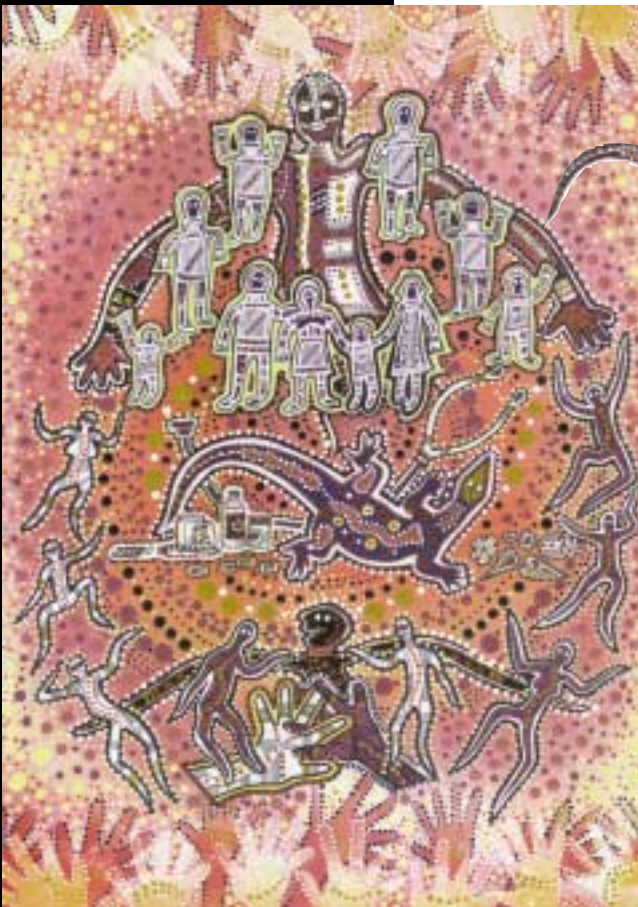


Ensuring Progress in Aboriginal Health in New South Wales

a reader friendly information kit



NSW HEALTH DEPARTMENT

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Cover illustration – Danny Eastwood

A detail of design titled 'A Community – Togetherness and Health' which is the artist's interpretation of government and community working together to improve Aboriginal health.

The story is as follows:

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

Illustration on page 31 – Bronwyn Bancroft

'This design represents the heart as an island with all good things being moved in and out, representing the fluctuations of community. The inner part of the design represents the clinics, hospitals and services that provide resources and assistance for medical problems.'

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Foreword



Improving the health and wellbeing of Aboriginal people is an urgent priority for the NSW Government. We are working closely with the Aboriginal Community Controlled Health sector to ensure Aboriginal communities have access to first-rate health services. This information kit outlines the major programs and policies NSW Health is undertaking, in partnership with the Aboriginal Health and Medical Research Council of NSW (AH&MRC), to make this vision a reality.

NSW Health and the AH&MRC have, through the NSW Aboriginal Health Partnership, agreed on key priorities to ensure real advancements in Aboriginal health. These are established in the NSW Aboriginal Health Strategic Plan, and the NSW Government has committed a further four million dollars annually to implement this Plan.

NSW has come a long way in the area of Aboriginal health. Ten years ago there were no formal partnerships between government and the Aboriginal community controlled health sector. Likewise, there was no Strategic Plan for a cohesive approach to health improvements. By addressing these issues and working in partnership, NSW Health has now established a solid foundation for improving Aboriginal health.

Mainstream health units have also learned the benefits of working with Aboriginal people to develop culturally sensitive strategies in all key health areas. During the last few decades the number of Aboriginal health workers has increased and their roles have become integral to the delivery of good health care in NSW. Effective training and support networks have grown for Aboriginal health workers and their professional and cultural expertise is increasingly recognised and respected.

The health of the Aboriginal population continues to be significantly poorer than that of non-Aboriginal people and the NSW Government is dedicated to closing this gap. This publication sets out in clear terms the NSW Government's commitment to Aboriginal health and its strategies for working in partnership to deliver genuine progress for Aboriginal people in NSW.

A handwritten signature in black ink, appearing to read 'Craig Knowles', written in a cursive style.

Craig Knowles MP
Minister for Health

Preface



This Information kit outlines NSW Health's policies, strategies and programs for improving Aboriginal health.

2% of the NSW population identify as Aboriginal, accounting for about 29% of the total indigenous population of Australia.

The health of Aboriginal people is poor and requires input of resources over and above those directed to

the health of the NSW community as a whole. Aboriginal health needs to be core business for all parts of the NSW health system. The NSW Aboriginal Health Policy, NSW Aboriginal Health Strategic Plan and NSW Aboriginal Health Partnership Agreement have the common objectives of improving the health of Aboriginal people as well as improved access by Aboriginal people to health care.

Some health statistics for Aboriginal people in NSW

As Aboriginal people are under-identified in health statistics, the following figures are likely to understate the morbidity of the state's Aboriginal people.

- The rate of still births is about 50% higher than for non-Indigenous women.
- Up to age 45, two to three times the rate of death recorded for the non-Indigenous population.
- Smoking rate 70% higher than that for the non-Indigenous population.
- Excessive alcohol consumption – 50% higher than for non-Indigenous population.
- Hospitalisation for all causes – at least 30% higher than for the non-Indigenous population.
- Hospital admission rates for diabetes are six times higher for women and four times higher for men than for non-Indigenous women and men.
- Mortality rates for both sexes were about 43% higher than for the non-Indigenous population in NSW in 1998.
- On average, Aboriginal people in Australia can expect to live about 20 years less than non-Indigenous people.
- In one shire in NSW, the average age of death recorded for Aboriginal males is 33 years.

Partnerships



As part of a commitment to deliver the best possible health outcomes for Aboriginal people in NSW, and encourage interagency and inter-community collaboration, a series of Partnerships and Memoranda of Understanding have been negotiated between NSW Health and Aboriginal Community Controlled Health Services and Aboriginal community based health services, ensuring that policy, strategic planning and broad resource allocation decisions include Aboriginal input and perspectives.

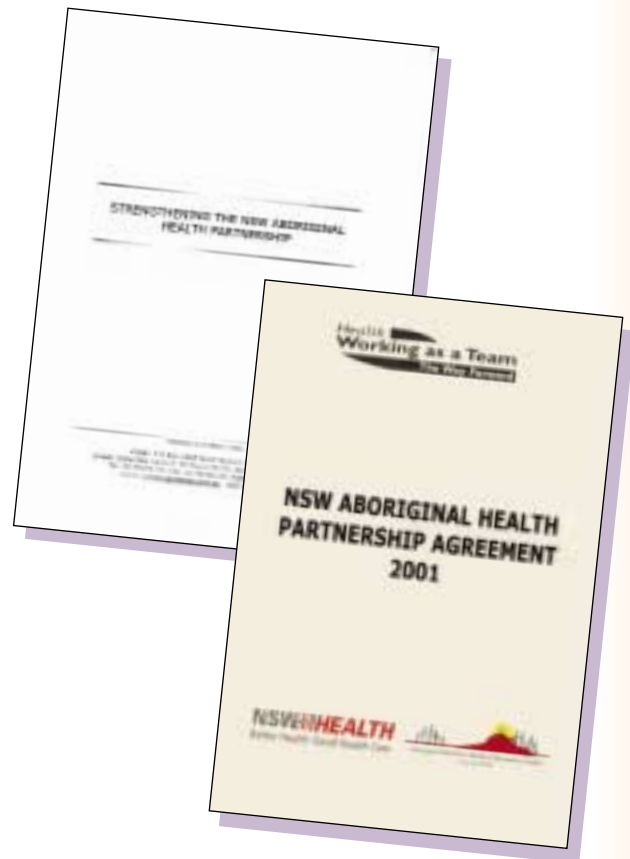
This ensures that the philosophies and methods of operation of Aboriginal Community Controlled Health Services inform policy and planning initiatives which target Aboriginal people. It enhances opportunities for communities to actively address their health needs and to be involved in improving health and restoring physical, social, emotional and cultural well-being – the practical exercise of self-determination. Prior to the establishment of the Partnership in 1995, there was no formal, coordinated route for Aboriginal input to policy and planning processes.

The NSW Aboriginal Health Partnership is complemented by the Commonwealth/State Forum established by the NSW Agreement on Aboriginal and Torres Strait Islander Health. At the local/Area level, Partnerships are also established between Area Health Services and their local Aboriginal Community Controlled Health Services.

NSW Aboriginal Health Partnership Agreement

The NSW Aboriginal Health Partnership was formed through an agreement between the Aboriginal Health & Medical Research Council of NSW (AH&MRC)¹, the peak body for Aboriginal Community Controlled Health Services in NSW, and the NSW Government through its Health portfolio. The Partnership was originally formed in 1995, and a revised Partnership Agreement signed in 1997. Following a review of the Agreement in 2000, a strengthened Partnership Agreement was signed in May 2001 by the NSW Minister for Health, the Hon. Craig Knowles MP, the Chief Executive Officer of the AH&MRC, Ms Sandra Bailey and the Deputy Chairperson of the AH&MRC, Ms Christine Thorne.

This historic partnership aims to ensure that the expertise of Aboriginal communities is brought to the health care process through the development of agreed positions on health policy, strategic planning and broad resource allocation issues for Aboriginal health.



The Partnership Review Implementation Plan

The Partnership Agreement has been a milestone which has presented new challenges. In the complex transition from working in isolation to working together, it became clear that the Partnership's structures required refinement. The Partnership Review Implementation Plan aims to strengthen the crucial Partnership processes required to improve Aboriginal health outcomes.

It is clear that Aboriginal health principles and policy – including the Partnership – require more active promotion at the local and cross-government levels. The Implementation Plan underlines the need for Area Health Services and Aboriginal Community Controlled Health Services, to work together and develop their own implementation plans to strengthen their Partnerships.

The parties to the State Partnership, namely the AH&MRC and NSW Health, are committed to remaining available and accessible to Area Health Services and Aboriginal Community Controlled Health Services, seeking advice and support in strengthening local Partnerships. The parties are committed to utilising the Partnership to deliver the best possible health outcomes for Aboriginal people in NSW.

*For further information, contact the Senior Policy Analyst,
Partnerships, Policy and Planning Unit, Aboriginal
Health Branch, NSW Health.
Tel. 9391 9496*

Local/Area Partnership Agreements

Under the terms of the NSW Aboriginal Health Partnership Agreement, each Area Health Service is required to establish a Partnership Agreement with Aboriginal Community Controlled Health Services in the Area, to put into practice the strategic directions established by the state level Partnership and the NSW Aboriginal Health Strategic Plan. This requirement is reflected in the Performance Agreements of Area Health Services and the Director-General of NSW Health.

