Collaborative oral health projects	Develop collaborative oral health projects.	Improved oral health services for Aboriginal people.	CEOs,Area Health Services; CEOs, ACCHSs.	June 2000	Projects developed.

### Key Priority 3: Improving Social and Emotional Well Being

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>3.1</b> Aboriginal Mental Health Policy	Implement the NSW Aboriginal Mental Health Policy: A Strategy for the Delivery of Mental Health Services for Aboriginal People in NSW.	Improved and increased access to mental health services for Aboriginal people.	In accordance with the parties in the Strategy	In accordance with target dates in the NSW Aboriginal Mental Health Policy	In accordance with indicators in the NSW Aboriginal Mental Health Policy.
<b>3.2</b> Prevention of Aboriginal youth suicide	Identify access points and provide early intervention, treatment and support services for Aboriginal youth and particularly to assist in the prevention of youth suicide.	Improved access to prevention, early intervention, treatment and support services for Aboriginal youth.	CEO, AH&MRC; Director, Centre for Mental Health	December 1999	Plan developed.
<b>3.3</b> Loss and trauma	Examine the inter-generation impact of loss and trauma resulting from the separation of Aboriginal families.	Improved services for members of families affected separation.	CEO, AH&MRC; Director, Centre for Mental Health	December 1999	Strategies developed.
<b>3.4</b> Social and emotional well being	Implement the agreed recommendations of the Bringing Them Home Report pertaining to the social and emotional well being of Aboriginal people.	Improved services for members of families affected separation.	Director, Centre for Mental Health; CEO, AH&MRC; State Manager, Commonwealth Department of Health and Aged Care	March 2000	Agreed recommendations implemented.
<b>3.5</b> Effective alcohol treatment options	Research effective alcohol treatment options or alcohol problems in Aboriginal communities to inform the development of a NSW Aboriginal Substance Abuse Strategy.	Information on effective alcohol treatment options for alcohol problems in Aboriginal communities available.	Director, Aboriginal Health Branch; Director, NSW Drug Strategy; CEO AH&MRC	October 2000	Research completed.

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>3.6</b> Aboriginal Substance Abuse Strategy	Develop and implement a NSW Aboriginal Substance Abuse Strategy which builds on the Commonwealth Department of Health's review of substance abuse services.	Improved access and increased services for Aboriginal people with substance abuse problems.	NSW Aboriginal Health Forum	March 2000 August 2000	Plan developed. Implementation commenced.
<b>3.7</b> Data base on Aboriginal drug and alcohol programs	Establish a database on Aboriginal drug and alcohol programs, information and available resources.	Accessible and up to date information on Aboriginal drug and alcohol programs, information and available resources.	Director, Aboriginal Health Branch; Director, NSW Drug Strategy; CEO, AH&MRC	October 2000	Database established.
<b>3.8</b> Clearing house for best practice	Develop (or establish linkages to an existing) a clearinghouse for best practice Aboriginal substance misuse initiatives in order to support future initiatives throughout NSW.	Accessible information on best practice Aboriginal substance misuse initiatives available.	NSW Aboriginal Health Forum	March 2001	Clearing house developed or linkages to existing one established.
<b>3.9</b> Substance abuse services	Collaboration to ensure the establishment of Aboriginal substance abuse services in locations of high need.	Improved access and increased services for Aboriginal people with substance abuse problems.	CEOs, Area Health Services; CEOs, ACCHSs	June 2000	Aboriginal substance abuse services established in locations of high need.
<b>3.10</b> Brief interventions for substance abuse	Develop protocols to better identify substance abuse and provide brief interventions to be conducted in all primary health care settings in Area Health Services, ACCHSs and GPs.	Increased identification of and interventions for substance abuse.	Director, Aboriginal Health Branch; Director, NSW Drug Strategy; CEO, AH&MRC	October 2000	Protocols developed.
<b>3.11</b> Education and training	Develop an accredited education and training program in collaboration with the Social and Emotional Regional Centres for Aboriginal health workers to address substance abuse in a holistic context.	Improved skills and capacity amongst Aboriginal health workers to provide services for Aboriginal people with substance abuse problems.	Director, Aboriginal Health Branch; Director, Centre for Mental Health; Director, NSW Drug Strategy; CEO, AH&MRC; CEOs, Armidale and Redfern AMSS	June 2000	Training program developed and accredited.

