



Mid-Term Evaluation of the NSW ABORIGINAL HEALTH PLAN 2013-2023

MAIN REPORT

May 2019

NSW MINISTRY OF HEALTH
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Artwork: Inspired by the original artwork of Aboriginal artist Tanya Taylor and designed by the National Aboriginal Design Agency, this artwork symbolises the Centre for Aboriginal Health working in partnership with Aboriginal people to support wholistic health and wellbeing and its role in the health system to build culturally safe and responsive health services.

ACKNOWLEDGEMENT OF COUNTRY

The NSW Ministry of Health acknowledges Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to elders past, present and future.

In this report, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.

DEFINITION OF ABORIGINAL HEALTH

“Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community...”¹

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Executive sponsors of the evaluation are Dr Kerry Chant, Ms Geraldine Wilson-Matenga and Associate Professor Sarah Thackway.



ABBREVIATIONS

- ACI** Agency for Clinical Innovation
- AHIS** Aboriginal Health Impact Statement
- AHW** Aboriginal Health Worker
- ACCHS** Aboriginal community-controlled health service
- AH&MRC** Aboriginal Health & Medical Research Council of NSW
- BBV** blood borne virus
- BRISE** BBV & STI Research, Intervention and Strategic Evaluation
- CAH** Centre for Aboriginal Health
- CEE** Centre for Epidemiology and Evidence
- CHeReL** Centre for Health Record Linkage
- CPH** Centre for Population Health
- ECAV** Education Centre Against Violence
- ED** emergency department
- EHO** Environmental Health Officer
- ERA** Enhanced Reporting of Aboriginality
- HETI** Health Education and Training Institute
- JH&FMHN** Justice Health & Forensic Mental Health Network
- KHC** Knockout Health Challenge
- KPI** key performance indicator
- LHD** local health district
- MoH** NSW Ministry of Health
- NGO** non-government organisation
- NH&MRC** National Health & Medical Research Council
- SHN** specialty health network
- STI** sexually transmissible infection
- UNSW** University of New South Wales



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EXECUTIVE SUMMARY

1. BACKGROUND

Aboriginal people have strong, diverse cultures and resilient communities. It is the resilience of Aboriginal people and their kinship relationships that provide the foundation upon which to build efforts to improve health. Although there have been some health gains in recent times, Aboriginal people still experience poorer health outcomes and lower life expectancy than non-Aboriginal people.

THE NSW ABORIGINAL HEALTH PLAN 2013-2023

The health system in NSW is complex, with numerous funders and providers of services that play critical roles in providing healthcare to Aboriginal people. Within this context the *NSW Aboriginal Health Plan 2013-2023* (the 'Plan') aims to work in partnership with Aboriginal people to achieve the highest level of health possible for individuals, families and communities. The Plan was developed collaboratively by the NSW Ministry of Health (MoH) and the Aboriginal Health & Medical Research Council of NSW (AH&MRC), through an extensive consultation process with key stakeholders. The six strategic directions of the Plan are: building trust through partnerships; implementing what works and building the evidence; ensuring integrated planning and service delivery; strengthening the Aboriginal workforce; providing culturally safe work environments and health services; and strengthening performance monitoring, management and accountability.

EVALUATION OBJECTIVES

The objectives of the mid-term evaluation were to:

1. Assess the breadth and effectiveness of NSW Health initiatives against the strategic directions of the Plan.
2. Identify key achievements of the Plan to date and successful initiatives suitable for sharing and scaling up.
3. Identify areas that require additional focus to enhance service delivery and improve health outcomes in the remaining years of the Plan.

EVALUATION METHODS

The mid-term evaluation had the following components:

- a self-administered survey of NSW Health organisations, exploring the range and quality of current and recent initiatives aligning with the Plan, planned activities, and staff views on areas requiring increased focus
- a critical review of key Aboriginal health policy and program documents and reports of evaluation findings
- an assessment of progress against indicators of health system performance
- semi-structured interviews with representatives of the Aboriginal community-controlled health sector in NSW (n=11) and Directors and Managers of Aboriginal Health in local health districts (LHDs) (n=6), exploring their views on Plan implementation.

EVALUATION GOVERNANCE

A working group provided advice and input into the mid-term evaluation and included representatives of the following organisations/groups: the AH&MRC; the Centre for Aboriginal Health, MoH; the Centre for Epidemiology and Evidence, MoH; and the NSW Aboriginal Health Strategic Leadership Group.



2. RESULTS

STRATEGIC DIRECTION 1: BUILDING TRUST THROUGH PARTNERSHIPS

Most Aboriginal health initiatives in NSW are underpinned by partnerships between NSW Health organisations and the Aboriginal community-controlled health sector. The *NSW Aboriginal Health Partnership Agreement 2015–2025* provides a guiding framework for engaging Aboriginal people in planning, delivering and evaluating health services. Similarly, local consultative mechanisms have been established that support the participation of Aboriginal people and communities in health system processes, like the Toomelah Boggabilla Healthy Communities Sub Committee of the Hunter New England LHD Board and the Sharing and Learning Circle in the Nepean Blue Mountains LHD.

The MoH and AH&MRC currently share a strong relationship and regularly collaborate on joint projects. Other state health organisations have also formed partnerships with the AH&MRC. Equally, a range of local agreements are in place, with about three-quarters of LHDs reporting a formal partnership with an Aboriginal community-controlled health service(s) (ACCHSs). Informal partnerships are established in some areas. Some of these local partnerships are working well, while others could be strengthened.

Directors and Managers of Aboriginal Health in LHDs highlighted a need for taking time to engage and build trust with Aboriginal communities. They also felt it important to show respect for, and try to understand the perspectives of, the ACCHS sector. ACCHSs reported that ACCHS/NSW Health partnerships could be strengthened by: increasing strategic and executive-level engagement; valuing and fostering respect for the expertise and knowledge of ACCHSs; greater collaboration in designing and delivering services; improved sharing of resources; and stronger consultation and communication mechanisms. ACCHS staff valued the model of delivering LHD services in ACCHSs. This model was seen as a way of improving the cultural appropriateness of public health services.

STRATEGIC DIRECTION 2: IMPLEMENTING WHAT WORKS AND BUILDING THE EVIDENCE

NSW Health has established strategic frameworks, policies and entities that support evidence building and knowledge translation in Aboriginal health. It is enabling Aboriginal health research by establishing partnerships with academics, building research capability, developing data assets, and providing access to funding. Examples of current research grants schemes include the NSW Translational Research Grants Scheme, the Prevention Research Support Program, and the Alcohol and Other Drugs Early Intervention Innovation Fund. Some schemes, like the Mid North Coast LHD's Research Support Grant Program, have been effective in funding projects with a focus on Aboriginal health, while others have had less success in this regard.

A large number of Aboriginal health initiatives are being, or have recently been, evaluated with findings informing practice. However, relatively fewer evaluations have explored the impacts of mainstream initiatives on the health outcomes of Aboriginal people. Efforts to improve the quality of reporting of Aboriginality in perinatal, admitted patient and emergency department datasets have contributed to steady increases in the estimated accuracy of reporting of Aboriginality in these datasets, from 59–77% in 2010 to 84–91% in 2016/2017. Nevertheless, the quality of reporting could be improved in some LHDs and SHNs, especially in emergency department data.

NSW Health is supporting knowledge translation in Aboriginal health by engaging in research partnerships, funding and implementing research conferences and symposia, and commissioning evidence reviews and exchange meetings between researchers and clinicians.

LHDs felt they could do more to support high quality evaluations of local Aboriginal health programs—in partnership with the AH&MRC and ACCHSs—and build the research and evaluation capability of their Aboriginal staff. AH&MRC staff described evaluations with strong collaboration between NSW Health and the AH&MRC, but felt NSW Health could engage them earlier in the design of evaluation studies and do more to share findings with, and acknowledge the contributions of, Aboriginal organisations.



STRATEGIC DIRECTION 3: ENSURING INTEGRATED PLANNING AND SERVICE DELIVERY

NSW Health is implementing whole-of-system initiatives aiming to improve healthcare integration, however, some of these could have a stronger emphasis on improving the health and healthcare experiences of Aboriginal people. Performance frameworks and clinical networks have also been established; these enable integrated planning and service delivery. Some of these clinical networks have established an Aboriginal health program of work, including the Aboriginal Chronic Conditions Network and the Cardiac Network.

NSW Health is also implementing many (n=120) clinical redesign and integrated care projects aiming to improve the health outcomes and healthcare experiences of Aboriginal people. Several of these projects have been evaluated using robust methods and some have achieved good outcomes, like the 48 Hour Follow Up program. However, others require better monitoring systems and well designed 'deep dive' investigations of outcomes. There are several examples of NSW Health organisations collaborating with ACCHSs in delivering care to Aboriginal people, such as the Bila Muuji Tele Home Monitoring project, the Building Brighter Grins program, and the Mehi Integrated Care program.

In the last seven years in NSW, rates of the following indirect indicators of coordinated and integrated healthcare have been stable in Aboriginal people: unplanned hospital readmissions (6%); emergency department re-presentations (6–7%); and mental health readmissions (17–18%), although rates among both Aboriginal and non-Aboriginal patients are high. Further, almost all (98%) Aboriginal elective surgery patients are treated on time in NSW, up from 91% in 2010–11.

Between 2010–11 and 2016–17, incidents of unplanned hospital readmissions among Aboriginal people decreased by three percentage points or more in Southern NSW LHD, Murrumbidgee LHD and Mid North Coast LHD, while they increased by three percentage points or more in St Vincent's Health Network* and South Eastern Sydney LHD.

LHDs felt that effective partnerships with ACCHSs were an important enabler for providing joined-up healthcare to Aboriginal people. Likewise, ACCHSs reported a need for better collaboration between LHDs and ACCHSs in planning and delivering services, especially in the context of supporting Aboriginal people who have complex care needs and/or are leaving hospital.

Through the Bilateral Agreement, the MoH is collaborating with the Australian Government Department of Health to support joint planning and service delivery and reduce avoidable demand for health services. NSW Health is influencing the social determinants of Aboriginal health through various inter-sectoral initiatives. Focus areas include: preventing disease associated with poor housing; building cohesive and resilient communities; improving child safety and development; supporting access to essential social services; and increasing employment opportunities.

STRATEGIC DIRECTION 4: STRENGTHENING THE ABORIGINAL WORKFORCE

NSW Health has established a system-wide framework and the 'Stepping Up' website (and related activities) to strengthen its Aboriginal workforce, with performance data used to inform action at state and local levels. Additionally, it is implementing many initiatives (n=70) aiming to recruit, retain and develop Aboriginal staff, with many achieving good outcomes. Examples include the Aboriginal Environmental Health Officer Training Program, the Aboriginal Oral Health Scholarships Program, and the Aboriginal Health Worker Project. Still, there were relatively few examples of NSW Health organisations collaborating with education organisations to create career pathways for Aboriginal students into health jobs.

Between 2011–12 and 2016–17, the proportion of NSW Health staff who identified as Aboriginal increased from 1.9% to 2.5%, which is approaching the target of 2.6%. During the same period, the proportion of staff who identified as Aboriginal increased in 16 of 17 LHDs and SHNs, with Mid North Coast LHD achieving a 3.1% absolute increase (from 1.5% to 4.6%). Many LHDs are aiming for Aboriginal employment levels commensurate with the representation of Aboriginal people in the populations they serve through local Aboriginal health workforce action plans.

Aboriginal people are increasingly employed in higher paid roles, however, the NSW Health target of 1.8% of staff in all salary bands being Aboriginal is yet to be met. Although NSW Health is implementing initiatives designed to develop Aboriginal health leaders, the number and proportion of NSW Health executives who identify as Aboriginal is small.

* The increase in St Vincent's Health Network should be interpreted with care as the baseline rate is based on small counts.



Aboriginal people are under-represented in medical (0.7%), nursing (1.5%) and allied health (1%) staff, supporting the perception of some ACCHSs that there is a shortage of Aboriginal clinical staff in local hospitals. Some ACCHSs also reported a need for better workforce support for the Aboriginal community-controlled health sector. NSW Health stakeholders identified recruitment to Aboriginal-targeted and -identified senior roles as an area requiring attention.

STRATEGIC DIRECTION 5: PROVIDING CULTURALLY SAFE WORK ENVIRONMENTS AND HEALTH SERVICES

NSW Health is implementing many initiatives (n=57) aiming to improve the cultural safety of workplaces and health services for Aboriginal people, with some achieving good reach and outcomes, particularly in the areas of immunisation, chronic disease management, and maternal and infant health. Mandatory Aboriginal cultural training has been established; 86% of employees have completed the online module and 44%* have attended the face-to-face workshop. An evaluation of the training is underway and will investigate its effectiveness and inform its ongoing implementation.

Service Agreements between the MoH and LHDs and SHNs, and the NSW Aboriginal Health Impact Statement, provide important levers for the delivery of culturally safe care. However, use of the latter is variable among NSW Health organisations.

Collectively, NSW Health activities aiming to foster greater cultural safety seem to have contributed to reduced incomplete emergency department visits (from 10.1% in 2010-11 to 7.3% in 2016-17) and a stable rate (2.5-2.6%) of discharge from hospital against medical advice in Aboriginal people in NSW. Further, in 2014, a majority (89%) of Aboriginal people admitted to hospital in NSW rated their experience of hospital care as either 'Very good' or 'Good', which was comparable to levels of satisfaction among non-Aboriginal patients. In the same year, the proportion of Aboriginal admitted patients who rated their overall experience of care as either 'Very good' or 'Good' ranged from 95% in Nepean Blue Mountains LHD, Sydney LHD and Southern NSW LHD to 76% in Murrumbidgee LHD.

ACCHSs reported examples of their clients experiencing discrimination or racism when using NSW Health services. Some also felt that LHDs did not provide a culturally safe work environment for Aboriginal staff. Encouragingly, some ACCHSs and LHDs are collaborating to improve the cultural safety of mainstream health services in NSW. Some Managers and Directors of Aboriginal Health in LHDs felt that their organisations had good systems in place to identify and respond to incidents of racism. Conversely, others reported there was more work to be done in this area and that their organisations focused on preventing racism through cultural training and programs.

STRATEGIC DIRECTION 6: STRENGTHENING PERFORMANCE MONITORING, MANAGEMENT AND ACCOUNTABILITY

NSW Health has established frameworks that guide and support performance monitoring, management and accountability in Aboriginal health. Responsibility for Aboriginal health is also built into various NSW Health policies and procedures, organisational structures, and the composition and functions of health service governing boards. A recent review conducted by the Centre for Aboriginal Health, MoH, found that 16 of 17 LHD and SHN boards had at least one member with Aboriginal health expertise, knowledge or experience.

The Centre for Aboriginal Health coordinates key committees that promote accountability for, and seek to improve, Aboriginal health in NSW, including the Strategic Aboriginal Health Steering Committee and the NSW Aboriginal Strategic Leadership Group. Similarly, many LHDs have established Closing the Gap strategies and implementation committees seeking to reduce the gap in health outcomes between Aboriginal and non-Aboriginal people and to improve organisational responsibility for Aboriginal health.

Many initiatives (n=67) are being implemented that support data-driven improvements and accountability in the delivery of health services and programs to Aboriginal people, like the establishment of Aboriginal Health Dashboards and scorecards and various data warehouse and analytics applications. Examples of the latter include: the Clinical Services Planning Analytics portal; Secure Analytics for Population Health Research and Intelligence; and the Activity Based Management portal.

* Proportions describe completions and not compliance, as employees have six months before they are required to complete the training.



Large-scale patient experience and population health surveys have been established that monitor clinical services and population health initiatives in NSW, some of which have trialled enhancements aiming to improve the validity and reliability of data captured on the health and healthcare experiences of Aboriginal people—for example, oversampling of Aboriginal patients for the NSW Admitted Patient Survey in 2014.

NSW Health has established health topic-specific strategic frameworks that: prioritise action among Aboriginal patients and populations; have strong governance arrangements; and have effective processes for monitoring, and using data to drive, implementation. The approach used in the blood borne viruses and sexually transmissible infections portfolio provides an example of good practice.

Both ACCHSs and LHDs reported a need for increased engagement with the Aboriginal community-controlled health sector when developing or reviewing performance indicators, and when reporting on the performance of LHDs and NSW Health-funded ACCHSs.

Some ACCHSs also expressed that the *NSW Aboriginal Health Plan 2013–2023* provides useful guidance to the health system in NSW but that it was not being adequately translated into practice locally. It was felt that improved communication about the Plan, and more funding for related programs, may enable better buy-in from stakeholders.

3. CONCLUSIONS

The *NSW Aboriginal Health Plan 2013–2023* is guiding an array of work across NSW Health, much of which is partnership-based. This includes whole-of-system initiatives, state-wide policies and guidelines, large-scale programs and services, and local programs that offer local solutions and, in some cases, potential for scaling up. Several initiatives are producing positive outcomes, whereas others seem to lack suitable monitoring and evaluation. System performance in relation to Aboriginal health has improved in some domains and is stable in others. NSW Health and Aboriginal community-controlled health sector staff highlighted several ways in which Plan implementation could be improved, especially in the areas of building trust through partnerships, ensuring integrated planning and service delivery, and providing culturally safe work environments and health services.

Findings suggest that, on the whole, progress against the Strategic Directions of the Plan has been moderate:

1. Building trust through partnerships: Moderate progress
2. Implementing what works and building the evidence: Moderate to good progress
3. Ensuring integrated planning and service delivery: Moderate progress
4. Strengthening the Aboriginal workforce: Moderate to good progress
5. Providing culturally safe workplaces and health services: Moderate progress
6. Strengthening performance monitoring, management and accountability: Moderate progress

The mid-term evaluation has identified areas of success as well as areas needing improvement. The following recommendations require strategic action at the state, district and service levels. They build on achievements to date and re-focus efforts over the next five years of the Plan to help achieve the Plan's vision of health equity for Aboriginal people in NSW.



STRATEGIC DIRECTION 1: BUILDING TRUST THROUGH PARTNERSHIPS

1. Continue to strengthen the partnership between the Centre for Aboriginal Health in the MoH and the AH&MRC, through:
 - a. identifying shared priorities and an agreed work plan
 - b. implementing joint projects to build the capacity of the sector in the areas of professional development, continuous quality improvement, business management support and evaluation of ACCHS programs
 - c. revising funding and reporting arrangements to reflect shared priorities.

Responsibility: MoH (Centre for Aboriginal Health (CAH))

2. Build and maintain meaningful partnerships between LHDs and ACCHSs to drive strategic planning and the development of shared priorities, and to provide accountability and reporting back to Aboriginal communities. This will include:
 - a. Chief Executives and other executive staff of LHDs meeting with ACCHSs at least annually to review relevant data and discuss strategic and program planning
 - b. strengthening requirements in Service Agreements, the Corporate Governance and Accountability Compendium for NSW Health, or other documents to mandate and monitor partnership agreements.

Responsibility: LHDs and MoH (CAH, System Purchasing and Corporate Governance & Risk Management)

3. Hold Aboriginal health symposia and other activities targeting system priorities, for ACCHS and LHD staff to facilitate information sharing, networking and partnership approaches.

Responsibility: MoH (CAH with designated branches co-leading)

4. Enhance whole-of-government activities to address the social determinants of health, through:
 - a. identifying new, and building on existing, opportunities to work across NSW Government on collaborative projects, including with the Department of Education, the Office of Social Impact Investment Policy, and initiatives under OCHRE such as Connected Communities
 - b. informing the development of the Aboriginal Housing Strategy and working with Housing NSW to implement the strategy
 - c. identifying new, and building on existing, opportunities to work with the Australian Government on initiatives that would benefit from an Aboriginal health lens, including the National Disability Insurance Scheme, Aged Care and the Bilateral Agreement.

Responsibility: MoH (CAH, Centre for Population Health (CPH), Government Relations, Health and Social Policy (Integrated Care), Mental Health, System Purchasing, and Strategic Reform) and Health Protection NSW

5. Develop/adapt tools and establish mechanisms that support NSW Health organisations to measure, and act to improve, the quality of their partnerships with ACCHSs.

Responsibility: MoH (CAH)

STRATEGIC DIRECTION 2: IMPLEMENTING WHAT WORKS AND BUILDING THE EVIDENCE

1. Invest in and support ACCHS-led Aboriginal health research and evaluation, through:
 - a. implementing a program of work to support ACCHSs to evaluate local programs including developing new, or adapting existing, evaluation guidelines



- b. promoting the use of validated data collection instruments/measures for a range of health behaviours and outcomes
- c. strategic commissioning of research and evaluation projects in ACCHSs.

Responsibility: NSW Health (including CAH and Centre for Epidemiology and Evidence (CEE) in MoH)

2. Monitor NSW Health investment in Aboriginal health research and evaluation through a minimum set of indicators, such as the number and focus of studies.

Responsibility: NSW Health

3. Prioritise studies in NSW Health research and innovation grant schemes that aim to create new knowledge about what works in Aboriginal health, through:
 - a. enhancing LHD quotas for Translational Research Grants Scheme (TRGS) submissions from five to six where one or more submission is focused on Aboriginal health and submitted in partnership with one or more ACCHS
 - b. continuing to identify Aboriginal health as a priority research topic in large schemes like the Prevention Research Support Program and TRGS and identifying opportunities to establish Aboriginal health as a priority research topic in other NSW Health research and innovation grants schemes
 - c. supporting Advanced Health Research Translation Centres and other public/private research consortiums to strengthen existing, or create new, Aboriginal health research streams
 - d. identifying and building opportunities to support Aboriginal people in research, through the provision of mentoring and financial support in existing fellowship and grant opportunities.

Responsibility: MoH (Office for Health and Medical Research, CEE and CAH) and LHDs/SHNs

4. Elevate the focus and consideration of Aboriginal health in mainstream research and evaluation projects, ensuring that projects consider the needs of, and impacts on, Aboriginal people, through:
 - a. supporting the use of the Aboriginal Health Impact Statement and development of an evaluation plan which addresses Aboriginal health from the planning stage
 - b. ensuring that evaluations of mainstream programs consider program uptake, satisfaction and/or effects among Aboriginal people (e.g. Leading Better Value Care).

Responsibility: NSW Health

5. Strengthen the capability of researchers to conduct Aboriginal health research and evaluation in line with established principles, guidelines and cultural protocols. This will include exploring potential strategies with the AH&MRC and the AH&MRC Ethics Committee.

Responsibility: MoH (Office for Health and Medical Research, CAH and CEE)

6. Explore mechanisms for ensuring engagement of ACCHSs, the AH&MRC and Aboriginal communities in the design and implementation of state-wide Aboriginal health research and evaluation, including considering cultural reference groups.

Responsibility: NSW Health (including CAH and CEE in MoH)

7. Identify and build opportunities to foster knowledge translation through improved engagement of both clinical and policy staff in ACCHSs and NSW Health in all phases of research and evaluation studies. This includes through Aboriginal health symposia for sharing innovative models of care and evaluations.

Responsibility: NSW Health



STRATEGIC DIRECTION 3: ENSURING INTEGRATED PLANNING AND SERVICE DELIVERY

1. Increase the focus on improving access to care, patient experiences and healthcare outcomes of Aboriginal people in whole-of-health system integrated care initiatives, through:
 - a. ensuring existing initiatives are inclusive of, and respond to the needs of, Aboriginal people, drawing on and utilising co-design and co-production
 - b. developing and implementing integrated care strategies focused on responding to the needs of Aboriginal people
 - c. ensuring new integrated care initiatives and scaling up of existing initiatives systematically consider and address the needs of Aboriginal people through completing Aboriginal Health Impact Statements and consulting with CAH.

Responsibility: NSW Health (including CPH, Mental Health and System Purchasing in MoH, NSW Ambulance, and Agency for Clinical Innovation (ACI))

2. Embed Aboriginal concepts of health and wellbeing in ACI clinical networks and activities, including specific programs of work developed in consultation with Aboriginal people, through:
 - a. ensuring ACI networks focus on including Aboriginal representation and that Aboriginal health is considered and included in network activities
 - b. developing resources on co-designing programs and strategies with Aboriginal communities.

Responsibility: ACI

3. Identify opportunities to investigate integrated care issues and implement solutions for Aboriginal people, including analysis of surgical waiting lists for key procedures, specialist follow up, and uptake and use of digital health records.

Responsibility: MoH (System Performance Support and CAH), ACI and e-Health

4. Work with the AH&MRC and other stakeholders to identify, define and implement holistic models of health and wellbeing in ACCHSs and LHDs. This will include models focusing on mental health and wellbeing with a particular focus on reducing unplanned mental health readmissions.

Responsibility: MoH (Mental Health and CAH)

5. Support enhanced linkages and partnerships between LHDs/SHNs and ACCHSs to identify and respond to issues with coordinated care and discharge planning.

Responsibility: MoH (System Performance Support)

6. Ensure well designed evaluations of clinical redesign and integrated care projects targeting Aboriginal patients, and mainstream integrated care projects, to ensure impacts on Aboriginal patients are explored and findings are used to improve health service delivery to Aboriginal people.

Responsibility: MoH (System Information and Analytics, Strategic Reform, CAH, Health and Social Policy) and ACI

7. Strengthen inter-sectoral work by continuing to support the sharing of data and joint planning across state and federal governments and NSW Government departments to leverage the potential of data linkage to improve service delivery and health outcomes for Aboriginal people. This will support the implementation of initiatives under Solution Brokerage and more broadly through Local Decision Making Accords.

Responsibility: MoH (CAH, CPH, CEE, Government Relations, System Information and Analytics, and Mental Health) and NSW Ambulance



STRATEGIC DIRECTION 4: STRENGTHENING THE ABORIGINAL WORKFORCE

1. Build the Aboriginal health workforce in NSW Health organisations, through:
 - a. all organisations working to achieve 1.8% Aboriginal representation across all salary bands and occupations in line with whole-of-government strategy and NSW Health KPIs
 - b. all organisations working to achieve Aboriginal employment of 2.6% or higher commensurate with the representation of Aboriginal people in the populations they serve, as highlighted in *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020*
 - c. supporting all NSW Health services to apply affirmative action principles in the selection and appointment of candidates as set out in the Government Sector Employment Rule 26 – Employment of Eligible Persons GSE
 - d. building the Aboriginal Health Worker (AHW) workforce in specific areas of need such as hospital liaison roles
 - e. enhancing work with education organisations to create career pathways for Aboriginal students into health jobs.

Responsibility: NSW Health (including Workforce Planning and Development in MoH)

2. Monitor the success and impact of NSW Health scholarship, cadetship and training programs for Aboriginal people, including data on completion and employment outcomes.

Responsibility: MoH (Workforce Planning and Development, Nursing and Midwifery and CEE)

3. Support AHWs in LHDs and SHNs to transition to clinical roles through documenting and sharing models of care and ensuring roles incorporate the full scope of practice of the worker's qualification.

Responsibility: MoH (Workforce Planning and Development)

4. Build the Aboriginal clinical workforce, through:
 - a. working with Aboriginal peak professional bodies to recruit Aboriginal clinicians to NSW Health
 - b. enhancing existing initiatives aimed at increasing entry and completion of clinical training pathways.

Responsibility: MoH (Workforce Planning and Development)

5. Develop and implement a NSW Health Policy Directive that will build the Aboriginal health workforce in executive and leadership roles through a targeted strategy to support the career pathways of all Aboriginal staff, through:
 - a. managers actively and opportunistically seeking and facilitating secondment and up-skilling opportunities in performance reviews
 - b. managers encouraging mentoring for all Aboriginal employees.

Responsibility: MoH (Workforce Planning and Development, and Nursing and Midwifery)

6. Support the clinical, continuous quality improvement, and other skill capability of ACCHS staff by delivering and facilitating professional development opportunities.

Responsibility: NSW Health (including MoH, ACI and Health Education and Training Institute (HETI))

7. Review enablers and barriers to employment and career progression for Aboriginal people and develop strategies to improve employment outcomes.

Responsibility: MoH (Workforce Planning and Development, and Nursing and Midwifery)



STRATEGIC DIRECTION 5: PROVIDING CULTURALLY SAFE WORK ENVIRONMENTS AND HEALTH SERVICES

1. Promote and strengthen implementation of the NSW Health Aboriginal Health Impact Statement (AHIS) across all NSW Health organisations, through:
 - a. offering professional development and up-skilling opportunities in the use of the AHIS
 - b. sharing case studies and application, including practical principles such as co-design and co-production
 - c. enhancing monitoring and reporting on compliance and quality of the AHIS, and follow up to ensure initiatives are implemented as stated.

Responsibility: NSW Health (including CAH in MoH, and HETI)

2. Implement the recommendations of the Respecting the Difference training evaluation and drive NSW Health organisations to meet the 80% completion target, through:
 - a. implementing targeted training for executive level staff in NSW Health organisations
 - b. ensuring that management of contractors engaged for a period of 6 months or more includes a requirement to undertake Respecting the Difference training
 - c. enhancing reporting and accountability of training completion at Ministry branch level and within hospitals.

Responsibility: NSW Health (including Workforce Planning and Development in MoH)

3. Support the response to episodes of 'take own leave' as clinical incidents by continuing to review take own leave with a view to identifying contributing and protective factors including, for example, racism and links between primary care and tertiary services.

Responsibility: Clinical Excellence Commission and MoH (CAH)

4. Support health organisations to deliver services that are free from racism by strengthening policies and procedures to ensure appropriate mechanisms are available and utilised to address all incidents of racism, through:
 - a. raising awareness of racism in grievance and complaints processes in the simplified and accelerated complaints and grievance resolution process currently being developed
 - b. revising the NSW Health Code of Conduct to specifically refer to a prohibition of racism
 - c. ensuring racism is adequately addressed where appropriate, for example in social media, advertising and public communications policies
 - d. a promotional/educational campaign for NSW Health staff.

Responsibility: MoH (Workforce Planning and Development, Legal and Regulatory and Strategic Communications and Engagement)

5. Identify and evaluate programs that will build the evidence of what works in creating culturally safe health services for Aboriginal people, and ensure that initiatives are informed by the best available evidence.

Responsibility: MoH (CEE, CAH and other Ministry branches) and pillars

6. Develop strategies and resources to build the cultural safety of the NSW Health system in partnership with the AH&MRC, through:
 - a. developing a suite of tools to support cultural safety initiatives and subsequent audits within Health organisations (such as those included in the Hunter New England LHD Cultural Redesign Project)



- b. developing resources for managers to support the implementation of culturally safe workplaces
- c. embedding the actions to improve health care for Aboriginal people from Version 2 of the National Safety and Quality Health Service Standards into agreements, policy directives, and other documents.

Responsibility: MoH (CAH) and Clinical Excellence Commission

STRATEGIC DIRECTION 6: STRENGTHENING PERFORMANCE MONITORING, MANAGEMENT AND ACCOUNTABILITY

1. Develop and implement an Aboriginal governance and accountability framework for NSW Health that includes a focus on:
 - a. local, divisional and state-wide governance arrangements with ACCHSs, other Aboriginal community organisations and Aboriginal communities
 - b. strengthening partnership arrangements between NSW Health organisations and the Aboriginal community-controlled health sector
 - c. accountability processes and mechanisms back to Aboriginal communities.

Responsibility: MoH (CAH)

2. Elevate the reporting of Directors and Managers of Aboriginal Health to the Chief Executive of LHDs.

Responsibility: MoH (CAH) and LHDs

3. Build mechanisms for the work of the NSW Aboriginal Strategic Leadership Group to inform LHD planning.

Responsibility: MoH (CAH) and LHDs

4. Build the Aboriginal health capacity, focus, and expertise of LHD and SHN boards, including through a board charter letter that mandates training, procedures and meeting requirements (this may include Respecting the Difference Aboriginal health training for board members).

Responsibility: MoH (Corporate Governance and Risk Management)

5. Enhance information on patient experience surveys to enable monitoring of progress towards culturally safe health services, through:
 - a. investigating novel approaches to enhancing information collection from Aboriginal patients
 - b. scheduling periodic oversampling of Aboriginal patients in patient experience surveys, including admitted patients and maternity ward patients
 - c. sharing and analysing survey data split by Aboriginality at the state-wide level, where there has been no oversampling of Aboriginal patients
 - d. ensuring the introduction of Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) appropriately and meaningfully capture the experiences of Aboriginal people, particularly in the domains of experiences of racism and cultural safety.

Responsibility: ACI, Bureau of Health Information, and MoH (CAH and System Information and Analytics)



6. Continue to build on and utilise the Aboriginal Health Dashboards and associated activities to prioritise action and accountability for Aboriginal health. This will include:
 - a. raising the visibility and accessibility of the Dashboards
 - b. continued enhancement and dissemination of the Dashboard Toolkit including case studies highlighting best practice.

Responsibility: MoH (CAH)

7. Build the Aboriginal health focus in MoH/LHD Service Agreements by disaggregating appropriate improvement measures by Aboriginality and identifying new benchmarks and monitoring measures.

Responsibility: MoH (CAH, System Purchasing, and System Information and Analytics)

8. Continue to build the clinical safety and quality of the health system for Aboriginal people (including cultural safety), through:
 - a. establishing a requirement for LHDs/SHNs to include one or more Aboriginal health-focused quality and safety strategies in Clinical Safety and Quality Accounts
 - b. supporting NSW Health organisations to embed the Aboriginal-specific actions in the National Safety and Quality Health Service Standards.

Responsibility: MoH (System Management and CAH), LHDs and Clinical Excellence Commission

9. Strengthen systems and processes for sharing NSW Health data with the AH&MRC to support shared projects and AH&MRC-led work. This will include:
 - a. sharing NSW ACCHS KPI state-wide data on a quarterly basis and working towards sharing service-identified data
 - b. sharing LHD Dashboards with the AH&MRC
 - c. working collaboratively to analyse and share NSW Health data reports with the ACCHS sector.

Responsibility: MoH (CAH)

10. Strengthen adherence to the NSW Health Policy Directive PD12-42 *Aboriginal and Torres Strait Islander Origin – Recording of Information of Patients and Clients*. This includes, as a priority, ensuring the following systems include a patient/client/staff member Aboriginal status data item and allow extraction, analysis and reporting of these data:
 - a. Ambulance NSW patient information systems
 - b. Incident Information Management System.

Responsibility: NSW Health

11. Develop an annual report card to monitor progress against the recommendations from the mid-term evaluation of the *NSW Aboriginal Health Plan 2013-2023*. The Strategic Aboriginal Health Steering Committee through the NSW Aboriginal Health Strategic Leadership Group will review the report cards and oversee ongoing implementation of the Plan.

Responsibility: NSW Health (including CAH in MoH)



1. BACKGROUND

1.1 THE NSW ABORIGINAL HEALTH PLAN 2013-2023

The goal of the *NSW Aboriginal Health Plan 2013-2023*² (the 'Plan') is to work in partnership with Aboriginal people to achieve the highest level of health possible for individuals, families and communities. The Plan focuses on strengthening the health system to ensure policies, programs and services meet the needs of Aboriginal people. The Plan was developed collaboratively by the NSW Ministry of Health (MoH) and the Aboriginal Health & Medical Research Council of NSW (AH&MRC), through extensive consultation with key stakeholders.

The underpinning principles of the Plan are:

- trust and cultural respect
- recognition of the cultural values and traditions of Aboriginal communities
- holistic approaches to the health of Aboriginal people
- the valuable and unique role of Aboriginal community-controlled health services (ACCHSs)
- the participation of Aboriginal people at all levels of health service delivery and management
- partnership with Aboriginal communities through ACCHSs and the AH&MRC
- recognition of the contribution the health system can make to the social determinants of health.

The six strategic directions of the Plan are:

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

The Plan outlines a series of actions designed to support achievement of these strategic directions. The main stakeholders responsible for Plan implementation include the MoH, NSW Health pillars, local health districts (LHDs) and specialty health networks (SHNs).

Plan implementation is monitored through routine reporting of Aboriginal health indicators, patient surveys, and system performance reporting. Progress is also tracked through various strategic committees, partnerships and networks.

1.2 EVALUATION OBJECTIVES

The objectives of the mid-term evaluation were to:

1. Assess the breadth and effectiveness of NSW Health initiatives against the strategic directions of the Plan.
2. Identify key achievements of the Plan to date and successful initiatives suitable for sharing and scaling up.
3. Identify areas that require additional focus to enhance service delivery and improve health outcomes in the remaining years of the Plan.