Local Partnership Forums

A number of Area Health Services have also established local Partnership Forums, which are working arrangements to formalise the input of a range of other agencies involved in Aboriginal health into the business of the local Partnership. Those involved could include, for example, the Division of General Practice, specialist health service providers, and other local and state government agencies.



NSW Agreement on the Health of Aboriginal and Torres Strait Islander People – ‘The Framework Agreement’

The Agreement on Aboriginal and Torres Strait Health 1996 - 2000, was signed in August 1996, by the following signatories:

- NSW Dept of Health
- the Commonwealth Dept of Health and Ageing
- the Aboriginal Health & Medical Research Council of NSW (AH&MRC)
- the Aboriginal & Torres Strait Islander Commission (ATSIC)

The agreement expired on 30 June 2000. A renewal of the agreement is currently under negotiation.

The Agreement establishes an Aboriginal Health Forum which meets quarterly to facilitate the process of joint planning for Aboriginal health across NSW, and to monitor progress in implementing the NSW Aboriginal Health Strategic Plan.

The aim of the Agreement is to improve the health of Aboriginal and Torres Strait Islander people through joint planning and intersectoral collaboration to achieve:

- improved access to both mainstream and Aboriginal community controlled health services
- adequate resourcing based on need
- coordinated planning
- transparent and regular reporting for all services and programs
- the provision of culturally sensitive and ethically sound privacy and confidentiality protocols for the routine collection of standardised data on Aboriginal health
- health outcomes for Aboriginal and Torres Strait Islander people which are comparable with those for the broader community.



NSW Agreement on the Health of Aboriginal & Torres Strait Islander People

(the 'Framework Agreement')

An agreement between:

- NSW Health
- Aboriginal Health and Medical Research Council of NSW (AH&MRC)
- Commonwealth Department of Health & Ageing
- The Aboriginal & Torres Strait Islander Commission (ATSIC)

Advisory Forum meets quarterly

(The Agreement initially signed in 1996 is being renegotiated in 2002)

Figure 1: Partnership Agreements



Planning how to establish and deliver Aboriginal health services takes place in the context of national, state, and local identification of needs, priorities and resources.

The strategic framework for Aboriginal health service delivery by NSW Health is established in the following documents:

- *Strategic Directions for Health 2000 - 2005*
- *Ensuring Progress in Aboriginal Health, 1999*
- *NSW Aboriginal Health Strategic Plan, 1999*
- *Area Health Service Aboriginal Health Strategic Plans*
- *Regional Plans, Statewide Summary*
- *National Aboriginal Health Strategy (NAHS), 1989*

a changing environment and significant areas of reform highlighted in a number of documents that have evolved since 1998. It is the umbrella document for our planning and performance management. It will continue to form the context for NSW Health corporate and business planning documents. The development of performance indicators is crucial to linking local plans with Strategic Directions for Health.

There is now in place a process for maintaining the alignment between the Aboriginal Health Branch Operational Plan and the Department's Strategic Directions, ensuring that Aboriginal health is always part of its core business. These are:

Strategic Directions for Health 2000 – 2005

Background

Strategic Directions for Health 1998 - 2003 was published in August 1998, establishing key attributes and goals that would direct NSW Health towards the common purpose of achieving 'Better Health Good Health Care'. That document was the result of interactive collaboration of people working for NSW Health and the many community and health professional organisations who work closely with us. It represented a shared commitment to continuously improve and build on quality health care and service for the people of NSW.

Strategic Directions for Health 2000 – 2005 revises and updates the earlier version to take account of

The six key attributes of NSW Health

1. sharing a clear direction
2. skilled, valued workforce
3. engaging the community
4. working partnerships
5. informed decision making
6. embracing innovation

The four key goals of NSW Health

1. healthier people
2. fairer access
3. quality health care
4. better value

Strategic Directions for Health 2000 - 2005 goes on to set out strategies developed through extensive consultation, which will move NSW Health towards our purpose of 'Better Health Good Health Care'.

Strategic Directions for Health 2000 - 2005 makes the following specific references to Aboriginal Health:

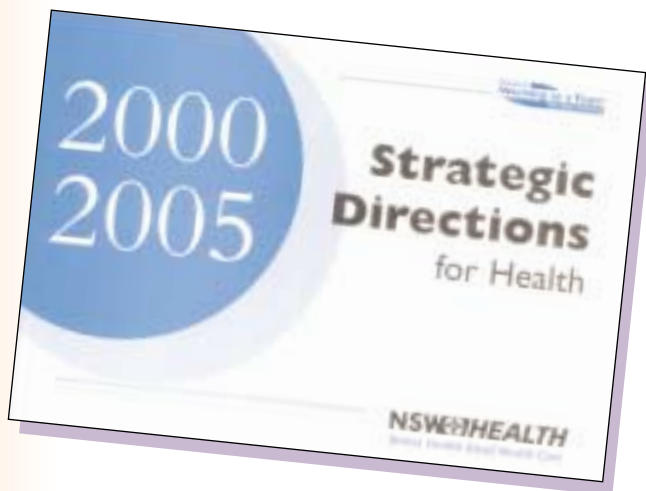
Vision for NSW Health in 2005

The gaps in health status between Aboriginal people and non-indigenous people are no longer widening but reducing.

Goal A: Healthier People

◆ Healthy physical, emotional and social environments are promoted

- The quality of environmental health for rural and remote Aboriginal communities has significantly improved.



◆ Promotion, prevention and early intervention programs have been strengthened

- In consultation and partnership with Aboriginal and Torres Strait Islander people, the NSW Aboriginal Health Strategic Plan is being implemented and evaluated in order to effectively meet their health needs in a sensitive and culturally appropriate manner.

STRATEGIES FOR SHAPING THE FUTURE

- **A3** Implement and evaluate Aboriginal health plans in consultation and partnership with Aboriginal people in order to effectively meet the health needs of Aboriginal people in a culturally appropriate and sensitive manner.

Goal B: Fairer Access

◆ Barriers to access have been reduced

- Health services are readily accessible in relation to location, hours of service, cultural sensitivity, disabled access, physical layout and signage.
- Health care is provided by NSW Health according to patient or client need and not financial status.

◆ Health of groups with poor health status has improved

- Aboriginal and Torres Strait Islander people have measurably improved access to health service delivery that is of high quality and culturally sensitive.
- People working for NSW Health have undertaken education in cultural awareness and are able to provide culturally sensitive health services to the different population groups in NSW, including Aboriginal and Torres Strait Islander people, people from culturally diverse backgrounds, people of all ages and people who are homeless.

STRATEGIES FOR SHAPING THE FUTURE

- **B1** Implement policies and initiatives to promote equity, and undertake initiatives designed to reduce health inequities in specific communities.
- **B2** Implement the statewide plan for Aboriginal health in partnership with local Aboriginal communities.
- **B14** Incorporate awareness on cultural and health needs of Aboriginal and Torres Strait Islander people and people from culturally sensitive and diverse backgrounds into orientation programs for all people working in NSW Health.

Goal C: Quality Health Care

Strategies for shaping the future

- **C12** Work with general practitioners, community health services, hospitals, private health service providers, Aboriginal Community Controlled Health Services and other human services providers to trial and refine models of care to ensure that chronically ill people, people with disabilities, the frail aged, people with mental illness and children with special needs receive coordinated care.

ATTRIBUTE 3 ENGAGING THE COMMUNITY

STRATEGIES FOR SHAPING THE FUTURE

- **3.2** In partnership with the Aboriginal Health and Medical Research Council of NSW, other Aboriginal organisations, groups and community members plan health service responses to health and social issues of Aboriginal and Torres Strait Islander people.

ATTRIBUTE 4 WORKING PARTNERSHIPS

WHAT 2005 WILL LOOK LIKE

People work together to improve services

- Effective links exist between NSW Health and the Departments of Education and Training, Community Services, Ageing, Disability and Home Care, Juvenile Justice, Corrective Services, the Commonwealth Office of Aboriginal and Torres Strait Islander Health, Housing, Police, Department for Women, and Sport and Recreation, to ensure comprehensive and integrated service provision to the community and population groups with special needs.

Shared knowledge

- NSW Health establishes partnerships with Aboriginal communities to bring the expertise of Aboriginal people to the planning, implementation and evaluation of health services.

STRATEGIES FOR SHAPING THE FUTURE

- **4.1** Develop links to better coordinate planning and provision of comprehensive integrated services to all groups in the community with the Departments of Education and Training, Community Services, Ageing, Disability and Home Care, Juvenile Justice, Aboriginal Affairs, Corrective Services, Housing, Planning, Police, Sport and Recreation and local government.

ATTRIBUTE 5 INFORMED DECISION MAKING

WHAT 2005 WILL LOOK LIKE

The information we need for decision making is readily accessible

- Information on health care services and health outcomes is widely available.
- The wide dissemination of information is promoted to allow informed decisions to be made through a variety of media.

STRATEGIES FOR SHAPING THE FUTURE

- **5.2** Continue to implement the Aboriginal Health Information Strategy to significantly improve the quality and availability of information needed to improve health and health care for Aboriginal and Torres Strait Islander people.

ATTRIBUTE 6
EMBRACING INNOVATION

WHAT 2005 WILL LOOK LIKE

Active shaping of the future

- Health outcomes are improved for Aboriginal and Torres Strait Islander people.
- Cultural, legislative and industrial barriers to change are decreasing.

STRATEGIES FOR SHAPING THE FUTURE

- **6.12** Develop a Resource Allocation Policy and funding formula that informs and enables an equitable distribution of targeted Aboriginal health funding in NSW to improve access to primary health care.

Strategic Directions for Health 2000-2005 was officially released in October 2000. Full text is available through the Departmental Policies page of the NSW Health Website. For further information, contact Policy Division, NSW Health.



Ensuring Progress in Aboriginal Health – a Policy for the NSW Health System

NSW Health Aboriginal Health Policy – September 1999

This policy outlines NSW Dept of Health's position with respect to improving the health and well-being of Aboriginal and Torres Strait Islander people and communities in NSW. It documents agreed principles and goals to guide decisions and actions by the NSW health system in all matters relating to Aboriginal and Torres Strait Islander health. The policy guides the development of the NSW Aboriginal Health Strategic Plan and Area and local strategic planning, and has been endorsed by the AH&MRC.