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
3.12 NSW Aboriginal Family Health Strategy	Implement the NSW Aboriginal Family Health Strategy.	Improved services for victims and perpetrators of domestic violence and sexual assault.	In accordance with the Strategy	In accordance with target dates in the NSW Aboriginal Family Health Strategy.	In accordance with indicators in the NSW Aboriginal Family Health Strategy.

### Key Priority 4: Increasing the Effectiveness of Health Promotion

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
4.1 Data base on effective Aboriginal health promotion	Establish a database on effective Aboriginal health promotion projects, information and available resources.	Accessible, up to date and reliable information available on Aboriginal health promotion in NSW.	Director, Aboriginal Health Branch; Director, Health Promotion; CEO, AH&MRC	October 2000	Database established.
4.2 Clearing house for best practice Aboriginal health promotion	Develop a clearinghouse (or potential linkage to existing clearinghouse) for best practice Aboriginal health promotion initiatives to inform the basis of future funding and strengthen Aboriginal health promotion.	Information on best practice available to inform future Aboriginal health promotion programs.	Director, Health Promotion; Director, Aboriginal Health Branch; CEO, AH&MRC	October 2000	Clearing house (or linkage to clearing house) developed.
4.3 Reorientation of the NSW Aboriginal Health Promotion Program	Reorientation of the NSW Aboriginal Health Promotion program to direct funding to health promotion initiatives which incorporate the key components of effective health promotion and focus on the priority health issues within this Plan and local Aboriginal health plans.	Effective Aboriginal health promotion initiatives and programs funded.	Director, Aboriginal Health Branch; Director, Health Promotion	April 2000	Funding program guidelines developed and funds allocated in accordance with the guidelines.
4.4 Health promotion projects	Support Aboriginal communities to develop appropriate health promotion projects.	Aboriginal communities empowered to develop and implement health promotion programs.	CEOs, Area Health Services; CEOs, ACCHSs	June 2000	One joint initiative conducted per annum.

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
4.5 Training and education on Aboriginal health promotion	Develop a training and education package on Aboriginal health promotion.	Improved skills for Aboriginal and non-Aboriginal staff in providing health promotion programs for Aboriginal people.	Director, Health Promotion; Director, Aboriginal Health Branch; CEO, AH&MRC	November 2000	Training and education package developed.
4.6 National Aboriginal Injury Prevention Strategy	Participate in the development of the National Aboriginal Injury Prevention Strategy.	Joint approach to reducing injury amongst Aboriginal people.	NSW Aboriginal Health Forum	June 2000	Strategy developed.
4.7 Minimising injury in Aboriginal communities	Resources provided to enable joint development of educational strategies for Aboriginal health workers aimed at minimising injury in Aboriginal communities.	Increased skills and capacity amongst Aboriginal health workers to develop programs with Aboriginal communities to minimise injury.	CEOs, Area Health Services; CEOs, ACCHSs	March 2000	Education strategies developed.

### Key Priority 5: Creating an Environment Supportive of Good Health

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
5.1 Facilitate appropriate environmental health initiatives	Public/Population Health Units within Area Health Services in collaboration with Aboriginal communities and relevant organisations, including the AH&MRC, DAA, ATSIC and ACCHSs to facilitate appropriate environmental health initiatives.	Improved environmental health in Aboriginal communities.	Deputy Director-General, Public Health; CEOs, Area Health Services; Directors, Public/Population Health Units; Director-General, Department of Aboriginal Affairs; CEO, AH&MRC	June 2000	Initiatives conducted by each Area Health Service.