1.3 EVALUATION METHODS

The mid-term evaluation had five components:

- **a self-administered survey of NSW Health organisations**, exploring the range and quality of current and recent initiatives aligning with the Plan, planned activities, and staff views on areas requiring increased focus. All NSW Health pillars, LHDs, SHNs and relevant branches of the MoH completed the survey
- **a critical review of Aboriginal health policy and program documents** and evaluation reports of Health Cluster initiatives. The document review method was used to supplement survey findings
- **an assessment of progress against indicators of health system performance**. Indicators were chosen based on their alignment with the strategic directions of the Plan and were defined in line with the *NSW Health Performance Framework*.³ Administrative data were analysed to describe indicator trends from pre- to post-implementation of the Plan, at the NSW and LHD/SHN levels and in Aboriginal and non-Aboriginal patients
- **semi-structured interviews with Aboriginal community-controlled health sector staff**, exploring their views on Plan implementation. Interviewees were Chief Executive Officers and other senior staff of 10 purposively selected ACCHSs and the AH&MRC. Ten of 11 interviews occurred in ACCHSs and AH&MRC offices and all were conducted by MoH staff. Interview data were analysed thematically
- **semi-structured interviews with Managers and Directors of Aboriginal Health** from six LHDs, exploring their views on Plan implementation. The procedure used mirrored the method for the interviews with ACCHS and AH&MRC staff.

A full description of these methods—including their strengths and limitations—as well as additional findings of the survey and document review are included in the Appendix.

1.4 EVALUATION GOVERNANCE

A working group provided advice and input into the mid-term evaluation and included representatives of: the AH&MRC; the Centre for Aboriginal Health, MoH; the Centre for Epidemiology and Evidence, MoH; and the NSW Aboriginal Health Strategic Leadership Group.



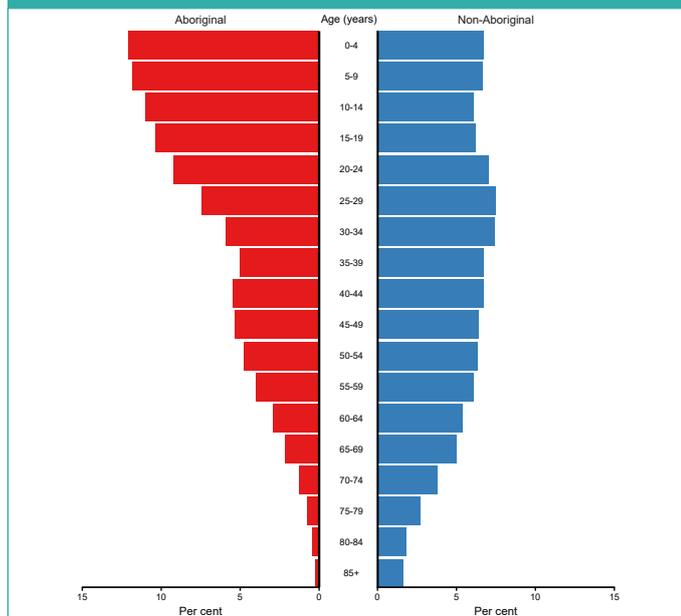
2. CONTEXT

2.1 ABORIGINAL PEOPLE IN NSW

Aboriginal Australians are the first peoples of this country and have strong cultures and resilient communities. Connection to country and family, as well as community connectedness, trust and spiritual wellbeing, are intrinsic to this resilience. Aboriginal communities are diverse, with rich and varied heritages and distinctive cultural practices, languages and traditions.

An estimated 216,176 Aboriginal people live in NSW, making up ~3% of the NSW population and 33% of the Aboriginal population in Australia.⁴ About 80% of Aboriginal people in NSW live in cities or inner regional areas. Although smaller numbers of Aboriginal people live in outer regional and remote areas, Aboriginal people make up a higher proportion of the population in these areas.⁵ Additionally, the Aboriginal population of NSW is younger than the non-Aboriginal population (Figure 1).

FIGURE 1. Population by age and Aboriginality, NSW 2016



Source: Based on the Australian Bureau of Statistics estimated resident populations (SAPHaRI), Centre for Epidemiology and Evidence, NSW Ministry of Health.

HEALTH STATUS AND DETERMINANTS

Although the health of Aboriginal people in NSW has improved over time, they continue to have higher rates of disease and potentially avoidable death than non-Aboriginal people. On average, Aboriginal people live 8-10 years less than non-Aboriginal people.⁶ The leading causes of the disease burden among Aboriginal people are cardiovascular diseases, mental and substance use disorders, cancers, respiratory diseases and injuries.⁷

Up to one-half of the life expectancy gap between Aboriginal and non-Aboriginal people may be explained by differences in the social determinants of health.^{8,9} Aboriginal people have higher incarceration rates and lower levels of education, employment, home ownership and household income than non-Aboriginal people;¹⁰ many of these factors are outside the direct control of the health system and addressing them requires effective whole-of-government responses. Such inequities stem from colonisation—which included genocide and discriminatory practices over almost two centuries—and contribute to elevated rates of behavioural risk factors, chronic stress and intergenerational trauma in Aboriginal people.^{11,12}

Despite having a higher burden of disease, Aboriginal people use health services only marginally more than non-Aboriginal people.¹³ Barriers to health service use in Aboriginal people include: patient experiences of discrimination and racism; culturally insensitive service delivery in some settings; long distances between home and healthcare facilities, particularly in outer-regional and remote areas; and out-of-pocket healthcare costs.¹⁴

2.2 THE POLICY ENVIRONMENT

Improving Aboriginal health is a NSW Government priority, as highlighted in various statements of commitment, partnership agreements and strategies, such as:

- the **NSW Ministry of Health Statement of Commitment to Aboriginal People**¹⁵ which recognises Aboriginal people as the First Nations' people of Australia, expresses regret over past practices and policies, and commits to delivering sustainable health outcomes for Aboriginal people.



- the **NSW Aboriginal Health Partnership Agreement 2015-2025**¹⁶ which reflects the ongoing commitment of the NSW Government, through NSW Health, to work in partnership with the AH&MRC as the peak organisation representing ACCHSs.
- the **NSW State Health Plan: Towards 2021**¹⁷ which includes actions aiming to keep Aboriginal people healthy and to improve healthcare quality and continuity for Aboriginal people. It sets targets to reduce rates of smoking, smoking during pregnancy, and infant mortality in the Aboriginal population.
- the **NSW Premier's Priorities**¹⁸ which commit to increasing the number of Aboriginal people in senior leadership roles in the NSW public sector.
- the **NSW Aboriginal Affairs Strategy (OCHRE Plan)**¹⁹ which commits the NSW Government to a different way of working with Aboriginal communities, by building strong working partnerships that are based on respect for local Aboriginal culture, leadership and decision making.

Additionally, there are numerous Australian Government-led initiatives that support efforts to improve the health of Aboriginal people in NSW, including: the *National Aboriginal Health Plan 2013-2023*,²⁰ the *Close the Gap Indigenous Health Equality Summit Statement of Intent*,²¹ and the Coalition of Australian Governments Close the Gap targets.²²

2.3 THE SERVICE DELIVERY CONTEXT

The NSW health system is complex, with numerous funders and providers of services to Aboriginal people.

NSW HEALTH

The NSW public health system is made up of a network of LHDs, SHNs, pillars, the MoH, and state-wide or specialist health services which are known collectively as NSW Health. LHDs and SHNs operate public hospitals and provide health services within geographical areas or, in the case of SHNs, for a defined patient group. They are responsible for promoting, protecting and maintaining the health of the communities they serve.

LHDs and SHNs are supported to deliver high quality healthcare by specialist pillars, including the Clinical Excellence Commission, Agency for Clinical Innovation, Health Education and Training Institute, Bureau of

Health Information, and Cancer Institute NSW. The MoH is the 'system manager' and guides the development of services and investments in NSW Health, with the aim of achieving the NSW Government's health priorities.

ABORIGINAL COMMUNITY-CONTROLLED HEALTH SERVICES

ACCHSs are incorporated Aboriginal organisations owned and operated by Aboriginal communities and mostly funded by the Australian Government. ACCHSs play a key role in providing comprehensive and culturally safe primary healthcare that is tailored to the needs of local Aboriginal communities. The operations of ACCHSs are based on the principle of self-determination and an Aboriginal worldview of health. The MoH funds 41 ACCHSs in NSW to deliver holistic healthcare. It also funds the AH&MRC—the peak body representing ACCHSs in NSW—to support and build the capacity of ACCHSs.

AUSTRALIAN GOVERNMENT AND OTHER PROVIDERS

There are many non-NSW Health providers and organisations that play important roles in delivering healthcare to Aboriginal people, including: general practitioners and other private primary and secondary healthcare providers; non-government organisations (NGOs), like the Rural Doctors Network; primary health networks, which build the capability of general practitioners, commission primary health services, and work to improve the integration of health services locally; and the Australian Government Department of Health. The Australian Government funds the Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, aged care services, the Medical Research Future Fund, various NGOs and the National Health & Medical Research Council. NSW Health works with these providers and organisations to continuously improve the coordination, integration and quality of healthcare.

2.4 GOVERNANCE OF ABORIGINAL HEALTH IN NSW HEALTH

There are several system-level governance and accountability mechanisms that support the implementation of the Plan, like:

- the **Strategic Aboriginal Health Steering Committee**, a high-level group co-chaired by the Secretary, NSW Health and the Executive



Director, Centre for Aboriginal Health in the MoH. It provides oversight and accountability of NSW Health's efforts to improve Aboriginal health. The Committee is working to improve the safety and quality of care for Aboriginal people, including by tackling racism.

- the **NSW Aboriginal Strategic Leadership Group**, comprised of senior Aboriginal leaders from NSW Health organisations who meet quarterly to drive improvements in Aboriginal health in areas like leadership, governance, organisational management and service delivery.
- the **NSW Health Performance Framework**³ which describes the mechanisms for monitoring, assessing and responding to the performance of public sector health services. A key element of the Framework is the establishment of Service Agreements between the MoH and LHDs/SHNs which outline the level of performance expected of LHDs/SHNs, including in relation to delivering services and programs to Aboriginal people.
- the **System Purchasing and Performance Safety and Quality Framework**²³ which aims to inform the design, purchasing, performance monitoring and continuous improvement of NSW Health services, and to create needs-based services that deliver safe, high quality patient care. The Framework has an equity focus, including improving the health and healthcare experiences of Aboriginal people.



3. RESULTS

3.1 STRATEGIC DIRECTION 1: BUILDING TRUST THROUGH PARTNERSHIPS

Partnerships with Aboriginal people and organisations help ensure the voices, experiences and expertise of Aboriginal people guide the design and delivery of health services. Strategic Direction 1 focuses on building relationships between NSW Health organisations and the Aboriginal community-controlled health sector in NSW. Key actions include:

- implementing the NSW Aboriginal Health Partnership Agreement
- establishing local partnerships between ACCHSs and LHDs
- supporting the AH&MRC to develop partnerships with state health organisations
- identifying and disseminating models of best-practice partnerships
- developing performance indicators for, and evaluating the effectiveness of, partnerships
- embedding Aboriginal health partnerships in performance management and accountability mechanisms at all levels of NSW Health.

3.1.1 NSW HEALTH ACTIVITIES

The document review and survey of NSW Health organisations identified many (n=98) partnerships that underpin NSW Health efforts to improve Aboriginal health. Some of the key partnerships and consultative mechanisms are described below (see the Appendix for a complete list).

Overarching partnership agreements

The NSW Aboriginal Health Partnership Agreement 2015-2025

The *NSW Aboriginal Health Partnership Agreement* is a longstanding agreement between NSW Health (representing the NSW Government) and the AH&MRC. It aims to ensure that the expertise and experiences of the Aboriginal community-controlled health sector is

KEY FINDINGS

- **A range of partnerships are in place which support the delivery of initiatives across all strategic directions of the *NSW Aboriginal Health Plan 2013-2023*.**
- **The *NSW Aboriginal Health Partnership Agreement 2015-2025* provides a guiding framework for engaging Aboriginal people in planning, delivering and evaluating health services.**
- **The MoH and other state health organisations have established partnerships with the AH&MRC, which enable joint initiatives.**
- **Partnerships between LHDs and ACCHSs vary in strength and focus, with about three-quarters of LHDs reporting a formal partnership with an ACCHS(s).**
- **Consultative mechanisms have been established that support the engagement of Aboriginal people and communities in health system processes.**
- **Partnerships could be strengthened by improving: strategic and executive-level engagement; respect for the expertise of ACCHSs; collaboration in planning and delivering services; the sharing of resources; and consultation mechanisms.**

brought to healthcare processes, to integrate Aboriginal health as a core element of all NSW Health policies and services, and to ensure that improving Aboriginal health remains a NSW Health priority.

The Agreement commits both parties to the practical application of the following guiding principles: Aboriginal people's self-determination; a partnership approach; and inter-sectoral collaboration. Implementation of the Agreement occurs through regular meetings between executive staff of the AH&MRC and the Centre for Aboriginal Health in the MoH, through AH&MRC involvement in several NSW Health committees and



reference groups, and through the establishment of numerous joint projects. Examples of joint projects include:

- delivering an education seminar series for clinicians working in ACCHSs, which aims to facilitate the delivery of evidence-based primary healthcare to Aboriginal people
- reviewing key performance indicators for ACCHSs
- establishing mechanisms to improve the governance of ACCHS performance data
- organising the 5th National Aboriginal Health Summit.

Agreement on NSW Aboriginal Health and Wellbeing 2015-2020

The *Agreement on NSW Aboriginal Health and Wellbeing 2015-2020* is a collaboration of the Australian Government Department of Health, the MoH and the AH&MRC. It aims to reduce the gap in health outcomes between Aboriginal and non-Aboriginal people in NSW. The Agreement supports effective and transparent collaboration among the partners and the engagement of local Aboriginal communities in healthcare processes.

The partners have committed to achieving the following outcomes:

- clinically and culturally appropriate services across the health network
- reporting requirements for services that meet the needs of all partners
- the availability of accurate, consistent and usable clinical data to support evidence-based clinical practice and quality improvement
- the availability of accurate, consistent and up-to-date demographic, health outcomes, and health service use and investment data for Aboriginal people
- the establishment of workforce strategies, developed in partnership with Aboriginal communities, to improve healthcare coordination and continuity across health and wellbeing services
- effective linkages with other relevant sectors to address the social, economic and environmental determinants of Aboriginal health.

The Agreement is primarily implemented through regular meetings of all parties to share information, conduct strategic planning, and establish effective linkages with relevant non-health sectors to support inter-sectoral action. Representatives of the Department of the Prime Minister and Cabinet and primary health networks also regularly attend the meetings. The Agreement provides a mechanism for achieving the Close the Gap targets.

ACCHSs and LHD partnerships

About three-quarters of LHDs reported having a formal partnership agreement with an ACCHS(s) in their region (Table 1). Agreements are between LHDs, ACCHSs and, in some areas, primary health networks, SHNs and universities. The remaining LHDs described having either an informal partnership or no partnership with an ACCHS(s).

Formal partnerships broadly aim to support integrated planning and service delivery and to improve health services and health outcomes for Aboriginal people. Common activities include: joint needs analysis, strategic planning and/or service coordination; establishing mechanisms for consultation and communication; and sharing resources and information.

Partnerships between ACCHSs and LHDs occur at strategic and operational levels. LHDs and ACCHSs described a number of operational partnerships that support program delivery in areas like maternal and child health, dental health, mental health, drug and alcohol misuse, women's health, post-hospital discharge care, and healthcare access and continuity.



TABLE 1. FORMAL PARTNERSHIP AGREEMENTS BETWEEN LHDs AND ACCHSs

Partnership	Partners	Functions	Outcomes
<i>Collaborative Partnership Agreement 2017-2020</i>	Central Coast LHD, Yerin Aboriginal Health Service, Hunter New England Central Coast Primary Health Network	Undertakes joint policy and program development, implementation and evaluation. Promotes ongoing Aboriginal community engagement and consumer participation in health system processes.	<ul style="list-style-type: none"> • <i>Aboriginal Health Services Plan 2017-2020.</i> • Improved access to primary healthcare (including oral health) services for Aboriginal people. • Coordinated approach to care for mental health and drug and alcohol patients.
Far West LHD and Maari Ma Aboriginal Corporation Service Agreement to provide primary healthcare services in LHD facilities	Far West LHD, Maari Ma Aboriginal Corporation	Enhances primary healthcare services for Aboriginal people in the region.	<ul style="list-style-type: none"> • Maari Ma Aboriginal Corporation manages the LHD primary healthcare service in Wilcannia. • Other shared service arrangements include social and emotional wellbeing services, diabetes education and the Aboriginal Maternal and Infant Health Service.
<i>Illawarra Shoalhaven Aboriginal Health Partnership Agreement 2017-2020</i>	Illawarra Shoalhaven LHD, Illawarra Aboriginal Medical Service, South Coast Medical Service Aboriginal Corporation, Coordinare - South Eastern NSW Primary Health Network, Oolong House, University of Wollongong	Supports collaboration across partners, informs the development of healthcare plans and service planning, and identifies areas for future research and program evaluation.	<ul style="list-style-type: none"> • The Committee that enacts the Agreement is co-chaired by the LHD Chief Executive and has achieved strong partner engagement and willingness to work together. • Stronger connections among local service providers.
Mid North Coast Aboriginal Health Accord (2014-2018)	Durri, Galambilla and Werin ACCHSs, North Coast Primary Health Network, Mid North Coast LHD	Supports joint policy and program development and implementation, with the aim of achieving improved primary healthcare access for Aboriginal people.	<ul style="list-style-type: none"> • Partners regularly share and jointly review data, which then informs action. • Aboriginal cultural safety and security framework being developed. • A joint service mapping exercise was undertaken. • Program funding information has been shared among partners.
<i>Northern NSW Aboriginal Health Partnership Agreement 2016-18</i>	Bulgarr Ngaru Medical Aboriginal Corporation, Bullinah Aboriginal Health Service, North Coast Primary Health Network, Northern NSW LHD	Identifies service gaps for Aboriginal people and develops shared solutions. Establishes agreed positions on health policy, strategic planning, and equity in service delivery and distribution of resources.	<ul style="list-style-type: none"> • Has supported the development and implementation of: service level agreements between the LHD and ACCHSs; Ngayundi Aboriginal Health Council regional forums; and a review of ACCHSs funding models.
<i>South Western Sydney LHD and Tharawal Aboriginal Medical Service Partnership Agreement 2016-2019</i>	South Western Sydney LHD, Tharawal Aboriginal Medical Service	Describes guiding principles for collaboration and oversees a range of joint initiatives. Facilitates input from Aboriginal communities into the development of South Western Sydney LHD services.	<ul style="list-style-type: none"> • Has supported the establishment of: an ear, nose and throat surgery pathway; a range of outreach services, including specialist and allied health services; multi-disciplinary paediatric clinics; a partnership between Campbelltown Hospital and Tharawal Aboriginal Medical Service; and mechanisms for joint consumer/patient case review.
<i>Sydney Metropolitan Local Aboriginal Health Partnership Agreement 2016-2021</i>	Aboriginal Medical Service Co-operative Limited Redfern, Northern Sydney LHD, South Eastern Sydney LHD, Sydney LHD, St Vincent's Health Network, Sydney Children's Hospitals Network	Undertakes joint planning and service delivery relating to seven health priorities: social determinants of health; chronic conditions management; cancer; drug and alcohol misuse; smoking; Aboriginal workforce development; and research.	<ul style="list-style-type: none"> • Has supported the development of the <i>2016-2021 Sydney Metropolitan Local Aboriginal Health Partnership</i>, Aboriginal Health Plan.



Western Sydney Aboriginal Health Collaborative	Western Sydney LHD, Sydney Children's Hospitals Network, Western Sydney Primary Health Care Network, Greater West Aboriginal Health Service	Develops and drives the implementation of Aboriginal health policies and projects in Western Sydney that address joint priorities and appropriately respond to the needs of Aboriginal people.	<ul style="list-style-type: none"> • Has informed the development of the <i>Western Sydney Integrated Health Partnership Framework 2017-2020</i>. • Partnership implementation, monitoring and evaluation plans currently being developed to align with the Western Sydney Partnership Advisory Council.
<i>Western NSW LHD Aboriginal Partnership Agreement 2015-2020</i>	Western NSW LHD, Bila Muuji Aboriginal Health Services	<p>Provides leadership and advice on health policies, strategic planning, service issues, and equity in the allocation of resources.</p> <p>Supports implementation of local Partnership Action Plans which promote joint initiatives and enhanced communication and collaboration between partners at the local level.</p>	<ul style="list-style-type: none"> • Progress on development and implementation of local Partnership Action Plans.



Consultative mechanisms

The Aboriginal Chronic Conditions Network, Agency for Clinical Innovation

The Aboriginal Chronic Conditions Network aims to improve health service delivery to, and the healthcare experiences of, Aboriginal people with chronic conditions. It is a NSW-wide consultative mechanism that ensures a partnership approach underpins efforts to enhance chronic care services for Aboriginal people. The Network executive is co-chaired by senior Aboriginal leaders and includes representatives of LHDs, ACCHSs and other NGOs, universities, the Australian Institute of Health and Welfare, Aboriginal communities, and primary health networks. The Network draws on the expertise of its members to develop evidence-informed tools, guidelines, models of care, and community-based programs.

The Aboriginal Drug and Alcohol Network

The Aboriginal Drug and Alcohol Network provides advice and expertise on key NSW Health plans, services and programs. Members include Aboriginal drug and alcohol workers in ACCHSs, LHDs, NGOs and the private sector. The AH&MRC receives MoH funds to support the Network and its leadership group, to coordinate an annual Network forum, and to provide advice to NSW Health on drug and alcohol workforce issues.

Local Aboriginal community consultation mechanisms

Aboriginal community consultation mechanisms have been established in some LHDs to support Aboriginal community ownership of joint LHD and ACCHS initiatives. For example, the Toomelah Boggabilla Healthy Communities Sub Committee of the Hunter New England LHD Board and the Sharing and Learning Circle in the Nepean Blue Mountains LHD support coordinated planning and implementation of health initiatives, monitor health priorities and outcomes in local communities, and develop local solutions to identified health problems.

Local Decision Making is an Aboriginal community governance initiative under the NSW Government's plan for Aboriginal Affairs, OCHRE. NSW Health supports the application of Local Decision Making to increase the effectiveness of service delivery to meet local needs and increase the capacity of Aboriginal decision-making bodies. NSW Health's participation is primarily through LHDs because of the local nature of discussions. LHD Executive representatives work with those alliances that have identified health as a priority.

CASE STUDY

SOUTH WESTERN SYDNEY LHD AND THARAWAL ABORIGINAL MEDICAL SERVICE PARTNERSHIP AGREEMENT 2016-2019 — COORDINATION OF MENTAL HEALTHCARE

The Partnership Agreement between South Western Sydney LHD and Tharawal Aboriginal Medical Service aims to improve health outcomes and access to health services among Aboriginal communities. It sets out guiding principles for working together (including the use of collaborative approaches), details a range of initiatives to be implemented, and delineates the responsibilities of each organisation.

An objective of the Partnership is to establish culturally safe mainstream health services by leveraging the expertise and experiences of Tharawal Aboriginal Medical Service staff. The Partnership is implemented through regular meetings of both organisations and other consultative mechanisms. Engagement occurs at both the executive and operational levels.

The collaborative mental health model is a good example of a joint initiative of the Partnership. The model includes a mental health outreach service for Tharawal Aboriginal Medical Service clients and joint consumer review meetings. These meetings clarify the roles and responsibilities of each partner in delivering culturally safe and effective care, particularly for patients with complex needs.

The Partnership has improved pathways to healthcare for Aboriginal patients in the region. There is also a view that it has improved the cultural safety of South Western Sydney LHD services by establishing innovative outreach models, and through Tharawal Aboriginal Medical Service's input into how mainstream services are provided to Aboriginal clients and their families.

The *Premier's Memorandum - M2015-01-Local Decision Making* mandates the roles and responsibilities of NSW Government agencies to ensure regional alliances are aware of NSW Government priorities, services and data.

Partnership projects

The document review and survey of NSW Health organisations identified many health projects in NSW that are underpinned by effective partnerships between NSW Health and the Aboriginal community-controlled health sector, across all strategic directions of the Plan (see the Appendix for a full list). Examples include:

- Take Blaktion, an integrated communication and sexual health education campaign aimed at young Aboriginal people in NSW



- establishment of a legal clinic in Bungee Bidgel Aboriginal Health Clinic aiming to remove barriers to legal assistance and to improve the health, social and emotional wellbeing of Aboriginal patients
- development of the *2018 Report of the Chief Health Officer: Aboriginal Kids—a healthy start to life*
- Building Strong Foundations for Aboriginal Children, Families and Communities, a free, culturally safe early childhood health service for Aboriginal children from birth to school entry age and their families
- Aboriginal Go4Fun, a family-based healthy lifestyle program targeting children who are above a healthy weight.
- differences in the organisational priorities of ACCHSs and LHDs
- not having enough time to engage and build trust with Aboriginal organisations or communities
- the absence of an ACCHS within the boundaries of some LHDs and, conversely, needing to coordinate with multiple ACCHSs, especially in geographically large LHDs
- NSW Health funding being inconsistently allocated across all ACCHSs
- being unfamiliar with the internal structures of partnering agencies
- lack of a local Aboriginal health plan to guide engagement with Aboriginal organisations, or inadequate provisions and accountability for partnerships in local plans.

Partnership projects are occurring in a range of health areas but are particularly common in the clinical redesign and integrated care area. As such, a large number of partnerships between NSW Health and the Aboriginal community-controlled health sector are described in Section 3.3 (Ensuring integrated planning and service delivery) of this report.

3.1.2 STAKEHOLDER FEEDBACK

Views of NSW Health staff

Directors and Managers of Aboriginal Health in LHDs described three main factors they felt enabled effective partnerships between LHDs and ACCHSs. Firstly, being patient and taking the time to build trust; this can often require acknowledging and addressing historical breakdowns in trust. Secondly, ensuring there is executive buy-in and respectful leadership from both LHDs and ACCHSs. Lastly, showing respect for, and trying to understand the perspectives of, the ACCHS sector:

“Taking time to get an understanding of Aboriginal perspectives. It doesn’t work if you only take on an LHD agenda. You need to understand the reasons why there is not equitable access to services. Understanding what works and what doesn’t work from their end.” (LHD 4)

LHD and SHN staff reported a commitment to working with Aboriginal organisations and communities to design and deliver health services, however, they described several barriers to doing so, such as:

- sometimes needing to negotiate complex local relationships when engaging with partner organisations

CASE STUDY

NGAYUNDI ABORIGINAL HEALTH COUNCIL, NORTHERN NSW

The Ngayundi Aboriginal Health Council provides a forum for members of the Bundjalung, Yaegl and other Aboriginal Nations in Northern NSW to participate in, and provide advice on, health service planning, delivery and evaluation in the region. Its aim is to achieve equity of health outcomes between Aboriginal and non-Aboriginal people.

The Council provides an informed community perspective on the health issues and needs of Aboriginal communities to the Northern NSW LHD, the North Coast Primary Health Network and the Northern NSW Aboriginal Health Partnership. Council members include Aboriginal people from across Northern NSW.

A Council executive with rotating membership; provides nominees for local working and advisory groups; comments on health policies, strategies and other documents; consults the wider Aboriginal community on specific health matters and facilitates community participation in health processes; shares information with communities; and advocates and lobbies to positively influence health decision making.

The Council holds four community meetings per year. Meetings occur in different locations in Northern NSW, are open to all Aboriginal people, and facilitate information sharing and Aboriginal community ownership of health policies and initiatives. The Council also provides governance of the *Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015–2020* and the *Northern NSW LHD Reconciliation Action Plan*.



Regarding the last point, NSW Health staff highlighted a need for a comprehensive enterprise-wide approach to partnerships with Aboriginal organisations and communities, supported by internal structures and resources.

Views of the Aboriginal community-controlled health sector

ACCHS and AH&MRC staff highlighted both enablers and barriers to effective partnerships between their organisations and NSW Health, with some of the views expressed echoing and building on feedback from NSW Health staff.

Characteristics of effective partnerships

- **Partnership equality**, whereby ACCHSs have a fair say in decision making and planning, and their expertise is valued:

“An ideal partnership would be one where partners are equal, the LHD listens to what we have to say, and we work together on joint initiatives. There would be benefits for the community.” (ACCHS 6)

- **Regular contact between parties**, which interviewees felt could enable effective communication, productivity, collaboration, and ACCHSs input into NSW Health policy and program development:

“There are regular meetings between our service, the LHD and the PHN [primary health

network] at the executive level ... There are also bi-monthly meetings of an Aboriginal Health Committee at local hospitals to examine issues ... and also review a local Dashboard.” (ACCHS 4)

Interviewees also emphasised the importance of involving the AH&MRC and ACCHSs in the early stages of planning an initiative, which they felt could help avoid ‘tokenistic’ partnerships.

- **Multi-agency collaboration**, which interviewees felt could support streamlined service integration, improved discharge planning, increased Aboriginal community engagement, and staff secondments to facilitate cultural exchange.
- **Active engagement of LHDs in ACCHS activities** such as the delivery of services by LHDs in ACCHS sites:

“The dental service provides an example of good partnership that underpins effective service delivery. The LHD dentists work at our service and also supply consumables and we pay for dentures. We are still paying for the dental service. Roles are negotiated via an MOU [Memorandum of Understanding]. There is case conferencing to manage clients and there is a good relationship with the LHD Dental Manager.” (ACCHS 10)

- **Strong leadership at the executive level from both parties**, which aligns with the views of LHD Directors and Managers of Aboriginal

CASE STUDY

THE ABORIGINAL CANCER PARTNERSHIP PROJECT (2013–2015)

The Aboriginal Cancer Partnership Project was a collaboration of the AH&MRC, the Cancer Institute NSW and the Cancer Council NSW. The Project aimed to improve the cancer outcomes of Aboriginal people in NSW by working collaboratively with Aboriginal communities. Its objectives were to:

- raise cancer awareness and increase the capacity of Aboriginal communities to respond to cancer
- build the skills, knowledge and capacity of the Aboriginal health workforce in cancer care, and improve the care of Aboriginal people with cancer
- build partnerships between mainstream services and ACCHSs to enhance the cultural capability of health professionals working in cancer care, and to improve service accessibility
- reduce barriers experienced by Aboriginal people who need to access cancer care.

The Project had the following elements: Aboriginal community awareness-raising workshops (n=17); community action workshops (n=2); health professional training; clinical placements in, and site visits to, ACCHSs and local cancer services (staff exchanges); health professional support networks; and partnerships between cancer services and ACCHSs to enhance the cultural capability of health professionals working in cancer care.

The Cancer Institute NSW worked with five lead ACCHSs in Moree, Nowra, Broken Hill, Redfern and Albury to establish culturally appropriate clinical placements for cancer care professionals and health worker support networks. The Project led to the review and updating of a culturally appropriate cancer course for Aboriginal health professionals. Additionally, Aboriginal health worker clinical placements in, and site visits to, cancer services contributed to improved relationships, trust and understanding of cancer services.



Health. It was felt that this could depend on individual personalities and that executive support and leadership needed to be established in a systemic way:

“There is now a different approach with the LHD CE [Chief Executive]. There is a sense of urgency, the start of a change in culture in the LHD. The partnership is now strong and there is an accessible team. We can now have real conversations on broader issues ... The LHD CE brings a more genuine approach. She has good understanding and experience of working with communities.” (ACCHS 8)

health or if it's been absorbed into the broader system.” (ACCHS 6)

Strategic partnerships

AH&MRC staff felt they had a strong partnership with the MoH through the *NSW Aboriginal Health Partnership Agreement*. They perceived that this good relationship had resulted in: the adoption of a collaborative approach to working together; increased support for their member services; and increased investment in capacity building activities for ACCHSs. They also described partnerships with a range of state health organisations, like the Cancer Institute NSW, the Mental Health Commission, the Bureau of Health Information, and the Agency for Clinical Innovation.

Barriers to working collaboratively

- **Poor communication and consultation**, whereby some ACCHSs reported that LHDs did not communicate about important staff changes or service restructures, or did not respond to correspondence from ACCHSs. AH&MRC staff highlighted a need for open dialogue and transparency between organisations to enable the implementation of strategies in a purposeful and timely way.
- **Lack of respect for, or awareness of, the ACCHS sector**, whereby interviewees perceived that some LHD staff could: have a paternalistic attitude towards ACCHSs; see ACCHS programs and services as second rate; misunderstand the role that ACCHSs play in the health system; or under-value the expertise of ACCHSs regarding Aboriginal culture and clinical service delivery.
- **Unwillingness of some staff in LHDs/SHNs to collaborate with ACCHSs**, which interviewees felt could result in ACCHSs giving up attempts to develop a meaningful partnership:

“The LHD staff are not reliable. As an example, the Otitis Media program was supposed to be run in partnership with the LHD. We asked the LHD to help out with running the program when the program coordinator was on leave, but the LHD let us down and we couldn't rely on LHD staff to share the load. Now we are running the program on our own.” (ACCHS 7)

- **A perceived lack of funding for effective programs and poor transparency of funding processes:**
“The LHD provides us with \$50K per year in funding—this has not increased since 2004. It's not clear if the LHD have maintained Aboriginal health funding specifically for Aboriginal

3.1.3 SUMMARY AND IMPLICATIONS

A range of partnerships are in place that support the implementation of health initiatives across all strategic directions of the *NSW Aboriginal Health Plan 2013–2023* and that support the engagement of Aboriginal people in health services planning and delivery. A number of these partnerships have achieved good outcomes, however, there is room to embed a more systemic approach to partnerships tied to strong accountability and monitoring mechanisms.

The MoH and AH&MRC currently share a strong relationship—which is grounded in the *NSW Aboriginal Health Partnership Agreement 2015–2025*—and regularly collaborate on joint projects. The MoH should continue to work collaboratively with the AH&MRC to address shared priorities, such as racism, wellbeing and self-determination. Encouragingly, other state health organisations have also formed partnerships with the AH&MRC.

Partnerships between LHDs and ACCHSs vary in strength and focus, with about three-quarters of LHDs reporting a formal partnership with an ACCHS(s). More could be done to support stakeholders to monitor the function and effectiveness of these partnerships and intervene early when challenges to collaboration arise.

ACCHS and AH&MRC staff felt that their partnerships with NSW Health organisations could be strengthened by improving: strategic and executive-level engagement among all parties; respect for the expertise of ACCHSs; collaboration in designing and delivering services; sharing resources; and consultation and communication mechanisms. The last of these could be improved by creating targeted networking and information sharing opportunities, such as an annual health forum for LHDs and ACCHSs.



Strong partnerships between LHDs and ACCHSs have the potential to improve the health and lives of Aboriginal people. Further work is required to identify and disseminate models of best-practice partnerships and to embed Aboriginal health partnerships in NSW Health performance management and accountability mechanisms, in close collaboration with the AH&MRC.

ASSESSMENT OF PROGRESS AGAINST KEY ACTIONS[†]

Based on the data presented in this report, progress against the key actions of Strategic Direction 1 of the *NSW Aboriginal Health Plan 2013–2023* is moderate:

1. *Implementing the NSW Aboriginal Health Partnership Agreement*: Good progress.
2. *Establishing local partnerships between ACCHSs and LHDs*: Moderate progress.
3. *Supporting the AH&MRC to develop partnerships with state health organisations*: Good progress.
4. *Identifying and disseminating models of best-practice partnerships*: Some progress.
5. *Developing performance indicators for, and evaluating the effectiveness of, partnerships*: Some progress.
6. *Embedding Aboriginal health partnerships in performance management and accountability mechanisms at all levels of NSW Health*: Some progress.

[†] Assessments are based on the investigators' appraisal of the evidence presented in this report with respect to the breadth and quality of relevant initiatives.

3.2 STRATEGIC DIRECTION 2: IMPLEMENTING WHAT WORKS AND BUILDING THE EVIDENCE

It is critical that health initiatives are informed by evidence of what works for Aboriginal people. Strategic Direction 2 focuses on supporting quality research and evaluation, disseminating evidence and supporting the translation of evidence into practice. Key actions are:

- reviewing NSW Health research programs and identifying opportunities to increase their focus on Aboriginal health
- undertaking rigorous evaluations of Aboriginal-specific programs
- supporting quality evaluations of mainstream programs to ensure their impact on Aboriginal people is considered and measured
- implementing quality improvement strategies in data collection and reporting related to Aboriginal people across NSW Health settings
- disseminating and applying the findings of research and evaluation
- building the capacity of NSW Health staff to undertake Aboriginal health research and evaluation.