The guiding principles for the policy are:

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

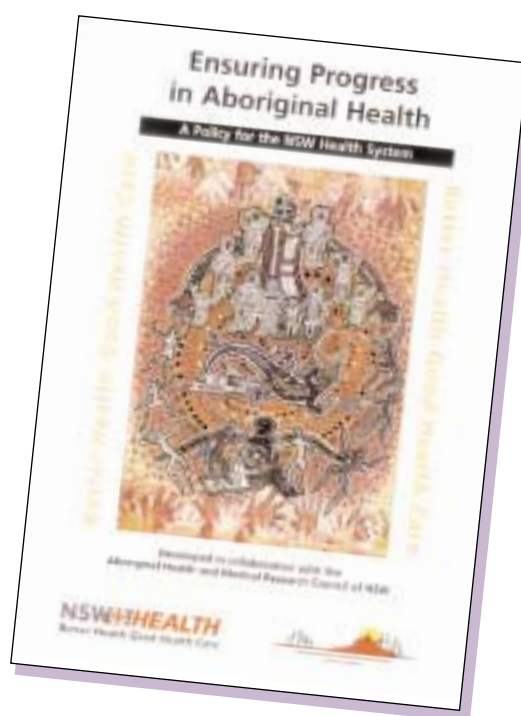
The goals stated in the policy are:

- Goal 1** Improved health of Aboriginal people taking account of the need to restore social, economic and cultural well-being.
- Goal 2** Improved access to culturally sensitive and appropriate services.
- Goal 3** Effective evidence-based health planning.
- Goal 4** An environment of improvement.

Implementing the policy

The policy is implemented, monitored and evaluated through the NSW Aboriginal Health Strategic Plan, which aims to ensure coordinated action between the Commonwealth, the NSW Government and the Aboriginal Community Controlled Health sector, and Area Health Service Aboriginal Health Plans.

*For further information contact Aboriginal Health Branch, NSW Health
Tel 9391 9511.*



NSW Aboriginal Health Strategic Plan

An initiative under the NSW Aboriginal Health Partnership and the NSW Agreement on the Health of Aboriginal & Torres Strait Islander People (the 'Framework Agreement'), the *NSW Aboriginal Health Strategic Plan* presents strategies to improve health outcomes for Aboriginal and Torres Strait Islander people. The plan is a response to statewide issues identified through the local, Area and state planning process and identified in *Ensuring Progress in Aboriginal Health* and to government priorities in Aboriginal health for NSW. For the first time, through the Strategic Plan, a strategic framework is established in partnership with key stakeholders which includes more than eighty complementary strategies aimed at improving Aboriginal health in NSW.

The *NSW Aboriginal Health Strategic Plan* was developed in collaboration with the Aboriginal Health and Medical Research Council of NSW (AH&MRC), the Commonwealth Department of Health & Ageing and the Aboriginal & Torres Strait Islander Commission (ATSIC).

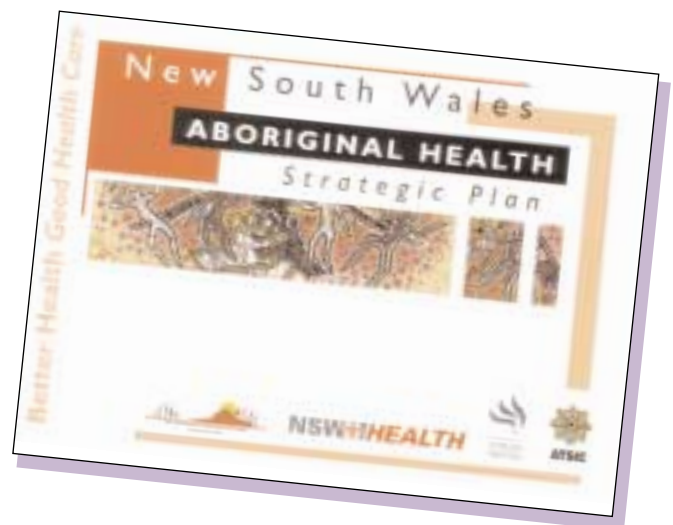
The plan was endorsed by the NSW Aboriginal Health Partnership (NSW Health and the Aboriginal Health and Medical Research Council of NSW), and was launched on 6 October 1999 by the Commonwealth and State Ministers for Health, ATSIC and the AH&MRC.

The plan sets current priorities and directions and supports the implementation of the National Aboriginal Health Strategy 1989, and NSW Health's Aboriginal Health Policy (*Ensuring Progress in Aboriginal Health*).

Key priorities for the *Aboriginal Health Strategic Plan* are:

- Improving access to health services
- Addressing identified health issues
- Improving social and emotional well-being
- Increasing the effectiveness of health promotion
- Creating an environment supportive of good health.

For further information, contact Aboriginal Health Branch, NSW Health.
Tel. 9391 9511



Area Health Service (AHS) Aboriginal Health Strategic Plans

NSW Aboriginal Health Strategic Plan Strategy A1

Each Area Health Service is required to develop an Aboriginal Health Strategic Plan. The Aboriginal Health Branch can advise Areas on the development process.

Performance indicators relating to Aboriginal health are included in Area Health Service performance agreements.

NSW Aboriginal Health Regional Plans – Summary

‘From the Ground Up’

This document has been developed by the NSW Aboriginal Health Forum to inform funding, policy and service development and administration processes in NSW. It summarises the 17 Aboriginal Health Regional Plans for NSW and draws links between these and the NSW Aboriginal Health Strategic Plan. The NSW Aboriginal Health Forum comprises representatives of the AH&MRC, the NSW Department of Health, the Commonwealth Department of Health and Ageing and ATSIC. It meets regularly to decide on key issues about regional planning, to contribute to policy and planning development and to evaluate implementation of the NSW Agreement on the Health of Aboriginal and Torres Strait Islander People in NSW (the ‘Framework’ agreement).

The summary outlines key issues to be addressed to improve Aboriginal health in NSW. These range from access issues, including availability of services, cultural appropriateness, cost and distance, to more specific health issues such as diabetes, ear health and social and emotional well-being. The summary also shows that whilst most of these health issues affect Aboriginal people no matter where they live in NSW, some regions do have relatively poorer access to services than others. It is expected that future new funding will be targeted to reducing these inequities as well as addressing issues identified throughout NSW.

The summary is divided into 10 sections:

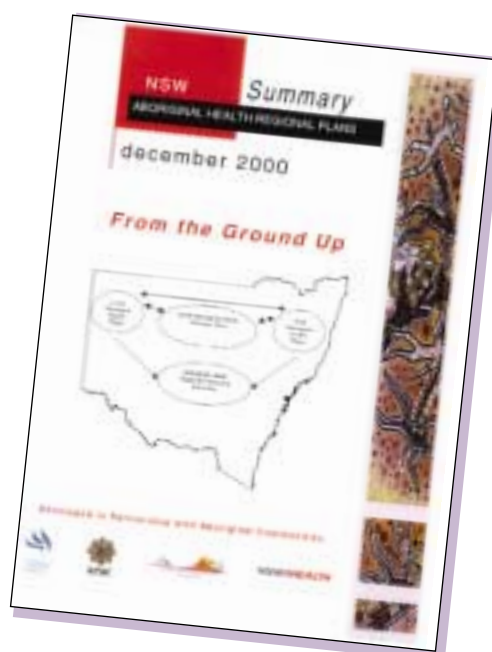
1. Background to the regional planning process, in the context of other NSW Aboriginal health planning processes.
2. Population overview, providing regional comparisons of household income, occupation, unemployment, school leaving age and household overcrowding.
3. Health overview – a summary of hospitalisation data and estimated overall expenditure on Aboriginal health in NSW.

4. Key issues for NSW, identified through the planning process.*
5. Improving access to health services.
6. Addressing identified health issues.
7. Improving social and emotional well-being.
8. Increasing the effectiveness of health promotion.
9. Creating an environment supportive of good health.
10. Summary of the major issues by region.

Wherever possible, the summary highlights regional variations in access to a range of health services.

Accompanying publications present detailed information for each of the 17 Aboriginal Health Regional Plans for NSW.

- * Sections 5 to 9 present a detailed discussion of the key issues identified in section 4 and associated strategies, grouped according to the five key priorities identified in the NSW Aboriginal Health Strategic Plan.



National Aboriginal Health Strategy (NAHS)

The National Aboriginal Health Strategy (NAHS), was endorsed in 1989, following an agreement by the Commonwealth, state and territory Aboriginal Affairs and Health Ministers.

The strategy:

- enunciates core principles for effectively and respectfully working towards improved Aboriginal health
- promotes a structure for funding arrangements between governments
- presents various strategies for the short and long term to improve Aboriginal health
- identifies ways of maximising involvement of Aboriginal people
- develops a mechanism to monitor progress towards targets
- recognises Aboriginal Community Controlled Health Services 'as being the most efficient and effective way to deliver holistic primary health care to the Aboriginal community'.

This approach incorporates the principles of Aboriginal community control and cultural appropriateness. The NAHS document is based on extensive negotiation and consultation with Aboriginal communities. The NSW Aboriginal Health Strategic Plan recognises the principles of the NAHS as its core policy framework.

In 2002, a National Aboriginal and Torres Strait Islander Strategic Framework for Health is being developed to supplement, but not replace, the NAHS.

Strategies and projects



3

The NSW Aboriginal Health Strategic Plan, launched in 1999, includes more than 80 strategies, some building upon existing services and strategies, some launching significant new initiatives or programs.

To implement the plan, NSW Health has allocated an additional \$2M to Aboriginal health in 2001/02, rising to \$4M per annum from 2002/03 onwards.

Characteristics which help make Aboriginal health programs successful include:

- community negotiation, consultation and participation
- whole of life view of health
- holistic approach
- partnerships at state, regional and local levels
- intersectoral collaboration and effective relationship building
- engaging mainstream health services, programs and strategies to take responsibility for making Aboriginal health part of their core business

- harnessing specialist medical, technical and allied health expertise to work together towards improving Aboriginal health
- adequate resources to achieve program goals
- capacity-building: monitoring, supporting, providing technical advice, advocacy, education, resource dissemination etc
- workforce development – professional recognition and provision of education, career structures, training and support for Aboriginal health workers
- sustainability
- cultural understanding and a recognition of trauma and loss.

These all reflect the practical exercise of self-determination.

The NSW Aboriginal Health Strategic Plan has attracted long overdue resources and has set the framework for a concerted and coordinated approach to improving the poor status of Aboriginal health in NSW.

Programs for which NSW Health is responsible are outlined in this chapter.

NSW Aboriginal Health Workforce Issues

A number of the strategies identified in the NSW Aboriginal Health Strategic Plan address workforce issues. An Aboriginal Health Workforce Issues Unit has been established in Employee Relations Branch – Operations Division, NSW Health.

The unit is responsible for the development of strategies to implement, monitor and evaluate initiatives from the Cultural Awareness Training Review, Aboriginal Health Worker Training Review, Aboriginal Health Worker Conferences 1998/2001, Aboriginal Health Worker Forum and NSW Aboriginal Employment Strategy.