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
5.2 Technical advice and support to Aboriginal communities	EHOs to provide technical advice and support to Aboriginal communities regarding environmental health and infrastructure initiatives.	Increased levels of technical advice and support to Aboriginal communities.	Director-General, Department of Aboriginal Affairs; Director, Environmental Health Branch; CEOs, Area Health Services; Directors, Public/Population Health Units	June 2000	Technical advice provided by EHOs to Aboriginal communities.
5.3 Aboriginal Environmental Health Officer Training Program	Extend the Aboriginal Environmental Health Officer Training Program by two new appointments per annum over the next 3 years.	Increased number of Aboriginal people with Environmental Health Officer Training qualifications.	Deputy Director-General, Public Health; Director, Environmental Health Branch	June 2000	Program extended.
5.4 Education and training in health housing surveys	Facilitate education and training programs on a health and housing survey approach to environmental health for Area Health Services, ACCHSs, Local Government and relevant organisations.	Increased capacity and skills within organisations to conduct health and housing surveys in Aboriginal communities.	Deputy Director-General, Public Health; Director, Environmental Health Branch; CEO, Area Health Services	June 2000	One training program conducted in each Area Health Service in NSW.
5.5 Environmental health and infrastructure surveys	Each Area Health Service to facilitate the completion of environmental health and infrastructure (including water quality) surveys in Aboriginal communities.	Improved environmental health conditions in Aboriginal communities.	Deputy Director-General, Public Health; Director, Environmental Health Branch; CEOs, Area Health Services; Directors, Public/Population Health Units	June 2001	Surveys conducted in Aboriginal communities in each Area Health Service.

	Strategy	Outcome	Responsibility	Target Date	Progress Indicator
<b>5.6</b> Capital works and employment of Aboriginal people	All capital works initiatives in public health facilities and in Aboriginal communities to include employment of Aboriginal people and training in building maintenance.	Increased employment and training of Aboriginal people in the construction and related industries.	Deputy Director-General, Operations; General Manager, Information and Assets Management; Director, Capital and Assets Management Branch	December 1999	Policy to guide and support training and employment of Aboriginal people during capital works projects developed and approved.
<b>5.7</b> Low maintenance health hardware	All health facilities in Aboriginal communities should incorporate suitable, low maintenance health hardware (eg. plumbing, electrical, appliances).	Improved health hardware used in all new health facilities for Aboriginal people.	General Manager, Information and Assets Management; Director, Capital and Assets Management Branch; Director, Environmental Health Branch	December 2001	Guidelines for use of health hardware developed and approved.
<b>5.8</b> Aboriginal environmental health worker training	Facilitate the establishment of an Aboriginal environmental health worker training and employment program.	Aboriginal people from communities trained and employed as environmental health workers.	Deputy Director-General, Public Health; Director, Environmental Health Branch	June 2001	Training and employment program established.
<b>5.9</b> Aboriginal Community Development Project	To collaborate in the implementation of the Aboriginal Community Development Project.	Health input and outcomes established for the Aboriginal Community Development Project.	Deputy Director-General, Public Health; Director, Environmental Health Branch	June 1999	Participation in the Aboriginal Community Development Project.

## Definitions

### Aboriginal Community Control

Means the empowering of a Community through the adoption of appropriate organisational structures which enable all Aboriginal people in the local Community the opportunity to be represented as members and to be involved in the decision making process and, therefore, the right to participate and contribute to the goals, structures and operations of its services.

The process of Aboriginal community control in the area of health means that an Aboriginal health service is independent and autonomous and is controlled 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

### For Further Information

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## Glossary

<b>ACCCHS</b>	Aboriginal community controlled health service
<b>AHB</b>	Aboriginal Health Branch (NSW Department of Health)
<b>AHEO</b>	Aboriginal Health Education Officer (NSW Health)
<b>AHF</b>	Aboriginal Health Forum (per NSW Multilateral Agreement)
<b>AHLO</b>	Aboriginal Hospital Liaison Officer (NSW Health)
<b>AHMAC</b>	Australian Health Ministers Advisory Council
<b>AHS</b>	Area Health Service (NSW Health)
<b>AH&amp;MRC</b>	Aboriginal Health and Medical Research Council of NSW
<b>ATSIC</b>	Aboriginal & Torres Strait Islander Commission
<b>CEO</b>	Chief Executive Officer
<b>DAA</b>	Department of Aboriginal Affairs (NSW)
<b>GP</b>	General Practitioner
<b>LAHP</b>	Local Aboriginal Health Plan
<b>LALC</b>	Local Aboriginal Land Council (NSW)
<b>NACCHO</b>	National Aboriginal Community Controlled Health Organisation
<b>OATSIH</b>	Office of Aboriginal & Torres Strait Islander Health (Commonwealth Department of Health and Aged Care)
<b>PHU</b>	Public Health Unit (Area Health Services)
<b>RFDS</b>	Royal Flying Doctor Service (NSW)