3.2.1 NSW HEALTH ACTIVITIES

NSW Population Health Research Strategy

The *NSW Population Health Research Strategy 2018–2022* provides a framework for NSW Health to effectively generate and use population health research. It builds on the 2011–2015 Strategy, *Promoting the generation and effective use of population health research in NSW*, and has four objectives: supporting research that is relevant to population health policy and practice; improving the quality of population health research; increasing the use of research evidence in population health policies and practice; and building population health research capability.

The Strategy recognises the potential of population health research to improve Aboriginal health. It promotes the production of high quality and ethical Aboriginal health research in NSW, in collaboration with Aboriginal organisations and communities. Relevant actions include: driving intervention research focusing

KEY FINDINGS

NSW Health has:

- **established strategic frameworks, policies and entities that support evidence building and knowledge translation in Aboriginal health**
- **funded research, established partnerships with academics, built research capability and developed data assets to build the evidence base about what works**
- **many Aboriginal health initiatives that are being, or have recently been, evaluated, with findings informing practice—however, relatively fewer evaluations have explored the impacts of mainstream initiatives on the health outcomes of Aboriginal people**
- **increased the levels of accurate reporting of Aboriginality in perinatal, admitted patient and emergency department datasets, from 59–77% in 2010 to 84–91% in 2016/2017.**

The AH&MRC described evaluations with strong collaboration between NSW Health and the AH&MRC. However, it was felt that NSW Health could do more to share findings with, and acknowledge the contributions of, Aboriginal organisations.

on Aboriginal health; evaluation of key initiatives; promoting the use of the NSW Aboriginal Health Impact Statement to ensure the needs of Aboriginal people are embedded in population health research; and building the research and evaluation capability of Aboriginal people, and the capability of population health staff to conduct research in Aboriginal health.

The Strategy was developed by the Centre for Epidemiology and Evidence (CEE) with input from the Centre for Aboriginal Health in the MoH, eminent researchers, and LHDs. Chief Executives of LHDs were encouraged to seek the views of LHD Directors and Managers of Aboriginal Health when providing input into the Strategy. Implementation of the Strategy is monitored using a range of indicators.



NSW Government Program Evaluation Guidelines

The *NSW Government Program Evaluation Guidelines* (and related Circular) set out the NSW Government's expectations for evaluation of Government agency programs, including that: agencies evaluate their programs in line with best practice principles and standards; NSW Government clusters prepare annual evaluation schedules to help monitor implementation of the guidelines; and evaluation findings are published wherever possible.

An Evaluation Expert Reference Group has been established to help implement the NSW Government's program evaluation initiative in the Health Cluster. The Group includes staff of various NSW Health organisations and performs the following functions: prioritising initiatives for evaluation, based on the Evaluation Guidelines and NSW Health priorities; establishing a program to build evaluation capability in NSW Health; and sharing information about evaluation approaches and major projects. The NSW Government's program evaluation initiative and the Evaluation Expert Reference Group provide a structure for evaluating Aboriginal health programs and the impacts of mainstream programs on Aboriginal people.

Research and evaluation infrastructure in NSW Health

Several NSW Health entities support the generation of health research and evaluation and the translation of evidence into practice in NSW, including in the area of Aboriginal health. Examples include:

CEE, MoH, which assists health research in NSW by linking and facilitating access to health and health-related data, funding population health research, and building research and evaluation capability across NSW Health. The Centre also supports evaluation of large-scale NSW Health initiatives, including Aboriginal health initiatives.

NSW Office for Health and Medical Research, MoH, which promotes translation and innovation from research and builds research capacity by: supporting the development of medical devices and related technologies; supporting good research governance and ethics; and funding a diverse grants and training portfolio which supports Aboriginal health research and the development of Aboriginal researchers.

Clinical Monitoring, Economics and Evaluation, Agency for Clinical Innovation (ACI), which supports ACI initiatives by providing data, statistical, costing and financial analyses, economic appraisals and evaluations, including for Aboriginal health projects.

Strategic Research Investment, Cancer Institute NSW, which conducts and funds clinical trials, supports translational research, manages several cancer registries and data collections, and administers research, cancer screening and prevention grants schemes, some of which identify Aboriginal people as a priority population.

Educational Research and Evidence Based Practice, Health Education and Training Institute (HETI), which co-ordinates and conducts educational research and evaluation at HETI, provides research and evaluation advice, provides the best evidence to inform HETI's educational practice, and makes key contributions to innovation at HETI.

Research and Evaluation Service, Justice Health and Forensic Mental Health Network, which supports the Network to conduct and facilitate research and evaluation on prisoner health services and issues by providing specialist support and advice to staff and building research capacity. Many projects focus on Aboriginal health or include sub-analyses by Aboriginality.

Kids Research, Sydney Children's Hospitals Network, which conducts clinical research into diagnostic techniques and treatment methods, laboratory research into disease processes, and population health and health services research. Improving the health of Aboriginal children is a priority across multiple research portfolios.

Centre for Health Equity Training Research and Evaluation, South Western Sydney LHD, which provides leadership and expertise in training, research and evaluation for health equity. It has three work streams, one of which is Aboriginal health. The Centre coordinates a longitudinal cohort study on the health of Aboriginal babies.

Centre for Research Excellence in Integrated Quality Improvement, Northern NSW LHD, which aims to improve Aboriginal health by accelerating and strengthening large-scale primary healthcare quality improvement efforts. A key research focus is building clinical quality improvement capacity in Aboriginal staff.

Aboriginal Health & Medical Research Council of NSW Ethics Committee

The AH&MRC Ethics Committee assesses research proposals investigating the health of Aboriginal people and communities in NSW. The Committee is dedicated to supporting high quality projects that increase scientific knowledge, are of benefit to Aboriginal people and sensitive to Aboriginal cultures, ensure Aboriginal community control and input, and build the research capability of Aboriginal communities and health staff.



The Committee plays a role in educating researchers about the unique ethical considerations when conducting Aboriginal health research, and ensuring these considerations are addressed.

The AH&MRC Ethics Committee operates under National Health & Medical Research Council (NH&MRC) legislation. The Committee is assessed annually by the NH&MRC to ensure it meets NH&MRC Guidelines. The MoH partially funds the AH&MRC to manage and run the Committee, and its function and performance is monitored by NSW Health.

Summary of initiatives implemented across NSW Health

The document review and survey of NSW Health organisations identified a large number of strategic and evidence-informed initiatives aiming to support research, evaluation and evidence translation in Aboriginal health (see the Appendix for a complete list of initiatives). Table 2 describes a selection of current or recent initiatives.

NSW Health organisations are implementing grants schemes that support policy-relevant Aboriginal health research, evaluation and innovation. Examples include the NSW Translational Research Grants Scheme, the Prevention Research Support Program, and the Alcohol and Other Drugs Early Intervention Innovation Fund. Some schemes, like the Mid North Coast LHD's Research Support Grant Program, have been effective in funding projects with a focus on Aboriginal health, while others have had less success in this regard.

Priority research centres have been established that support co-produced and policy-relevant Aboriginal health research and evaluation, including the Physical Activity Nutrition and Obesity Research Group and the BBV & STI Research, Intervention and Strategic Evaluation Program. NSW Health organisations are also participating in various research partnerships and consortiums, such as The Australian Prevention Partnership Centre, which are conducting applied Aboriginal health research and building research capability in health staff.

Several initiatives aim to build research capability in NSW, like the NSW Health PhD Scholarships Program, the Early-Mid Career Fellowships Program and the Rural Research Capacity Building Program. Such initiatives provide opportunities for researchers to develop expertise in Aboriginal health research. NSW Health is supporting the translation of research findings into practice through: researcher/clinician collaborations; the delivery or support of research conferences and

symposia, such as the 2017 Innovations in Aboriginal Chronic Conditions Forum; and discrete services provided by the Sax Institute, including brokered evidence reviews in Aboriginal health.

NSW Health is investing in assets that support Aboriginal health research and evaluation. These include: the Centre for Health Record Linkage; Secure Analytics for Population Health Research and Intelligence; large cohort studies like the 45 and Up study; and public health registers which hold a vast array of linked administrative data.

Strategies are being implemented to improve the recording of Aboriginality in patient information systems, reporting of Aboriginality in health datasets and monitoring of Aboriginal health programs. Examples include: the Aboriginal and Torres Strait Islander Origin: Recording of Information of Patients and Clients policy implementation; Asking the question: improving identification of Aboriginal people training; Enhanced Reporting of Aboriginality; and the creation of the Aboriginal Maternal and Infant Health Service Data Collection. Such efforts strengthen routine data as a resource for research and evaluation.

Governance of Aboriginal health research and evaluation projects typically occurs through the establishment of advisory groups, with membership including AH&MRC and/or ACCHS staff. However, new approaches that more directly engage Aboriginal communities are being explored, like the Aboriginal Maternal and Infant Health Service Evaluation Cultural Reference Group.

The MoH has recently commissioned or implemented many Aboriginal health intervention and evaluation studies, a selection of which is described in the Appendix. Focus areas include: child and family health; chronic diseases prevention and management; acute care; continuity of care; workforce development; and BBV/STI testing and management. Mainstream initiatives have also been assessed to measure their impacts on Aboriginal people, such as Munch and Move, the *NSW Tobacco Strategy 2012-2017* and the NSW Statewide Eyesight Preschooler Screening Program. Findings of projects are disseminated and used to refine initiatives.



TABLE 2. EXAMPLES OF KEY INITIATIVES ALIGNING WITH STRATEGIC DIRECTION 2: IMPLEMENTING WHAT WORKS AND BUILDING THE EVIDENCE*

Initiative name		Initiative description	Lead agency(ies)	Scale and outcomes
Research and innovation funding				
1	Translational Research Grants Scheme	Designed to accelerate the development of research capabilities and evidence translation within NSW Health. Provides grants to staff in LHDs, Ambulance and SHNs for research projects that will translate into better patient outcomes, health service delivery, and population health and wellbeing. Aboriginal health was a priority in 2016 and 2017.	MoH/LHDs	State-wide implementation. To date, one project directly related to Aboriginal health has been funded relating to care transition. However, other projects have included sub-analyses that explore outcomes in Aboriginal people, like the Counselling and Nicotine (CAN) QUIT in Pregnancy trial.
2	Prevention Research Support Program	A competitive scheme which provides funding to NSW research organisations conducting prevention and early intervention research that aligns with NSW Health priorities, including Aboriginal health. Funding supports research infrastructure, capability building strategies, and strategies to support translation of research evidence into policy and practice.	MoH	State-wide implementation. Five of seven funded organisations identified Aboriginal health as a research focus for 2017–2021. Examples of activities include supporting ongoing studies (like the Gudaga study on child wellbeing) and building Aboriginal researcher capability to do HIV prevention research.
3	Pillar research grants schemes	Some pillars offer research grants schemes, which provide a mechanism for conducting Aboriginal health research. Examples include the Agency for Clinical Innovation's Research Grants Scheme and the Cancer Institute's translational program grants.	Various pillars	State-wide implementation.
4	Research Support Grant Program	Aims to increase research capabilities and capacity in Mid North Coast LHD and improve health service delivery and patient outcomes. Specific funding is available for research relating to Aboriginal health.	Mid North Coast LHD	LHD-wide implementation. In 2017, about half of funded projects had an Aboriginal health focus. Examples of research topics included workforce development, factors affecting early care discharge and improving service use.
5	Alcohol and other drugs and mental health innovation funds	The Alcohol and Other Drugs Early Intervention Innovation Fund aims to build the evidence base for early intervention models to support people at risk of alcohol and/or other drugs misuse, particularly young people. The Mental Health Innovation Fund provides seed funding for initiatives designed to support people with a mental illness who require services from multiple agencies and providers. Aboriginal people are identified as a priority population in both funds.	MoH	State-wide implementation. In round 1 of the Alcohol and Other Drugs Early Intervention Innovation Fund, three of nine funded projects had an Aboriginal health research focus. In two rounds of the Mental Health Innovation Fund, one project specifically related to Aboriginal people was funded.
6	Aboriginal Injury Prevention Scheme	Aims to develop an evidence base to assist in reducing rates of Aboriginal injury in NSW. Five projects have been funded, including projects related to reducing alcohol-related injury and violence, falls prevention, transport safety and creating safe homes.	MoH	Implemented in multiple LHDs. Some examples of outputs include the Safe Home Safe Kids evaluation paper (available here) and the Buckle up Safely: Safe Travel for Aboriginal Children study extended abstract (available here).

* In identifying activities for inclusion in this table, large-scale initiatives were prioritised over programs of smaller scale, as the former have greater potential to influence population health. A few small-scale innovations *with good potential for scaling up* are also included. Initiatives in this table are informed by evidence.



Research partnerships				
7	BBV & STI Research, Intervention and Strategic Evaluation	A UNSW and MoH consortium established to undertake policy-relevant research to support reductions in BBVs and STIs in NSW and improvements in the health of people living with these infections. Work program is informed by BBV and STI strategic frameworks in NSW (like the <i>NSW HIV Strategy 2016-2020</i>), all of which identify Aboriginal people as a priority group.	MoH/UNSW Sydney	Supports implementation and appraisal of the <i>NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework</i> . Key projects include: modelling of hepatitis C prevalence in Aboriginal people; a review of strategies to improve STIs and BBVs management in ACCHSs; and evaluation of a program to increase STI testing in Aboriginal people who inject drugs.
8	The Physical Activity, Nutrition and Obesity Research Group	Based at the University of Sydney and undertakes research, monitoring and evaluation of population health-based policies and programs aimed at promoting physical activity, good nutrition and healthy weight. Supports implementation and evaluation of the <i>NSW Healthy Eating and Activity Living Strategy 2013-2018</i> , which identifies Aboriginal people as a priority population.	MoH/ University of Sydney	State-wide implementation. Conducts research across major NSW strategies and programs, including programs that have tailored components for Aboriginal people, such as the Get Healthy Information and Coaching Service and the Make Healthy Normal initiative.
9	Multi-agency collaborations	NSW Health organisations participate in several large research collaborations that conduct or support research into Aboriginal health, like: Sydney Health Partners; Sydney Partnership for Health, Education, Research and Enterprise; and The Australian Prevention Partnership Centre. These collaborations involve multiple universities, independent research organisations and Government agencies, and enhance research financing, capability and translation in NSW.	Various NSW Health organisations and universities	State-wide implementation. Some of these collaborations, such as the Sydney Partnership for Health, Education, Research and Enterprise, have established Aboriginal health research streams. Further, The Australian Prevention Partnership Centre is implementing studies on food security in Aboriginal communities and creating a national approach to Aboriginal tobacco control.
10	Local partnerships	Several LHDs are collaborating with universities on local Aboriginal health research projects, like the South Western Sydney LHD/Western Sydney University study into the development of effective career pathways for Aboriginal people within the health system.	Various LHDs and universities	Implemented in multiple LHDs. Partnerships between universities and LHDs build health staff capability in conducting Aboriginal health research and evaluation and support the translation of research findings into practice.

Evidence translation and capability building

11	Rural research capacity building program	Supports rural-based NSW Health staff to participate in research training and to undertake a research project. Support is provided through tele and web conferences, workshops, and mentoring from research specialists. Applications focusing on Aboriginal health are encouraged and applicants are assisted to ensure a culturally appropriate approach is used.	HETI	Implemented in rural LHDs. Since 2013, 32 applicants have successfully completed the program and 12 are currently enrolled. Builds the research and evaluation capability of rural health staff, and supports evidence generation in rural health and translation of research into policy and practice.
12	NSW Health PhD Scholarships Program	Provides funding to host universities to support PhD candidates to gain skills and undertake projects that will build capacity in the NSW Health system in areas of identified need. Two scholarships designated for candidates of Aboriginal and/or Torres Strait Islander origin.	MoH	State-wide implementation. For 2017-20, 26 PhD students were funded, with at least two studies including a focus on Aboriginal health: testing of an antenatal smoking cessation intervention in high-risk substance dependent pregnancy; and an evaluation of a strategy to improve management of cancer nerve pain.
13	Early-Mid Career Fellowships Program	Aims to support and retain early-mid career health and medical researchers in NSW Health and facilitate skills development. Priority skills for development include health service and systems design, implementation science, evaluation and improvement, health economics and biostatistics. Aboriginal people are strongly encouraged to apply.	MoH	State-wide implementation. In 2017, 17 applicants were awarded fellowships. Two fellowships directly related to Aboriginal health were funded, focusing on models of care for burns treatment in children and physical activity promotion.



14	NSW Health conferences and symposia	NSW Health delivers or supports various conferences and symposia. Examples with an Aboriginal focus include: the yearly Patient Experience Symposium; Innovations in Aboriginal Chronic Conditions Forum 2017; the biannual National Aboriginal and Torres Strait Islander Environmental Health Conference; and the annual Chronic Diseases Network Conference.	Various NSW Health organisations	State-wide implementation. Conferences offer a way of disseminating information to a wide audience, building and promoting research capacity and supporting translation of evidence into practice. Conference presentations and materials are often made available publicly following conference proceedings.
15	Sax Institute: core funding and discrete services	NSW Health funds the Sax Institute to support the generation of research for use in policies, programs and services, and to increase policy makers' access to research findings. Funds support large assets like the Secure Unified Research Environment. Discrete services are provided to NSW Health each year, including brokered evidence reviews, evaluation and research services, exchange meetings with researchers, and research skills training.	MoH/Sax Institute	State-wide implementation. Discrete services provided to NSW Health include brokered reviews on: STI and BBV health promotion and Aboriginal community engagement; and the effectiveness of alcohol and other drug interventions in at-risk Aboriginal youth. Additionally, evaluation scoping was conducted for the Respecting the Difference Aboriginal Cultural Training.
Data assets and development activities				
16	Large observational studies	NSW Health organisations are supporting several large scale health cohort studies focusing on or including Aboriginal populations. Examples include: the Gudaga Longitudinal Study; the Study of Environment on Aboriginal Resilience and Child Health (SEARCH); 45 and Up; Seeding Success; and components of the ACCESS 3 study.	Various NSW Health organisations and universities	State-wide implementation. These studies create data assets for researchers, policy makers and consumers to interrogate to inform policy and practice. For example, SEARCH has produced 34 peer-reviewed papers since 2007 and supports researcher/ACCHS relationships and service redesign. See here .
17	Centre for Health Record Linkage	Aims to create and sustain a record linkage infrastructure for the health and human services sectors, and provide access to these resources to researchers, health planners and policy makers. Provides data linkage services for a number of research and government projects that relate specifically to Aboriginal health.	MoH	Since 2012, data linkage projects supported by the Centre have led to 24 peer-reviewed papers on Aboriginal health. Data linkage can improve the enumeration of Aboriginal status and modelling techniques help researchers to disentangle the impacts of factors like geography and Aboriginality on health.
18	Policy on recording of patients' Aboriginal status	The <i>Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients</i> policy directive outlines the requirements for collecting and recording accurate information on the Aboriginal and Torres Strait Islander status of all clients of NSW Health services.	Various NSW Health organisations	State-wide implementation. The quality of recording of the Aboriginal status of maternity, hospital and emergency department patients is monitored and managed through Service Agreements between the MoH and LHDs/SHNs.
19	Strategies to improve point of care recording of Aboriginality	NSW Health organisations are implementing strategies to improve recording of Aboriginality at the point of care, including by trying to make services more culturally safe and supporting staff to ask patients about their Aboriginal status. The Health Education and Training Institute provides Asking the question: improving identification of Aboriginal people training for NSW Health staff.	Various NSW Health organisations	State-wide implementation. More information on initiatives and their outcomes is provided in Section 3.5 of this report.
20	Program monitoring systems	The NSW Ministry of Health has established monitoring systems for large Aboriginal health initiatives, like the Aboriginal Maternal and Infant Health Service and the Quit for New Life program, by adding fields to established patient information systems.	MoH	State-wide implementation. Monitoring systems that collect and report on patient-level data enable sophisticated assessment of the impacts of Aboriginal health policies and programs.



21	Public health registers	The <i>NSW Public Health Act 2010</i> allows the establishment of public health registers to support disease surveillance and monitoring of health program outcomes in NSW, among other functions. The Admitted Patient Emergency Department and Deaths Register (APEDDR) and the Maternal and Child Health Register have been established; these leverage the power of data linkage to improve the completeness and accuracy of health records for Aboriginal people.	MoH	State-wide implementation. Public health registers are a useful tool supporting Aboriginal health research and evaluation and program monitoring in NSW. For example, the APEDDR is regularly interrogated to inform monitoring and continuous improvement of the Better Cardiac Care program, a large initiative aiming to improve management of cardiac conditions in Aboriginal people.
22	Enhanced Reporting of Aboriginality (ERA)	A statistical method that uses health record linkage and an algorithm to estimate the quality of reporting of Aboriginal people in health datasets. The ERA variable is available in several public health registers and is used to support Aboriginal health research and evaluation, improve surveillance and reporting of infectious diseases in Aboriginal people, and monitor the performance of NSW Health organisations in recording Aboriginal status at the point of care.	MoH	State-wide implementation. The ERA variable is available in the APEDDR and the Maternal and Child Health Register. Work is underway to validate the ERA against self-reported Aboriginal status collected through the patient experience surveys in NSW. ERA has been used in various studies like the Aboriginal Identification in Hospitals Quality Improvement Program evaluation (Appendix).
Research and evaluation governance				
23	Aboriginal Reference Group	Aims to ensure that research conducted by, or in partnership with, the Justice Health and Forensic Mental Health Network is culturally appropriate, does no harm to Aboriginal people and is disseminated in a way that is accessible to Aboriginal communities. Has diverse membership and reviews study applications prior to AH&MRC Ethics Committee submission.	JH&FMHN	State-wide implementation. Provides a pathway for engagement with Aboriginal community experts, stakeholders and researchers conducting research in custodial and forensic settings. Provides a critical function given the over-representation of Aboriginal people in custody in NSW.
24	AH&MRC engagement in evaluation advisory groups	The NSW Ministry of Health tries to engage Aboriginal people and communities for all Aboriginal health research and evaluation projects. For large-scale studies, the AH&MRC is typically invited to participate in an advisory group. For smaller projects, the AH&MRC is often asked to nominate a relevant ACCHS(s) to participate in an advisory capacity.	MoH	State-wide implementation. Engagement of Aboriginal communities and organisations in governance arrangements supports the conduct of studies and program evaluations that are ethical, accountable and address the needs of Aboriginal people and communities.
25	AMIHS evaluation cultural reference group	Aims to ensure there is an authentic Aboriginal voice in the design, implementation and reporting of the evaluation of the Aboriginal Maternal and Infant Health Service (AMIHS). Encourages Aboriginal community members to engage with the evaluation and creates opportunities for members to discuss cultural issues arising during the evaluation. Membership is entirely Aboriginal and the group is independently chaired.	MoH	State-wide implementation. Has raised the profile of the AMIHS evaluation in Aboriginal communities in NSW and provides a mechanism for local considerations to inform evaluation activities.
26	Aboriginal advisory group for data linkage studies	In recognition of the importance of Aboriginal community governance of Aboriginal health information and research, the Cancer Institute NSW has partnered with the AH&MRC to establish an advisory committee to strengthen Aboriginal community control and guidance for the development, implementation and reporting of data linkage and epidemiology projects.	Cancer Institute NSW and AH&MRC	State-wide implementation.



BBV & STI RESEARCH, INTERVENTION AND STRATEGIC EVALUATION (BRISE)

BRISE is a collaboration between the MoH, the Kirby Institute and the Centre for Social Research in Health at UNSW Sydney. It delivers high quality research, strategic advice, capacity building and communications to support the blood borne viruses (BBV) and sexually transmitted infections (STI) response in NSW. This includes: advice on key indicators to monitor progress of NSW Health HIV, viral hepatitis and STI strategies; significant evaluations of priority policies and programs linked to the strategies; applied research and quality improvement projects in partnership with LHDs and NGOs; and primary and secondary research projects.

Aboriginal people experience disproportionately high rates of BBVs and STIs and are a priority population for intervention in NSW. As a result, BRISE has established an Aboriginal health research stream, which includes:

- the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of STIs and BBVs (ACCESS*), which monitors clinical services use, risk behaviours, testing rates, and positivity rates in priority populations
- modelling the prevalence and disease burden of hepatitis C in Aboriginal people
- surveillance of hospitalisations and mortality among Aboriginal people diagnosed with hepatitis B and C
- evaluation of the Deadly Liver Mob program, which incorporates a peer-driven intervention with incentives to educate people about BBVs and undertake hepatitis C and sexual health screening
- secondary analysis of data from the NSW Needle and Syringe Program Enhanced Data Collection (2013–2016) to explore injecting drug use in Aboriginal people
- the BRISE Aboriginal Services Program (BRISE-ASP), which aims to build an evidence base for increasing STI and BBV testing and management in Aboriginal people, and investigate opportunities for linkage with LHDs and other partners to improve effectiveness.

BRISE strengthens Aboriginal-specific research and supports and contributes to key national and state strategic directions in HIV, STIs, hepatitis B and C, and the *NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016–2021*.

The secondary analysis of data from the NSW Needle and Syringe Program Enhanced Data Collection was the first Aboriginal-specific analysis of injecting drug use and receptive syringe sharing in NSW, and presents valuable insights to inform the development of programs and policies aimed at improving the health of Aboriginal people who inject drugs.

The BRISE-ASP project identified the importance of incorporating STI and BBV testing into routine assessments in ACCHSs, community outreach services, and existing health programs to increase testing rates and acceptability among Aboriginal people.

*BRISE only funds the STI surveillance component of this study.

3.2.2 PROGRESS INDICATORS

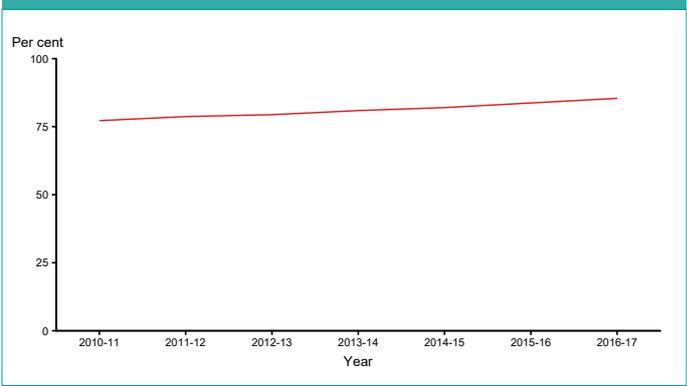
Accurate reporting of Aboriginal people is essential to measuring health services use and health outcomes among Aboriginal and non-Aboriginal people as well as the effectiveness of policies and programs.

Level of reporting of Aboriginality in the NSW Admitted Patient Data Collection

Data that relate to an individual’s stay in hospital are collected in the NSW Admitted Patient Data Collection. This includes patient services provided by NSW public hospitals, public psychiatric hospitals, multi-purpose services, private hospitals, and private day procedure centres.

In NSW during the period 2010–11 to 2016–17, the estimated level of reporting of Aboriginal people in the NSW Admitted Patient Data Collection increased from 77% to 85% (Figure 2).

FIGURE 2. Estimated level of reporting of Aboriginal people in Admitted Patient Data, NSW 2010–11 to 2016–17

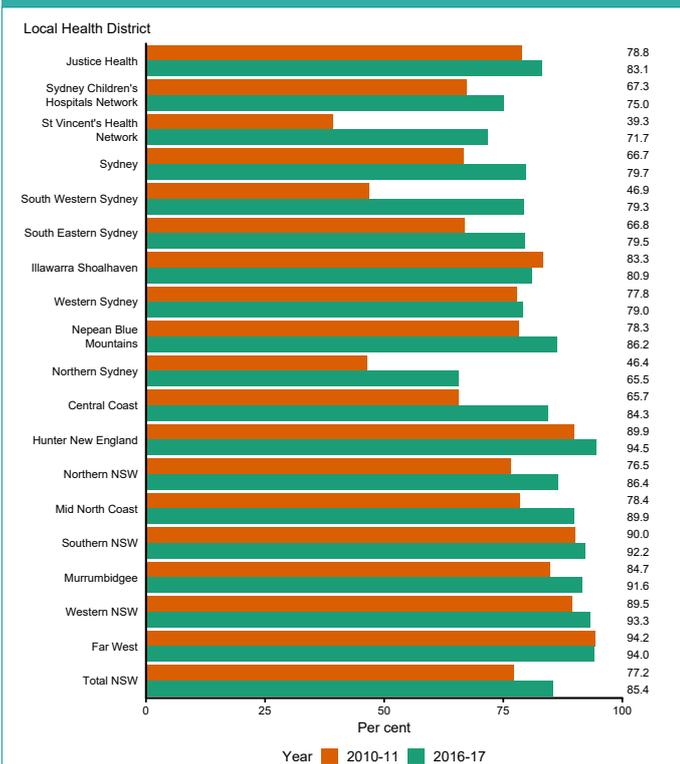


Source: NSW Admitted Patient Data Collection and Admitted Patient, Emergency Department Attendance and Deaths Register (SAPHaRI), Centre for Epidemiology and Evidence, NSW Ministry of Health.



Between 2010-11 and 2016-17, the change in the estimated level of reporting of Aboriginal people in the Admitted Patient Data Collection varied among LHDs/SHNs (Figure 3). The estimated level of reporting increased by 32 percentage points in St Vincent's Health Network and South Western Sydney LHD, while the level of reporting remained stable in Western Sydney and Far West NSW LHDs and decreased slightly in Illawarra Shoalhaven LHD.

FIGURE 3. Estimated level of reporting of Aboriginal people in Admitted Patient Data by local health district/specialty health network, NSW 2010-11 and 2016-17



Source: NSW Admitted Patient Data and Admitted Patient, Emergency Department Attendance and Deaths Register (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

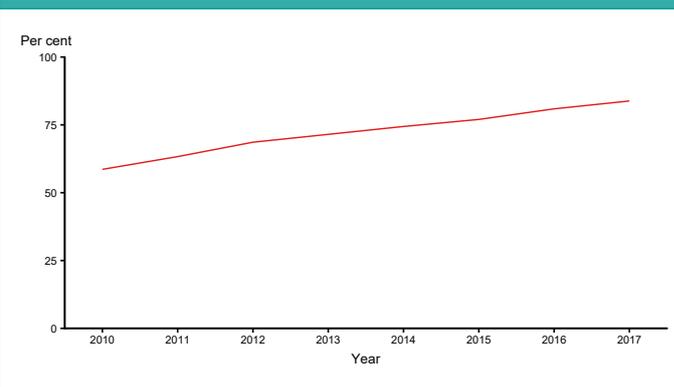
Note: Proportions are based on observed counts of >500.

Level of reporting of Aboriginality in the NSW Emergency Department Data Collection

Data that relate to an individual's visit to a public emergency department are collected in the Emergency Department Data Collection.

In NSW during the period 2010-2017, the estimated level of reporting of Aboriginal people in the Emergency Department Data Collection increased from 59% to 84% (Figure 4).

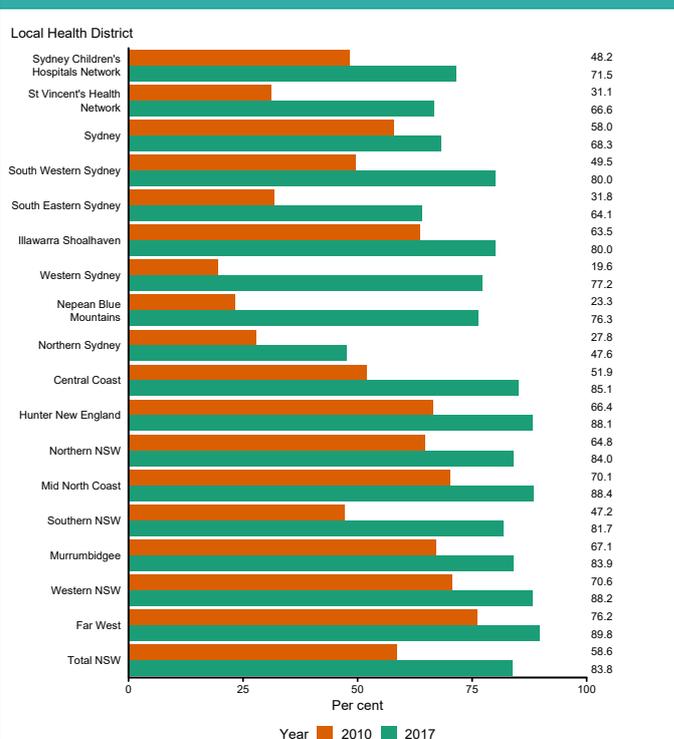
FIGURE 4. Estimated level of reporting of Aboriginal people in the Emergency Department Data Collection, NSW 2010 to 2017



Source: NSW Emergency Department Data Collection and Admitted Patient, Emergency Department Attendance and Deaths Register (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Between 2010 and 2017, the change in the estimated level of reporting of Aboriginal people in the Emergency Department Data Collection varied among LHDs/SHNs (Figure 5). Almost all (15 of 17) LHDs/SHNs achieved an increase in the level of reporting of more than 15 percentage points. The greatest increases occurred in Western Sydney and Nepean Blue Mountains LHDs (absolute increases of 58% and 53%, respectively).

FIGURE 5. Estimated level of reporting of Aboriginal people in the Emergency Department Data Collection by local health district/specialty health network, NSW 2010 and 2017



Source: NSW Emergency Department Data Collection and Admitted Patient, Emergency Department Attendance and Deaths Register (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Note: Proportions are based on observed counts of >500.

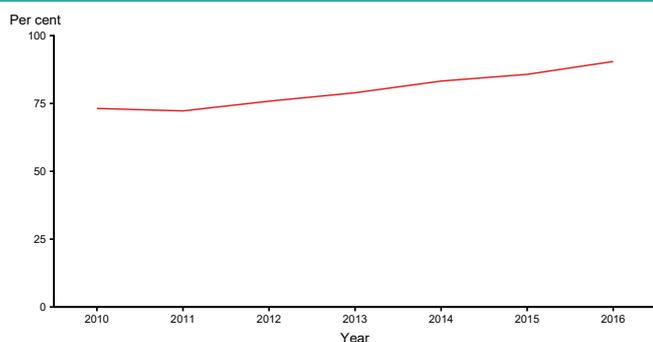


Level of reporting of Aboriginality in the NSW Perinatal Data Collection

The NSW Perinatal Data Collection is a record of all births in NSW public and private hospitals, as well as homebirths.

In NSW during the period 2010–2016, the estimated level of reporting of Aboriginal people in the Perinatal Data Collection increased from 73% to 91% (Figure 6).

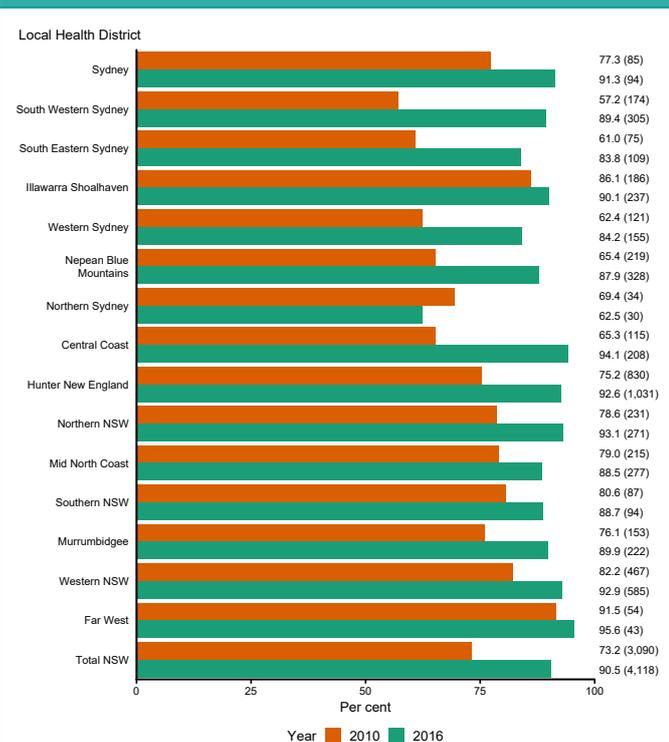
FIGURE 6. Estimated level of reporting of Aboriginal people (mothers) in the Perinatal Data Collection, NSW 2010 to 2016



Source: Maternal and Child Health Register (SAPHaRI), Centre for Epidemiology and Evidence, NSW Ministry of Health.

Between 2010 and 2016, almost all (14 of 15) LHDs achieved an increase in the estimated level of reporting of Aboriginal people in the Perinatal Data Collection, although the magnitude of the change varied (Figure 7).