In implementing these programs, the guiding principles, objectives and strategies of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework and the Draft Cultural Respect National Framework will be monitored to ensure that the health system has the capacity to address the needs of Aboriginal and Torres Strait Islander people consistent with agreed national directions.

For further information, contact the Manager, Aboriginal Workforce Issues Unit, NSW Health. Tel. 9425 5745



NSW Health Aboriginal Health Impact Statement (the Statement)

The purpose of the Impact Statement is to ensure that the health needs and interests of Aboriginal people in NSW are integrated into the development and implementation of mainstream health policies, programs and major strategies.

The Impact Statement represents a declaration that appropriate Aboriginal consultation and negotiation processes have taken place, and that the health needs of Aboriginal people have been properly considered in the proposed policy or program.

It was developed by the Aboriginal Health Branch in partnership with the Aboriginal Health and Medical Research Council of NSW, the peak body representing the Aboriginal community controlled sector in NSW, and the Area Managers Aboriginal Health.

It is based on the key Aboriginal health principles which should be applied in all relevant health policy initiatives:

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

Who is required to use and complete the Impact Statement?

- NSW Health staff who develop health policies, programs or major strategies. This includes staff in the NSW Department of Health and all Area Health Services.
- Consultants who have been engaged to undertake policy, program or strategy development, implementation or evaluation, in relation to specifically targeted Aboriginal health initiatives.

Others who might wish to use the Impact Statement include committee members involved in policy development and/or implementation, people working on inter-sectoral projects affecting Aboriginal people, officers in other government departments and staff of non-government organisations in the health sector.

When should the Impact Statement be completed?

A completed Impact Statement should accompany:

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

At the state level, new policies submitted to the NSW Department of Health's Policy Development Committee require an Impact Statement to be approved. Similarly, at an Area level, relevant policies, programs or strategies submitted for local approval will require an Impact Statement.

How to use the Impact Statement

1. Read the Impact Statement when you start developing policy, programs or strategies. It is important not to leave it until the end of this process because the Impact Statement contains vital information that will help you to consider and address Aboriginal health issues.
2. Use the references and resources listed in the Impact Statement to assist in increasing your knowledge and understanding of Aboriginal health issues.
3. Consult/negotiate with Aboriginal communities and organisations as per the guidelines provided in the Impact Statement.
4. Complete both the Impact Statement and the checklist when submitting the final policy/program/strategy for approval.
5. Submit the completed Impact Statement and checklist with the proposal.

Where to go for help

For further information about the Impact Statement contact the Strategic Plan and Interagency Relations Unit, Aboriginal Health Branch, NSW Department of Health.

Tel. (02) 9391 9497 or (02) 9391 9879

For a full copy of the NSW Health Aboriginal Health Impact Statement go to the NSW Health website at: **www.health.nsw.gov.au/pubs/subs/sub_aboriginal.html** (also available on the intranet for NSW Health staff).

For hard copies, please contact the Better Health Centre. Tel. (02) 9816 0452

NSW Aboriginal Employment Strategy

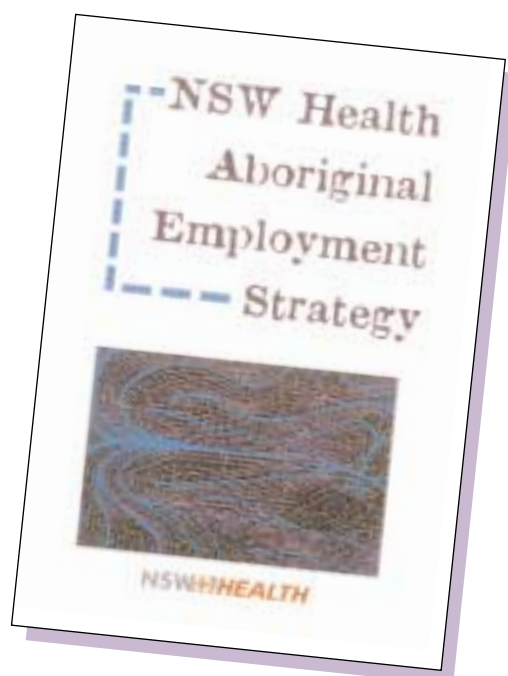
NSW Aboriginal Health Strategic Plan Strategy C4

Implementation of the NSW Aboriginal Employment Strategy is intended to increase the number of Aboriginal people employed throughout NSW health services, to comprise a minimum of 2% of the total health workforce across all levels and occupations. (In line with 2001 Census data, which indicate that Aboriginal and Torres Strait Islander people comprise 2% of the total NSW population.)

This 2% employment target will exclude those positions funded in services specifically for Aboriginal people, short term training positions, and other specific Commonwealth initiatives which do not lead to full time permanent employment.

The strategy also aims to provide professional development experiences to Aboriginal employees which will enhance health and related service provision to the Aboriginal and Torres Strait Islander community.

For further information, contact the Manager, Aboriginal Workforce Issues Unit, NSW Health. Tel. 9425 5745



Strategic Directions for Area Managers Aboriginal Health

Strategic Directions for NSW Area Managers Aboriginal Health establishes strategies for supporting and developing the role of Aboriginal health service managers employed in NSW Area Health Services.

Managing Aboriginal health requires the key skills essential to effective health services management – a sound knowledge base, technical, human and conceptual skills. It also requires a range of additional skills because Aboriginal health service managers are managing at the interface of cultures.

Aboriginal health service managers characteristically operate between the dominant Western domain and the Aboriginal domain, which is described as ‘a difficult balancing act’. This interfacing position between the western and Aboriginal domain results in different understandings of leadership, power, ways of communicating and organisational processes. However, the western domain predominates and therefore managers are required to develop a framework to work through the conflict and tension that inevitably is produced by these different understandings.

Possession of deep cultural knowledge is a core technical competency and enables many managers to work the western domain to fit the Aboriginal domain in order to meet the health needs of Aboriginal people. Aboriginal health service managers must develop strategies to work effectively and deal with managing the interface.

Because of the complexity of the health management task and the demands of managing at the interface of cultures, the requirement to access specific training, support and development in leadership and management is essential for Aboriginal health service managers.

For further information, contact Policy and Planning Unit, Aboriginal Health Branch, NSW Health. Tel. 9391 9498

NSW Rural & Remote Aboriginal Nursing Strategy

The NSW Rural and Remote Aboriginal Nursing Strategy has been established as the result of a state government commitment to increase the number of Aboriginal nurses, particularly in rural and remote NSW, and to improve their career development opportunities. The NSW Government has recognised the clear need for this strategy, and has allocated recurrent funding for its implementation.

These policies underline the importance of a viable and sustainable Aboriginal health workforce with sufficient institutional support and education.

This strategy also incorporates the broader state and Commonwealth nursing context. At a state level a wide range of strategies continue to be facilitated, focusing on recruitment and retention of nurses.

These include the NSW Nursing Scholarship Fund, strategies arising from the NSW Ministerial Standing Committee on the Nursing Workforce and a range of other initiatives. At the Commonwealth level it includes the development of a national strategic framework specifically related to recruitment and retention of indigenous nurses. The NSW strategy is consistent with the national strategic framework as it specifically relates to recruitment and retention.

It is anticipated that, with the support of management and collaborative efforts between stakeholders and the community, the strategy will have a positive impact on Aboriginal nurse numbers in NSW, as well as improving opportunities for existing Aboriginal nurses.

Many Area Health Services are struggling to achieve the Aboriginal Employment Strategy's 2% overall Aboriginal employment target for Aboriginal nurses across all classifications. This is due to a diverse range of factors, including:

- under representation of Aboriginal students in undergraduate nursing courses (educators need to include culturally relevant education, and nursing departments and faculties need to be culturally sensitive if they are to recruit Aboriginal people into nursing education)
- financial matters
- support mechanisms
- the move from hospital to university training
- preparation for university studies
- geographical isolation (in rural areas)
- family commitments
- access to information technology.

It is recognised that nursing education, employment, career development and promotion outcomes for Aboriginal people will not be achieved immediately. This strategy will require commitment, time and funding in the short, medium and long term.

In developing effective nursing career and nursing education opportunities for Aboriginal people, the health system needs to:

- provide clear leadership and direction
- provide appropriate infrastructure
- ensure ongoing coordination of specifically focused nursing recruitment, retention and career development initiatives
- ensure effective implementation, monitoring and evaluation of Aboriginal nursing initiatives.

This strategy cannot be seen as a separate initiative. As noted above, it is a part of the broader Aboriginal Health and Nursing Policy contexts, the shared objectives of which reflect improved health outcomes for Aboriginal people.

The Aboriginal Nursing Strategy is designed to increase the number of Aboriginal nurses in two ways:

1. increased numbers of Aboriginal people undertaking nurse education
2. increasing Aboriginal nurse employment and career development opportunities within the Public Health System.

The principles for the Aboriginal Nursing Strategy are consistent with broader Aboriginal health policy principles. These principles include:

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

A Working Party has been established to facilitate the development and implementation of the stages in the strategy. Monitoring and evaluation mechanisms will continue to be set throughout the progression of the strategy.

For further information, contact the Project Officer, Aboriginal and Torres Strait Islander Nursing, Office of the Chief Nursing Officer, NSW Health. Tel. 9391 9281

Aboriginal Health Information Strategy

NSW Aboriginal Health Strategic Plan Strategy D3

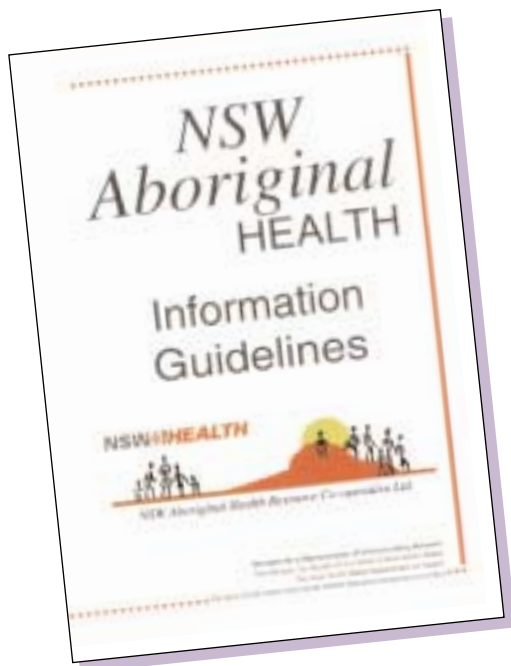
Good quality information is important to enable effective planning and delivery of health services. The quality of currently available information about Aboriginal health in NSW is poor. To improve the quality of information collected, and better support service providers in planning and delivering services to Aboriginal people in NSW, the NSW Dept of Health has developed the Aboriginal Health Information Strategy (AHIS) in partnership with the Aboriginal Health & Medical Research Council of NSW (AH&MRC).

Key reasons for poor quality of information:

- the under-reporting of Aboriginality
- differences across information systems in the way information is defined and collected
- changing information needs at local, state and national levels
- a lack of collaboration between the various parties who collect and use Aboriginal health information.

The strategy has six components:

1. Develop an Aboriginal Health Information Agreement in partnership with the AH&MRC to cover ownership and sharing of data, and confidentiality and privacy guidelines.



2. Consult and negotiate with the AH&MRC and Aboriginal Community Controlled Health Services about their information needs, with a view to possibly assisting in the development and support of information systems, and the establishment of common definitions and terms.
3. Consult and negotiate with the states and territories that have good quality Aboriginal health information, to identify best practices which might help improve the quality of information in NSW.
4. Collaborate with the Registry of Births, Deaths and Marriages to improve the level of Aboriginal registration of births and deaths, and the Australian Bureau of Statistics, to improve population estimates of Aboriginal people in NSW.
5. Develop and test programs to improve the under-reporting of Aboriginality in mainstream health information systems.
6. Identify and assess ways of obtaining supplementary information on the health of Aboriginal people in NSW.

Underpinning the Aboriginal Health Information Strategy are NSW Aboriginal Health Information Guidelines, which were developed to ensure consistency and good practice management of health and health-related information about Aboriginal people in NSW. The guidelines present agreed policy and parameters for management of Aboriginal health information, including the collection, ownership, storage, security, access, release, usage, reporting and interpretation of information, and issues of confidentiality and privacy.

The guidelines are endorsed by members of the NSW Aboriginal Health Partnership, and supplement applicable national and NSW state policies, protocols and guidelines.

The basis for the eleven guiding principles of the guidelines is recognition of information as a resource, the value of which is determined by the contribution it makes to the ultimate goal of improving Aboriginal health.

The guidelines are scheduled for review in 2003.

*For further information, contact the Aboriginal Health Information Strategy (AHIS) Team, NSW Health.
Tel. 9391 9950*

NSW Aboriginal Vascular Health Program

NSW Aboriginal Health Strategic Plan

Strategies 2.3–2.7

Program aim

To work in collaboration with relevant organisations and service providers to improve the provision of high quality prevention and care services and programs to promote the vascular health of Aboriginal and Torres Strait Islander people in NSW.

Program functions

- To implement the components of the NSW Aboriginal Health Strategic Plan relating to diabetes and diseases of the circulatory system.
- To improve standards of clinical care for Aboriginal people with vascular disease ensuring a more consistent approach, support for chronic disease self-management and reduction in hospitalisation for preventable complications.
- To play a key role in facilitating the development of local projects in relation to chronic and complex disease in Aboriginal people as part of the implementation of the NSW Government Action Plan for Health.
- To provide input into implementation of strategies related to the plan which are pertinent to the delivery of a continuum of prevention and care for Aboriginal people in relation to chronic disease.
- To facilitate and support the implementation of local initiatives aimed at improving the provision of prevention and care programs to the Aboriginal community.
- To facilitate a more coordinated approach to Aboriginal health by directly linking with other related Aboriginal health strategies as appropriate.

For further information, contact the Vascular Health Program Manager, Quality and Clinical Policy Unit, NSW Health.

Tel. 9391 9853

Current program initiatives

Aboriginal Vascular Health Projects

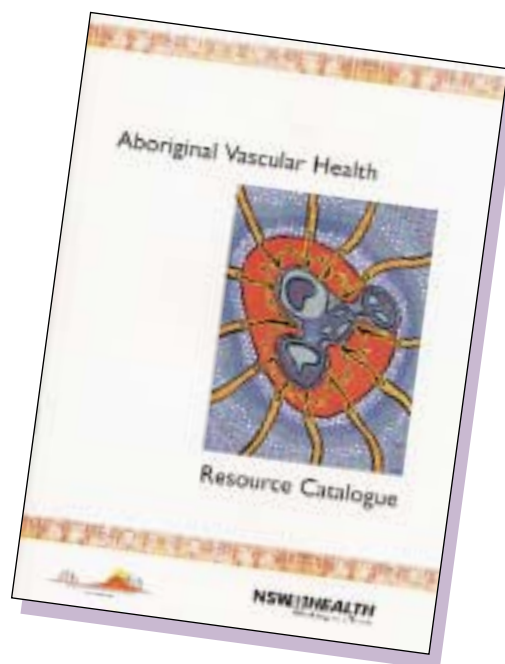
- As of 2002, funds have been made available through the Aboriginal Statewide Enhancement Budget for the establishment of demonstration projects in fifteen Area Health Services. The projects are intended to develop programs and models of care which are effective in addressing prevention and management of vascular disease in Aboriginal people. The projects are being closely monitored and evaluated to gather evidence for wider dissemination and to inform further initiatives. Approximately \$1.5M is being provided annually to recurrently fund successful programs.

Aboriginal Vascular Health Network

A Network has been established for all health professionals involved or interested in areas related to Aboriginal vascular health, to provide a system for information and resource dissemination and networking to support better practice in the field.

Aboriginal Vascular Health Resource Catalogue

A catalogue of available resources relating to Aboriginal vascular health has been collated for publication and distribution to those working in the area.



NSW Aboriginal Maternal and Infant Health Strategy

NSW Aboriginal Health Strategic Plan

Strategy 2.11

The Aboriginal Perinatal Health Report (2000) identifies three core elements for improving Aboriginal perinatal health in NSW:

1. Strong, cohesive Aboriginal communities with improved living standards.
2. Empowered Aboriginal women.
3. Accessible and appropriate maternal health services.

In 1997 the NSW Aboriginal perinatal mortality rate was 20 per 1,000, twice the rate for non-Aboriginal women, and little improved since 1989 when it was 23 per 1,000. The most important risk factor for perinatal mortality is low birth weight, and in 1997, 12% of Aboriginal babies in NSW were low birth weight, double the non-Aboriginal rate. Long-term strategies are essential. There is no easy or quick fix to this health problem.

The four key factors which contribute to Aboriginal perinatal mortality from a primary health care perspective are:

1. Underutilisation of antenatal and postnatal care by Aboriginal women (associated with poor management of medical conditions).
2. Disempowerment of Aboriginal women (lack of control over life events).
3. High Aboriginal teenage birth rate.
4. Social, economic and political factors that affect Aboriginal women.

The strategies proposed to reduce Aboriginal perinatal mortality are:

1. Increase the utilisation of antenatal and postnatal care by Aboriginal women:
 - Mainstream maternity services to reorient their services to reflect the elements demonstrated in successfully targeted programs for Aboriginal women.
 - Targeted programs employing midwives and Aboriginal health workers to provide individualised, holistic care for Aboriginal women to increase Aboriginal women's access to services and improve health outcomes for mothers and babies.
 - Aboriginal maternal/child health workers have a combined clinical and liaison role and work alongside midwives in hospital and community health settings to provide the link between Aboriginal women and health care providers.
2. Empower Aboriginal women through community peer education programs, enable women to develop knowledge and skills, increase their participation in decision making and develop supportive networks.
3. Decrease Aboriginal young teenage birth rate through specifically tailored adolescent programs.
4. Improve the social, economic and political conditions that affect Aboriginal women through taking an advocacy role at an inter-departmental level to improve educational levels and employment opportunities for Aboriginal people.

By taking a community development approach and implementing creative public health strategies which can strengthen Aboriginal communities and improve Aboriginal women's self-esteem, NSW Health will achieve significant improvements for Aboriginal women and their babies in the long-term.

*For further information, contact the Senior Project Officer, Maternal and Infant Health, Primary Health and Community Care Branch, NSW Health.
Tel. 9391 9182*

NSW Otitis Media Strategic Plan for Aboriginal Children

NSW Aboriginal Health Strategic Plan

Strategy 2.14

A contributing factor to the poor health and socio-economic status of Aboriginal people is the high incidence of Otitis Media and Conductive Hearing Loss in Aboriginal children – up to ten times that found in the general population. This poor hearing has a devastating effect on educational outcomes and consequently, on future opportunities for children.

In 1989, the National Aboriginal Health Strategy identified ear disease as a priority in Aboriginal children's health and education and called for action to reduce its incidence and impact.

The NSW Otitis Media Strategic Plan for Aboriginal Children has been developed to encourage the implementation of the 'Guidelines on the prevention and control of Otitis Media and its sequelae in Aboriginal children', a 'plain English' version of which was published in the *Aboriginal and Islander Health Worker Journal*, 1997.

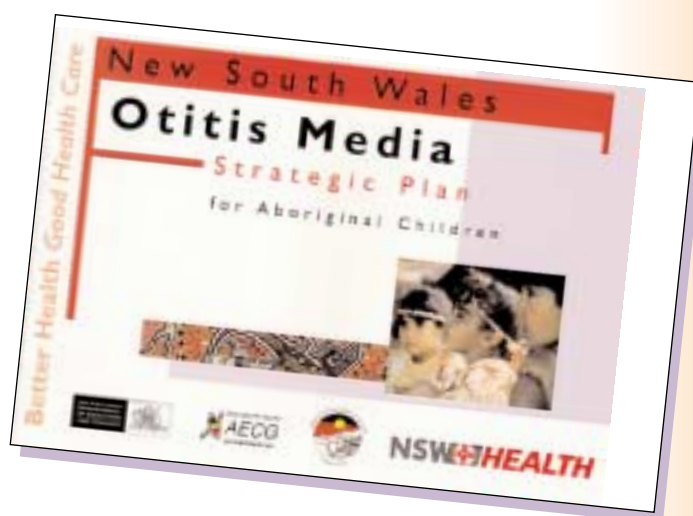
The Plan:

- Addresses the urgent need for early intervention to manage and control Otitis Media and Conductive Hearing Loss in Aboriginal children.
- Proposes a holistic and collaborative approach to deliver effective and culturally appropriate interventions to minimise the impact of Otitis Media and Conductive Hearing Loss.
- Details strategies for the establishment of effective Aboriginal community based programs determined by the needs of the local Aboriginal community.
- Provides a framework for collaboration between government services, non-government services and Aboriginal people, in addressing the health and educational implications of middle ear disease and hearing loss, through promoting the coordination of services, and development of early intervention, health promotion and education strategies.