FIGURE 7. Estimated level of reporting of Aboriginal people in the Perinatal Data Collection (mothers) by local health district, NSW 2010 and 2016



Source: Maternal and Child Health Register (SAPHaRI), Centre for Epidemiology and Evidence, NSW Ministry of Health. Note: "Private Hospitals" or other not stated LHD values are not shown in the LHD/SHN bars, but are included in the NSW total. The number in brackets () is the observed count.

CASE STUDY

CENTRE FOR HEALTH RECORD LINKAGE (CHeReL)

The CHeReL maintains a record linkage infrastructure for the health and human services sectors, and provides services to bona fide researchers and health planners and policy makers. Record linkage can provide a comprehensive picture of the health of the population and can be used to study the effectiveness of health interventions, as well as the relationships among socio-economic and lifestyle factors and health.

Currently, the CHeReL links data from the health, education, transport, justice and human services sectors. In November 2017, there were 154 million records from 24 datasets included in the CHeReL Master Linkage Key. More than 170 additional datasets have been linked on request. Since its establishment in 2006, the CHeReL has supported the projects of 1,810 researchers, evaluators and policy makers, leading to more than 440 publications.

Since 2012, data linkage projects supported by the CHeReL have resulted in 24 peer-reviewed publications on Aboriginal health. Linked data have also been used in developing and monitoring key NSW Government strategies, like the *NSW Aboriginal Road Safety Action Plan 2014–2017*.

An example of the CHeReL in use: Enhanced Reporting of Aboriginality (ERA)

Aboriginal people are under-reported in health data collections in NSW. ERA is a method that improves reporting on the health of Aboriginal people from administrative data collections using record linkage. Enhanced reporting relies on having linked records for the same person collected from independent sources such as hospital admissions, emergency department presentations, births and deaths. Each record in the chain of linked records contributes to the weight of evidence as to whether a person is Aboriginal, but may have been recorded as being non-Aboriginal or 'unknown' on some records.

Based on this weight of evidence, an ERA variable can be created for each individual and used for research studies involving any or all contributing data sources. In this way, more representative data are available on health outcomes for the NSW Aboriginal population without imposing an extra collection burden on Aboriginal communities.

The ERA variable is available in several NSW public health registers and is used to support Aboriginal health research and evaluation, improve surveillance and reporting of infectious diseases in Aboriginal people, and monitor the performance of the NSW Health system in recording Aboriginal status at the point of care.



3.2.3 STAKEHOLDER FEEDBACK

Views of NSW Health staff

Staff in several LHDs and SHNs felt that evidence generation and knowledge translation in Aboriginal health could be improved. Suggested focus areas include:

- partnering with the AH&MRC to support high quality evaluations of Aboriginal programs
- investing in evaluations of local programs
- building the research and evaluation capability of Aboriginal staff.

Additionally, the Centre for Aboriginal Health in the MoH emphasised the importance of working collaboratively with the Aboriginal community-controlled health sector when conducting Aboriginal health research or evaluation and when seeking to build local research capacity. It was also felt that existing data capture, monitoring and surveillance systems could be used to better effect when evaluating local Aboriginal health programs.

LHDs mentioned several factors that they considered barriers to implementing what works and building the evidence in Aboriginal health, including:

- poor recording of client/patient Aboriginal status at the point of care and in disease notification records, which was identified as a barrier to measuring health outcomes in Aboriginal populations
- evaluation design and choice of outcomes being strongly influenced by the perspectives of non-Aboriginal people
- sub-optimal staff capacity and capability to conduct research and evaluation with Aboriginal people and communities
- poor accuracy and completeness of some administrative health data.

Views of the AH&MRC staff

Interviewees from the AH&MRC highlighted several examples of program evaluations that had strong collaboration between NSW Health and the AH&MRC. The evaluation of Take Blaktion (an STI prevention campaign targeting Aboriginal young people) was considered a good example of a partnership because AH&MRC staff felt they were engaged during all stages of the evaluation and were equal partners.

CASE STUDY

NSW KNOCKOUT HEALTH CHALLENGE EVALUATION

Aboriginal people experience a significant health burden from chronic diseases. The NSW Knockout Health Challenge (KHC) is an annual community-led weight loss and healthy lifestyle challenge for Aboriginal people. The main element of the program is two 12-week weight loss challenges in which community teams of up to 30 members compete to achieve the greatest average weight loss. Following an initial feasibility study in 2012, the KHC was evaluated in 2013 and is currently being evaluated again. Participation in the KHC has been growing each year. In 2015, there were 1,200 participants from 33 communities.

Aims and methods: The 2013 evaluation aimed to describe KHC implementation, identify the impact of the program on weight loss and health behaviours and maintenance, and identify components associated with greatest weight loss/behaviour change. The evaluation used quantitative data analysis and qualitative interviews with stakeholders. The evaluation assessed participants' weight and health behaviours at four time points over nine months.

The current evaluation aims to investigate the implementation of, and impacts of participation in, the KHC from 2012 to 2015. Objectives are to investigate: whether participation has changed over time; the extent of repeat participation; changes in participant demographics and health profiles over time; and the short-term impacts of the program. The evaluation design is a secondary analysis of linked program data.

Findings and dissemination: The 2013 evaluation found the KHC feasible, acceptable and effective in reducing weight and promoting healthy lifestyles among participants, with these changes maintained up to nine months after the program. Following the 2013 evaluation, an ongoing system to support the monitoring of the program was developed and managed by The Australian Prevention Partnership Centre. The 2013 evaluation report is available [here](#) and a peer-reviewed paper describing findings is available [here](#).

Preliminary findings of the current evaluation indicate that the KHC is effective in reducing weight and promoting healthy lifestyles among Aboriginal people, and may contribute to closing the gap in health outcomes between Aboriginal and non-Aboriginal people. Future analyses should explore the characteristics of non-completers and the reasons for drop out. The current evaluation report is expected to be completed in 2019.



Interviewees described a recent increase in requests to partner with NSW Health on research and evaluation projects. It was felt that the large number of requests was stretching their capacity to engage.

Interviewees felt that effective research and evaluation collaborations between the AH&MRC and NSW Health were impeded by a tendency for NSW Health organisations to engage the AH&MRC late in the design of studies and both parties not having sufficient time to partner meaningfully.

AH&MRC staff also felt that NSW Health organisations could do more to share findings with, and acknowledge the contributions of, Aboriginal community-controlled health organisations, and that such actions should be built into existing partnership agreements.

3.2.4 SUMMARY AND IMPLICATIONS

NSW Health has established strategic frameworks, policies and entities that support evidence generation and knowledge translation in Aboriginal health. It is enabling Aboriginal health research by funding studies, partnering with academics, building research capability and developing data assets.

There may be opportunities to enhance these activities by: investing in, and supporting, fit for purpose intervention research and evaluation in Aboriginal health; improving the monitoring of investment in Aboriginal health research; fostering the ability of researchers to conduct Aboriginal health research in line with established principles; developing and supporting Aboriginal researchers; and strengthening the monitoring of initiatives through regular interrogation of program and administrative data.

Many Aboriginal-specific health initiatives are being, or have recently been, evaluated in NSW, with findings informing practice. However, most of these are NSW-wide or otherwise large-scale. There seems to be less evaluation of local Aboriginal health innovations that are smaller in scale but have potential to be scaled up, which may be reflective of poor results dissemination, rather than evaluations not being conducted. Another explanation is that the methods used for this evaluation failed to identify some LHD/SHN-level evaluation studies. Several mainstream NSW Health initiatives have been evaluated to measure their impact on Aboriginal people. However, broadly this seems to be an area requiring more attention.

NSW Health is supporting knowledge translation in Aboriginal health by engaging in research partnerships and consortiums, funding and implementing research conferences and symposia, and commissioning

evidence reviews and exchange meetings between researchers and clinicians. There is a need to continue these activities while exploring other ways to foster knowledge translation.

In NSW, estimated levels of reporting of Aboriginality in perinatal, admitted patient and emergency department datasets are high and have steadily increased since 2010. It is likely that various data development activities and efforts to improve the recording of patient Aboriginal status at the point of care have contributed to these improvements. Nevertheless, levels of reporting of Aboriginality could be improved in some LHDs and SHNs, especially in emergency department data. Continuing to improve the accuracy of reporting of Aboriginality in administrative datasets will improve these data as a resource for Aboriginal health research and evaluation.

The AH&MRC described several evaluations with strong collaboration between NSW Health and the AH&MRC. However, they also identified areas requiring improvement. Effective collaboration with the AH&MRC and/or ACCHSs and Aboriginal communities is fundamental to achieving Aboriginal community support of health studies. NSW Health organisations are therefore trialing innovative ways of engaging with Aboriginal organisations and communities. Still, ongoing improvement is required, especially in the context of evaluating NSW-wide initiatives.

ASSESSMENT OF PROGRESS AGAINST KEY ACTIONS*

Based on the data presented in this report, progress against the key actions of Strategic Direction 2 of the *NSW Aboriginal Health Plan 2013–2023* is moderate to good:

1. *Reviewing NSW Health research programs and identifying opportunities to increase their focus on Aboriginal health:* Moderate progress.
2. *Undertaking rigorous evaluations of Aboriginal-specific programs:* Good progress.
3. *Supporting quality evaluations of mainstream programs to ensure their impact on Aboriginal people is considered and measured:* Moderate progress.
4. *Implementing quality improvement strategies in data collection and reporting related to Aboriginal people across NSW Health settings:* Good progress.
5. *Disseminating and applying the findings of research and evaluation:* Moderate progress.
6. *Building the capacity of NSW Health staff to undertake Aboriginal health research and evaluation:* Some progress.

* Assessments are based on the investigators' appraisal of the evidence presented in this report with respect to the breadth and quality of relevant initiatives.



3.3 STRATEGIC DIRECTION 3:

ENSURING INTEGRATED PLANNING AND SERVICE DELIVERY

Providing continuous, coordinated and high quality healthcare contributes to improved health in Aboriginal people. Strategic Direction 3 focuses on providing integrated planning and service delivery for Aboriginal people. Key actions are:

- improving the coordination and integration of programs and services across providers, governments and funding bodies
- ensuring the needs of Aboriginal communities are addressed in the strategic plans of state health organisations
- collaborating with ACCHSs in developing LHD healthcare plans to achieve a shared, coordinated and joined up approach to service delivery
- addressing the needs of Aboriginal communities through specific planning processes for priority health issues, in partnership with the AH&MRC
- ensuring that relevant NSW Health initiatives consider Aboriginal people a priority population and reflect the needs of Aboriginal communities
- strengthening the role of NSW Health in addressing the social determinants of Aboriginal health.

3.3.1 NSW HEALTH ACTIVITIES

NSW Integrated Care Strategy

The integration of healthcare is a strategic direction of the *NSW State Health Plan: Towards 2021*. Integrated care is seamless, effective, efficient and patient-centred care. It requires effective communication and connectivity among health staff across primary, secondary and tertiary care settings, and the delivery of physically and culturally accessible health services. The *NSW Integrated Care Strategy* aims to improve patient health and reduce costs arising from fragmented care in NSW. The Strategy invests in innovative models of integrated care and particularly focuses on people with complex, chronic conditions, which are disproportionately common in Aboriginal people. The Strategy has three components:

1. Three LHDs are implementing large-scale integrated care initiatives in partnership with

KEY FINDINGS

- **NSW Health is implementing whole-of-system initiatives aiming to improve healthcare integration, however, some of these could have a stronger emphasis on improving the health and healthcare experiences of Aboriginal people.**
- **Performance frameworks and clinical networks have been established; these enable integrated planning and service delivery for Aboriginal people.**
- **NSW Health is also implementing many (n=120) clinical redesign and integrated care projects aiming to improve the health and healthcare experiences of Aboriginal people.**
- **Through the Bilateral Agreement, the MoH is collaborating with the Australian Government Department of Health to support joint planning and service delivery.**
- **In the last seven years in NSW, rates of unplanned hospital readmissions, emergency department re-presentations and mental health readmissions in Aboriginal people have been stable (6%, 6-7% and 17-18%, respectively).**
- **Encouragingly, there is no gap in rates of unplanned hospital readmissions between Aboriginal and non-Aboriginal people.**
- **Almost all (98%) Aboriginal elective surgery patients are treated on time in NSW, up from 91% in 2010-11.**
- **ACCHSs reported a need for better collaboration between LHDs and ACCHSs in planning and delivering services, especially in the context of supporting Aboriginal people who have complex healthcare needs and/or are leaving hospital.**
- **NSW Health is influencing the social determinants of Aboriginal health through various inter-sectoral initiatives.**

other health organisations to join up services for local populations.

2. The remaining LHDs and SHNs are implementing smaller scale, innovative integrated care initiatives with the potential to be scaled up.



3. State health organisations are supporting LHDs and SHNs to implement their integrated care projects by establishing: information technology, like HealtheNet, to enable sharing of patient data among providers; resources to support integrated care, such as risk stratification and patient-reported measures; and networks of NSW Health staff to facilitate the diffusion of innovations and lessons learned.

Under the Strategy, some LHDs are working with ACCHSs to improve the healthcare experiences of Aboriginal people. For example, Western NSW LHD has implemented a model of care for the management of chronic conditions in Aboriginal adults in collaboration with Wellington Aboriginal Corporation Health Service. Central Coast LHD has also implemented a service

redesign project to provide culturally safe and clinically appropriate maternal and child healthcare for Aboriginal families in partnership with Yerin Aboriginal Health Service Inc. Building on the achievements of the *NSW Integrated Care Strategy*, the NSW Ministry of Health is developing a strategy aiming to support a consistent and evidence-informed approach to healthcare integration in NSW, and the integration of health and social services.

Whole of Health Program

The Whole of Health Program aims to improve the coordination and integration of primary health and hospital care in NSW. LHDs and SHNs are supported to implement patient flow improvement projects through a suite of strategies, including: providing centrally

CASE STUDY

BETTER CARDIAC CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Cardiovascular disease is a major cause of ill-health in Aboriginal people. Better Cardiac Care is a national initiative that aims to reduce mortality and morbidity from cardiac conditions by increasing access to services, better managing risk factors, and improving the coordination of care. The five priority areas are:

1. Early cardiovascular risk assessment and management
2. Timely diagnosis of heart disease and heart failure
3. Guideline-based therapy for acute coronary syndrome
4. Optimisation of health status and provision of ongoing preventative care
5. Strengthen the diagnosis, notification and follow up of rheumatic heart disease (RHD).

NSW Health is implementing a range of activities under each priority area. Examples include:

- implementing a data linkage study using Medicare, hospital and deaths data to better understand patterns of care in Aboriginal people with cardiovascular disease in NSW, identify intervention points and guide integration of services (priorities 1 and 4)
- supporting ACCHSs to provide high-quality cardiovascular disease prevention and management through educational teleconferences and webinars on the Medicare Benefits Schedule (MBS) 715 health check, smoking cessation and assessing and managing heart disease (priorities 1, 2, 4 and 5)
- creating and implementing a suite of educational videos designed to improve the health literacy of Aboriginal people regarding cardiovascular health (priority 2)
- establishing a state-wide electronic chest pain pathway in the electronic Medical Record (eMR) to better equip clinical services to deliver seamless and high quality care (priority 3)
- establishing acute rheumatic fever and RHD in people aged <35 years as a notifiable condition, and implementing a state-based register aiming to improve surveillance, inform public health action and improve patient management (priority 5).

The program has contributed to the following outcomes in NSW:

- the proportion of Aboriginal people who received a 715 health check has steadily increased year-on-year, from 10% in 2010-11 to 27% in 2016-17
- the rate of coronary heart disease hospitalisations in Aboriginal people decreased from 1,099 per 100,000 persons in 2010-11 to 1,000 per 100,000 persons in 2015-16
- the rate of coronary revascularisation procedures in Aboriginal people increased from 234 per 100,000 persons in 2010-11 to 258 per 100,000 persons in 2015-16
- since establishment of the register in 2015, there have been 98 notifications for acute rheumatic fever and RHD in NSW.

In NSW, Better Cardiac Care has been led by an Aboriginal advisory group, which includes representatives of stakeholders including the AH&MRC, ACCHSs, the Heart Foundation, the Agency for Clinical Innovation, NSW Ambulance, LHDs and the MoH.



coordinated technical advice; establishing program leads and clinical champions to drive change in LHDs/SHNs, including for Aboriginal people; providing tools to support redesign—like the Patient Flow Portal, Electronic Journey Boards and the Medical Engagement Scale tool—through the program website; including indicators of timely care in Service Agreements between the MoH and LHDs/SHNs, like Aboriginal elective surgery patients treated on time; establishing inter-agency partnerships to share lessons learned and support scaling up of effective interventions; and delivering training to develop local capability, like master classes in readmissions management for Aboriginal people.

HealthOne NSW

HealthOne NSW aims to create a stronger and more efficient primary healthcare system in NSW by bringing federally-funded general practice and state-funded primary and community health services together. In the model, general practices co-locate or virtually integrate with community and allied health centres to create 'one-stop shops'. The core elements of HealthOne NSW services are: integrated and patient-centred care; multidisciplinary care provided across a spectrum, from prevention to ongoing condition management; data sharing among clinicians; and community involvement in service planning.

Guidelines are in place to support LHDs and their partners to establish HealthOne services. There are currently 25 HealthOne NSW services in 11 LHDs in NSW. Several of these services are focused on providing culturally safe, seamless and comprehensive primary care to Aboriginal people, by embedding the role of AHWs and establishing links with ACCHSs and Aboriginal-specific services like the NSW Aboriginal Maternal and Infant Health Service.

NSW clinical networks and the Centre for Healthcare Redesign

The NSW Agency for Clinical Innovation has established 39 clinical networks, taskforces and institutes in health areas such as respiratory care, pain management, diabetes care, alcohol and other drugs misuse, paediatrics and palliative care. These groups include consumers, health managers and administrators, non-government partners and clinicians and provide a forum to: discuss healthcare innovations; share knowledge and experiences to improve healthcare; collaborate across service boundaries; and work with others to develop initiatives designed to improve the delivery and patient experiences of care.

Some of these groups focus on improving Aboriginal health. For example, the [Aboriginal Chronic Conditions Network](#) supports evidence-based reform and healthcare integration by identifying and enabling broad uptake of effective initiatives, frameworks and models of care. Some initiatives of the Network include: establishing the Chronic Care for Aboriginal People Model of Care; delivering the 1 Deadly Step program, which aims to improve the management of chronic disease in Aboriginal people through community-based screening and follow up; and delivering the 2017 Innovations in Aboriginal Chronic Conditions Forum. Further, the Cardiac Network has a focus on improving Aboriginal cardiac health and supports the implementation of the Better Cardiac Care program in NSW, which aims to reduce sickness and death caused by cardiac conditions in Aboriginal people by increasing access to services and improving risk factor management and care coordination.

The Centre for Healthcare Redesign aims to build the capability of NSW Health staff to redesign and improve healthcare delivery across all aspects of the patient journey. The Centre has three functions: providing training in redesign, accelerated implementation method and project management; supporting a state-wide network of redesign and innovation leaders; and supporting redesign projects in LHDs/SHNs. Several of these projects aim to ensure that services meet the needs of Aboriginal people, like the Sugar S.N.A.P Supporting the Needs of Aboriginal People project, a multi-organisation project designed to improve diabetes care in Aboriginal people. Redesign project summaries are on the [Innovation Exchange](#) website, a space for sharing local innovations and resources.

Service Agreements

Service Agreements between the MoH and NSW Health services provide a mechanism for monitoring and managing the performance of LHDs and SHNs against various indirect indicators of integrated care, including three indicators that are specifically monitored among Aboriginal patients: unplanned hospital readmissions; unplanned and emergency re-presentations to the same emergency department; and elective surgery patients treated on time. Unplanned mental health readmissions are also monitored, although without a specific focus on Aboriginal patients. An objective of these Agreements is to develop effective partnerships with ACCHSs and ensure the health needs of Aboriginal people are considered in all health plans and programs developed by LHDs and SHNs.



Summary of initiatives implemented across NSW Health

The document review and survey of NSW Health organisations identified a large number (n=120) of initiatives aiming to ensure integrated planning and service delivery for Aboriginal people (see the Appendix for a complete list of initiatives). Table 3 describes a selection of current or recent initiatives.

The MoH has established several frameworks that support the delivery of high quality, integrated and continuous care to Aboriginal people in NSW, like the *NSW State Health Plan: Towards 2021*; the *NSW Cancer Plan 2016-2020*; and the *NSW Hepatitis C Strategy 2014-2020*. Further, some LHDs have established integrated care plans or health service plans that focus on providing integrated care to Aboriginal people.

Policies and guidelines aiming to ensure seamless patient care have also been developed. These include specific supports for Aboriginal people, like: the *Care Coordination: From Admission to Transfer of Care in NSW Public Hospitals* manual; the *Transfer of Care from Mental Health Inpatient Services* policy; and the *Guide to the Role Delineation of Clinical Services*.

Many initiatives being implemented aim to improve the coordination of primary, secondary and tertiary care for Aboriginal people with a chronic condition, like the Leading Better Value Care program, the Aboriginal Transfer of Care project, and the NSW Ambulance and ACCHSs Collaborative Referral program. Some of these initiatives have been rigorously evaluated and are producing good outcomes, like the 48 Hour Follow Up program (see Table 3 and Appendix).

Given the over-representation of Aboriginal people in custody, the Justice Health and Forensic Mental Health Network is implementing programs to provide joined up, holistic care for Aboriginal people who come in and out of contact with the criminal justice system, like the Community Integration program and the Aboriginal Chronic Care program.

There are several examples of NSW Health organisations collaborating with ACCHSs in delivering care to Aboriginal people, like the Bila Muuji Tele Home Monitoring project, the Building Brighter Grins program, and the Mehi Integrated Care program. Further, most LHDs provide outreach services in Aboriginal communities collaboratively with ACCHSs. Examples of outreach services provided include: dental clinics; specialist drug and alcohol services; diabetes care; renal clinics; mental health services; ear, nose and throat services; cardiology services; and paediatric healthcare.

LHDs have co-located services to provide seamless care for Aboriginal people. Some examples include the Gadhu Family Health Centre, the Bungee Bidjel Aboriginal Health Clinic, Bugalwena Aboriginal Health Service and the Nunyara Aboriginal Health Clinic.

Through the Bilateral Agreement, the MoH is collaborating with the Australian Government Department of Health to support joint planning and service delivery and reduce avoidable demand for health services. NSW Health is influencing the social determinants of Aboriginal health through various inter-sectoral initiatives. Focus areas include: preventing disease associated with poor housing; building cohesive and resilient communities; improving child safety and development; supporting access to essential social services; and increasing employment opportunities.



TABLE 3. EXAMPLES OF KEY INITIATIVES ALIGNING WITH STRATEGIC DIRECTION 3: ENSURING INTEGRATED PLANNING AND SERVICE DELIVERY*

Program name		Program description	Lead agency(ies)	Scale and outcomes
Integrated care plans, policies and agreements				
1	State-wide strategies in health priority areas	NSW Health has strategies for specific health priority areas that have a focus on providing integrated care to Aboriginal people, like the <i>NSW Cancer Plan 2016–2020</i> and the <i>NSW Hepatitis C Strategy 2014–2020</i> . Improving Aboriginal health is a priority in whole-of-system strategies like the <i>NSW State Health Plan: Towards 2021</i> and in operational plans of State health organisations like the Agency for Clinical Innovation and NSW Ministry of Health.	Various NSW Health organisations	State-wide implementation. Strategic frameworks encouraging and guiding efforts to improve service delivery for Aboriginal people in NSW.
2	LHD integrated care plans	Most LHDs have established integrated care plans or healthcare service plans—and associated programs of work—that focus on providing seamless and high quality care for Aboriginal people. These plans were typically developed with ACCHSs. For example, the <i>Northern NSW LHD Integrated Aboriginal Health and Wellbeing Plan 2015–2020</i> aims to improve Aboriginal health through collaborative service planning and delivery within the district and across multiple organisations. It is underpinned by partnerships with Aboriginal communities and ACCHSs.	Various LHDs	Implemented in multiple LHDs. Service redesign and integrated care initiatives being implemented in multiple LHDs.
3	<i>Care Coordination: From Admission to Transfer of Care in NSW Public Hospitals</i> policy directive and manual	Policy directive aims to support patient flow systems in acute services in NSW public hospitals. It outlines five mandated steps in coordinating patient care: pre-admission/admission; multidisciplinary team review and care; preparing for discharge; referrals and liaison; and care transfer. A manual has been developed to support its implementation and provide guidance on the coordination of care for Aboriginal people. The policy directive and manual require a patient discharge summary be sent to a primary care provider within two days of hospital discharge.	MoH	State-wide implementation.
4	<i>Transfer of Care from Mental Health Inpatient Services</i> policy directive	Promotes safe and effective transition of all mental health clients between inpatient treatment settings, and from the hospital to the community. Outlines specific requirements for Aboriginal patients when planning for transfer of care, including that staff liaise with specialist Aboriginal health staff, like Aboriginal Health Workers (AHWs), to ensure that transfer of care planning starts early and is consistent with the needs of the patient and local community.	MoH	State-wide implementation.
5	<i>Guide to the Role Delineation of Clinical Services</i> (2016)	Planning tool used by LHDs and SHNs in health service and capital developments. Describes the minimum support services, workforce and other requirements for the safe delivery of clinical services. Three service models for Aboriginal health are described, which recommend strong referral pathways and joint service planning and delivery with a range of partners, including ACCHSs.	MoH	State-wide implementation.
6	Bilateral Agreement	Aims to improve patient health outcomes, the delivery of care for people with or at risk of chronic and complex conditions, and reduce avoidable demand for health services. Focuses on: data collection and analysis; information integration; care coordination services; multidisciplinary team care; palliative and end of life care; age-related issues; rural and remote services and mental health.	Australian Government Department of Health/MoH	State-wide implementation. Project plans have been drafted, and include a focus on Aboriginal health.

* In identifying activities for inclusion in this table, large-scale initiatives were prioritised over programs of smaller scale, as the former have greater potential to influence population health. A few small-scale innovations *with good potential for scaling up* are also included. Initiatives in this table are informed by evidence.



Coordination of primary, secondary and tertiary healthcare				
7	Leading Better Value Care	Aims to improve patient outcomes, patient and staff experiences of care provision, and the efficiency and effectiveness of care. A main focus is measuring success based on value rather than volume. Eight clinical initiatives are being implemented across NSW Health, including the introduction of a new model of care for Diabetes High Risk Foot Services. Under the program, St Vincent's Health Network is establishing a new targeted Aboriginal position in podiatry and exploring the feasibility of providing services via telehealth to ACCHSs in rural areas.	MoH/Agency for Clinical Innovation/LHDs	State-wide implementation. Evaluation is being built into all clinical initiatives under the program.
8	Aboriginal Transfer of Care Project	Aims to reduce unplanned hospital readmissions within 28 days. Ensures that Aboriginal people have transfer and follow up plans confirmed before discharge or transfer from hospital. Delivers intensive case management, person-centred care coordination and multidisciplinary follow up for Aboriginal people preparing for transfer of care from Campbelltown or Camden hospitals to a community health service.	South Western Sydney LHD	Implemented in South Western Sydney LHD. Contributed to 66 fewer unplanned hospital readmissions in Aboriginal patients in 2016-17 compared to the previous financial year.
9	NSW Ambulance and ACCHS Collaborative Referral Program	Aims to improve engagement with primary healthcare providers among Aboriginal people who use the NSW Ambulance Service for an unplanned health problem. Establishing referral mechanisms between Ambulance paramedics and ACCHSs and sharing of patient information are the main program components.	NSW Ambulance/ACCHSs	Implemented in multiple LHDs. Statement of collaboration has been signed with one ACCHS. Engagement with other ACCHSs is underway.
10	NSW Aboriginal Ear Health Program	Aims to prevent otitis media in Aboriginal children in NSW. Includes health promotion, screening and early intervention strategies, and emphasises integration of health and other social services. Delivered in public maternity and child and family health services, ACCHSs and other non-government organisations. Guidelines have been established to support its implementation.	MoH	State-wide implementation.
11	48 Hour Follow Up Program	Aims to improve the health of Aboriginal patients with a chronic disease by providing telephone follow up within two days of hospital discharge. The follow-up involves coordination across care teams and supports: adherence to medications; engagement with primary care following hospital discharge; and patient wellbeing.	MoH	State-wide implementation. Exposed patients had significantly lower rates of adverse events post-discharge from hospital than unexposed patients.
12	Community Integration Team	Assists young people with significant mental health and/or drug and alcohol problems to access health services in the community upon release from custody. Addresses access to services by: developing release care plans; providing referrals to local health and support services; and helping clients attend health appointments. Provides care pathways for young Aboriginal people through ongoing collaborative partnerships with ACCHSs and LHDs. About 60% of participants identify as Aboriginal.	JH&FMHN/Juvenile Justice	State-wide implementation. Number of participants increased from 479 in 2013-14 to 569 in 2015-16. Outcomes have improved for recidivism and several health measures, including completion of care plans.
Joint LHD and ACCHS service delivery				
13	Aboriginal Chronic Care Program: Murr-roo-ma Dhun-barn ('To Make Strong') Program	Aims to prevent and manage chronic conditions in Aboriginal people who come into contact with the criminal justice system in NSW. Services provided include: routine screening and follow up; referral to a Care Navigation Support Program for follow up (while in custody); and patient education and self-management support. Provided in partnership with ACCHSs. Care team consists of nurses and AHWs from ACCHSs.	JH&FMHN	Currently operational in 16 correctional facilities (15 adult and 1 juvenile) in NSW. In 2016-17 there were 1,262 patients who accessed the program.
14	Bila Muuji Tele Home Monitoring Project	Aims to test the acceptability and utility of tele home monitoring (the management of chronic conditions from a distance using information and medical technologies) among staff and patients of ACCHSs in the Bila Muuji alliance. Forms part of a broader trial of the approach in four LHDs in NSW.	Western NSW LHD/ACCHSs	Implemented in Western NSW LHD. In 16 months, 48 patients were enrolled and 89% indicated that they would recommend the approach to others.



15	Building Brighter Grins Program	School-based dental program for children attending Mid North Coast LHD primary schools that have a high Aboriginal population. Consists of an oral health education session delivered by an Aboriginal dental assistant. Dental assessments are then carried out at the school in a classroom, and when needed dental treatment is provided in a mobile van on school grounds. Durri ACCHS and Mid North Coast LHD implement the program jointly, and operate in partnership with the Dunghutti elders who identified a program need.	Mid North Coast LHD/ACCHSs	Implemented in three primary schools in Mid North Coast LHD. Oral health services have incorporated the program into their core business.
16	Mehi Integrated Care Program	Provides antenatal outreach care in isolated rural communities and is particularly aimed at Aboriginal women. Provides patient-centred care in country, allowing patients to stay close to home, family and community. Enables timely referrals to specialist antenatal services and is delivered collaboratively with ACCHSs.	Hunter New England LHD	Implemented in two rural communities in Hunter New England LHD.
17	South Western Sydney LHD specialist and allied health outreach model with ACCHSs	Aims to improve Aboriginal peoples' access to specialist and allied health services by providing integrated outreach clinical services in ACCHSs. Referral pathways have been established between ACCHSs and district services to facilitate ongoing care. Examples of outreach services provided include: cardiology, endocrinology, gastroenterology, paediatrics, mental health, drug health and speech pathology.	South Western Sydney LHD	Implemented in South Western Sydney LHD. A multidisciplinary model of paediatric care and an ear disease surgery pathway have been established.
18	Outreach care	Most LHDs provide outreach health services in Aboriginal communities collaboratively with ACCHSs. Examples of the types of care provided include: dental care; specialist drug and alcohol services; diabetes care; renal care; cancer management; ear, nose and throat services; cardiology services; and paediatric care.	Various LHDs	Implemented in multiple LHDs.
Co-located services				
19	Aboriginal-specific health clinics	Several LHDs have co-located services to provide seamless care for Aboriginal people. For example, the Gadhu Family Health Centre in Southern NSW LHD provides Aboriginal-specific antenatal, postnatal and early childhood healthcare in one location. The Bungee Bidgee Aboriginal Health Clinic in Northern Sydney LHD provides screening and ongoing care for a raft of health problems like ear, eye and dental disease and other chronic diseases. The Nunyara Aboriginal Health Clinic in Central Coast LHD provides chronic care, hospital liaison and maternity and child health services in a one-stop-shop in Gosford Hospital. Another example is the Bugalwena Aboriginal Health Service in Northern NSW LHD.	Various LHDs	Implemented in multiple LHDs.
Inter-sectoral collaborations				
20	Connected Communities Strategy	Aims to improve the educational and social outcomes of Aboriginal children in 15 schools located in complex and vulnerable communities in NSW. Positions schools as community hubs that deliver services to students that support their educational, health and wellbeing needs. Schools facilitate local agreements and partnerships with a range of agencies including health, police, and family and community services. NSW Health organisations are engaged in coordinating and delivering health services in participating schools.	MoH/LHDs/ NSW Department of Education	Implemented in 11 communities in NSW. Partnerships have been established with local health services to ensure every student has a health and dental check. A key program is the wound clinic at Bourke Public School.
21	Building Community Resilience in Bowraville (Solution Brokerage)	Aims to provide targeted, integrated approaches to improving economic and social outcomes in Aboriginal communities. Brings together relevant Government agencies and non-Government providers and community leaders to address issues adversely impacting the resilience, cohesion, healing, social harmony and quality of life in residents of Bowraville. Mid North Coast LHD and the NSW Ministry of Health have led service mapping, improved communication with the community, and supported co-ordination of services and programs.	Mid North Coast LHD/MoH	Implemented in Bowraville, Mid North Coast LHD. Has increased mental health, drug and alcohol, and child and family services and ensured existing buildings are fit for purpose and new premises are available for health service delivery.



22	Local Decision Making	NSW Health is supporting Local Decision Making in NSW, which puts Aboriginal people at the centre of service design, planning and delivery, enabling the devolution of decision making and accountability to the local level.	Aboriginal Affairs/ NSW Health	NSW Health is partaking in negotiations of Accords between regional alliances and the NSW Government.
23	Aboriginal Housing and Accommodation Support Initiative	Provides stable housing and support services (e.g. clinical care and rehabilitation) for Aboriginal people with a mental illness living in the community. Delivered collaboratively by NSW Health, Housing NSW and non-government agencies. Sites establish Aboriginal cultural reference groups to guide implementation.	NSW Health/ Housing NSW/ NGOs	Implemented across multiple LHDs.
24	Housing for Health Program	Maintains homes, including essential health hardware, in Aboriginal communities. Repairs and modifications involve fixing leaking toilets, electrical repairs, ensuring sufficient hot water, and establishing child bathing areas. This can lead to improved tenant health and reduce the risk of disease and injury. Health Protection NSW and LHDs partner with local Aboriginal Land Councils and Aboriginal Housing Corporations to deliver the program.	Health Protection NSW/ LHDs/Aboriginal Lands Councils	State-wide implementation. In 1997–2017, the program maintained 3,980 houses. People living in houses that received the program were 40% less likely to be admitted to hospital for an infectious disease(s).
25	Nambucca Area Aboriginal Integrated Care Committee	Forum for health and social care providers that aims to provide integrated care for Aboriginal clients with complex health and social problems. Meetings occur once a month, where the group discusses vulnerable Aboriginal clients, identifies duplication and gaps in care provision, and develops strategies to address clients' needs. There is a plan to roll the program out to other Mid North Coast LHD locations over the next year.	Mid North Coast LHD	Implemented in Nambucca, Mid North Coast LHD. Developed a client-held record that lists the services involved in the client's care, which supports seamless and timely care.
26	Isolated Patients Travel and Accommodation Assistance Scheme	Provides money for travel and accommodation costs to eligible patients who need to travel long distances for specialist treatment that is not available locally. Recognises that some Aboriginal patients find it difficult to use the program and allows an Aboriginal health organisation to receive program payments for providing patient transport to eligible patients. Local administrators must ensure that Aboriginal people have the same level of access to the program as the general population. Aboriginal patients can have a support person with them during travel.	MoH/LHDs	State-wide implementation. Improved access to specialist services for Aboriginal patients in rural and remote areas of NSW, where Aboriginal people make up a higher proportion of the population compared to metropolitan areas.
27	Joint Investigation Response Team Program	Coordinates interagency responses to serious child abuse reports which may involve criminality. Agencies work collaboratively to enable timely exchange of information and planned and coordinated responses. Addressing the unique barriers to identifying and responding to abuse in Aboriginal children is embedded in implementation.	NSW Health/ FACS/NSW Police Force	State-wide implementation.



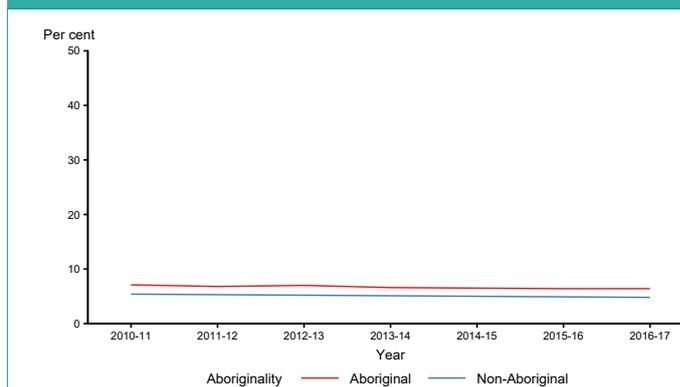
3.3.2 PROGRESS INDICATORS

Unplanned emergency department re-presentations

An unplanned emergency department (ED) re-presentation is when a patient returns to the same ED within 48 hours, and the second presentation is unplanned. It provides an indication of the effectiveness of ED care and the adequacy of primary healthcare follow-up of patients after attending an ED.

In NSW between 2010-11 and 2016-17, the rate of unplanned ED re-presentations in Aboriginal people was stable at 6-7%. During the same period, the rate of unplanned ED re-presentations in non-Aboriginal people was also stable (~5%). The gap in rates of unplanned ED re-presentations between Aboriginal and non-Aboriginal people has not changed since 2010-11 (Figure 8).

FIGURE 8. Unplanned emergency department re-presentations by Aboriginal status of the patient, NSW 2010-11 to 2016-17



Source: NSW Emergency Department Data Collection (EDDC). System Information and Analytics, NSW Ministry of Health.
Notes: An unplanned emergency department re-presentation is when a patient returns to the same emergency department within 48 hours, and the second presentation is unplanned. The number of hospitals reporting to the EDDC varies over time and is more complete for recent years.

CASE STUDY

HEALTHY HOMES AND NEIGHBOURHOODS

Healthy Homes and Neighbourhoods (HHAN) is a cross agency initiative for families where the parents/carers have complex health and social care needs. Many of these families experience barriers to accessing health and social care, and their complex health and social needs influence their capacity to parent effectively or participate fully in their community. HHAN aims to break intergenerational cycles of disadvantage and psychological trauma through an integrated, whole-of-family, holistic, and place-based approach to service delivery.

Commencing in 2015, HHAN is led by the Sydney LHD, and is governed by a multi-agency steering committee with representation from both government and non-government health and social care services. A spatial epidemiology approach is used to identify the areas with the most heightened levels of social disadvantage; HHAN co-locates in some of these areas, such as the RedLink Integrated services hub located in Redfern's McKell Building. The majority of the families that HHAN work with from this hub are Aboriginal.

Families come into contact with the HHAN initiative through a collaborative referral approach between local health and community services, partner agencies, and schools. Upon referral, families are connected to multiple core and non-core agencies and relevant health professionals, such as Aboriginal Medical Services, SDN Children's Services, local general practitioners, and Child and Family Health Services. Using a family-centred and wrap-around care approach, the multi-agency team works in partnership together and with families over a sustained period of time to meet the family's health and social needs, and increase the family's capacity to independently manage their health and social care needs.

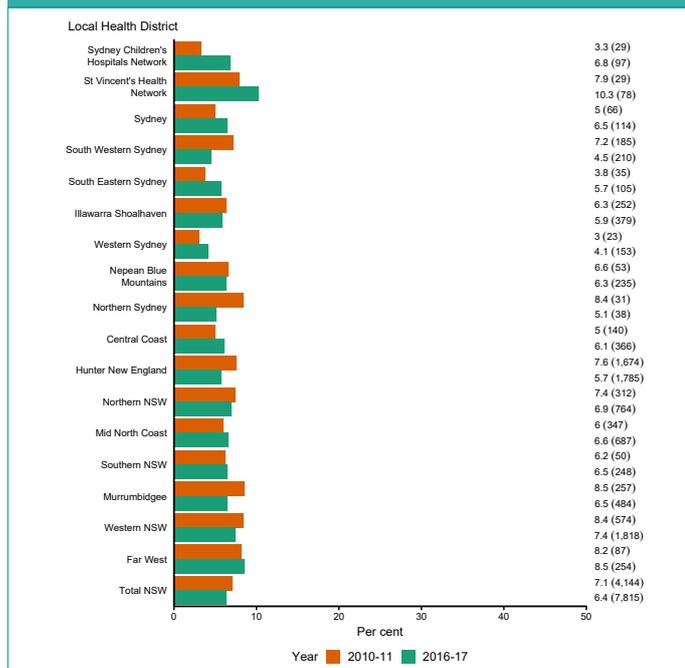
HHAN is leading the development of child-at-risk and adult-at-risk-pathways on the Sydney HealthPathways platform and leading multi-agency capacity building activities focusing on collaboration, trauma informed care and strengths-based assessments which will ensure the needs of Aboriginal families are appropriately addressed.

Over 400 individuals have received HHAN care coordination, and about 31% of these individuals are Aboriginal.



Between 2010–11 and 2016–17, the change in the rate of unplanned ED re-presentations in Aboriginal people varied between LHDs/SHNs (Figure 9). Since 2010–11, such incidents in Aboriginal people decreased by 3.3 percentage points in Northern Sydney LHD, while they increased by 3.5 percentage points in Sydney Children’s Hospitals Network. However, these changes should be interpreted with care, as they are based on small counts.

FIGURE 9. Unplanned emergency department re-presentations in Aboriginal patients by local health district/specialty health network, NSW 2010–11 and 2016–17



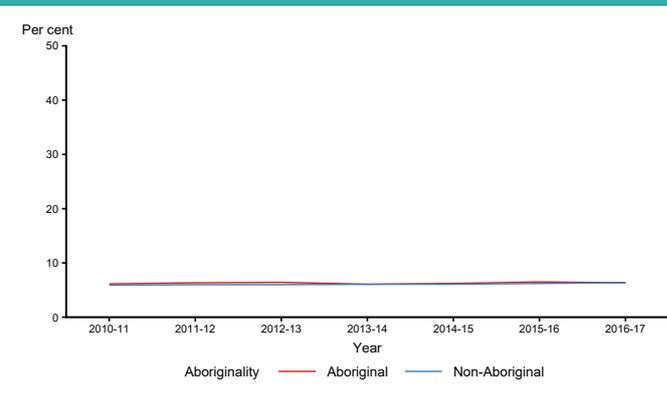
Source: NSW Emergency Department Data Collection (EDDC), System Information and Analytics, NSW Ministry of Health. Notes: An unplanned emergency department re-presentation is when a patient returns to the same emergency department within 48 hours, and the second presentation is unplanned. The number in brackets () is the numerator. The number of hospitals reporting to the EDDC varies over time and is more complete for recent years.

Unplanned hospital readmissions

An unplanned hospital readmission is when a patient is readmitted to the same facility within 28 days of discharge from the first admission, and the second admission is unplanned. It is an indicator of the quality and continuity of healthcare provided to patients while in hospital and in the weeks following discharge.

In NSW between 2010–11 and 2016–17, the rate of unplanned hospital readmissions was stable in both Aboriginal people and non-Aboriginal people (6%), with no gap in rates observed (Figure 10).

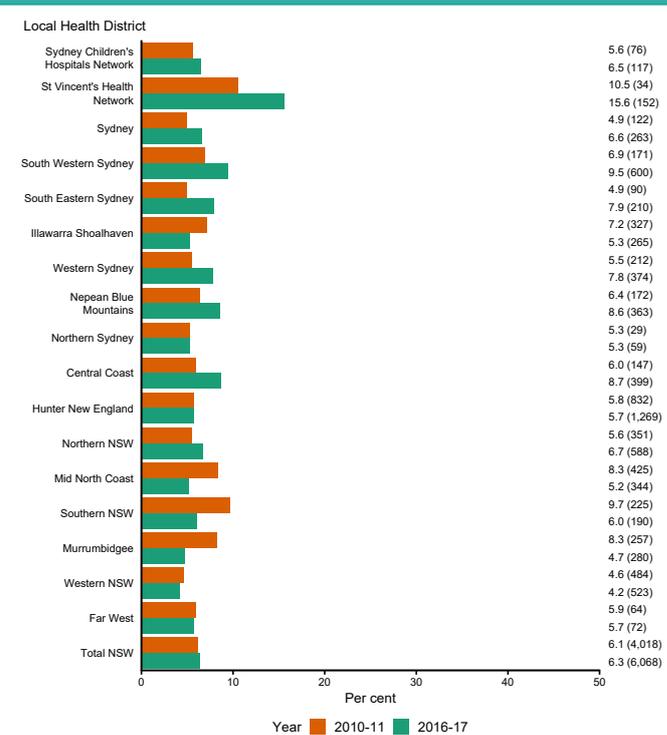
FIGURE 10. Unplanned hospital readmissions by Aboriginal status of the patient, NSW 2010–11 to 2016–17



Source: NSW Admitted Patient Data Collection (HIE), System Information and Analytics, NSW Ministry of Health. Notes: An unplanned hospital readmission is when a patient is readmitted to the same facility within 28 days of discharge from the first admission, and the second admission is unplanned.

Between 2010–11 and 2016–17, the change in the rate of unplanned hospital readmissions in Aboriginal people varied between LHDs/SHNs (Figure 11). Such incidents in Aboriginal people decreased by three percentage points or more in Southern NSW LHD, Murrumbidgee LHD and Mid North Coast LHD, while they increased by three percentage points or more in St Vincent’s Health Network and South Eastern Sydney LHD. However, the increase in St Vincent’s Health Network should be interpreted with care, as the baseline rate is based on small counts.

FIGURE 11. Unplanned hospital readmissions in Aboriginal patients by local health district/specialty health network, NSW 2010–11 and 2016–17



Source: NSW Admitted Patient Data Collection (HIE), System Information and Analytics, NSW Ministry of Health. Notes: An unplanned hospital readmission is when a patient is readmitted to the same facility within 28 days of discharge from the first admission, and the second admission is unplanned. The number in brackets () is the numerator.



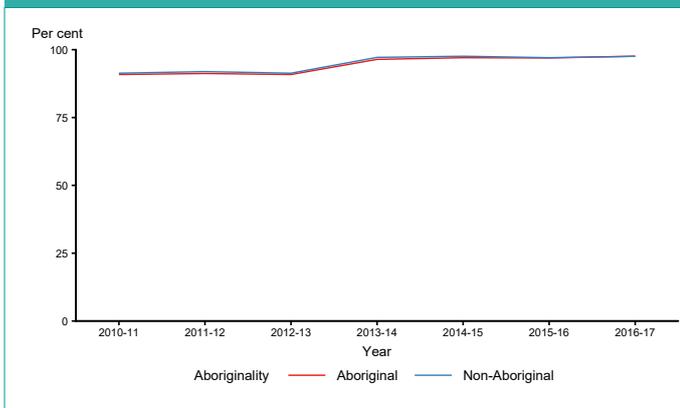
Elective surgery patients treated on time

Elective surgery is an inpatient procedure that, in the opinion of the treating clinician, is necessary but can be delayed for at least 24 hours. NSW Health patients are placed on a waiting list and given a clinical priority depending on the seriousness of their condition. Clinical priority categories are: category 1 (admission within 30 days desirable); category 2 (admission within 90 days desirable); category 3 (admission within 365 days acceptable); and category 4 (either not ready for care for clinical reasons (staged) or not ready for care for personal reasons (deferred)).

The proportion of elective surgery patients who were treated on time (based on the clinical priority category assigned) is an indicator of the effectiveness of waiting list management and coordination of care within and across primary, secondary and tertiary care providers.

In NSW between 2010-11 and 2016-17, the proportion of elective surgery patients who were treated on time increased from ~91% to ~98% in both Aboriginal and non-Aboriginal patients (Figure 12).

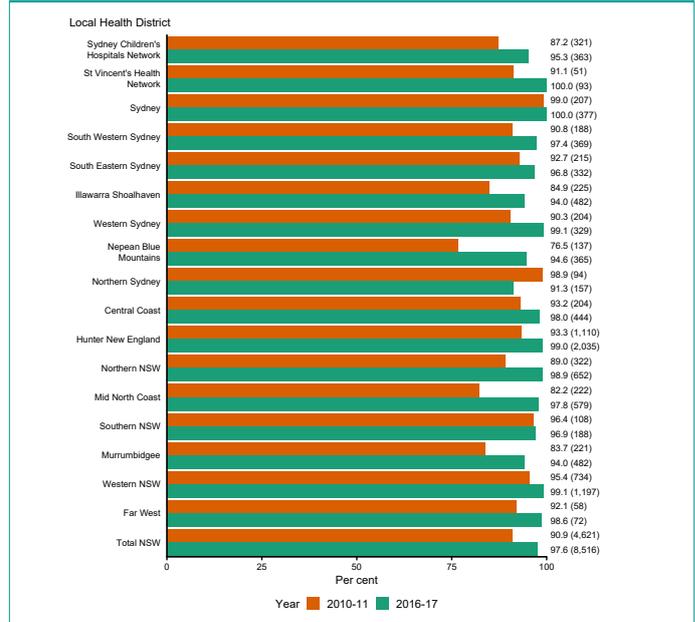
FIGURE 12. Elective surgery patients treated on time by Aboriginal status of the patient, NSW 2010-11 to 2016-17



Source: NSW Waiting List Collection On-Line System (via EDWARD). System Information and Analytics, NSW Ministry of Health.
Notes: Elective surgery is an inpatient procedure that, in the opinion of the treating clinician, is necessary but can be delayed for at least 24 hours. Clinical priority categories 1, 2, and 3 have been combined.

Between 2010-11 and 2016-17, the proportion of Aboriginal elective surgery patients who were treated on time increased in 16 of 17 LHDs/SHNs, although the size of the change varied between LHDs/SHNs (Figure 13).

FIGURE 13. Aboriginal elective surgery patients treated on time by local health district/specialty health network, NSW 2010-11 and 2016-17

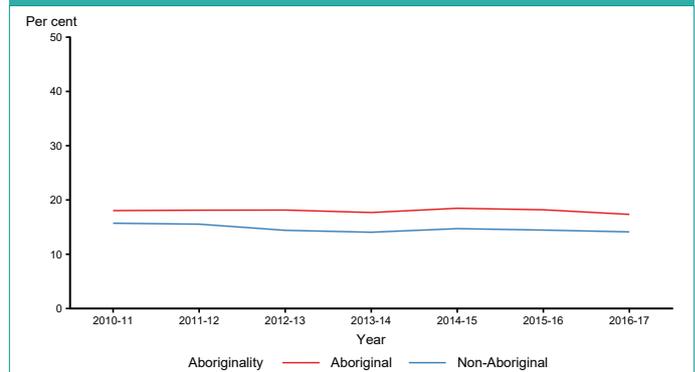


Source: NSW Waiting List Collection On-Line System (via EDWARD). System Information and Analytics, NSW Ministry of Health.
Notes: Elective surgery is an inpatient procedure that, in the opinion of the treating clinician, is necessary but can be delayed for at least 24 hours. Clinical priority categories 1, 2, and 3 have been combined. The number in brackets () is the numerator.

Unplanned mental health readmissions

An unplanned mental health readmission is when a patient is readmitted to the same or another public acute mental health unit within 28 days of discharge from the first admission, and the second admission is unplanned. It provides information on the effectiveness of inpatient care and the adequacy of primary healthcare follow-up post hospital discharge.

FIGURE 14. Unplanned mental health readmissions by Aboriginal status of the patient, NSW 2010-11 to 2016-17



Source: NSW Admitted Patient Data Collection. System Information and Analytics, NSW Ministry of Health.
Notes: An unplanned mental health readmission is when a patient is readmitted to the same or another public acute mental health unit within 28 days of discharge from the first admission, and the second admission is unplanned.



In NSW between 2010–11 and 2016–17, the rate of unplanned mental health readmissions in Aboriginal people was stable at 17–18%. During the same period, the rate of unplanned mental health readmissions in non-Aboriginal people decreased slightly, from 15.7% to 14.1%. Since 2011, the gap in rates of unplanned mental health readmissions between Aboriginal and non-Aboriginal people increased slightly (Figure 14).

3.3.3 STAKEHOLDER FEEDBACK

Views of NSW Health staff

NSW Health staff considered effective partnerships between health agencies and healthcare providers fundamental to providing coordinated and integrated care to Aboriginal patients. They also highlighted common barriers to providing continuous care to this patient cohort, including inadequate:

- sharing of information between LHDs and ACCHSs
- engagement of non-NSW Health organisations in coordinating integrated healthcare initiatives
- staff visibility and senior executive prioritisation of clinical redesign
- accountability mechanisms, particularly in ensuring that Aboriginal organisations and communities are engaged in project design and implementation.

Regarding the last point, Directors and Managers of Aboriginal Health in LHDs described several ways in which they engaged ACCHSs when planning and implementing models of care, including through partnership agreements, executive meetings, Local Decision Making groups, consortiums, elders groups and community forums. One interviewee mentioned that, in their LHD, Aboriginal communities provided input into Aboriginal health priorities through a series of community forums:

“Our community partnership agreement stipulates there has to be regular community forums. We’ve had a couple of these where we had about 35 community members attend. They identify priorities which we take on board. So the top 5 priorities of our plan are those chosen by the community.” (LHD 6)

Views of the Aboriginal community-controlled health sector

Section 3.1.2 of this report describes factors that Aboriginal community-controlled health sector staff felt influenced the quality of their partnerships with

CASE STUDY

HOUSING FOR HEALTH

Social factors like income, employment status, educational attainment and housing are associated with inequities in health. Housing for Health (HfH) is an evidence-based program that aims to assess, repair or replace health hardware (e.g. leaking toilets, adequate hot water, and facilities for bathing children) so that houses are safe and occupants have the ability to carry out healthy living practices (such as washing people, clothes and bedding; improving nutrition; reducing overcrowding; and reducing the impact of animals, vermin or dust).

NSW Health partners with Local Aboriginal Land Councils and Aboriginal Housing Corporations to deliver HfH in Aboriginal communities in NSW. Partnerships occur between the: Aboriginal Environmental Health Unit; housing provider(s); local Public Health Unit; and the HfH Project Manager. The HfH process consists of seven stages, of which community consultation, consent and reporting are key components. The housing provider and/or Land Council are generally the first points of contact within the community, however, the project manager relies on the advice and relationships between the local Public Health Unit and the community to identify the appropriate ‘community representatives’ to speak with. Community or tenant meetings are scheduled and the project teams (which include local community members trained in the survey) visit each eligible house within the community to gain consent for the surveys and planned repair work. Wherever possible, the program uses local companies and tradespeople to carry out the work.

The HfH program provides a platform for Public Health Units to expand their work with Aboriginal communities, providing opportunities to explore and develop environmental health-focused projects in partnership with the communities and, where appropriate, form gateways for other service providers (e.g. local government, RSPCA) to work with communities on health issues.

A HfH review found that those who received HfH had a significantly reduced rate of hospital separations (40% less) for infectious diseases than those who did not.

The HfH principles have been adopted by the National Framework for Design, Construction and Maintenance of Indigenous Housing and the National Indigenous Housing Guide.

Between 1997 and 2017, NSW Health delivered 124 HfH projects with communities, surveying 3,980 houses, fixing over 104,000 items related to improving safety and health, and benefiting over 16,600 people.



NSW Health. All of these factors apply in the context of integrating and improving coordination of healthcare for Aboriginal people—for example, ACCHSs interviewees highlighted the importance of both parties being flexible in reaching shared priorities.

Additionally, some interviewees felt that hospital discharge planning for Aboriginal patients was sub-optimal in some areas, which in turn would mean that some patients were not followed up effectively post discharge:

“The LHD does not do discharge planning ... the hospital staff have advised us ‘we don’t do those’. Unless our clients tell us that they have been to hospital, we have no idea.” (ACCHS 5)

Interviewees described factors that they perceived impeded effective hospital discharge planning for Aboriginal patients, including that in some hospitals:

- there was no clear system in place for providing discharge summaries to ACCHSs
- staff did not understand the role of ACCHSs in providing comprehensive primary healthcare to Aboriginal people and therefore did not provide a discharge summary
- staff would ask patients to nominate a regular general practitioner, which interviewees felt was problematic because they perceived that many of their clients see multiple general practitioners in their service.

Conversely, interviewees provided examples of discharge planning working well in some areas, which they attributed to regular case conferencing between NSW Health staff and ACCHS staff and effective ‘coordination of care’ systems; Orion was highlighted as an effective system that allows general practitioners to access their clients discharge summaries, to create an electronic shared care plan, and to share the plan with other relevant providers.

Some interviewees felt there was a need to improve the coordination of care for Aboriginal people more broadly—that is, not just for people who are leaving hospital—especially among those with complex care needs:

“There is room for improvement in the way that complex clients are managed with the LHD. In particular, in getting patients from detox into rehab and managing clients in mental health crisis. It should be all about working together for what is best for the patient. We need all staff to know what is happening.” (ACCHS 9)

Contrastingly, a few interviewees reported that LHDs and ACCHSs worked effectively in coordinating the care of Aboriginal people, especially if there was a good

relationship with the Aboriginal Hospital Liaison Officer:

“There is a good partnership that supports case conferencing of mental health clients at our service. This includes psychologists, psychiatrists, Mental Health Workers and Social Workers at the local hospital who are involved in discharge planning ... The discharge summaries are sent to the Nurse Practitioner at our service ... Our service has a great relationship with the Aboriginal Hospital Liaison Officers.” (ACCHS 4)

3.3.4 SUMMARY AND IMPLICATIONS

NSW Health is implementing whole-of-system initiatives aiming to improve healthcare integration. These initiatives focus, to varying degrees, on improving the health and healthcare experiences of Aboriginal people, however, this focus could be enhanced.

NSW Health is supporting clinical redesign projects and enabling the diffusion of effective innovations in various ways, including by: establishing dedicated integrated care support teams, champions, websites and clearinghouses; providing staff training; and forming clinical and professional networks and interagency partnerships. Some of the clinical networks that are supported by the NSW Agency for Clinical Innovation, such as the Cardiac Network, have established an Aboriginal health program of work. There is scope for more clinical networks to do the same.

Service Agreements between the MoH and LHDs/SHNs include performance indicators that compel and support NSW Health services to improve the coordination and integration of healthcare for Aboriginal people, in collaboration with other organisations and providers. Broadening the range of indicators that include disaggregation by patient Aboriginal status could further elucidate the extent to which healthcare is continuous for Aboriginal patients, and could drive clinical innovation, quality and safety.

NSW Health has established policies and strategic frameworks that support the delivery of coordinated and integrated health services in NSW and that pay particular attention to improving the healthcare experiences and health outcomes of Aboriginal people. Correspondingly, NSW Health organisations are implementing many clinical redesign and integrated care projects targeting Aboriginal people. Some of these projects have been evaluated using robust methods and some are achieving good outcomes, however, others require better monitoring systems and well designed ‘deep dive’ investigations of outcomes. Patient-reported measures can be a useful data source for program monitoring and evaluation, especially if such measures



investigate aspects of the healthcare experience that are disproportionately common among Aboriginal people, such as experiences of racism.

Almost all Aboriginal elective surgery patients are treated on time in NSW; the rate has steadily increased since 2010-11. Additionally, levels of unplanned hospital readmissions, emergency department re-presentations and mental health readmissions among Aboriginal people in NSW have been stable. Encouragingly, there is no gap in rates of unplanned hospital readmissions between Aboriginal and non-Aboriginal people. Overall, these trends suggest modest progress in providing coordinated and integrated care for Aboriginal people in NSW and that further work is required in this area, especially for Aboriginal people living with a mental illness.

ACCHSs reported a need for better collaboration between LHDs and their services in planning and delivering healthcare, especially in the context of supporting Aboriginal people who have complex care needs and/or are leaving hospital. Strengthening collaboration, communication and sharing of information between ACCHSs and LHDs would enable the delivery of timely, culturally safe and continuous healthcare to Aboriginal people.

The continuity of healthcare for Aboriginal people across settings and providers could be strengthened by enhancing collaboration and joint planning between the MoH and the Australian Government Department of Health.

Many of the factors that shape the health of the Aboriginal population—such as employment, education and family income levels—are outside the direct control of the health system. Nevertheless, NSW Health is influencing these social factors through various inter-sectoral and whole-of-government initiatives; there are opportunities to build on this work.

ASSESSMENT OF PROGRESS AGAINST KEY ACTIONS[†]

Based on the data presented in this report, progress against the key actions of Strategic Direction 3 of the *NSW Aboriginal Health Plan 2013-2023* is moderate:

1. *Improving the coordination and integration of programs and services across providers, governments and funding bodies:* Moderate progress.
2. *Ensuring the needs of Aboriginal communities are addressed in the strategic plans of state health organisations:* Moderate progress.
3. *Collaborating with ACCHSs in developing LHD healthcare plans to achieve a shared, coordinated and joined up approach to service delivery:* Moderate progress.
4. *Addressing the needs of Aboriginal communities through specific planning processes for priority health issues, in partnership with the AH&MRC:* Moderate progress.
5. *Ensuring that relevant NSW Health initiatives consider Aboriginal people a priority population and reflect the needs of Aboriginal communities:* Moderate progress.
6. *Strengthening the role of NSW Health in addressing the social determinants of Aboriginal health:* Moderate progress.

[†] Assessments are based on the investigators' appraisal of the evidence presented in this report with respect to the breadth and quality of relevant initiatives.



3.4 STRATEGIC DIRECTION 4: STRENGTHENING THE ABORIGINAL WORKFORCE

Increasing the number of Aboriginal people employed by NSW Health supports the economic and social wellbeing of Aboriginal people as well as the delivery of culturally safe healthcare. Strategic Direction 4 focuses on attracting, developing and retaining more Aboriginal people to work in health. Key actions are:

- implementing, monitoring and reporting on *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020*
- ensuring opportunities for Aboriginal people to work across NSW Health and local providers
- establishing mechanisms to support career pathways for Aboriginal people
- supporting development and mentoring of future leaders in Aboriginal health
- working with education organisations to create career pathways into the health sector for Aboriginal people
- strengthening Aboriginal Health Workers through the development and implementation of scopes of practice.

3.4.1 NSW HEALTH ACTIVITIES

Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020

The NSW Health *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020* provides a system-wide strategy for strengthening the Aboriginal health workforce. The Framework is a resource to guide LHDs, SHNs and other NSW Health organisations to grow and develop their Aboriginal staff. It sets out the workforce development priorities and desired outcomes for NSW Health for the period 2016–2020 and the key actions that need to be taken to achieve these priorities and outcomes.

The Framework's priorities are to: lead and plan Aboriginal workforce development; build cultural understanding and respect; attract, recruit and retain Aboriginal staff; develop the capabilities of Aboriginal staff; work with others to achieve workforce priorities; and track our achievements and improve results.

Building on the previous Framework, *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2011–2015*, the current Framework supports NSW

KEY FINDINGS

- NSW Health has established a system-wide framework and the 'Stepping Up' website (and related activities) to strengthen its Aboriginal workforce, with performance data used to inform action at state and local levels.
- NSW Health organisations are implementing many (n=70) initiatives aiming to recruit, retain and develop Aboriginal staff, with many achieving good outcomes.
- Between 2011–12 and 2016–17, the proportion of NSW Health staff who identified as Aboriginal increased from 1.9% to 2.5%, which is approaching the NSW Health target of 2.6%.
- Aboriginal people are increasingly employed in higher paid roles, however, the NSW Health target of 1.8% of staff in all salary bands being Aboriginal is yet to be met.
- Although NSW Health is implementing initiatives designed to develop Aboriginal health leaders, the number and proportion of NSW Health executives who identify as Aboriginal is small.
- Aboriginal people fill a high proportion (13%) of paraprofessional and clinical support roles, compared to medical (0.7%), nursing (1.5%) and allied health (1%) roles.
- Some ACCHSs perceived a shortage of Aboriginal staff in local hospitals and some felt there was a need for better workforce support for the ACCHS sector.

Health organisations to improve the representation of Aboriginal people across all roles and at all levels, including management and executive levels.

Stepping Up

The '[Stepping Up](#)' website has been established to support the implementation of *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020* and the *NSW Aboriginal Health Plan 2013–2023*. 'Stepping Up' aims to boost the number of Aboriginal people working in health professions across NSW. The website provides resources and practical guidance to help Aboriginal people find jobs in NSW Health and to help managers recruit, support and retain Aboriginal



staff. 'Stepping Up' was launched in 2015 and receives an average of 1,200 visits per month.

In 2017, the NSW Ministry of Health hosted the NSW Health Good Health — Great Jobs 2017 Stepping Up Forum. It aimed to: showcase the variety of ways in which NSW Health is delivering culturally safe health services through engagement with its Aboriginal workforce; support the broad uptake of evidence-based models of recruitment, support and retention of Aboriginal staff; and highlight career opportunities and pathways for Aboriginal people in NSW Health. The Forum was attended by 288 Aboriginal and non-Aboriginal health managers and staff working across all roles including clinical, non-clinical and leadership roles. A follow-up Forum is planned for 2019.

Monitoring performance and using data to support change

The implementation of the *Good Health — Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020* and Strategic Direction 4 of the *NSW Aboriginal Health Plan 2013–2023* is monitored in three ways.

First, the proportion of staff who identify as Aboriginal is a performance measure in Service Agreements between the MoH and LHDs/SHNs, with LHDs/SHNs set a target of at least 2.6% of their workforce comprising Aboriginal people. Data on this measure are provided to LHDs/SHNs on a 6-monthly basis. The performance of LHDs/SHNs against this measure is reviewed annually, with successes celebrated, effective models promulgated and poor performance remediated.

Second, NSW Health organisations report annually to the NSW Health Aboriginal Workforce Strategic Steering Committee, describing progress against six performance indicators:

1. Proportion of staff who identify as Aboriginal by gender, occupation group and salary level (target of 2.6% overall and 1.8% across all salary levels and occupation groups)
2. Aboriginal recruitment entries and exits to NSW Health
3. Numbers of Aboriginal health cadets and trainees
4. Aboriginal Workforce Strategy Implementation Plan established
5. Aboriginal Employment Coordinator appointed
6. Number of staff completing Respecting the Difference Aboriginal Cultural Training.

The NSW Health Aboriginal Workforce Strategic Steering Committee is made up of representatives of the MoH, LHDs, SHNs and other public health organisations. It

uses these annual reports to identify high- and under-performing NSW Health organisations, establish strategies to increase and strengthen the Aboriginal health workforce, and highlight areas requiring attention of the Secretary, NSW Health.

Third, the MoH has developed an Aboriginal health workforce dashboard, a data visualisation tool that supports tracking of progress against the six performance indicators described above. Dashboards are prepared for all NSW Health organisations on an annual basis and are used as a tool to manage performance and support evidence-informed action to strengthen the Aboriginal workforce.

Summary of initiatives implemented across NSW Health

The survey of NSW Health organisations and document review identified a large number (n=70) of initiatives seeking to increase and strengthen the Aboriginal workforce in NSW Health (see the Appendix for a complete list of initiatives). Table 4 describes a selection of current or recent initiatives.

NSW Health offers a range of training programs, scholarships, and cadetships to support entry points, career pathways and career development for Aboriginal people. Programs are offered in a range of disciplines including: allied health, nursing and midwifery, oral health, mental health, environmental health and public health. Some of these initiatives are producing encouraging outcomes, such as the Aboriginal Environmental Health Officer Training Program, the Aboriginal Population Health Training Initiative, and the Aboriginal Oral Health Scholarships Program.

Programs and strategies are being implemented to actively pursue Aboriginal candidates for NSW Health roles and to support Aboriginal health staff, such as the Aboriginal Medical Workforce Recruitment Pathway, the Training and Support Unit for Aboriginal Mothers, Babies and Children, the Dalang Project, and the Aboriginal Health Worker Project.

Several programs are being implemented that aim to develop Aboriginal health leaders and establish clinical networks and professional forums, such as the Aboriginal Mental Health Clinical Leadership Program, the Aboriginal Trainee Doctors Forum, and the Managers of Aboriginal Workforce Development Network.

Finally, many NSW Health organisations, including LHDs and SHNs, have implemented local Aboriginal health workforce action plans and Aboriginal employment strategies, with some establishing Aboriginal workforce steering committees to guide implementation.



TABLE 4. EXAMPLES OF KEY INITIATIVES ALIGNING WITH STRATEGIC DIRECTION 4: STRENGTHENING THE ABORIGINAL WORKFORCE*

Program name		Program description	Lead agency(ies)	Scale and outcomes
Traineeships				
1	Aboriginal Environmental Health Officer (EHO) Training Program	Aims to develop an Aboriginal workforce with the leadership and technical skills to address environmental health problems in Aboriginal communities. Trainees undertake a fully subsidised six year Bachelor of Natural Science degree (Environmental Health) and a placement in a Public Health Unit or Local Government Council in NSW.	Health Protection NSW	State-wide implementation. Sixteen EHOs have graduated since 1997, increasing the proportion of NSW Health EHOs who identify as Aboriginal from 0% to 17% (9 out of 51).
2	Aboriginal Mental Health Worker Training Program	Aims to ensure the provision of accessible, culturally appropriate mental health services to Aboriginal people by training Aboriginal people to become mental health workers. Trainees are permanent, full-time employees of NSW Health who undergo supervised workplace training and clinical placements over three years, while concurrently completing a fully subsidised bachelor degree.	MoH	State-wide implementation. Eighty trainees have completed the program since 2007.
3	Aboriginal Population Health Training Initiative	Aims to strengthen the Aboriginal public health workforce in NSW, with the long-term goal of improving the health of Aboriginal people. Participants undertake three years of supervised work placements in population health and complete a fully subsidised Master of Public Health degree. Coordinated by the NSW Ministry of Health and LHDs/SHNs employ and host trainees.	MoH/LHDs and SHNs	Implemented in multiple LHDs/SHNs. Since 2011, 25 people have enrolled in the program and 10 people have graduated. 100% of graduates remain employed within NSW Health.
4	Aboriginal Mental Health Worker Grief and Loss Training Program	Aims to build the capability of the NSW Aboriginal mental health workforce to support Aboriginal communities in dealing with grief and loss. Provides culturally relevant training, resources and local support to Aboriginal mental health workers located in LHDs and ACCHSs. A train-the-trainer component promotes sustainable delivery of the program. Funded by the NSW Ministry of Health and delivered by the NSW Institute of Psychiatry.	MoH/NSW Institute of Psychiatry	Implemented in multiple LHDs. Training has been provided to 145 Aboriginal workers. Eight Aboriginal clinicians/clinical leaders were trained in train-the-trainer sessions in April 2017.
5	Aboriginal Policy Pathway Program	Aims to support the career pathway of Aboriginal people into the NSW Ministry of Health, in a policy analyst role. Participants are employed in a Ministry Branch for two years, complete a formal program of study (including the Public Sector Management Program), and are supported in their policy work through a combination of formal and informal mentoring.	MoH	State-wide implementation. To date, six Aboriginal people have completed or are still undertaking the Program. Graduates are employed in NSW Health and NSW Government roles.
Cadetships and scholarships				
6	Aboriginal Oral Health Scholarships Program	Provides training for Aboriginal people living in regional areas of NSW to become qualified dental assistants and provides a pathway into higher education such as oral health therapy. The program provides a high level of support to students including: course fees, internet access, one-on-one mentoring, and face-to-face and online learning. It is a partnership between the NSW Ministry of Health, the Poche Centre for Indigenous Health and Rotary.	MoH/Poche Centre for Indigenous Health	State-wide implementation. A total of 87 Aboriginal students have completed qualifications under this program so far with a further 28 currently enrolled. The total completion rate is 93%.
7	Aboriginal Nursing and Midwifery Strategy, Cadetship and Scholarships Program	Aims to improve Aboriginal health by providing opportunities for Aboriginal people to gain education and employment in the fields of nursing and midwifery. Provides financial assistance and support for Aboriginal people enrolled in either nursing or midwifery undergraduate and postgraduate studies. The cadetship provides a fortnightly study allowance, paid work placements and ongoing employment at the completion of studies.	MoH	State-wide implementation. In 2016/17, 70 Aboriginal nursing and midwifery students were supported with cadetships. Since the program began, 133 nurses and midwives have graduated.