- Commits NSW Health to work cooperatively with Aboriginal Community Controlled Health Services (ACCHS), relevant government departments, non-government organisations, health and education professionals and communities, to reduce the incidence of Otitis Media and Conductive Hearing Loss in Aboriginal children in NSW. The Plan is coordinated and monitored by the NSW Otitis Media Coordinator working in close collaboration with all key stakeholders, and it will be reviewed and evaluated in 2002 against the stated performance indicators and key outcomes at state, regional and local levels.

A significant reduction in the incidence and duration of Otitis Media in Aboriginal children may take from 10 to 20 years to achieve.

For further information, contact the New South Wales Otitis Media Coordinator in Aboriginal Health Branch, NSW Health. Tel. 9391 9567



Aboriginal Oral Health Strategy

NSW Aboriginal Health Strategic Plan Strategies 2.18–2.21

Oral health is consistently identified by Aboriginal communities as a priority health issue. Numerous reports indicate that the oral health status of Aboriginal people is significantly worse than that of the general population, and a substantial burden on individuals and communities. 'Mainstream' oral health services have not been well accessed by Aboriginal people in NSW.

The NSW Aboriginal Health Strategic Plan identifies oral health as an issue, and the development of an Aboriginal Oral Health Strategy is detailed in the NSW Government's election commitment to Aboriginal health.

The NSW Aboriginal Health Strategic Plan identifies 4 strategies:

1. Each Area Health Service in collaboration with Aboriginal Community Controlled Health Services (ACCHSs) is to develop strategies to promote oral health in the Aboriginal community.
2. A non-invasive oral health component is to be incorporated into Aboriginal health worker education and training.
3. Funding opportunities are to be identified to maintain existing oral health services and to support the establishment of new oral health services.
4. Collaborative oral health projects are to be developed to improve oral health services for Aboriginal people.

Following discussions between Aboriginal community leaders, the Director of Aboriginal Health and the Chief Dental Officer, agreement was reached to seek to develop a more coordinated and strategic partnership for the improvement of Aboriginal oral health care in NSW.

An issues paper on oral health planning was therefore commissioned by NSW Health. The paper identifies existing services measured against current trends in the oral health needs of Aboriginal communities in NSW, and develops a plan that aims to support the improvement of oral health outcomes of Aboriginal communities across the state and optimise the quality, clinical effectiveness, accessibility and cost efficiency of oral health services in a holistic and culturally acceptable manner to Aboriginal communities.

A Senior Aboriginal Project Officer has joined the Oral Health Branch to develop and implement detailed strategies for improving Aboriginal oral health. The NSW Government has allocated one million dollars per annum specifically for this purpose.

*For further information, contact Oral Health Branch, NSW Health.
Tel. 9816 0310*

Aboriginal Men's Health Implementation Plan

One reason for the lack of success in attempts to improve the health and well-being of Aboriginal communities is that Aboriginal men have not been effectively engaged in the process of planning, designing and delivering health programs and services.

Previous efforts have not recognised that Aboriginal men and women experience health and illness differently. Differences in health status are not necessarily the result of biological influences but can also be socially driven.

This understanding requires solutions that recognise the differing needs of Aboriginal men and women.

The Aboriginal Men's Health Implementation Plan represents a new and concerted effort by the NSW Department of Health to examine the specific factors impacting on Aboriginal men's health and outline strategies for improving health outcomes.

This plan is the first of its kind in Australia, and has been developed to be consistent with the goals and objectives of the overall NSW Men's Health Policy document: Moving Forward in Men's Health and the NSW Aboriginal Health Strategic Plan. It was developed in collaboration with the Aboriginal Health and Medical Research Council of NSW, NSW Department of Aboriginal Affairs, Corrections Health Service, NSW Health and NSW Aboriginal communities. The development phase included:

- an audit of all NSW Health funded projects and programs with a focus on Aboriginal men's health
- consultation with Aboriginal men and Aboriginal communities throughout NSW to gain an understanding of key issues affecting Aboriginal men generally

- active participation in national and state forums on Aboriginal men's health to promote interest and build community momentum.

The objectives of the plan are to:

1. Highlight the known determinants of health, including social determinants, and demonstrate the link to Aboriginal men's health status.
2. Raise awareness of the unique needs of Aboriginal men.
3. Assist health practitioners to gain a better understanding of the barriers that Aboriginal men face in attempting to improve their health.
4. Suggest strategies to address Aboriginal men's health issues within NSW using a framework that acknowledges the social determinants of health.
5. Give effect to the Department's objective of improving the health of Aboriginal communities in NSW.
6. Promote existing successful projects and programs which have an Aboriginal men's health focus.

The plan's key focus areas are:

- making health services more accessible and appropriate to Aboriginal men
- developing supporting environments
- improving collaboration and coordination of services
- pursuing quality research and information
- developing and training the health workforce.

This plan has also identified and analysed promising and innovative developments in Aboriginal men's health programs across NSW and other relevant programs within Australia. Based on this analysis, the following steps are considered essential to improving Aboriginal men's health:

- addressing men's health through separate strategies to women's health
- employing more men within the NSW health sector
- making health services relevant for men, their lives and interests
- making services specific to male health issues so that men are more likely to attend
- providing incentives for Aboriginal men to be involved
- developing services within the terms set down by local men
- recognising men's role in Aboriginal society and how that role impacts on the health status of men

- addressing the high cost of medication
- increasing the numbers of medical practitioners with an understanding of and time to deal with Aboriginal men's needs
- working in partnership
- developing an evidence base to improve services.

The plan will be implemented over the next three years. Regular progress reports will be provided to the NSW Department of Health's Executive and the NSW Aboriginal Health Partnership. Performance indicators have been developed to ensure effective monitoring and reporting.

For further information, contact the Men's Health Project Officer, Primary Health and Community Care Branch, NSW Health.

Tel. 9391 9462

NSW Aboriginal Mental Health Policy –

A Strategy for the Delivery of Mental Health Services for Aboriginal People in New South Wales (1997)

NSW Aboriginal Health Strategic Plan Strategies

3.1–3.4 and 3.11

In line with the aims of *Ways Forward: The National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health*, this policy aims to enable the Aboriginal people of NSW to have equitable access to appropriate mental health services, which are of a quality equal to those available to non-Aboriginal people across NSW and which take into consideration the special historical, cultural, spiritual and social factors which determine the health of Aboriginal people.

The aims of this policy are to:

1. Promote the mental health and well-being of Aboriginal people in their communities and where possible to prevent the development of mental health problems and mental disorders in ways consistent with the concept of Aboriginal mental health.
2. Reduce the impact of mental health problems and mental disorders on Aboriginal people, their families and communities by appropriate measures including the provision of optimal and effective care.
3. Ensure the rights of Aboriginal people with respect to mental health problems and mental disorders.



It is envisaged that these aims will be achieved through:

- the integration of services
- the promotion of flexibility in work practices
- active recruitment, training and education of Aboriginal people in mental health services
- cross cultural awareness training
- promoting two-way education (whereby Aboriginal workers train non-Aboriginal workers)
- participation of carers and consumers in the design and delivery of services
- people working together in partnership, so that the needs of Aboriginal people are met effectively through a holistic approach.

All Area Health Services are required to report against elements of this policy, and demonstrate effective outcomes from its implementation.

A review of this policy is being undertaken in 2002.

For further information, contact the Centre for Mental Health, NSW Health.

Tel. 9391 9377

The NSW Aboriginal and Torres Strait Islander Youth Drug & Alcohol Awareness Campaign

NSW Aboriginal Health Strategic Plan

Strategies 3.5-6

Young people need not only to hear that drugs and alcohol can be harmful, they need access to alternatives to using them. These may include employment, training and education, cultural and sporting pursuits and access to supportive adults within and beyond their communities.

The NSW Aboriginal and Torres Strait Islander Youth Drug and Alcohol Awareness Campaign is administered by NSW Health as one component of the Commonwealth funded response to the Recommendations of the Royal Commission into Aboriginal Deaths in Custody. Similar campaigns are being implemented in states and territories across Australia.

To inform the NSW campaign, consultation was undertaken with a number of key partners in rural and remote locations across the state. NSW Health provided one-off funding, broad project parameters and a monitoring framework to measure achievement of stated outcomes to participating regional and remote NSW non-government organisations.

Primary objective of the campaign

Increase the proportion of the Aboriginal and Torres Strait Islander young people who are aware of the negative consequences (for the individual and the community) associated with drug and alcohol misuse and, in the longer term, to reduce harmful drug and alcohol use in this group.

Secondary objectives:

- generate target group awareness of the 'Respect Yourself, Respect Your Culture' campaign and messages
- increase the proportion of the target group who perceive drug and alcohol misuse as culturally incompatible and undesirable
- increase the proportion of the target group who perceive the negative consequences and cultural undesirability of drug and alcohol misuse as a motivation to reduce that behaviour
- support the strengthening of skills, coordination and community links from and between agencies

- embed prevention, health promotion and harm minimisation approaches to drug and alcohol use amongst Aboriginal and Torres Strait Islander young people within existing programs and organisations.

The campaign is targeted to Aboriginal and Torres Strait Islander people aged 12 to 18 years.

The campaign includes a number of secondary target groups through their involvement in the planning, delivery and evaluation of campaign activities including:

- Aboriginal and Torres Strait Islander young people aged 18 - 25 years
- parents of Aboriginal and Torres Strait Islander young people
- Aboriginal and Torres Strait Islander elders and community leaders
- Aboriginal and Torres Strait Islander community controlled organisations.

Based on the consultation a range of potential strategies were agreed, including:

- music workshops and concerts
- sporting sponsorships
- role model programs
- heritage program
- family fun days
- Koori camps
- adopt a cop.

These strategies provide an effective means of engaging young Aboriginal and Torres Strait Islander people. However, by themselves, the strategies will have minimal impact beyond the very short term. It is essential that strategies of this genre, if used, be embedded within existing and ongoing programs. This will ensure sustainability, medium to long term impact, and local flavour.

*For further information, contact the YDAC Project Officer, Program Support and Evaluation Unit, Aboriginal Health Branch, NSW Health.
Tel. 9391 9567*

NSW Aboriginal Family Health Strategy

NSW Aboriginal Health Strategic Plan

Strategy 3.12

The NSW Aboriginal Family Health Strategy (AFHS) aims to engage and empower Aboriginal families, communities and relevant agencies to take control and work together to reduce family violence, sexual assault and child abuse, according to communities' unique local needs. Locally initiated proposals which reflect these objectives are centrally funded under the strategy, two of which have won National Violence Prevention Awards.

The principles of the AFHS encompass a holistic approach to Aboriginal family violence. This ensures the application of a whole of life view of health (cultural well-being, physical, emotional, spiritual, social and economic), and the principles of self-determination, partnerships, as well as recognition of history, including trauma, loss and grief.