* In identifying activities for inclusion in this table, large-scale initiatives were prioritised over programs of smaller scale, as the former have greater potential to influence population health. A few small-scale innovations *with good potential for scaling up* are also included. Initiatives in this table are informed by evidence.



8	NSW Rural Resident Medical Officer Cadetship for Indigenous Medical Students	Designed to increase the number of Aboriginal doctors working in rural NSW communities. Provides financial assistance and other support to Aboriginal medical students who work as interns and residents in rural NSW hospitals after graduation. Cadetships are funded by the NSW Ministry of Health and are administered by the NSW Rural Doctors Network.	MoH/NSW Rural Doctors Network	State-wide implementation. Between 2011 and 2016, 11 cadets enrolled in the program.
9	Aboriginal Allied Health Cadetship Program	Aims to increase the number of Aboriginal people working in allied health professions across NSW Health and to develop career pathways for Aboriginal staff. Cadets undertake full-time study in an undergraduate allied health course while being provided with a study allowance, a paid work placement in a public health facility, and support and mentoring.	HETI	State-wide implementation. Since 2013, three cadets have completed their cadetship and were employed in NSW Health.
10	Tracks to Health Program	Objective is to offer self-assessment and subsequent support to Aboriginal people interested in studying for a career in health, including in the nursing, allied health and Aboriginal Health Worker disciplines. Support includes individual assistance to students offered by the local Aboriginal Education Unit at TAFE NSW.	MoH/TAFE NSW	State-wide implementation.
11	Collaborating with education organisations	Several LHDs are collaborating with schools and education organisations to create pathways into health careers for Aboriginal students. For example, Nepean Blue Mountains LHD has worked with local high schools and registered training organisations to establish a Certificate III in Acute Care as part of the Higher School Certificate curriculum.	Various LHDs	Implemented in multiple LHDs.
Recruitment pathways				
12	Aboriginal Medical Workforce Recruitment Pathway	Offers Aboriginal medical graduates a pathway from medical school to a prevocational trainee position (internship) in NSW Health. Aims to build the capability of Aboriginal doctors in NSW Health and improve cultural safety.	HETI	State-wide implementation. In 2016, 19 Aboriginal graduates were recruited to an intern position.
13	<i>Recruitment and Selection of Staff to the NSW Health Service (PD2017_040)</i>	Outlines the mandatory standards to be applied when recruiting and selecting staff for employment in the NSW Health Service, including additional requirements for recruiting Aboriginal people. Under the policy, selection committees must have an Aboriginal member during recruitment for targeted Aboriginal roles and panel members must have undertaken the Respecting the Difference Aboriginal Cultural Training Program.	MoH	State-wide implementation.
Leadership and support networks				
14	Aboriginal Mental Health Clinical Leadership	Establishes clinical leaders in Aboriginal mental health and is an essential part of the continuity and support of the NSW Aboriginal Mental Health Worker Training Program. Aboriginal mental health clinical leaders work across LHDs to provide vital support to the Aboriginal mental health workforce, including trainees, by providing training, supervision and coordination of clinical, professional and service development.	MoH	Implemented in multiple LHDs.
15	Aboriginal Trainee Doctors Forum	State-wide meeting that invites self-identified Aboriginal trainee doctors and final year medical students to come together twice a year for cultural and professional development. Purpose is to discuss and advise on ways to improve support systems and career opportunities for Aboriginal doctors. The Forum is a collaboration between HETI, the NSW Ministry of Health and the Australian Indigenous Doctor's Association.	HETI	State-wide meeting. Steady increase in attendance from four in 2015 to 22 in 2017.
16	Managers of Aboriginal Workforce Development Network	Comprised of managers of Aboriginal workforce and employment across LHDs and other NSW Health organisations. Meets on a quarterly basis to share information, ideas and initiatives to increase and support the Aboriginal health workforce (including recruitment, retention, education, training, support and other workforce issues). The NSW Ministry of Health provides secretariat support to the network.	MoH	State-wide implementation.



17	Aboriginal health staff networks	Many LHDs and other NSW Health organisations have established networks of Aboriginal staff. For example, South Western Sydney LHD has established an Aboriginal Health Network, which meets regularly and provides a culturally supportive environment for Aboriginal staff to network with Aboriginal peers and discuss ongoing education and training opportunities and career pathways.	Various NSW Health organisations	Implemented in multiple NSW Health organisations.
Formal training				
18	Education Centre Against Violence (ECAV) Aboriginal Qualifications Pathway	ECAV is a state-wide service providing workforce development and training programs in the areas of sexual assault, domestic and Aboriginal family violence and abuse and neglect of children. Its Aboriginal Qualifications Pathway equips Aboriginal health workers to provide counselling to perpetrators and victims of Aboriginal domestic and family violence through delivery of three counselling courses (Certificate IV, Advanced Diploma and Graduate Certificate).	ECAV	State-wide implementation. Completion rates are high for each qualification: Certificate IV 2000-2015: 196 completed (71%); Advanced Diploma 2011-2015: 40 completed (74%); Graduate Certificate 2013-2015: 17 completed (77%).
19	Training and Support Unit for Aboriginal Mothers, Babies and Children (TSU)	Aims to enhance Aboriginal maternal and child healthcare delivery in NSW by providing high quality education and support for Aboriginal and non-Aboriginal staff working in Aboriginal-specific maternity and early childhood health services in NSW. Delivers a professional development program, giving a culturally inclusive overview of Aboriginal maternal and child and family health matters.	HETI	State-wide implementation. TSU is targeting a diverse multidisciplinary workforce. Three Yarning Circles and four state-wide teleconferences were held between April and August 2016.
20	The Dalang Project	An oral health promotion and obesity prevention project which employs Aboriginal dental therapists in Aboriginal health services across NSW. Therapists provide 2.5 days per week each of dental care and oral health promotion, and participate in weekly professional development. A collaboration between Nepean Blue Mountains LHD, the NSW Ministry of Health, Poche Centre for Indigenous Health and Rotary.	NBMLHD/ MoH/ Poche Centre for Indigenous Health	State-wide implementation. Has provided graduate training for 19 oral health therapists since implementation in 2015/16. Delivered a total Dental Weighted Activity Units value of 1199.24 in 2016/17.
Workforce plans and guidelines				
21	<i>Health Professionals Workforce Plan 2012-2022</i>	Provides a three-part framework for stabilising, building and growing an effective healthcare workforce in NSW. Outlines strategies that support the growth of the Aboriginal workforce; these focus on developing staff at all stages of their career pathway, and include rural facilities and specialised services such as Aboriginal health.	MoH	State-wide implementation.
22	Aboriginal Health Worker Project	Aims to improve support of Aboriginal Health Workers in NSW Health by reviewing and refining current workforce and training pathways. Supportive resources have been established, including a <i>Decision Making Framework for Aboriginal Health Practitioners</i> and <i>Aboriginal Health Worker Guidelines for NSW Health</i> . To support adoption of the Guidelines, implementation workshops were delivered in 2016 and 2017 to all LHDs and SHNs in NSW.	MoH	State-wide implementation. MoH hosted 19 Aboriginal Health Worker Guidelines Workshops during 2016-17.
23	Aboriginal health workforce action plans	Many LHDs and other NSW Health organisations have implemented local Aboriginal health workforce action plans, with some establishing Aboriginal workforce steering committees to guide implementation.	Various NSW Health organisations	Implemented in multiple NSW Health organisations.
24	Aboriginal Employment Strategies	Many LHDs and other NSW Health organisations have established local Aboriginal Employment Strategies, which outline a specific set of actions seeking to recruit, retain and develop Aboriginal health staff in various roles, including senior management roles.	Various NSW Health organisations	Implemented in multiple NSW Health organisations.



CASE STUDY

ABORIGINAL ORAL HEALTH SCHOLARSHIPS PROGRAM

Rural and remote Aboriginal people suffer from higher rates of oral disease associated, in part, with limited access to dental and oral health practitioners. The Aboriginal Oral Health Scholarships Program was developed specifically for Aboriginal people in regional and remote areas of NSW. It aims to increase the number of Aboriginal people trained in oral healthcare with the overarching goal of improving dental health in Aboriginal communities.

The program offers financial assistance for Aboriginal people to study the Certificate III in Dental Assisting, the Certificate IV in Dental Assisting (Oral Health Promotion), and/or the Certificate IV in Dental Radiography. Training is provided in block mode to enable recipients to remain in their community and maintain employment and local activities. Each scholarship is valued at \$15,000 and provides over two years: one-to-one mentoring; course fees (covering online and face-to-face courses); a laptop computer and prepaid internet access; weekly telephone and/or video support; and career and education planning.

The program is a joint initiative of the MoH, the Poche Centre for Indigenous Health, and the Rotary Club of Sydney. The Poche Centre is responsible for the development, implementation and evaluation of the program.

A total of 87 Aboriginal students have completed qualifications under this program so far, with a course completion rate of 93%. In 2016/17, 34 Aboriginal students completed 44 TAFE qualifications in Dental Assisting, Oral Health Promotion and Radiography. Past students have gone on to complete additional qualifications such as a Diploma in Dental Technology and a Bachelor of Oral Health.

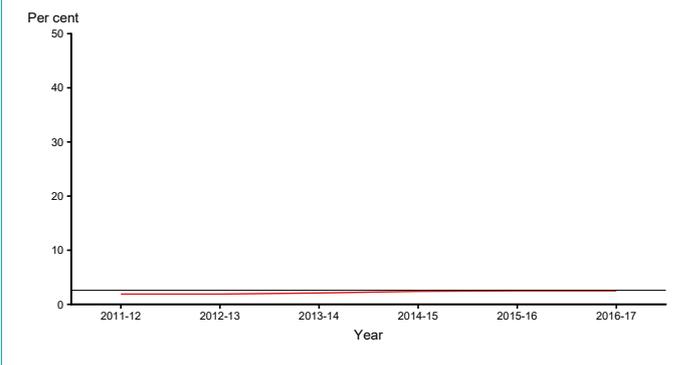
3.4.2 PROGRESS INDICATORS

Aboriginal workforce as a proportion of total workforce

Aboriginal workforce as a proportion of total workforce is an indicator of the effectiveness of efforts to increase the number, and retention, of Aboriginal health staff in NSW.

Between 2011-12 and 2016-17, the proportion of NSW Health staff who identified as Aboriginal increased from 1.9% to 2.5%, which is approaching the NSW Health target of 2.6% (Figure 15).

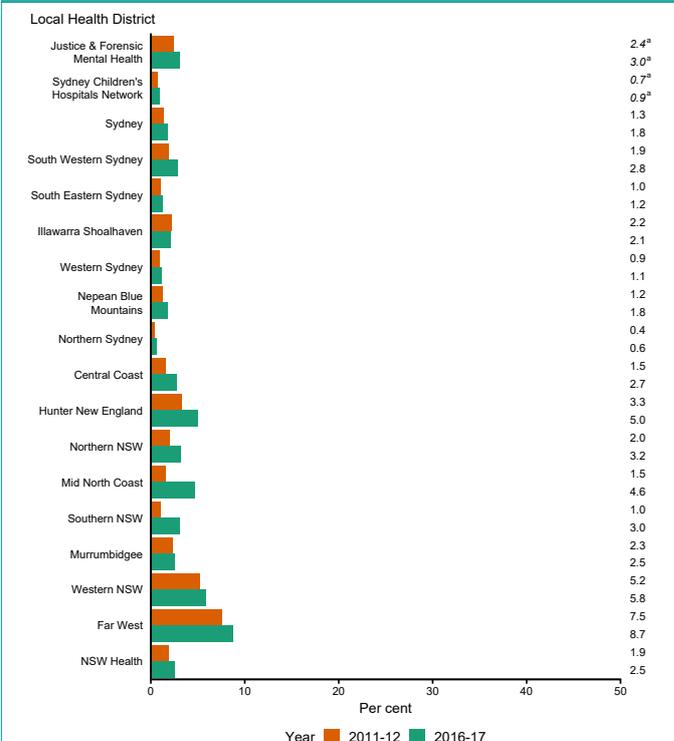
FIGURE 15. Proportion of NSW Health staff who identify as Aboriginal, 2011-12 to 2016-17



Source: Public Service Commission Workforce Profile via the State Management Reporting Service.
Note: The black line represents the NSW Health target of 2.6% of all staff identifying as Aboriginal.

During the same period, the proportion of staff who identified as Aboriginal increased in 16 of 17 LHDs and SHNs (Figure 16), with Mid North Coast LHD achieving a 3.1% absolute increase (from 1.5% to 4.6%). Broadly, LHDs in which Aboriginal people make up a relatively high proportion of the population (such as Far West LHD) have achieved higher representation of Aboriginal people in their workforce than LHDs in which Aboriginal people make up a relatively low proportion of the population, such as Northern Sydney LHD (Figure 16).

FIGURE 16. Proportion of NSW Health staff who identify as Aboriginal by local health district/specialty health network, 2011-12 and 2016-17

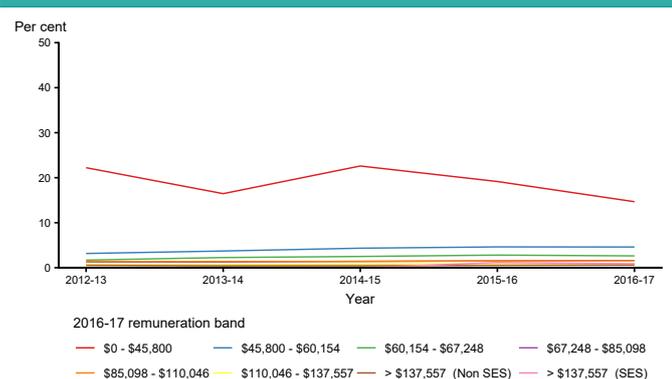


Source: Public Service Commission Workforce Profile via the State Management Reporting Service.
^a Indicates that number of staff who identified as Aboriginal in 2016-17 was less than 50 and the % displayed should therefore be interpreted with care.



Between 2012–13 and 2016–17, the proportion of NSW Health employees in the lowest remuneration band (up to \$45,799 per annum) who identified as Aboriginal decreased from 22.2% to 14.7%. Conversely, during the same period, the proportion of NSW Health staff in higher paying roles who identified as Aboriginal increased modestly, with the largest increase occurring in the second band (\$45,800–\$60,153 per annum) — an absolute increase of 1.4% (Figure 17).

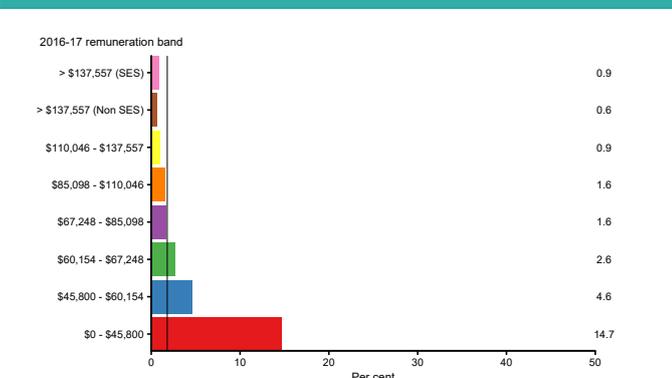
FIGURE 17. Proportion of NSW Health staff who identify as Aboriginal by salary band, 2012–13 to 2016–17



Source: Public Service Commission Workforce Profile via the State Management Reporting Service.
 Notes: Senior Executive Service (SES) bands have been excluded for all but the top SES band, as the total counts in these bands were low and only available for some years. The pay range attached to each band has changed marginally over time.

NSW Health has set a target of 1.8% of staff identifying as Aboriginal across all remuneration bands. In 2016–17, Aboriginal people accounted for 1.8% or more of NSW Health staff in three salary bands and 1.6% of staff in a further two salary bands. However, Aboriginal people were fewer in proportion in the two highest paid bands and senior executive roles (Figure 18).

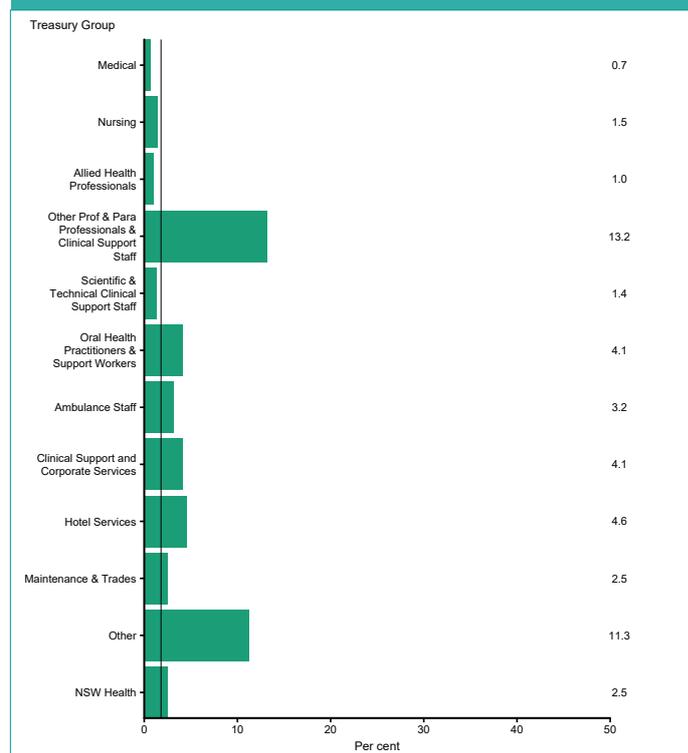
FIGURE 18. Proportion of NSW Health staff who identify as Aboriginal by salary band, 2016–17



Source: Public Service Commission Workforce Profile via the State Management Reporting Service.
 Notes: Senior Executive Service (SES) bands have been excluded for all but the top SES band, as the total counts in these bands were low. The black line represents the NSW Health target of 1.8% of staff identifying as Aboriginal across all remuneration bands.

NSW Health has set a target of 1.8% of staff identifying as Aboriginal across all occupation groups (Treasury Groups). In 2016–17, Aboriginal people accounted for 1.8% or more of NSW Health staff in seven of 11 occupation groups, with Aboriginal people making up a high proportion (13.2%) of staff working in the 'Other Professionals & Para Professionals & Clinical Support Staff' occupation group compared to other groups. In each of the 'Medical', 'Nursing' and 'Allied Health Professionals' groups, and 'Scientific & Technical Clinical Support Staff', less than 1.8% of staff identified as Aboriginal in 2016–17 (Figure 19).

FIGURE 19. Proportion of NSW Health staff who identify as Aboriginal by Treasury Group, 2016–17



Source: Public Service Commission Workforce Profile via the State Management Reporting Service.
 The black line represents the NSW Health target of 1.8% of staff identifying as Aboriginal across all occupation groups.

3.4.3 STAKEHOLDER FEEDBACK

Views of NSW Health staff

Many LHD and SHN staff reported a focus on implementing local Aboriginal health workforce action plans to achieve appropriate representation of Aboriginal staff. Examples of strategies incorporated into these action plans included: enhancing partnerships with education providers to develop and recruit Aboriginal students into health professions; promoting cadetships and scholarships; and creating new employment opportunities in the areas of allied health, patient safety and quality, and workforce diversity.



CASE STUDY

ABORIGINAL POPULATION HEALTH TRAINING INITIATIVE (APHTI)

The APHTI is a workplace-based public health training program for Aboriginal people. It aims to strengthen the Aboriginal population health workforce, with the long-term goal of improving the health of Aboriginal people in NSW.

Participants are employed for three years, during which time they undertake a series of work placements in population health and complete a Master of Public Health degree. Work placements provide trainees with practical experience in a range of different population health areas, including communicable diseases, health promotion, epidemiology, and environmental health.

The APHTI is delivered through partnerships between the MoH and LHDs/SHNs. The Ministry coordinates the program while LHDs/SHNs employ trainees and provide work placements and supervision.

A 2014 evaluation demonstrated that the program makes an important contribution to strengthening the NSW Aboriginal public health workforce. Trainees reported a high level of satisfaction with the quality of their work placements, with the flexibility of the program to support their work and study, and with efforts made to ensure the program's cultural safety. Some trainees found elements of the university coursework and workplace requirements challenging and required more support than anticipated. Nevertheless, the evaluation found a high trainee retention rate (17 of 18 trainees), and all graduates had successfully gained employment within NSW Health.

Three factors have been identified as key contributors to the success of the program: trainees are able to undertake their training within their communities; the structure promotes the direct application of learning through simultaneous work and study; and the program is well supported. The program continues to offer up to four new traineeships each year, with 25 trainees recruited since 2011. All 10 program graduates continue to be employed within NSW Health in public health-related roles.

Some LHD and SHN staff reported difficulties in recruiting Aboriginal people to Aboriginal-targeted and -identified positions, particularly senior positions. This problem was felt to be particularly acute in rural and remote areas.

Views of the Aboriginal community-controlled health sector

Some ACCHS interviewees felt there was a shortage of Aboriginal health staff employed by the local hospital, which they felt contributed to some Aboriginal people feeling culturally unsafe when using those services:

“Cultural safety was better when there were Aboriginal nurses enrolled in courses at the hospital because Aboriginal people were visible and working further up the ladder rather than just in cleaning and admin roles, as is usually the case. However, the hospital doesn't do an intake for that program any more. There are hardly any Aboriginal staff employed at the hospital.” (ACCHS 6)

Some interviewees felt that Aboriginal hospital liaison officers played an important role in supporting the cultural safety of Aboriginal patients but perceived a lack of these staff in local hospitals.

Interviewees highlighted a need for better workforce support for the ACCHS sector. Most reported a need for clinical training and clearer career pathways for their Aboriginal staff. In particular, ACCHSs discussed insufficient pathways for AHWs to progress to clinical roles:

“There is a need for career development opportunities for our staff. I currently have four Aboriginal Health Worker trainees and am looking for opportunities to progress them to specialise in certain areas.” (ACCHS 2)

Additionally, interviewees suggested that the role of AHWs be developed and supported in the following ways: providing additional incentives for ACCHSs to employ AHWs in regional and remote areas; reviewing what can be learnt from other jurisdictions in building AHW capacity; and supporting regional/state or national conferences of AHWs to connect and share experiences, resources and expertise.

Some interviewees in remote areas mentioned that they needed to fly staff in to provide certain services, which they felt was an unsustainable model. These respondents mentioned a need for improved and reliable access to qualified staff.

One interviewee perceived that pay rates for comparable roles differ between LHDs and ACCHSs, which they felt made it hard for some ACCHSs to retain their staff. This interviewee suggested that a review of ACCHS sector salaries was needed.

3.4.4 SUMMARY AND IMPLICATIONS

NSW Health has established a system-wide framework and an online resource aiming to increase the number of, and build the capability of, Aboriginal people in the health workforce. The activities and achievements of NSW Health in implementing the framework are regularly monitored, with performance data used to inform action at state and local levels. Many NSW Health organisations have established tailored local responses to the framework.



EDUCATION CENTRE AGAINST VIOLENCE ABORIGINAL QUALIFICATIONS PATHWAY

The NSW Education Centre Against Violence (ECAV) is a state-wide service that provides training programs for professionals to address the critical and often related issues of sexual assault, domestic and family violence and child abuse. ECAV is committed to developing a highly qualified and resilient Aboriginal workforce through a program of work focused on education, supervision and support, and career development. This is achieved by providing state-wide specialised training, consultancy, clinical supervision, policy advice and resource development for NSW Aboriginal Health Workers (AHWs), Aboriginal communities and non-Aboriginal frontline workers.

Under the Aboriginal Programs portfolio, 17 separate courses are offered which form a three-tiered Qualification Pathway Model for Aboriginal workers (particularly for Aboriginal Family Health Workers employed in NSW Health): Certificate IV in Aboriginal Family Wellbeing & Violence Prevention; Advanced Diploma in Aboriginal Specialist Trauma Counselling; and Graduate Certificate in Human & Community Services (Interpersonal Trauma) in partnership with the University of Sydney. The Pathway is trauma-informed and allows participants to learn and develop skills in a culturally safe space.

Supporting the ongoing development of the pathway is the Aboriginal Communities Matter Advisory Group. It provides advice and guidance to ECAV on clinical and educational programs, ensuring an Aboriginal voice is present in decisions about workforce development, training, resource development, service delivery and policy initiatives.

Formal recognition of ECAV's Aboriginal Qualification Pathway was granted by the MoH in July 2015, enabling graduate status under the Senior Health Education Officer Award. Further, in 2015 the Australian Counselling Association accredited the Advanced Diploma of Aboriginal Specialist Trauma Counselling. In 2017, the Pathway won the Education and Training Award in the Western Sydney LHD Quality Awards. It also won a Silver Award in the 2017 Australian Crime and Violence Prevention Awards.

The number of graduates for each qualification is as follows:

- Certificate IV in Aboriginal Family Wellbeing & Violence Prevention 2000–2015: 276 enrolled; 196 completed; 71% completion rate.
- Advanced Diploma in Aboriginal Specialist Trauma Counselling 2011–2015: 54 enrolled; 40 completed; 74% completion rate.
- Graduate Certificate in Human & Community Services (Interpersonal Trauma) 2013–2015 co-delivered with the University of Sydney and leading into the Masters of Social Work (Qualifier): 22 enrolled; 17 completed; 77% completion rate.

These completion rates compare favourably to those achieved by other providers. Some participants have indicated that the Pathway has had a transformational impact on their lives and the lives of their family members.

Across NSW Health, a large number of discrete initiatives have been implemented aiming to recruit, retain and develop Aboriginal staff in clinical, non-clinical and leadership roles, with many of these initiatives achieving good outcomes. Additionally, mechanisms are in place to support the diffusion of successful and innovative programs. Building on this success, there is a need to strengthen monitoring of discrete workforce initiatives to assess their impact.

Some NSW Health organisations are collaborating with education organisations to create career pathways for Aboriginal students into health jobs, however, overall there seems to be scope for more action in this area at the state level.

NSW Health is seeking to increase and build the expertise of AHWs through various initiatives, however, feedback from the ACCHS sector is that more work is needed to help AHWs transition to clinical roles and to

improve the capability and availability of staff working in ACCHSs more broadly.

Collectively, NSW Health's Aboriginal workforce activities have contributed to an increase in the proportion of NSW Health staff who identify as Aboriginal from 1.9% to 2.5% in the last five years, which is approaching the current NSW Health target of 2.6%. Many LHDs are aiming for Aboriginal employment levels commensurate with the representation of Aboriginal people in the populations they serve through local Aboriginal health workforce action plans. Aboriginal employment levels in NSW Health are at an all-time high, and NSW Health should continue to build on recent achievements at all levels: facility, LHD/SHN and state.

Aboriginal people are increasingly being employed in higher paid roles. Nevertheless, more work is needed to meet the NSW Health target of 1.8% of staff identifying as Aboriginal across all salary bands. Focused effort is

particularly needed in training, mentoring, recruiting and developing career pathways for Aboriginal people in the highest paid and executive roles. Indeed, NSW Health stakeholders identified recruitment to Aboriginal-targeted and -identified senior roles as an area requiring attention.

Aboriginal people are under-represented in medical, nursing and allied health roles, supporting the perception of some ACCHSs that there is a shortage of Aboriginal clinical staff in local hospitals. Further action is needed to recruit Aboriginal people to clinical roles, as this will support the creation of culturally safe workplaces and health services.

ASSESSMENT OF PROGRESS AGAINST KEY ACTIONS[†]

Based on the data presented in this report, progress against the key actions of Strategic Direction 4 of the *NSW Aboriginal Health Plan 2013-2023* is moderate to good:

1. *Implement, monitor and report on Good Health – Great Jobs: Aboriginal Workforce Strategic Framework*: Good progress.
2. *Ensuring opportunities for Aboriginal people to work across NSW Health and local providers*: Good progress.
3. *Establishing mechanisms to support career pathways for Aboriginal people*: Moderate progress.
4. *Supporting development and mentoring of future leaders in Aboriginal health*: Moderate progress.
5. *Working with education organisations to create career pathways into the health sector for Aboriginal people*: Moderate progress.
6. *Strengthening Aboriginal Health Workers through the development and implementation of scopes of practice*: Good progress.

[†] Assessments are based on the investigators' appraisal of the evidence presented in this report with respect to the breadth and quality of relevant initiatives.



3.5 STRATEGIC DIRECTION 5: PROVIDING CULTURALLY SAFE WORK ENVIRONMENTS AND HEALTH SERVICES

Aboriginal people are more likely to use health services that are culturally respectful and welcoming. Strategic Direction 5 focuses on developing the structures, policies and processes needed to create work environments and health services that are culturally safe for Aboriginal people. Key actions are:

- implementing and monitoring *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health*
- establishing and evaluating a cultural competency framework that integrates with existing planning and performance management processes
- embedding cultural competence as a core feature of recruitment, induction, professional development and other education and training strategies
- implementing models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model
- ensuring all NSW Health boards include at least one member with knowledge of Aboriginal health.

3.5.1 NSW HEALTH ACTIVITIES

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

Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health outlines the cultural training requirements of all NSW Health organisations. The purpose of Respecting the Difference training is to empower NSW Health staff to build positive relationships with Aboriginal people who may be clients, visitors or fellow workers, and to deliver more respectful, responsive and culturally safe services for Aboriginal people.

The Respecting the Difference training is mandatory for all NSW Health staff and includes, at a minimum, a two-hour eLearning program and a six-hour face-to-face workshop. Participants learn about: the diverse culture,

KEY FINDINGS

- **NSW Health has established mandatory Aboriginal cultural training for all staff—86% of staff have completed the online module and 44% have attended the workshop.**
- **Service Agreements and the NSW Aboriginal Health Impact Statement provide important levers for the delivery of culturally safe healthcare, however, use of the latter is variable among NSW Health organisations.**
- **NSW Health is implementing many initiatives aiming to create culturally safe workplaces and health services, with some achieving good reach and outcomes.**
- **Most (89%) Aboriginal people admitted to hospital rated their experience of care as either 'Very good' or 'Good'.**
- **ACCHSs reported examples of their clients experiencing discrimination or racism when using NSW Health services.**
- **Collectively, NSW Health activities aiming to foster greater cultural safety seem to have contributed to reduced incomplete emergency department visits and a stabilised rate of discharge against medical advice in Aboriginal people in NSW.**

customs and protocols of Aboriginal communities; how to interact positively with Aboriginal people; potential causes of miscommunication; and the impact of racism and discrimination on Aboriginal peoples' experiences of care. The training is tailored to the following audiences: executives; managers; frontline staff; and other staff, like corporate and administrative staff. User and facilitator guides support effective use and delivery of the training.

Implementation of the Framework is monitored by the NSW Health Aboriginal Workforce Strategic Steering Committee, which includes representatives of the MoH, LHDs, SHNs and other public health organisations.



All NSW Health organisations provide biannual reports to this Committee, describing progress against the following performance indicators:

1. Respecting the Difference programs established for each target audience
2. Aboriginal community involvement in implementing Respecting the Difference
3. Number and proportion of staff completing the Respecting the Difference training
4. Plan established to maximise staff participation in Respecting the Difference training
5. Proportion of training participants who achieve learning outcomes
6. Proportion of training participants who feel the training provided them with the tools to provide better services to Aboriginal people and communities (face-to-face training).

The Committee uses these biannual reports to: identify high- and under-performing NSW Health organisations; establish strategies to maximise staff participation in, and the quality of, Respecting the Difference training; and identify areas requiring action.

A 2013 evaluation of Respecting the Difference found that the training helped participants reflect on their attitudes, beliefs and behaviours towards Aboriginal people but that more work was needed to improve the quality of training delivery and to support participants to apply their new knowledge at work. A follow-up evaluation of the training is underway and will assess its implementation, reach, uptake and impact on organisational outcomes.

In June 2017, 86% (n=111,473) of NSW Health staff had completed the eLearning module and 44% (57,018) had completed the face-to-face training, up from 82% and 24% in December 2015.* The NSW Health target is for 80% of staff to have completed both components of the training.

NSW Aboriginal Health Impact Statement (AHIS)

All NSW Health organisations must complete an AHIS when developing policies, programs or strategies. The AHIS aims to support NSW Health organisations and staff to systematically apply an 'Aboriginal health lens' to such initiatives. This helps to ensure that policies and programs are culturally appropriate and safe for Aboriginal people, and that barriers to engagement of Aboriginal people are identified and removed.

Specifically, the AHIS aims to:

- embed careful consideration of the health needs of Aboriginal people at an early stage in the process of revising or developing policies, programs and strategies
- guide the systematic examination of health system barriers, enablers and linkages in relation to Aboriginal health to identify opportunities to improve access to healthcare, as well as potential adverse impacts to be mitigated
- reduce disparities for Aboriginal people by ensuring that policies and programs strive to achieve equity for Aboriginal people, and actively monitor outcomes
- support NSW Health staff and organisations to develop effective partnerships and strategies to meaningfully engage with Aboriginal stakeholders and communities.

The MoH has produced guidance and a template to assist NSW Health staff and organisations to undertake an AHIS. Between the release of a revised version of the AHIS in February 2017 and January 2018, about 100 AHISs had been conducted in NSW Health. The MoH monitors the application of the AHIS and is continuing to promote its use and ensure it is applied to all relevant initiatives. Many NSW Health organisations have established local protocols for the completion and monitoring of AHISs.

NSW Health System Purchasing and Performance Safety and Quality Framework

The System Purchasing and Performance Safety and Quality Framework aims to inform the design, purchasing, performance monitoring and continuous improvement of NSW Health services and to create services that are needs-based and deliver safe, high quality and high-value care for patients. The Framework has a focus on equity, including improving the cultural accessibility of health services for Aboriginal people.

The Framework is embedded in Service Agreements between the MoH and NSW Health services, which facilitate the monitoring and management of the performance of LHDs and SHNs against the following indirect indicators of culturally safe care for Aboriginal patients: overall rating of hospital care; discharge against medical advice; breast cancer screening uptake; antenatal care before 14 weeks' gestation; immunisation uptake; and Aboriginal staff as a proportion of total

* Proportions describe completions and not compliance, as employees have six months before they are required to complete the training.



workforce. The Framework and Service Agreements are important levers for the delivery of culturally safe services in LHDs and SHNs.

Summary of initiatives implemented across NSW Health

The document review and survey of NSW Health organisations identified many (n=57) initiatives seeking to create culturally safe work environments and health services for Aboriginal people (see the Appendix for a complete list of initiatives). Table 5 describes a selection of current or recent initiatives.

NSW Health delivers many services and programs that have been specifically designed to meet the needs and support the cultural safety of Aboriginal people, with many of these initiatives engaging Aboriginal staff in service coordination and delivery roles. Aboriginal-specific programs are being delivered in areas such as: chronic disease management; maternity care; childhood healthcare; tobacco cessation; responses to domestic violence; and the prevention of alcohol and drug misuse. Some of these initiatives, like the Aboriginal Maternal and Infant Health Service and the Aboriginal Immunisation Health Care Worker Program, are implemented at scale and have contributed to improvements in key population health indicators over time. Additionally, most of these initiatives recognise that family and kinship are core to the Aboriginal conceptualisation of health, and have involved the entire family in care.

Several initiatives are being implemented to build the Aboriginal cultural competence of health staff working in mainstream services, in settings like maternity services, cancer services, emergency departments, hospitals and primary health services.

The MoH has developed strategic frameworks for specific health issues that focus on improving the cultural accessibility of care for Aboriginal people, such as the *NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016–2021* and *Living Well: A Strategic Plan for Mental Health in NSW 2014–2024*. Further, NSW Health organisations have established plans and policies to help create culturally safe workplaces and health services. Examples include reconciliation action plans, cultural respect frameworks, Respecting the Difference action plans, the Emergency Department Patients Awaiting Care Policy Directive, and welcome to country and acknowledgement of country protocols. NSW Health is also implementing strategies to support adherence to the National Safety and Quality Health Service Standards (second edition), which support healthcare quality and safety for Aboriginal patients.

Many LHDs and SHNs have modified the physical environments of their services—such as waiting and common areas and hospital grounds—to make them more welcoming for Aboriginal patients. Examples of modifications include establishment of Aboriginal family rooms in hospitals, erecting Aboriginal art and flags, using Aboriginal languages in hospital signs, and erecting acknowledgement of country and reconciliation plaques.