The AFHS emphasises that community solutions should be based on cultural health philosophies, and calls on Aboriginal men to also take responsibility and be involved in working for solutions.

The major themes of the AFHS are to:

- engage and empower Aboriginal families, communities and relevant agencies to take control and work together to reduce family violence according to communities' unique and local needs
- recognise that victims and perpetrators are either men, women or children
- reinforce initiatives that are:
 - community controlled, holistic and culturally specific
 - within a family health context
 - directed at well-being with priority given to preventative and follow-up programs
- ensure safety for victims
- adopt an interagency approach
- highlight the importance of educating the community about the long-term cultural, spiritual and political consequences of violence.

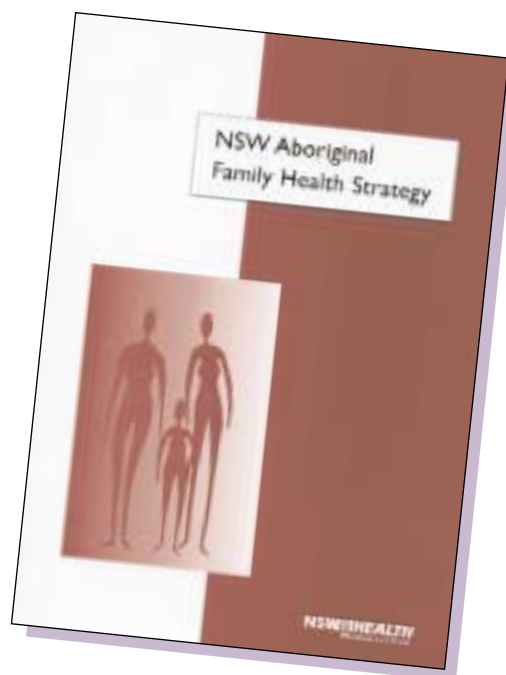
One of the major changes in focus and challenges between mainstream approaches to domestic violence, and approaches the AFHS principals encompass, is that violence in Aboriginal communities is viewed as and called Aboriginal family and community violence. The principles of the AFHS also encompass the whole family, including extended family networks.

Aboriginal communities do not use the mainstream approach to domestic violence. The term domestic violence originates from a non-indigenous feminist view.

As part of the AFHS, Aboriginal Health Branch also oversees the professional education and training package developed expressly for Aboriginal Family Health Workers (AFHWs) by the Education Centre Against Violence (ECAV). The first group of AFHWs who completed this specialist Certificate IV in Aboriginal Family Health, graduated in April 2002, and elements of the course will now be piloted among mainstream health workers, both Aboriginal and non-Aboriginal.

For further information, contact the Aboriginal Family Health Strategy Project Officer, Program Evaluation and Support Unit, Aboriginal Health Branch, NSW Health.

Tel. 9391 9922



Aboriginal Sexual Health Strategy

NSW Health has been funding Aboriginal HIV/sexual health projects since 1989/90. NSW Health started receiving special funding from the Commonwealth Office for Aboriginal and Torres Strait Islander Health (OATSIH) at the start of the National AIDS Strategy 1993/94 specifically to implement the strategy across NSW, and since then, the National Indigenous Australians' Sexual Health Strategy.

NSW currently has the largest and most advanced network of Aboriginal HIV/sexual health programs in Australia. This has been achieved through an effective partnership with the Aboriginal Health & Medical Research Council of NSW (AH&MRC). Through this supportive partnership, NSW Health has been able to strategically implement projects according to STD notification rates, population and geographical coverage. NSW Health has also ensured an equal ratio of NGO to Area projects to further strengthen and support the State Aboriginal Health Partnership Agreement.

In total there are 40 Aboriginal Sexual Health projects in NSW, with an equal ratio of male and female workers. They provide education, prevention and clinical programs to Aboriginal people.

To ensure the success of this network, the AIDS/Infectious Diseases Branch continues to fund a number of initiatives that include a state-wide support network for the workers; a comprehensive training development project; a scholarship for a sexual health counselling diploma course; and most recently, developing a curriculum and distance learning package for a Diploma in Health Science (Aboriginal Sexual Health Studies) with the AH&MRC, this is to accompany the core competency standards for Aboriginal Sexual Health workers also developed by the Department.

The above initiatives are open to all Aboriginal health workers, both in sexual health and other Aboriginal health sectors, working in both Aboriginal Community Controlled Health Services and Health Department agencies.

*For further information, contact Policy Analyst, Aboriginal Sexual Health, AIDS and Infectious Diseases Unit, NSW Health.
Tel. 9391 9272*

NSW Aboriginal Injury Prevention Strategy

NSW Aboriginal Health Strategic Plan Strategies 4.6 – 4.7

Injury to indigenous people in Australia has been shown to be three to ten times as common as to non-indigenous people. Inadequate identification of indigenous status in the major mortality and hospital collection and in road trauma statistics means that the published data severely under-estimates the extent and nature of the problem.

Despite the significance of the problem there has been no large scale coherent and strategic approach to indigenous injury prevention in Australia.

The causes of indigenous injury vary markedly from place to place and show different age distributions compared with non-Indigenous injuries. Programs targeted at non-Indigenous injury are likely to have a limited impact and benefit to indigenous people.

The development of a NSW Strategy for Injury Prevention in Aboriginal Communities is linked to and will support the Injury Prevention strategies 4.6 and 4.7 outlined in Key Priority 4 of the NSW Aboriginal Health Strategic Plan.

In 2002, the paper proposing the development of a NSW Aboriginal Injury Prevention Strategic Plan was endorsed by the NSW Aboriginal Health Partnership, and the NSW Aboriginal Health Promotion Working Group is overseeing the development of a NSW Aboriginal Injury Prevention Strategic Plan.

A National Aboriginal and Torres Strait Islander Injury Prevention Strategy is also currently being developed under the auspices of AHMAC and the NSW Plan will be consistent with the national one.

*For further information, contact the Principal Policy Officer, Aboriginal Injury Prevention, Health Promotion Branch, NSW Health.
Tel. 9391 9679*

Aboriginal Environmental Health Program, NSW, 2000-2004

NSW Aboriginal health Strategic Plan Strategies 5.1 – 5.9

NSW Health has agreed to be the project manager for the Housing for Health (HfH) Program in NSW over the four years 2000 to 2004.

To manage these projects, NSW Health is proposing to decentralise the day to day management of the Housing for Health Program and retain a coordinating role through the Aboriginal Environmental Health Unit.

Programs to the value of \$5.7 million, designed to address infrastructure and community development issues, will be delivered in 20 Aboriginal communities across NSW, as part of a \$200M, seven year, national program.

The Housing for Health Program will deliver tangible improvements in the functioning of 'health hardware' in Aboriginal communities in NSW. Improvements in housing cannot be seen in isolation from improvements in water quality, dust control, food quality and availability, nutrition and access to medical services. The structures being put in place with the Housing for Health Program can be seen as the beginning of a 'healthy community' approach to environment and health in Aboriginal communities in NSW. A broader community development role for public health officers in Aboriginal communities is envisaged. Area Health Service managers will have a key role in facilitating this approach.

*For further information, contact the Manager, Aboriginal Environmental Health, Environmental Health Branch, NSW Health.
Tel. 9816 0586*

Draft NSW Aboriginal and Torres Strait Islander Substance Misuse Plan

NSW Aboriginal Health Strategic Plan

Key Priority 3: Improving Social and Emotional Well Being

Recommendations 3.5 – 3.11

The *NSW Aboriginal and Torres Strait Islander Substance Misuse Plan* will be a companion document to the *NSW Drug Summit Government Plan of Action* and the *NSW Aboriginal Health Strategic Plan*. The Plan will represent an agreement between stakeholders on policy priorities, strategic directions and the outcomes to be achieved regarding drug use in Aboriginal communities. It will address both licit (alcohol, tobacco, inhalants) and illicit (opioids, psychostimulants and cannabis) drug types.

The draft *NSW Aboriginal and Torres Strait Islander Substance Misuse Plan* has been developed with the recognition that there is no simple solution, and that government cannot prevent all drug harm. The complexities of drug and alcohol use in Aboriginal communities require a number of integrated approaches: primarily, these need to be driven and directed by Aboriginal communities, and provided in partnership with a range of government and Community Controlled Health Services.

The Plan establishes six policy areas and details the specific actions to be undertaken in each of these areas. These policy areas are:

- Strengthening Community Approaches
- Working Together
- Healthy People, Families and Communities
- Breaking a Crime Cycle
- Building a Strong Workforce
- Research, Monitoring and Evaluation

The aim of the draft *NSW Aboriginal and Torres Strait Islander Substance Misuse Plan* is to reduce drug and alcohol use and harm in Aboriginal communities. In order to achieve this, there are a number of broad objectives that will need to be achieved. These include:

- To increase the capacity of Aboriginal communities and services, so they can address drug and alcohol use.
- To strengthen Aboriginal community leadership on drug and alcohol issues.

- To increase the understanding and ability of mainstream government and non-government services in providing culturally sensitive services to Aboriginal clients.
- To improve the coordination and management of services accessed by Aboriginal people.
- To increase the number of Aboriginal people who seek assistance for their drug and alcohol use, or their families and friends drug and alcohol use.
- To increase the understanding of drug and alcohol use in Aboriginal communities, and the ways it can be addressed.
- To increase the capacity of service providers to identify and address the underlying issues of drug and alcohol use in Aboriginal communities.

Current program initiatives

A number of programs are already being implemented across NSW. Some of these include:

- *Aboriginal Drug and Alcohol Network*
- *Increasing Access to Pharmacotherapy Treatment*
- *Methadone and Buprenorphine Education Comic*
- *The Women's Referral and Access Program (WRAP) Indigenous Project Worker*
- *Magistrates Early Referral into Treatment (MERIT)*: To support the program the NSW Government has provided 10 additional beds to rehabilitation services specifically for indigenous clients
- *Correctional Centre Release Treatment (CCRT)* is a scheme that provides a treatment service and support network to assist former inmates (with drug and alcohol issues) and their families
- *Rehabilitation Approaches*



BRONWYN BANOCROFT

The heart of the community

NSW Health

The NSW Department of Health has statewide responsibilities for health issues management and employee relations, policy, system-wide planning and performance.

The NSW public health system employs approximately 100,000 people and has an annual budget of approximately \$8 billion. More than 1 million people are treated as hospital in-patients each year in 250 hospitals.

The key roles of the NSW Department of Health are developing policies for improving and maintaining health, allocating resources to health services,

developing and managing the regulatory framework for health services and health issues, monitoring and evaluating health services, working with Commonwealth, state and NSW agencies to ensure policies meet the health needs of the public and are managed intersectorally, developing and implementing human resource management and quality improvement policies and protocols for the Department and the public health system and supporting the Minister.