Several resources have been developed to support the delivery of culturally safe care in NSW Health services, including the *Aboriginal Cultural Inclusion Checklist for Maternity Services*, *Didja Know? Cultural information and communication guide*, *Communicating positively: A guide to appropriate Aboriginal terminology*, and the eviQ Cancer Education Program.

Employing more Aboriginal staff may help create culturally safe health services and workplaces. Aboriginal staff can act as ‘cultural ambassadors’ who contribute to changing workplace culture and increase awareness of Aboriginal cultures. Section 3.4 of this report describes the extensive work of NSW Health in strengthening its Aboriginal workforce.



TABLE 5. EXAMPLES OF KEY INITIATIVES ALIGNING WITH STRATEGIC DIRECTION 5: PROVIDING CULTURALLY SAFE WORK ENVIRONMENTS AND HEALTH SERVICES*

Program name		Program description	Lead agency(ies)	Scale and outcomes
Aboriginal-specific health services and programs				
1	Aboriginal Maternal and Infant Health Service (AMIHS)	Aims to improve the health outcomes of Aboriginal women—and women with Aboriginal partners—during pregnancy and birth, and to decrease maternal and perinatal morbidity and mortality. Midwives and Aboriginal Health Workers collaborate to deliver high-quality antenatal and postnatal care that is culturally safe, community-based, women-centred, and provided in partnership with Aboriginal people.	MoH/LHDs	State-wide implementation. About 75% of the target group lives in an AMIHS catchment area. Between 2012 and 2016, the % of NSW Aboriginal mothers who started antenatal care at <14 weeks' gestation increased from 51% to 65%, which can be partly attributed to the AMIHS.
2	Building Strong Foundations (BSF) for Aboriginal Children, Families and Communities Program	Aims to improve the health of Aboriginal children and families. BSF services provide culturally safe, family-centred and community-based early childhood health care collaboratively with partners such as maternity services, early childhood services and ACCHSs. An Aboriginal Health Worker and Child and Family Health Nurse working collaboratively is a key element of the program.	MoH/LHDs	Implemented in multiple LHDs. In 2017, there were 15 BSF services in NSW. In 2015–16, about 1,350 clients were referred to a BSF service. Service standards have been established to support delivery of high quality and culturally safe care across all BSF services.
3	NSW Aboriginal Quitline	Aims to close the gap in smoking rates between Aboriginal communities and the rest of the population. Provides an individually tailored and culturally safe telephone-based smoking cessation service for Aboriginal people. Support is provided to Aboriginal callers by Aboriginal advisors and community engagement activity is undertaken by an Aboriginal program coordinator.	Cancer Institute NSW	State-wide implementation. There were 287 calls to and from Aboriginal people in January–March 2017. This represents 8% of all contact calls to the broader Quitline program during this period, and 85 individual clients.
4	The Get Healthy Information and Coaching Service (GHS) – Aboriginal Program	The GHS is a free telephone-based service supporting NSW adults to make sustained improvements in healthy eating, physical activity and achieving or maintaining a healthy weight. Has been enhanced to better reach Aboriginal people and ensure a culturally safe service by offering coaching and supportive materials that are tailored to the needs of Aboriginal people.	NSW Office of Preventive Health	State-wide implementation. Participation by Aboriginal people has increased from 2% of all participants in 2009 to 6% (n=464) in 2016. On average, Aboriginal participants lose 4kg and reduce their waist size by 7cm.
5	Stay strong and healthy – it's worth it	Aims to raise awareness about drug and alcohol issues during and following pregnancy among Aboriginal women and their families, and promotes the availability of specialist services for this group. Culturally appropriate materials developed for the campaign include: a Facebook page, posters, postcards, a story booklet, and a video series. Education and support for health professionals and Aboriginal community engagement activities are also components of the program.	MoH	State-wide implementation. In 2015-16 there were 245 participants at seven alcohol and pregnancy information sessions, 60 participants at two regional health professional information sessions, 55,000 people reached via social media and 26,000 resources shared.
6	Aboriginal Immunisation Health Care Worker (AIHCW) Program	Has established AIHCWs in LHDs, with the aim of closing the gap in immunisation coverage between Aboriginal and non-Aboriginal children. The role of the AIHCW is to improve immunisation coverage and timeliness in Aboriginal children through community liaison, promotion of immunisation, and follow-up of Aboriginal children due or overdue for vaccination. Has been recurrently funded since July 2015.	MoH/LHDs	State-wide implementation. In 2016, 93% of Aboriginal children aged 1 year were fully immunised, compared to 85% in 2008, which is partly attributable to the AIHCW Program.

* In identifying activities for inclusion in this table, large-scale initiatives were prioritised over programs of smaller scale, as the former have greater potential to influence population health. A few small-scale innovations *with good potential for scaling up* are also included. Initiatives in this table are informed by evidence.



7	Quit for New Life (QFNL)	Aims to address the high rate of smoking during pregnancy in the Aboriginal population and prevent relapse to smoking after birth. Provides culturally appropriate smoking cessation support to pregnant Aboriginal women and their household members who smoke; this includes advice, behavioural strategies, referral to Quitline, free nicotine replacement therapy, and extended follow-up support. Primarily delivered in AMIHS and BSF services.	MoH/LHDs	State-wide implementation. Since 2013, QFNL has provided cessation support to 2,229 pregnant and 909 postnatal Aboriginal women and 1,513 cohabitants. Between 2012 and 2016, the % of Aboriginal mothers in NSW who smoked during pregnancy decreased from 50% to 41%, which can be partly attributed to QFNL and broader tobacco control initiatives.
8	Aboriginal Family Health Services	Culturally appropriate holistic services that reflect local needs and contexts are provided by Aboriginal Family Health Workers (AFHWs) predominantly located in ACCHSs. AFHWs provide crisis support, advocacy, referrals and case management for Aboriginal people experiencing family violence. They also provide broader community development and education activities, with a focus on prevention and early intervention.	MoH/LHDs	State-wide implementation. An evaluation of the Aboriginal Family Health Strategy found that AFHWs work in a collaborative and culturally appropriate manner with local communities in preventing family violence in Aboriginal communities.
Building cultural competence in mainstream services				
9	The Royal Australian College of General Practitioners (RACGP) Aboriginal Project	Aims to improve the cultural and clinical care provided to Aboriginal people in general practice. Focuses on increasing the uptake of the 715 health assessments and supportive allied health and follow-up items. Cultural competency in the provision of care and its clinical environment are embedded within the training.	MoH/RACGP	State-wide implementation. Webinar on delivering care for Aboriginal patients held in 2018 and attended by 209 GPs. 'Identifying Aboriginal Patients in General Practices' video circulated and available on RACGP website.
10	Hunter New England LHD Cultural Redesign Project	Aims to increase the cultural competency of staff, provide culturally safe services and workplaces, and increase Aboriginal participation in decision making processes in the LHD. Key components include: delivering the Aboriginal Cultural Respect Education program to staff; implementing audit and planning tools to develop culturally safe facilities; and establishing a Closing the Gap intranet site.	Hunter New England LHD	Implemented in Hunter New England LHD. 93% of Aboriginal people who went to hospital in the LHD said their overall experience of care was either 'Very good' or 'Good', which can be partly attributed to the project.
11	Aboriginal Cultural Inclusiveness Project	Aims to create culturally safe maternity services for Aboriginal women and their families. Aboriginal Cultural Inclusion Checklist for NSW Maternity Services was implemented in each service in the LHD. Following this, strategies such as designing an Aboriginal-specific breastfeeding wrap and establishing cultural guidelines were implemented to promote antenatal care in pregnant Aboriginal women and to ensure welcoming services.	Northern NSW LHD	Implemented in Northern NSW LHD. Several organisational changes were achieved such as the inclusion of Aboriginal art and nations maps in waiting areas and the development of Aboriginal-specific resources.
Plans and policies for embedding cultural safety				
12	Strategies for specific public health challenges	The NSW Ministry of Health has developed several strategies for specific public health challenges that have an explicit focus on improving the cultural accessibility of health services for Aboriginal people. For example, the <i>Aboriginal Family Health Strategy 2011-2016</i> (AFHS), the <i>NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016-2021</i> , and <i>Living Well: A Strategic Plan for Mental Health in NSW</i> .	MoH	State-wide implementation. Evaluations of such strategies have shown good outcomes.
13	<i>Emergency Department Patients Awaiting Care</i> policy directive (PD2018_010)	Outlines the mandatory requirements and procedures for emergency department (ED) staff for patients, their families and carers immediately following the triage process and while awaiting the commencement of clinical care and medical assessment in the ED. Supports: the use of Aboriginal art in waiting areas; establishment of designated culturally safe waiting rooms for Aboriginal patients to use if they wish; the use of Aboriginal Liaison Officers by Aboriginal patients; and management of incomplete ED visits.	MoH	State-wide implementation.



14	Reconciliation Action Plans (RAP)	Provide a framework for organisations to support the national reconciliation movement. Several NSW Health organisations have developed a RAP, which show a commitment to working with Aboriginal communities to improve their health outcomes. RAPs include action in the areas of relationships, respect and opportunities.	Various NSW Health organisations	Implemented in multiple LHDs and NSW Health organisations. Each organisation with a RAP is required to report on progress to Reconciliation Australia annually.
15	Surveyor training for the National Safety and Quality Health Service Standards	Second edition of the Standards, launched in November 2017, includes specific strategies to improve healthcare for, and the cultural safety of, Aboriginal people. The NSW Ministry of Health provides training for surveyors of NSW Health services. The training aims to improve assessor reliability, help communicate the intent of the standards to key audiences, and ultimately support adherence to the standards.	MoH	State-wide implementation.
16	Agency for Clinical Innovation (ACI) Cultural Competence Implementation Plan	Aims to build a culturally competent ACI workforce and support delivery of culturally safe care for Aboriginal people in NSW. Supports the inclusion of culturally competent processes into everyday work practices. Under the plan, the ACI delivers staff workshops, annual events and yarning circles in partnership with the University of Sydney's National Centre for Cultural Competence.	ACI	Implemented in the ACI. Currently being evaluated.
17	<i>Welcome to Country</i> Protocols policy directive (PD2005_472)	Aims to recognise Aboriginal peoples' unique position in the history and culture of NSW. Assists NSW Health services observe the appropriate protocols for the recognition of Aboriginal people at official events or at events where NSW Health is a sponsor. The minimum requirement for NSW Health events is for an Acknowledgement of Country ceremony.	MoH	State-wide implementation.

Creating welcoming environments

18	Dedicated cultural spaces in hospitals	A number of LHDs and SHNs have established dedicated rooms and spaces in hospitals for Aboriginal people and their families. For example, Wollongong Hospital has established an Aboriginal family room to provide a culturally safe space that allows families to spend quiet time, and where patient plans can be discussed in consultation with the treating teams and mediated by Aboriginal Health Workers.	Various LHDs	Implemented in multiple LHDs.
19	Improving the physical environment of hospitals	Many LHDs are displaying Aboriginal artwork and other signs and symbols in hospitals and other health services with the aim of acknowledging local Aboriginal cultures and creating a more inclusive and welcoming environment. Commonly displayed signs and symbols include: Aboriginal flags, acknowledgement of country plaques, apology and reconciliation statements, and signage translated into local Aboriginal languages.	Various LHDs	Implemented in multiple LHDs.
20	Western NSW LHD Aboriginal Signage Project	Aims to enhance the cultural safety of Aboriginal clients of Western NSW LHD services. Key strategies include displaying Aboriginal artwork and incorporating Aboriginal language into key directional signage in hospitals and other health facilities in the district.	Western NSW LHD	Implemented in Western NSW LHD. Signage has been rolled out to six health facilities in the district, with more planned.
21	Promotion of key Aboriginal community events (e.g. NAIDOC Week)	Many LHDs get actively involved in Aboriginal cultural activities such as NAIDOC Week, National Reconciliation Week and other significant cultural events. These events provide opportunities for Aboriginal and non-Aboriginal staff to engage with Aboriginal cultures and communities. Some LHDs have reviewed their policies and procedures to ensure there are no barriers to staff participating in NAIDOC Week.	Various LHDs	Implemented in multiple LHDs.

Supportive resources

22	Welcoming Aboriginal Women: Making Maternity Environments Culturally Inclusive	In 2014, an Aboriginal Cultural Inclusion Checklist for NSW Maternity Services was developed. The checklist was designed to improve the inclusiveness of maternity services to provide a welcoming environment for Aboriginal families. After completing the checklist, Maternity Services could apply for one-off funding of up to \$15,000 to implement strategies and/or projects to enhance the cultural inclusiveness of their services.	MoH	State-wide implementation. Services in 10 LHDs applied for funding. Some services refurbished wait areas to make them more welcoming for Aboriginal families and established Aboriginal women's yarning circles.
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23	eviQ Cancer Education Program	Supports health professionals to deliver cancer treatments by providing an online resource of treatment protocols. The eviQ <i>Cancer treatment side effects: a guide for Aboriginal Health Workers</i> booklet and other culturally appropriate resources have been embedded in appropriate modules. These provide cultural awareness and additional resources to mainstream health staff, to assist in their care for Aboriginal people with cancer.	Cancer Institute NSW	State-wide implementation. 1000 copies of the AHW booklet were printed at the request of ACCHSs (2015/2016). The booklet has been disseminated at various conferences.
24	<i>Didja Know? Cultural information and communication guide</i>	Cultural resource tool developed by Hunter New England LHD and adapted for use by other LHDs. Developed to answer commonly asked questions about Aboriginal people and communities and aims to provide useful information to assist LHD staff to improve service delivery to Aboriginal people. It contains general information relating to terminologies, customs, history and protocols.	Hunter New England LHD	Implemented in multiple LHDs and NSW Health organisations.
25	<i>Communicating positively: A guide to appropriate Aboriginal terminology</i>	Provides NSW Health staff with background information and guidance on appropriate language to use when working with Aboriginal people and communities and when developing policies and programs to improve health outcomes for Aboriginal people. The use of accurate and non-offensive language is an essential component of Aboriginal cultural respect and communication training.	MoH	State-wide implementation.



CASE STUDY

ABORIGINAL MATERNAL INFANT HEALTH SERVICE (AMIHS)

The AMIHS is a NSW Health-funded maternity service for Aboriginal families that aims to improve health outcomes for mothers and babies. AMIHS AHWs and midwives work together and with other services to provide continuous, high quality antenatal and postnatal care. Care starts as early as possible in pregnancy and continues through pregnancy and up to 8 weeks' postpartum.

The key components of the AMIHS are:

- being accessible, flexible and mobile to ensure AMIHS is accessible to local communities, services are adapted to the local needs and context, and are provided in a range of locations including in women's homes, community health centres, ACCHSs, antenatal clinics, and child and family health centres. Transport is also provided to support women accessing the AMIHS and other services they are referred to
- working with other services to provide integrated care for women and families—this includes the local ACCHS, mainstream maternity services and other government and non-government services
- being involved in community development and health promotion activities
- supporting women and families to transition from AMIHS to child and family health services.

The AMIHS has good reach, with about 75% of eligible women living in an AMIHS catchment area. It has contributed to the following outcomes in NSW:

- the proportion of Aboriginal mothers who commenced antenatal care at less than 14 weeks' gestation increased from 51% in 2012 to 65% in 2016
- the proportion of Aboriginal mothers who reported smoking at some time during pregnancy decreased from 50% in 2012 to 41% in 2016
- between 2012 and 2015, the rate of low birth weight in Aboriginal babies has been 11% or greater, and was 11% in 2016.

An evaluation of the AMIHS is currently underway. The evaluation governance includes a cultural reference group, which is working with the MoH to ensure Aboriginal community voices are informing the evaluation process, final reports and implementation of recommendations.

3.5.2 PROGRESS INDICATORS

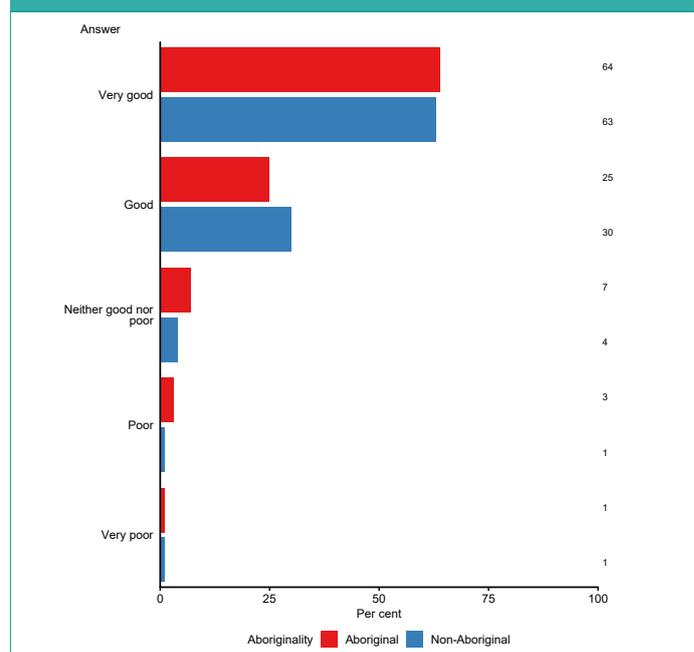
Patients' overall experience of hospital care

Patients' experiences of healthcare influence their health-related behaviours and health outcomes. A patient's level of satisfaction with their hospital care provides an indicator of the quality and appropriateness—including cultural appropriateness—of that care.

In 2014, a similarly high proportion of Aboriginal people (89%) and non-Aboriginal people (93%) who had been admitted to a public hospital in NSW rated their overall experience of care as either 'Very good' or 'Good' (Figure 20).

In the same year, the proportion of Aboriginal admitted patients who rated their overall experience of care as either 'Very good' or 'Good' ranged from 95% in Nepean Blue Mountains LHD, Sydney LHD and Southern NSW LHD to 76% in Murrumbidgee LHD. In 10 of 14 LHDs/SHNs for which data were available, 90% or more of Aboriginal patients rated their overall experience of hospital care as either 'Very good' or 'Good' (Figure 21).

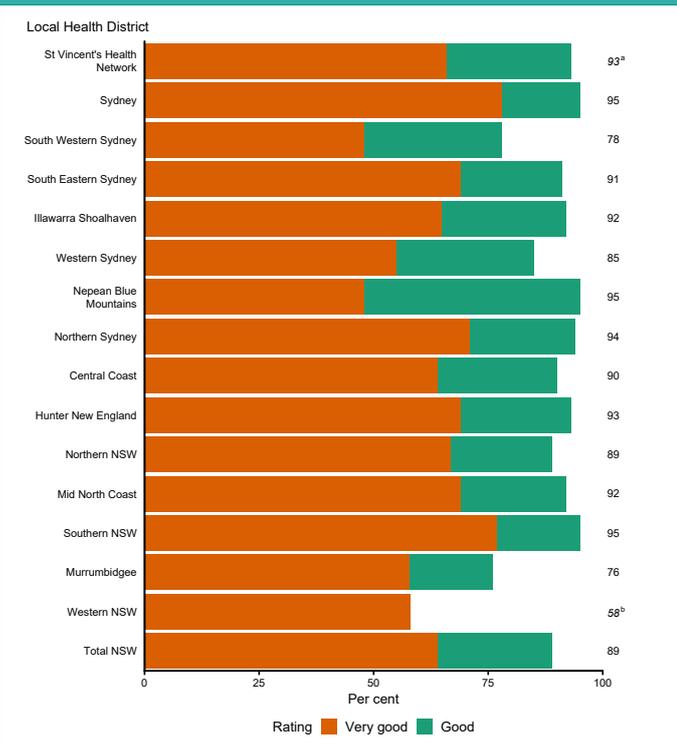
FIGURE 20. Self-reported overall experience of hospital care by Aboriginal status of the patient, NSW 2014



Source: Bureau of Health Information, Healthcare Observer, Sydney. Available at: http://www.bhi.nsw.gov.au/Healthcare_Observer/_nocache. Accessed 6 April 2018.
Notes: Estimates are based on oversampling of Aboriginal patients in the 2014 NSW Admitted Patient Survey.

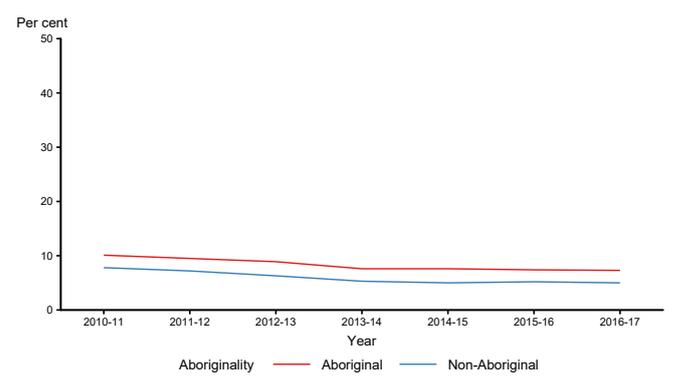


FIGURE 21. Self-reported overall experience of hospital care among Aboriginal patients by local health district/specialty health network, 2014



Source: Bureau of Health Information. Healthcare Observer. Sydney. Available at: http://www.bhi.nsw.gov.au/Healthcare_Observer/_nocache. Accessed 6 April 2018.
 Notes: Estimates are based on oversampling of Aboriginal patients in the 2014 NSW Admitted Patient Survey. Other response categories for this data item in the survey included: 'Neither good nor poor'; 'Poor'; and 'Very poor'. Data are not presented for Far West LHD because the sample size was less than 30 in this District. ^a Indicates that number of survey respondents was less than 50 and the % displayed should therefore be interpreted with care. ^b Indicates that data are not available for 'Good' response.

FIGURE 22. Incomplete emergency department (ED) visits by Aboriginal status of the patient, NSW 2010-11 to 2016-17



Source: NSW Emergency Department Data Collection (EDDC). System Information and Analytics, NSW Ministry of Health.
 Notes: Incomplete ED visits are visits for which the patient either left the ED before receiving a medical assessment or left the ED after a medical assessment but before completion of care or ED discharge. The number of hospitals reporting to the EDDC varies over time and is more complete for recent years.

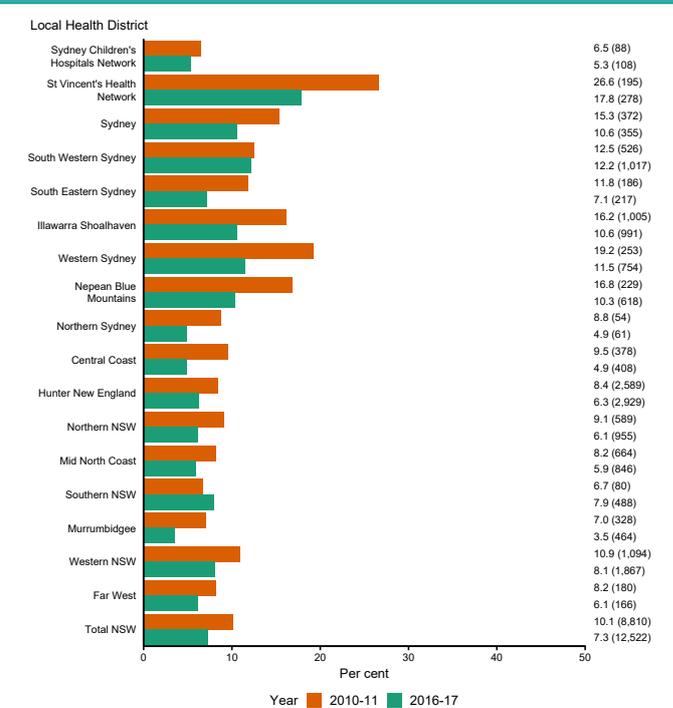
Between 2010-11 and 2016-17, the proportion of incomplete ED visits made by Aboriginal people decreased by three percentage points or more in 10 of 17 LHDs/SHNs, with the largest decreases occurring in the St Vincent's Health Network (an absolute reduction of 8.8%) and Western Sydney LHD (an absolute reduction of 7.7%). Despite achieving a reduction over time, the rate of incomplete ED visits in Aboriginal people in St Vincent's Health Network is high relative to other LHDs and SHNs (Figure 23).

Incomplete emergency department (ED) visits

Incomplete ED visits are visits for which the patient either left the ED before receiving a medical assessment or left the ED after a medical assessment but before completion of care or ED discharge. Feeling culturally unsafe is a main reason why Aboriginal people leave the ED early. Incomplete ED visits provide indirect evidence of patient dissatisfaction with the ED experience.

In NSW between 2010-11 and 2016-17, the proportion of incomplete ED visits made by Aboriginal people decreased from 10.1% to 7.3%. During the same period, incomplete ED visits among non-Aboriginal people decreased from 7.8% to 5%. The gap in rates of incomplete ED visits between Aboriginal and non-Aboriginal people has not changed since 2010-11 (Figure 22).

FIGURE 23. Incomplete emergency department (ED) visits in Aboriginal patients, by local health district/specialty health network, NSW 2010-11 and 2016-17



Source: NSW Emergency Department Data Collection (EDDC). System Information and Analytics, NSW Ministry of Health.
 Notes: Incomplete ED visits are visits for which the patient either left the ED before receiving a medical assessment or left the ED after a medical assessment but before completion of care or ED discharge. The number of hospitals reporting to the EDDC varies over time and is more complete for recent years. The number in brackets () is the numerator.

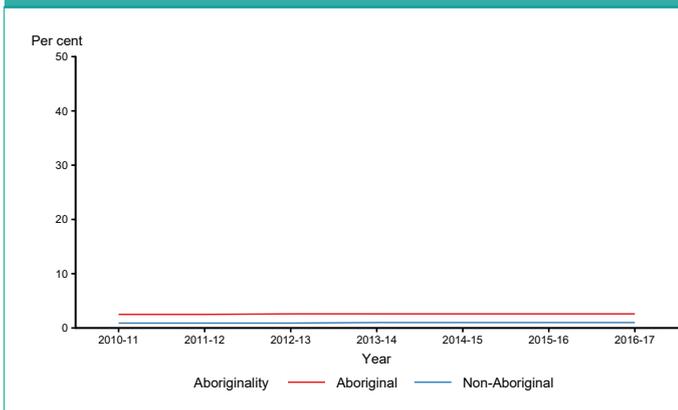


Discharge from hospital against medical advice

Discharge against medical advice involves patients who have been admitted to hospital who leave against the expressed advice of their treating physician. Patients who discharge against medical advice have higher readmission rates, higher levels of multiple admissions, and a higher rate of in-hospital mortality. This measure provides indirect evidence of the cultural safety of hospital services for Aboriginal patients, and the extent of patient satisfaction with the quality of care provided.

In NSW between 2010–11 and 2016–17, the proportion of hospital admissions in Aboriginal people that resulted in discharge against medical advice remained stable (2.5–2.6%). During the same period, discharge against medical advice in non-Aboriginal people also remained stable (~1%). The gap in rates of discharge against medical advice between Aboriginal and non-Aboriginal people has not changed since 2010–11 (Figure 24).

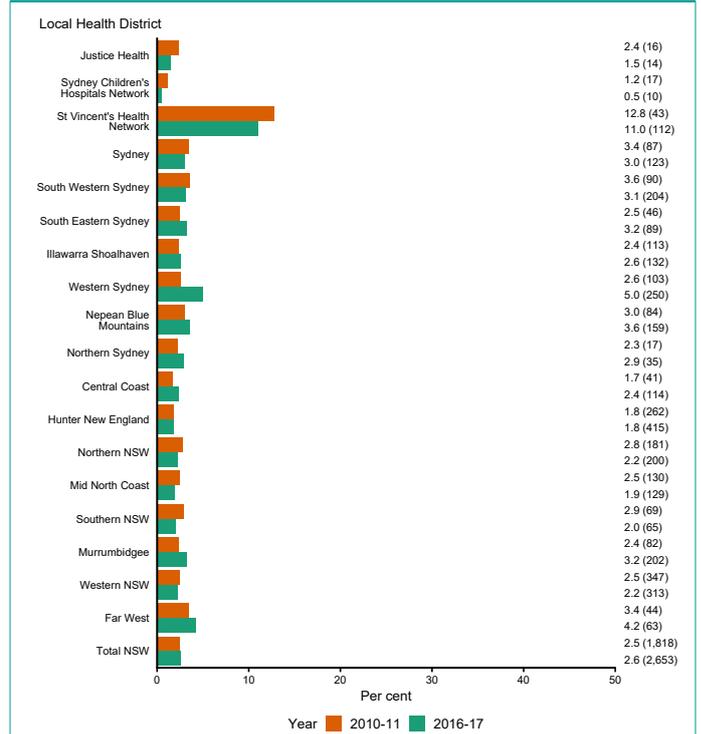
FIGURE 24. Discharge from hospital against medical advice by Aboriginal status of the patient, NSW 2010–11 to 2016–17



Source: NSW Admitted Patient Data Collection (APDC). System Information and Analytics, NSW Ministry of Health.
Note: Discharge against medical advice involves patients who have been admitted to hospital who leave against the expressed advice of their treating physician.

Between 2010–11 and 2016–17, the change in the rate of discharge against medical advice among Aboriginal people varied slightly between LHDs/SHNs (Figure 25). Since 2010–11, the rate of discharge against medical advice in Aboriginal people in St Vincent’s Health Network has been consistently high relative to other LHDs/SHNs.

FIGURE 25. Discharge from hospital against medical advice in Aboriginal patients by local health district/specialty health network, NSW 2010–11 and 2016–17



Source: NSW Admitted Patient Data Collection (APDC). System Information and Analytics, NSW Ministry of Health.
Note: Discharge against medical advice involves patients who have been admitted to hospital who leave against the expressed advice of their treating physician. The number in brackets () is the numerator.

3.5.3 STAKEHOLDER FEEDBACK

Views of NSW Health staff

Despite improving completion rates, NSW Health staff reported several barriers to implementing the Respecting the Difference training, including:

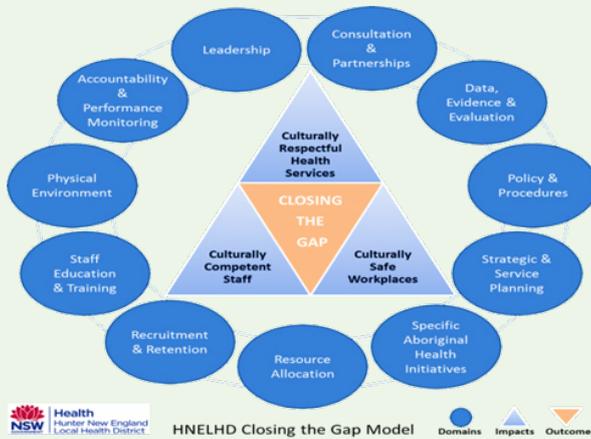
- difficulty finding the time to complete the face-to-face offsite training
- a lack of funding to engage facilitators to deliver the face-to-face training in some organisations
- limited ‘buy-in’ from staff in some services
- challenges in incorporating content on local Aboriginal cultures into the face-to-face training, particularly in state-wide agencies where staff typically work with several Aboriginal communities.

NSW Health staff reported that they were addressing barriers to the effective delivery of the Respecting the Difference training. Some planned and current actions mentioned include: improving promotion of the training to staff; creating more opportunities for staff to participate in the face-to-face workshop; tailoring training to particular groups of staff; improving engagement of senior managers and executives in training coordination; and improving monitoring and reporting of achievements, especially to senior executives.



HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT CULTURAL REDESIGN PROJECT

The Hunter New England LHD Cultural Redesign Project aims to increase the cultural competency of staff, deliver culturally respectful services, provide culturally safe work environments and increase Aboriginal participation in decision making processes. It forms part of a coordinated, district-wide Closing the Gap Strategy.



The Project includes multiple elements and has strong executive engagement and support, providing a whole-of-organisation approach to establishing culturally safe workplaces and health services. Key components include:

- establishing the Hunter New England LHD Closing the Gap intranet site, which provides a portal for key information, resources, strategies and reports
- implementing the Facilities Audit Tool, which assesses the cultural safety of facilities against indicators relating to the physical environment, staff recruitment and retention, staff training and performance appraisal, Aboriginal patient identification, and reporting of Aboriginal health data

- implementing the Service Planning and Monitoring Tool to monitor district operational plans and ensure relevant Closing the Gap strategies are included as routine business
- delivering the Aboriginal Cultural Respect Education (ACRE) program, which is based on the NSW Health Respecting the Difference training.

The Cultural Redesign Project has contributed to the following outcomes in Hunter New England LHD: an increase in the Aboriginal workforce, from 4% in 2014 to 5% in 2017; the accuracy of reporting of patients' Aboriginal status in hospital data (an indirect indicator of culturally safe care) is estimated to be 95%, compared to 88% for NSW as a whole; and a high proportion (93%) of Aboriginal people who had been admitted to a district hospital in 2014 rated their overall experience of care as either 'Very good' or 'Good'. About 30% (n=5,000) of staff have completed the ACRE training and a 5-year plan to increase reach has been established.

NSW Health staff felt that more work was needed to identify effective models of creating culturally safe work environments and health services and to ensure these are broadly adopted. It was reported that creating cultural safety for Aboriginal workers and patients required strong executive engagement and support, improved cultural competence among all staff, and mechanisms to ensure that responses permeate all levels of organisations.

Some NSW Health staff felt that more work was needed to strengthen the Aboriginal workforce, as a strategy for creating workplaces and health services that are culturally safe for Aboriginal people. Increasing recruitment to Aboriginal-identified and -targeted positions and providing professional development and career progression opportunities for Aboriginal staff were mentioned as planned and current strategies.

While the AHIS is being applied widely across many NSW Health organisations, some LHD and SHN staff reported limited use and an intention to increase its application. All LHDs and SHNs reported having an

Aboriginal person on their board. Several boards had additional Directors with Aboriginal health experience and expertise.

Views of Directors and Managers of Aboriginal Health

Directors and Managers of Aboriginal Health in LHDs identified a number of factors that they felt fostered the cultural safety of Aboriginal patients and staff in their organisations, including:

- all staff having an understanding of the social determinants of Aboriginal health
- collaboration with the Aboriginal community-controlled health sector, rather than working in silos
- networks of Aboriginal staff, which provide a space to talk about cultural safety
- a network of Aboriginal hospital liaison officers, who provide cultural support and system navigation for Aboriginal patients and their families

- good relationships between Aboriginal and non-Aboriginal staff
- non-Aboriginal staff engaging with NAIDOC Week and Reconciliation Action Plans.

Conversely, interviewees identified barriers to creating cultural safety, including: LHDs and the Aboriginal community not communicating well; Aboriginal staff feeling invisible; patients not accessing ACCHSs because of a perception that their privacy would not be upheld; and patient and staff experiences of racism.

Some interviewees felt that their organisations had good systems in place to identify and respond to incidents of racism. Conversely, others reported there was more work to be done in this area and that their organisations focused on preventing racism through cultural training and programs:

“There is no platform to describe or monitor racism. It doesn’t have the same visibility. We don’t have a robust process in place in our district. We do work on prevention more, through internal media, Respecting the Difference training, acknowledgement of country in every meeting, Aboriginal artwork and having lots of cultural programs. There isn’t a good structure in place if someone is a victim of racism.” (LHD 2)

Most interviewees mentioned that LHD executives took racism very seriously and had a ‘zero tolerance’ attitude towards such incidents. However, some felt that mid-management could impede appropriate acknowledgement and response:

“The issue is whether it’s escalated in the right way. For example, it’s not dealt with in the best way, not for a lack of responsiveness from the executive level, but rather from mid-level management. There is more soft racism, which is harder to quantify and measure, such as the patient experience and access to health services.” (LHD 4)

Views of the Aboriginal community-controlled health sector

Most ACCHS interviewees reported that some of their clients had mentioned experiencing discrimination or racism when using LHD services. They attributed this to a lack of cultural understanding in staff in mainstream services:

“There is not a great deal of cultural awareness among the staff there. For example, the hospital only lets one or two people in the room when Aboriginal people pass away, which is not suitable for Aboriginal communities. The LHD will put a painting on the wall and think that that makes it culturally appropriate.” (ACCHS 6)

CASE STUDY

WESTERN NSW ABORIGINAL SIGNAGE AND ARTS PROJECT

The Western NSW Aboriginal Signage and Arts Project aims to enhance the cultural and physical environment of Western NSW LHD facilities by increasing visibility of Aboriginal artwork and language, which will in turn contribute to an increase in access to those facilities by Aboriginal people. The goal is to incorporate Aboriginal signage and artwork into all Western NSW sites in partnership with ACCHSs and the local Aboriginal community.