The Department is organised into six Divisions: Audit, Communications, Executive and Corporate Support, Operations, Policy, Public Health and Chief Health Officer.

Aboriginal Health Branch

The Aboriginal Health Branch is part of the Public Health Division. The Public Health Division aims to improve the health of the people of NSW by adding years to life and quality of life to years.

The role of the Aboriginal Health Branch is to:

- administer the allocation of funds for Aboriginal health programs to non-government organisations, Area Health Services, statewide Services and other government agencies
- monitor the expenditure of those funds and the outcomes achieved by funded agencies
- provide ongoing support to ensure funding effectiveness
- act as a focal point for the development of culturally appropriate Aboriginal health policy in the NSW health system
- act as an expert resource for NSW Health in the development of policies which are sensitive to and inclusive of Aboriginal health issues
- liaise with and support the work of the Aboriginal Workforce Issues Unit in advocating for professional development and recognition for Aboriginal Health Workers in the NSW public health system
- encourage and contribute to whole-of-government and collaborative initiatives to improve the health of Aboriginal people
- advocate for better Aboriginal health care and outcomes in the NSW health system.

The activities of the Branch are informed by the directions established by the Government's Action Plan for Health: Working as a Team – The Way Forward, Strategic Directions for Health: NSW Health, Better Health Good Health Care, the NSW Health Department Corporate Plan, the NSW Aboriginal Health Policy: Ensuring Progress in Aboriginal Health and the NSW Aboriginal Health Strategic Plan.

The Branch comprises two Units:

◆ **Policy and Planning Unit (PPU)**
responsible for provision of high level policy and strategic advice in Aboriginal health, including coordinating state and state-Commonwealth policy and planning activities and initiatives across NSW. The unit is organised into three teams headed by the Manager. Each team, overseen by the Senior Policy Analyst, is delegated responsibility to progress key state wide policy portfolio areas and specific projects, and to fulfil geographical responsibilities relating to particular Area Health Services and statewide services.

◆ **Program Support and Evaluation Unit (PSE)**
responsible for administering the allocation of funds for Aboriginal health programs to non-government organisations, Area Health Services, statewide services and other government agencies. The unit monitors the expenditure of those funds and the outcomes achieved by funded agencies. The unit also provides support to help make funded agencies successful. The other role of the unit is to manage the Aboriginal Health Branch's core budget and the administrative functions of the branch.

The unit is organised into three teams headed by the Associate Director. The first team deals with the Aboriginal NGO Program, the Aboriginal Family Health Strategy and the Aboriginal Minor Capital Works Program. The second team deals with the NSW Otitis Media Strategic Plan for Aboriginal Children, the Aboriginal Youth Drug and Alcohol Awareness Campaign and the Aboriginal Health Promotion Program. The third team deals with the administrative functions of the branch.

Area Health Services

There are 17 Area Health Services as well as the statewide services of the Ambulance Service of NSW, Corrections Health Service and the Children's Hospital at Westmead.

The Area Health Services (AHS) are :

- Central Coast AHS
- Central Sydney AHS
- Far West AHS
- Greater Murray AHS
- Hunter AHS
- Illawarra AHS
- Macquarie AHS
- Mid North Coast AHS
- Mid Western AHS
- New England AHS
- Northern Rivers AHS
- Northern Sydney AHS
- South Eastern Sydney AHS
- Southern AHS
- South Western Sydney AHS
- Wentworth AHS
- Western Sydney AHS

Aboriginal Health & Medical Research Council of NSW (AH&MRC)

The Aboriginal Health & Medical Research Council of NSW (AH&MRC) is the peak body representing Aboriginal Community Controlled Health Services (ACCHS) in NSW.

It was established in 1983 (as the Aboriginal Health Resource Co-operative (AHRC)), in line with the recommendations of the NSW Task Force on Aboriginal Health (*The Brereton Report*), which recognised that Aboriginal community control is crucial in laying the foundation for a better standard of health care for Aboriginal people, as a way of increasing the measure of control exercised by the Aboriginal community over relevant health resources.

The role of the AH&MRC is to advise governments on Aboriginal health policy, programs, needs and resources.

The Aboriginal Health & Medical Research Council of NSW also:

- assists Aboriginal Community Controlled Health Services
- supports community controlled initiatives
- liaises with mainstream agencies
- develops and promotes appropriate education courses in Aboriginal health
- plays an important role in the evaluation of research proposals through its Ethics Committee.

Aboriginal Community Controlled Health Services (ACCHS)

Aboriginal Community Controlled Health Services:

- are controlled by a Board of Directors elected by the local Aboriginal community
- deliver comprehensive, culturally appropriate, primary health care to Aboriginal people
- facilitate the provision of culturally sensitive secondary and tertiary mainstream health services
- generally receive their primary funding from the Commonwealth Department of Health and Ageing and also attract non-government organisation (NGO) funding from the NSW Department of Health.

Aboriginal & Torres Strait Islander Commission (ATSIC)

The Aboriginal and Torres Strait Islander Commission is Australia's national policy making and service delivery agency for indigenous people. It is an independent statutory authority established by the Commonwealth Government in 1992, under the *ATSIC Act*. As such, ATSIC embodies the principle of indigenous self-determination and forms the principal national agency in the Aboriginal and Torres Strait Islander Affairs portfolio.

ATSIC is an unique decentralised organisation which advocates Aboriginal and Torres Strait Islander issues nationally and internationally, advises the Minister for Aboriginal and Torres Strait Islander Affairs, and delivers programs to Aboriginal and Torres Strait Islander people. While ATSIC is not involved in health service program delivery in NSW, it is a party to the NSW Agreement on the Health of Aboriginal and Torres Strait Islander People, along with the Commonwealth Department of Health and Ageing and the Aboriginal Health and Medical Research Council of NSW. ATSIC therefore continues to play a complementary advisory role for Aboriginal health in NSW. ATSIC's activities are described in its *Annual Report*.

Through ATSIC's Regional Councils and the Board of Commissioners, indigenous elected representatives are brought into the processes of government. These representatives have power over decision making on policy and funding. ATSIC's vision and goals are set out in its Corporate Plan.

Supporting the elected arm is an administration staffed by public servants.

Aboriginal Health Co-ordinators/ Area Managers Aboriginal Health

The Area Manager Aboriginal Health (AMAH) operates at the interface between western and Aboriginal cultures in each Area Health Service, and is involved in the process of planning, designing, evaluating and controlling the organisation's functioning to achieve its goals and deliver high quality health services to its clients.

A key function is managing the interface between cultures: they need to be able to deal with Aboriginal cultures, sometimes several in the one Area, and non-indigenous cultures as well. The language of funders and of management discourse is framed in the terms of non-indigenous culture and does not necessarily formally recognise the wealth of deep cultural knowledge required as an essential qualification for the job. This knowledge is of itself a core competency for these managers.

This difficult role is further complicated by the politics around issues concerning the profile of the Aboriginal health workforce.

Strengthening the capacity of the Aboriginal health workforce has been identified as a key component of national strategy for improving the health status of Aboriginal people. Recruitment, retention, support and training issues for Aboriginal health service managers must therefore be given priority.

Area Health Services are responsible for ensuring that the health needs of all residents are identified and met. The Area Manager, Aboriginal Health, carries the delegated responsibility for the Area's activities in identifying and meeting the health needs of members of the Aboriginal community resident in the Area.

Acronyms and abbreviations

ACCHS	Aboriginal Community Controlled Health Service
AFHS	Aboriginal Family Health Strategy
AFHW	Aboriginal Family Health Worker
AHB	Aboriginal Health Branch
AHMC	Australian Health Ministers' Conference
AHMAC	Australian Health Ministers' Advisory Council
AHW	Aboriginal Health Worker
AHS	Area Health Service
DoH	NSW Department of Health
FPA	Funding and Performance Agreement
GAP	NSW Government Action Plan for Health
GP	General Practitioner
HAHU	Heads of Aboriginal Health Units (former national forum – see SCATSIH, below)
HPB	Health Promotion Branch (NSW Health)
MCATSIA	Ministerial Council for Aboriginal and Torres Strait Islander Affairs
NGO	Non-Government Organisation
NSW Health	NSW Department of Health
OATSIH	Office of Aboriginal and Torres Strait Islander Health (Commonwealth Health)
PPU	Policy and Planning Unit (Aboriginal Health Branch)
PSE	Program Support and Evaluation Unit (Aboriginal Health Branch)
SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health (this committee has replaced HAHU)

Milestone achievements, events and reports in Aboriginal Health



5

First British Colonial settlement in Sydney Cove, leading to a long decline in Aboriginal health	1788
First Aboriginal Community Controlled Health Service – Redfern AMS	1971
Aboriginal Health Resource Cooperative established (Now the Aboriginal Health and Medical Research Council of NSW)	1983
NSW Task Force on Aboriginal Health 1982/83	1983
Miller Report	1985
National Aboriginal Health Strategy (NAHS)	1989
Review of Hospital Casualty Services in Aboriginal Health	1990
NSW Task Force on Aboriginal Health	1990
Regional Aboriginal Health Coordinator positions established across NSW	1990
Royal Commission Into Aboriginal Deaths in Custody	1991
NSW Dept of Health's 1991 Aboriginal Employment Strategy	1991
Aboriginal and Torres Strait Islander Social Justice Commissioners Second Report	1994
NSW Aboriginal Family Health Strategy	1995
Ways Forward – The National Consultancy Report on Aboriginal & Torres Strait Islander Mental Health	1995
NSW Aboriginal Health Partnership	1995
NSW Aboriginal & Torres Strait Islander Health Agreement	1996
NSW Aboriginal Health Forum	1996
NSW Aboriginal Mental Health Policy	1997
National Enquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families	1997
Aboriginal Employment Strategy	1997
Set of National Aboriginal and Torres Strait Islander Health Performance Indicators and Targets were endorsed by all Health Ministers	1997
NSW Aboriginal Health Information Strategy	1998
NSW Aboriginal Health Information Guidelines	1998
Commonwealth and states agree to undertake a comprehensive national review of Aboriginal health worker training	1998
NSW Aboriginal Health Strategic Plan	1999
NSW Aboriginal Health Policy	1999
Aboriginal Health Regional Plans	2000
Draft National Strategic Framework for the Aboriginal Health Workforce	2002
Implementation Plan for the Review of the NSW Aboriginal Health Partnership (endorsed by the State Partnership Committee)	2002
Area Health Service Performance Agreements – inclusion of Aboriginal health targets	2001 – 2002