To implement this project a framework was provided to local Working Groups and a Consultation Plan and Western NSW LHD Aboriginal Consultation Guide were developed to ensure meaningful community input. Additionally, the project included the development of: a Western NSW LHD Aboriginal artwork guide, including artwork acquisition; an Aboriginal signage style guide; and a project evaluation framework.

Outcomes include:

- enhanced cultural understanding and capacity building for the LHD
- improved access to healthcare services for Aboriginal people by creating culturally safe and welcoming environments
- stronger partnerships with Aboriginal communities and stakeholders by demonstrating a commitment to sharing Aboriginal culture

At the time of writing, Lachlan and Blayney Health Services were complete with other Phase 1 sites (Bathurst, Molong, Coonabarabran, Dubbo, Peak Hill and Wellington) in train.

Some interviewees perceived that LHD services did not provide a culturally safe work environment for Aboriginal staff, and that this contributed to poor retention of Aboriginal staff in these services:

“I heard that the LHD is losing a number of Aboriginal staff—potentially it is not a culturally safe place to work.” (ACCHS 10)

Some interviewees reported collaborating with LHDs to improve the cultural competence of mainstream health staff and the cultural safety of Aboriginal people who use LHD services. For example, one ACCHS delivered a two day ‘cultural immersion’ workshop for LHD staff. Another ACCHS partnered with an LHD to establish a culturally safe clinic in the local hospital to encourage ACCHS clients to attend mainstream services when needed:



“Aboriginal people were not using the hospital, so we set up a clinic in there, and the staff working there and the hospital overall gained the trust of the community. Once this was achieved our staff withdrew and the clinic ran successfully without our support.” (ACCHS 4)

3.5.4 SUMMARY AND IMPLICATIONS

NSW Health has established mandatory Aboriginal cultural training for all staff. A high proportion of staff have completed the online module of the Respecting the Difference training, however, less than half have completed the face-to-face workshop. Although completion rates have increased over recent years, especially for the workshop, a significant push will be required to meet the NSW Health target of 80% of staff having completed both components of the training. An evaluation of the training is underway and will investigate its effectiveness and inform its ongoing implementation.

Service Agreements between the MoH and LHDs/SHNs and the NSW Aboriginal Health Impact Statement provide important levers for the delivery of culturally safe care. However, use of the latter is variable among NSW Health organisations; there is a need to strengthen its implementation across NSW Health.

NSW Health has implemented several systems, frameworks, policies and programs that support the creation of culturally safe work environments and health services for Aboriginal people. Together, these activities appear to have contributed to a small reduction in the rate of incomplete ED visits and a stable rate of discharge from hospital against medical advice in Aboriginal people in NSW. Still, focused action is required to prevent and effectively manage such incidents among Aboriginal patients, especially in LHDs and SHNs with elevated rates.

Most admitted Aboriginal patients in NSW rated their experience of hospital care as either ‘Very good’ or ‘Good’. Despite this, ACCHS interviewees reported examples of their clients experiencing discrimination or racism when using NSW Health services. Countering racism in NSW Health needs strong leadership and a clear multi-component strategy. This will require improved monitoring of Aboriginal peoples’ experiences of NSW Health services, building the evidence of what works in creating racism-free health services for Aboriginal people, and implementing evidence-based initiatives at scale. There is also a need to build the evidence of what is effective in creating culturally safe health services and workplaces more broadly, and to translate this evidence into policy and practice.

The survey of NSW Health organisations found that all LHDs and SHNs had an Aboriginal person on their board, and that several boards had additional members with Aboriginal health experience and expertise.

The proportion of NSW Health staff who identify as Aboriginal is steadily increasing and Aboriginal people are increasingly being employed in higher paid roles (see Section 3.4 of this report for further detail). If this trend continues, we may see flow-on improvements in the cultural appropriateness of NSW Health services.

ASSESSMENT OF PROGRESS AGAINST KEY ACTIONS*

Based on the data presented in this report, progress against the key actions of Strategic Direction 5 of the *NSW Aboriginal Health Plan 2013-2023* has been moderate:

1. *Implement and monitor Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health:* Good progress.
2. *Establish and evaluate a cultural competency framework that integrates with existing planning and performance management processes:* Some progress.
3. *Embed cultural competence as a core feature of recruitment, induction, professional development and other education and training strategies:* Moderate progress.
4. *Implement models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model:* Moderate progress.
5. *Ensure all NSW Health Boards include at least one member with knowledge of Aboriginal health:* Good progress.

* Assessments are based on the investigators’ appraisal of the evidence presented in this report with respect to the breadth and quality of relevant initiatives.



3.6 STRATEGIC DIRECTION 6: STRENGTHENING PERFORMANCE MONITORING, MANAGEMENT AND ACCOUNTABILITY

Performance monitoring, management and accountability are important in all government sectors, as they support judicious allocation and spending of public monies and can help maximise return on investment. Strategic Direction 6 focuses on strengthening performance monitoring, management and accountability to improve Aboriginal health. Key actions are:

- developing and continually refining performance indicators for Aboriginal health at the system and program levels
- including Aboriginal health performance, service use and quality measures in all relevant service agreements
- increasing reporting on disparities in health outcomes and quality of care experienced by Aboriginal people
- building leadership and accountability responsibilities for Aboriginal health into the roles of executives and managers at all levels in the system
- reviewing other governance systems, policies and processes, and identifying opportunities to strengthen responsibility and accountability for Aboriginal health.

3.6.1 NSW HEALTH ACTIVITIES

NSW Health Performance Framework

The *NSW Health Performance Framework* sets out the structure with which the MoH monitors, assesses and responds to the performance of public sector health services in NSW. It describes the performance expected of health services and support organisations with respect to health improvement, service delivery and financial management.

Annual Service Agreements between the MoH and LHDs/SHNs are a key component of the Framework. LHDs and SHNs are expected to meet the performance requirements set out in the Service Agreement schedules. These schedules outline strategic priorities, key programs and services to be delivered (including purchased volumes), budget allocation, governance

KEY FINDINGS

NSW Health has:

- **established performance and data analytics frameworks that guide and support performance monitoring, management and accountability in Aboriginal health**
- **built responsibility for Aboriginal health into various policies and procedures, organisational structures, and the composition and functions of governing boards**
- **sixteen of 17 LHD and SHN boards with current membership including at least one person with Aboriginal health expertise, knowledge or experience**
- **implemented many initiatives (n=67) that support data-driven improvements and accountability in the delivery of services and programs to Aboriginal people, including Aboriginal Health Dashboards and data warehouse and analytics applications**
- **established health topic-specific strategic frameworks that prioritise action among Aboriginal patients and populations, that have strong governance arrangements, and that have effective processes for monitoring, and using data to drive, implementation.**

Both ACCHSs and LHDs reported a need for increased engagement with the Aboriginal community-controlled health sector when developing or reviewing performance indicators, and when reporting on the performance of LHDs and NSW Health-funded ACCHSs.

requirements, and standardised Key Performance Indicators (KPIs) and Improvement Measures.

KPIs define performance targets and thresholds in the following domains: population health; the quality and safety of clinical care; integrated healthcare; workforce and culture; research; infrastructure/asset purchasing and management; and financial management and governance. Four KPIs in the 2017/18 Agreements



relate specifically to Aboriginal health (that is, where performance is explicitly monitored in Aboriginal patients/staff): women who smoked at any time during pregnancy; adult admitted patients' overall rating of care received; unplanned hospital readmissions; and Aboriginal workforce as a proportion of total workforce, across all salary bands.

Improvement Measures assist LHDs and SHNs to improve the safety and efficiency of patient care and provide contextual information to aid interpretation of KPI data. Improvement Measures that are monitored in Aboriginal patients/people and are explicitly designed to improve Aboriginal health outcomes are:

- children fully immunised at one year and four years of age
- inpatients discharged against medical advice
- comprehensive antenatal visits before 14 weeks' gestation
- BreastScreen participation rates
- elective surgery patients treated on time
- unplanned and emergency re-presentations to the same emergency department
- Aboriginal people correctly reported in admitted patient data
- participation in state-wide and other large-scale programs.

The MoH provides LHDs and SHNs with monthly data on their performance against the KPIs and Improvement Measures in Service Agreements. It also holds quarterly performance review meetings with senior executives of LHDs and SHNs. These meetings aim to recognise high performance and to identify lessons that can be shared across NSW Health. Equally, the purpose is to identify and unpack unsatisfactory performance, and to support organisations to restore and maintain effective performance. Responses to performance concerns are coordinated by the MoH and may be supported by the pillars, including the Clinical Excellence Commission and the Agency for Clinical Innovation.

Performance Agreements are also established between the MoH and pillars which, among other aims, seek to ensure that pillars consider the health needs of Aboriginal people in the development and implementation of health plans and programs.

Performance Management Framework for Aboriginal health NGOs

The Centre for Aboriginal Health coordinates and oversees funding agreements between the MoH and ACCHSs and other NGOs funded to deliver Aboriginal health programs. The Performance Management Framework for Aboriginal health NGOs guides how these funding agreements are administered and monitored. The Framework outlines a collaborative approach to monitoring program and organisational performance, with the goal of enhancing Aboriginal health service delivery and promoting best practice models of care.

As part of the Framework, service and program performance is measured through a set of KPIs, which cover population health, drug and alcohol, STI and BBV, immunisation, and mental health programs. Funded organisations are required to submit their KPI data to the Centre for Aboriginal Health on a quarterly basis through a centralised digital contract management system. The Centre for Aboriginal Health develops tailored KPI reports using these data, which are shared with respective organisations. These KPI reports enable organisations to assess their service performance against the NSW state average for that quarter, and act as a feedback mechanism to assist ACCHSs and NGOs to track progress over time, identify areas for improvement, and undertake quality improvement activities.

The Centre for Aboriginal Health regularly visits MoH-funded organisations to build and strengthen relationships between the MoH and ACCHS staff and to gain important local context about the challenges and successes of each service, including in relation to the KPIs. The visits are an opportunity to learn more about the unique and innovative local health initiatives that have been successful for the community, to discuss any questions that the organisation or MoH may have in relation to the organisation's KPI reports, and for ACCHSs to raise any local matters with the MoH. Information from these visits also provides valuable context for the quantitative data provided through the KPI reports.

The Centre for Aboriginal Health has also established a NSW Aboriginal Health KPI Reference Group, which consists of representatives from ACCHSs and Aboriginal health NGOs and the AH&MRC. Chaired by the Centre for Aboriginal Health, this group meets on a quarterly basis to facilitate a partnership approach to analysing, interpreting and making decisions about KPI data.

A key objective for this group is to improve the relevance and utility of the KPIs for both the MoH and



the ACCHS sector and to strengthen ACCHS's capacity for using the data for planning, monitoring and quality improvement initiatives.

NSW Health Analytics Framework

Maximising the relevance, accuracy and availability of health information is essential to monitoring and improving health system performance. The *NSW Health Analytics Framework* aims to transform health through data and insights. It supports the use of sophisticated analytics and enables NSW Health staff to access, interpret, analyse and report on the increasing volume and complexity of health data. Priority areas are:

- establishing a skilled and capable workforce
- creating a supportive culture and promoting engagement across the health system
- using appropriate analytical tools and technologies
- streamlining data processes, protocols and guidelines
- improving data governance structures.

The NSW Health Analytics Steering Committee is responsible for overseeing and driving implementation of the Framework and analytics use more broadly. This includes monitoring progress against priority areas and an annual review of the Framework.

The NSW Health Corporate Governance and Accountability Compendium

The governance and accountability requirements of NSW Health organisations are established in relevant legislation and NSW Health policies and procedures, and are articulated in the *NSW Health Corporate Governance and Accountability Compendium*. The Compendium describes two key mechanisms that support governance and accountability for Aboriginal health in LHDs and SHNs:

1. **The establishment of governing boards** which lead, direct and monitor the activities of LHDs/SHNs and drive overall performance. Boards perform key functions, like overseeing the establishment of clinical and corporate governance frameworks, and are required to have at least one member with expertise, knowledge or experience in Aboriginal health—a recent review undertaken by the Centre for Aboriginal Health found that 16 of 17 LHDs and SHNs met this requirement.

2. **The NSW Health Governance Framework** which sets out the key elements of a robust governance framework for NSW Health organisations. The Framework identifies various ways to embed accountability for Aboriginal health. Examples include establishing an Aboriginal Health Advisory Committee to guide the delivery of clinical services to Aboriginal people, building leadership and accountability for Aboriginal health into the roles of executives and managers, and establishing partnership agreements with ACCHSs. Additionally, each LHD and SHN must establish an Aboriginal Health Implementation Plan and ensure its implementation is monitored. Each NSW Health organisation must also publish an annual Corporate Governance Attestation Statement which is reviewed by the MoH as part of the *NSW Health Performance Framework*.

Summary of initiatives implemented across NSW Health

The document review and survey of NSW Health organisations identified many (n=67) initiatives that enable good performance monitoring, management and accountability in Aboriginal health (see the Appendix for a complete list of initiatives). Table 6 describes a selection of current or recent initiatives.

State health organisations have established performance monitoring systems with robust data feedback loops designed to inform healthcare delivery and appraisal in LHDs and SHNs and to increase accountability for healthcare efficiency and effectiveness. These systems complement Service Agreements between the MoH and LHDs/SHNs and include Aboriginal health performance measures. Examples of such systems include the Aboriginal Health Dashboards, the Reporting for Better Cancer Outcomes system and the NSW Older People's Mental Health Services Benchmarking and Self-Audit Tool.

State health organisations also host data warehouse and analytics applications that enable the interrogation and use of health outcomes, clinical activity and cost benchmarking data at the state and local levels. Most of these applications have the functionality to conduct sub-analyses by Aboriginal patients and populations. Examples include: the Clinical Services Planning Analytics portal; Secure Analytics for Population Health Research and Intelligence; and the Activity Based Management portal.



TABLE 6. EXAMPLES OF KEY INITIATIVES ALIGNING WITH STRATEGIC DIRECTION 6: STRENGTHENING PERFORMANCE MONITORING, MANAGEMENT AND ACCOUNTABILITY*

Initiative name		Initiative description	Lead agency(ies)	Scale and outcomes
Performance monitoring systems				
1	Aboriginal Health Dashboards	Provide data on measures of access and equity of healthcare for Aboriginal people. Separate dashboards prepared annually for each LHD and SHN. Support constructive conversations and collaborative action locally. Inform discussions in performance review meetings between the MoH and LHDs/SHNs.	MoH/LHDs/SHNs	State-wide implementation.
2	Reporting for Better Cancer Outcomes	Aims to influence the health system to lessen the impact of cancer. Provides data on key areas of cancer control. Some KPIs are disaggregated by Aboriginality, including smoking in adults and pregnant women and breast screening rates. Separate annual reports prepared for LHDs, SHNs and primary health networks. Performance of these organisations is reviewed at regular operational meetings and at an annual forum.	Cancer Institute NSW	State-wide implementation. Has facilitated regular engagement with Chief Executives of LHDs, SHNs and PHNs, with Directors of Cancer Services, and with Cancer System Innovation Managers.
3	NSW Older People's Mental Health Services Benchmarking and Self-Audit Tool	Data on use of Specialist Mental Health Services for Older People, including among Aboriginal people, are examined twice-yearly and are discussed in benchmarking forums with key stakeholders. Discussions inform service improvements for Aboriginal and non-Aboriginal clients. Services also self-assess their performance against best practice standards, including in relation to caring for Aboriginal clients.	MoH	State-wide implementation.
4	NSW Health Project Management Office LHD Roadmapping	Aims to ensure the efficiency objectives set by the NSW Government are met across the Health Cluster. Monitors and evaluates the progress of priority projects, including Aboriginal health initiatives, using 'Roadmapping'. Implementation and efficiency data are fed back to LHDs, SHNs and other NSW Health organisations to inform quality processes.	MoH	State-wide implementation. Roadmaps have been developed for priority initiatives like Leading Better Value Care.
Data warehouse and analytics applications and analytics services				
5	Healthcare Observer online data portal	A publicly available interactive website allowing users to explore, analyse and download data about health system performance. Provides aggregated data on emergency department visits, elective surgeries, ambulance calls and patient experiences of care in NSW. Some data are disaggregated by Aboriginality, like responses to the NSW Adult Admitted Patient Survey.	Bureau of Health Information	State-wide implementation. There were 10,900 visits to the portal in 2016/2017. The portal contains over five years of detailed results for more than 80 public hospitals in NSW.
6	HealthStats NSW	A publicly available interactive web-based application that allows users to access data and tailor reports about the health of the NSW population. Data are available for Aboriginal and non-Aboriginal people for all health indicators and measures where there is sufficient information to report.	MoH	State-wide implementation. Holds over 200 indicators with more than 70,000 views. Ninety indicators focus on Aboriginal health. One page is viewed every two minutes.
7	Secure Analytics for Population Health Research and Intelligence	A specialised data warehouse and analytical platform that enables sophisticated statistical analysis of complex population-based health data across NSW Health. Part of the <i>NSW Health Analytics Framework</i> and contributes to the <i>NSW Open Data Policy</i> by facilitating data-informed policy and programs. Holds public health registers that enhance reporting of Aboriginality in perinatal, admitted patient and emergency department data.	MoH	State-wide implementation. Currently accessed by over 300 analysts across NSW Health. Contains over 11,000 variables contained in 16 datasets.

* In identifying activities for inclusion in this table, large-scale initiatives were prioritised over programs of smaller scale, as the former have greater potential to influence population health. A few small-scale innovations with good potential for scaling up are also included. Initiatives in this table are informed by evidence.



8	Clinical Services Planning Analytics portal	An online platform that provides NSW Health's planners with resources for clinical service planning. Includes: data analytics tools to understand historic trends and patterns related to health activity; activity projections with scenario modeling capability to plan for future-focused healthcare; and reports and guidelines to support robust health service planning.	MoH	State-wide implementation. Contains more than 10 years of data from NSW public and private admitted patients. Currently accessed by over 100 analysts and planners in the LHDs/SHNs, MoH, and pillars.
9	Health System Performance App	An App designed to enhance the capability of local teams to monitor and report on performance. Provides relevant LHD/SHN staff access to provisional data on a number of Service Agreement KPIs and Improvement Measures. Assists the early identification of performance trends, the benchmarking of results between facilities, and the exploration of factors influencing performance. Data are updated weekly. No or limited disaggregation by Aboriginality.	MoH	State-wide implementation.
10	Activity Based Management Portal	A comprehensive multipurpose online program available to NSW health workers that assists users in evaluating the efficiency and efficacy of local health service delivery. Provides activity and cost data at LHD/SHN, facility and patient levels that help staff assess variance in cost, performance and models of care. Allows exploration of variance among patient groups, including analyses by patient Aboriginal status.	MoH	State-wide implementation. The portal has simplified performance benchmarking, fostered interdepartmental collaboration, improved transparency and highlighted clinical variation.
11	Analytics Assist	Designed to help people find and use statewide data and information to drive improved health outcomes and health system performance. Includes an intranet site that enables users to navigate a range of data and information within a single place and find resources on how to use these assets – Aboriginal health is a featured topic. Includes an advisory service that provides guidance and referrals to support NSW Health staff reach their analytic objectives.	MoH	State-wide implementation. Staged implementation commenced in April 2018.
12	Western NSW Health Intelligence Unit	Provides a single point of contact for accessing health and healthcare data. Provides advice and support on interpreting statistics and making best use of data and information to inform clinical or operational decision making. Operates as a virtual unit that is jointly owned by member organisations including Western Primary Health Network, Bila Muuji Regional Aboriginal Health Service, Far West NSW LHD and Western NSW LHD.	Various NSW Health and non-NSW Health organisations	Implemented in Western NSW. New service. An initial Aboriginal Health Scorecard has been developed and published on the Western NSW LHD intranet.
13	Generation of periodic reports	Describe the health, health-related behaviours and healthcare experiences of NSW residents, including among Aboriginal people. Describe health system performance, including performance in Aboriginal health. Some are published publicly, while others are for internal use only. Examples include: <i>Report of the Chief Health Officer</i> ; <i>Patient Perspectives</i> reports; system performance reports; <i>Healthcare Quarterly</i> ; and the <i>Insights Series</i> .	Bureau of Health Information/ MoH	State-wide implementation.
Strategy data reports and implementation committees				
14	NSW Blood Borne Viruses and Sexually Transmissible Infections (STI) Strategies	Aboriginal people are a priority population in the NSW Hepatitis C, Hepatitis B, HIV and STI Strategies. Six-monthly data reports and annual snapshots are developed to monitor progress against the key actions and targets of these Strategies. Data are shared with stakeholders and advisory committees, and are used to assess progress against established targets and indicators and to guide implementation.	MoH	State-wide implementation.
15	NSW Health Integrated Care Strategy Monitoring and Evaluation Framework	Monitoring approach is multi-faceted and includes quarterly analysis of linked administrative data to assess outcomes among patients registered for Integrated Care services in NSW. An implementation group chaired by the Secretary, NSW Health ensures appropriate oversight of Strategy implementation and the use of data to drive implementation.	MoH	State-wide implementation. The 2016 Patient Monitoring Report is available here . About one-third (32%) of participating patients were Aboriginal.



16	NSW implementation of the National Immunisation Program	Data from the Australian Immunisation Register, the NSW School Vaccination Program and the NSW Population Health Survey are used for administering, implementing and monitoring the National Immunisation Program in NSW. Coverage reports provide information on trends and issues in vaccination coverage and timeliness for Aboriginal and non-Aboriginal children and guide the work of health protection staff in NSW.	Health Protection NSW	Implemented state-wide. Vaccination coverage in Aboriginal children has increased over time. The immunisation rate in Aboriginal children at 1, 2 and 5 years of age has been higher than the rate in non-Aboriginal children in recent years.
Patient and population surveys				
17	NSW Patient Survey Program	Aims to measure and report on patients' self-reported experiences of care in public health facilities in NSW. A range of patient groups are surveyed, including admitted, non-admitted, maternity care and emergency department patients. Results are used to monitor performance at the LHD and facility levels. Aboriginal patients are sampled incidentally, although oversampling was conducted for the NSW Admitted Patient Survey in 2014.	Bureau of Health Information	State-wide implementation. Oversampling of Aboriginal patients in the NSW Admitted Patient Survey ensured enough respondents for results to be provided at the LHD and large facility levels. The report is available here .
18	Network Patient Health Survey	A comprehensive survey of inmate health conducted about every five years. Aims to describe the health status and needs of the prison population. Data are used to inform service planning and resource allocation. Method includes face-to-face interviews, physical measures and pathology testing of blood and urine specimens. Targets are set for recruitment of Aboriginal inmates to enable comparisons with non-Aboriginal inmates.	JH&FMHN	Implemented in NSW correctional centres. In the 2015 survey, Aboriginal people were oversampled to maximise the accuracy of estimates for this group. Findings for Aboriginal inmates are described here .
19	NSW Population Health Surveys	Ongoing telephone surveys of NSW resident adults and children which enable NSW Health to monitor population health and report on health system performance. Provide ongoing information on a range of health issues, including health behaviours, risk factors, and service use and outcomes, much of which is exclusive to the surveys. Collect data on Aboriginal status and have been used to report on the health of Aboriginal people.	MoH	State-wide implementation. Data are published on HealthStats NSW and in the <i>Report of the Chief Health Officer</i> series, and are also made available via data requests.
20	Patient Reported Measures Program	Aims to enable patients to provide direct, timely feedback about their healthcare-related outcomes and experiences. Patient Reported Measures are surveys used to capture outcomes that matter to patients. Implemented in 11 proof of concept sites in NSW via REDCap, a cloud-based, non-integrated solution.	Various LHDs	Implemented in a number of LHDs.
Committees				
21	Strategic Aboriginal Health Steering Committee	Responsible for providing system-wide oversight of, and accountability for, Aboriginal health in NSW Health. Members are senior Aboriginal and non-Aboriginal NSW Health staff. Co-chaired by the Secretary, NSW Health and the Executive Director, Centre for Aboriginal Health in the MoH. Focus areas include improving Aboriginal health governance and addressing racism in LHDs.	MoH	State-wide implementation.
22	NSW Aboriginal Strategic Leadership Group	Senior Aboriginal leaders meet quarterly to drive improvements in Aboriginal health in the areas of leadership, governance, organisational management and service quality and safety.	MoH and various LHDs and SHNs	State-wide implementation.
23	Implementation of the Closing the Gap Strategy	A number of LHDs have established District-wide Closing the Gap Strategies, which set targets for improvements in areas like workforce diversity and capability, health service quality, safety and governance, and health outcomes. Committees with diverse membership, often including executive staff, regularly review performance data to identify intervention points and drive performance accountability.	Hunter New England LHD	Implemented in multiple LHDs and NSW Health organisations.



Health outcomes and health system performance data are publicly available online through HealthStats NSW and the Healthcare Observer website. These portals allow focused reporting on health inequities, including disparities between Aboriginal and non-Aboriginal people. Additionally, services have been established to help NSW Health staff find and use health data and information, like Analytics Assist and the Western NSW Health Intelligence Unit.

Periodic reports describe the health, health-related behaviours and healthcare experiences of NSW residents, including among Aboriginal people. They also describe health system performance, including performance in Aboriginal health. For example, the *Report of the Chief Health Officer* focuses on key health priorities and applies an equity lens to all indicators, which includes reporting about Aboriginal populations.

The MoH has established strong governance arrangements and data feedback loops to guide implementation of strategic frameworks (including strategies that identify Aboriginal people as a priority

group), particularly in the blood borne viruses and sexually transmissible infections areas.

Various survey programs are established to monitor the health and health behaviours of the people of NSW as well as their use of, and satisfaction with, health services, including among Aboriginal people. Examples include the NSW Population Health Surveys, the NSW Patient Survey Program, the Patient Reported Measures Program, and the Justice Health and Forensic Mental Health Network Patient Health Survey.

The Centre for Aboriginal Health coordinates key committees that promote accountability for, and seek to improve, Aboriginal health in NSW, including the Strategic Aboriginal Health Steering Committee and the NSW Aboriginal Strategic Leadership Group. Similarly, many LHDs have established Closing the Gap strategies and implementation committees seeking to reduce the gap in health outcomes between Aboriginal and non-Aboriginal people and to improve organisational responsibility for Aboriginal health.

CASE STUDY

HIV STRATEGY DATA REPORT AND IMPLEMENTATION COMMITTEE

The *NSW HIV Strategy 2016–2020* aims to achieve the virtual elimination of HIV transmission in NSW by 2020, and sustain the virtual elimination of HIV transmission in people who inject drugs, sex workers and from mother to child. The Strategy builds on previous efforts to increase prevention, testing and treatment, and prioritises making Pre-Exposure Prophylaxis (PrEP) for HIV available for people at high risk of infection.

Although HIV continues to be most commonly diagnosed among gay and homosexually active men, and newly diagnosed HIV rates in Aboriginal populations are similar to rates in non-Aboriginal populations in NSW, Aboriginal people are a priority population in the Strategy. The Strategy highlights a need to strengthen systems and integrate services for HIV prevention, testing and treatment for Aboriginal people at risk of HIV.

The NSW HIV Strategy Implementation Committee oversees and drives implementation of the Strategy and monitors performance against Strategy targets. The Committee includes LHD Chief Executives, senior clinicians from HIV specialist and general practice settings, representation from the AH&MRC and senior community and public sector leaders who have the ability to influence practice.

Health Protection NSW, in collaboration with the MoH and sexual health clinical directors across NSW, has implemented strategies to strengthen follow up and partner notification of Aboriginal people diagnosed with HIV. This includes communicating directly with LHDs where notifications have occurred to support rapid, outreach testing programs to high-risk groups. Directors of sexual health clinics where sexual and/or injecting networks are shared across districts are also supported to communicate with each other.

A framework has been established to monitor progress and determine areas for additional focus. The NSW HIV Strategy 2016–2020 Data Reports are the primary mechanism for monitoring progress against Strategy targets and related indicators. These reports are published quarterly on the NSW Health website and include data on notification rates and engagement with programs and services among Aboriginal people.

'Real time' data collection and quarterly reporting have been effective in stimulating discussion within the HIV sector about innovative strategies, new service models, and ways of improving health service quality, clinical safety, and performance. Disseminating robust data among key stakeholders supports a policy development and implementation process that is transparent, participatory and responsive.

The HIV surveillance system has been enhanced to provide information on key indicators such as care outcomes, uptake of treatment and viral load of people newly diagnosed with HIV in NSW. HIV surveillance will be further enhanced to meet critical information needs and to help optimise the state's performance in relation to HIV prevention and key indicators within the HIV diagnosis and care cascade.



3.6.2 STAKEHOLDER FEEDBACK

Views of NSW Health staff

NSW Health staff considered Aboriginal health scorecards and dashboards and the Aboriginal Health Impact Statement key tools for improving performance monitoring, management and accountability in Aboriginal health. The latter was considered effective in applying an Aboriginal lens to, and engaging Aboriginal people in, NSW Health initiatives. However, staff felt their organisations could do more to adhere to the Aboriginal Health Impact Statement Policy Directive.

Reports of the 2014 NSW Admitted Patient Survey—for which Aboriginal patients were oversampled, allowing reporting of findings among this group at the LHD and large facility levels—were considered helpful in monitoring disparities in experiences of healthcare. One LHD reported combining data from this survey with the results of Aboriginal cultural audits of health facilities to identify where best to target cultural responsiveness and education strategies.

NSW Health staff perceived two main barriers to strengthening performance monitoring and accountability in Aboriginal health. First, it was felt the quality and reliability of data about Aboriginal patients/clients was sub-optimal. Second, multiple data sources, custodians and governance protocols were identified; it was felt this added complexity in accessing and sharing health information.

Two areas that were identified as requiring more or ongoing attention included:

1. reviewing and refining the use of performance indicators, in consultation with the Aboriginal community-controlled health sector
2. increasing the representation of Aboriginal people in senior management and executive roles in LHDs and SHNs, to strengthen accountability for Aboriginal health.

Views of the Aboriginal community-controlled health sector

AH&MRC interviewees described supporting ACCHSs to meet their performance reporting requirements. However, some ACCHS interviewees felt the KPIs in agreements between the MoH and their services should be tailored to better reflect local priorities:

“The Ministry should have a subset at the local level looking at related downstream indicators like low birth weight, youth pregnancy, and kids in out of home care, based on local priorities ... The answer might be tailored KPIs for services to monitor a smaller number of bigger wins.” (ACCHS 2)

AH&MRC staff felt they were not sufficiently involved in developing LHD performance indicators relating to Aboriginal health. They also felt there was potential for the AH&MRC to work more closely with LHD executives on performance and accountability issues. Some ACCHS staff suggested that Service Agreements between the MoH and LHDs/SHNs should include performance indicators that assess the strength of partnerships between LHDs and ACCHSs, such as the establishment of shared care arrangements.

Interviewees from several ACCHSs perceived a lack of transparency in how NSW Health funding processes work and how Aboriginal health funds are spent, which they felt made it hard for them to navigate NSW Health funding schemes and could undermine the strength of their partnerships with LHDs:

“There is no transparency around the NSW Health funding processes, while at the same time the level of reporting required has been increasing.” (ACCHS 2)

Interviewees also expressed that the *NSW Aboriginal Health Plan 2013–2023* provides useful guidance to the health system in NSW but that it was not being adequately translated into practice locally. It was felt that improved communication about the Plan, and more funding for related programs, may enable better buy-in from stakeholders:

“Broad plans from the Ministry are amazing and hit the mark. However, progression to the ground rarely happens. It needs more transference into the real world. Funding is not backing the plans up. For example, our projects are successful but funding is not guaranteed.” (ACCHS 8)

3.6.3 SUMMARY AND IMPLICATIONS

NSW Health has established performance management frameworks and mechanisms with a strong emphasis on improving Aboriginal health in NSW. Service Agreements between the MoH and LHDs and SHNs include a number of performance measures with an Aboriginal health focus, however, there may be opportunities to increase the number of KPIs and Improvement Measures that are explicitly monitored among Aboriginal patients/people.

Guided by the *NSW Health Analytics Framework*, NSW Health is strengthening health system performance measurement, reporting and transparency, including in the Aboriginal health area. Main strategies include publishing performance and other health data internally and in the public domain, investing in data warehouse and analytics applications, and improving the quality of administrative health data (including the estimated



SOUTH WESTERN SYDNEY LHD ABORIGINAL HEALTH GOVERNANCE PROJECT

The South Western Sydney LHD Aboriginal Health Governance Project aimed to increase meaningful participation of Aboriginal people in the governance structures of the organisation and to support effective service planning and delivery for Aboriginal people. The Project also sought to address the Premier's Priority of increasing Aboriginal workforce participation in senior positions.

The Project involved re-establishing the Aboriginal Health Unit with direct reporting to the Chief Executive, and gaining organisational buy-in around Aboriginal health and the Close the Gap agenda. Other initiatives undertaken as part of the Project included:

- establishing Aboriginal representation on the LHD Board
- establishing an Aboriginal Health Committee of the Board, as well as hospital and service-specific Aboriginal Health Committees, to drive service development
- developing an Aboriginal Health Plan that addresses the health needs of, and service safety and quality issues specific to, Aboriginal people
- establishing formal partnerships with local Aboriginal organisations to ensure initiatives are implemented collaboratively and are responsive to the needs of Aboriginal communities
- developing an Aboriginal health KPI dashboard that measures service provision to Aboriginal patients — KPI data are regularly reviewed by the Aboriginal Health Committee and are used to identify performance and service gaps, to develop responses, to engage partners, and to ensure transparency of service provision
- providing professional support and role clarity to AHWs
- providing more opportunities for AHWs to collaborate and be co-located.

A key achievement of the Project has been embedding the Aboriginal Health Committee into LHD governance mechanisms. This Committee is responsible for setting strategic direction and monitoring and managing performance. The Committee meets quarterly and members include representatives of the LHD Board and Executive, community partner organisations and the local primary health network.

Work driven by the Aboriginal Health Governance Project has likely contributed to increased identification of Aboriginal patients and improved participation in Respecting the Difference training. Ongoing review of the Aboriginal health KPI dashboard informs strategic and operational directions to improve Aboriginal health outcomes.

accuracy of reporting of Aboriginality (see Section 3.2 of this report)). More work is needed to ensure that all key NSW Health patient information systems and other program monitoring systems include data item(s) relating to patient/client Aboriginality and to ensure that these data are made accessible. Additionally, there is scope to improve the functionality of some data analytics applications, like the Health System Performance App, to enable disaggregation of data by patient Aboriginal status.

Large-scale patient experience and population health surveys have been established that inform the monitoring of clinical services and population health initiatives in NSW. Some surveys have trialled enhancements aiming to improve the validity and reliability of data captured on the health and healthcare experiences of Aboriginal people, however, further work could be done in some areas. For example, there is scope to embed periodic oversampling of Aboriginal patients in the NSW Patient Survey Program and to ensure the introduction of patient-reported measures

adequately captures the experiences of Aboriginal patients, including in domains that impact Aboriginal patients, like experiences of racism.

NSW Health has established health topic-specific strategic frameworks that: prioritise action among Aboriginal patients and populations; have strong governance arrangements; and have effective processes for monitoring, and using data to drive, implementation. The approach used in the blood borne viruses and sexually transmissible infections portfolio provides an example of good practice which may be replicated in other health areas. Additionally, the Centre for Aboriginal Health-developed Aboriginal Health Dashboards can guide implementation of the *NSW Aboriginal Health Plan 2013–2023* in LHDs and SHNs. There is a need to continue to strengthen the development and use of these Dashboards.

Responsibility for Aboriginal health is built into various NSW Health policies and procedures, organisational structures, the responsibilities of key strategic

ABORIGINAL HEALTH DASHBOARDS

Aboriginal Health Dashboards are a tool developed by the Centre for Aboriginal Health aiming to strengthen accountability for Aboriginal health across NSW Health and to promote and drive health equity for Aboriginal people and communities.

Annual Dashboards are prepared for each LHD and SHN and provide data on indicators in the domains of: healthcare safety and quality; access to care; the health of mothers, babies and children; and workforce. Dashboards also describe the proportion of the LHD population who identify as Aboriginal and the estimated accuracy of reporting of Aboriginality in admitted patient data. Indicators reflect NSW Health priorities for Aboriginal health.

A traffic light system highlights the level of change in an indicator from the previous reporting period – this includes change in the indicator among Aboriginal people as well as change in the gap between Aboriginal and non-Aboriginal people. LHD/SHN performance is also compared to NSW rates. In this way, the Dashboards help identify areas of progress as well as areas requiring more attention. Further, LHDs/SHNs are provided with a separate set of graphs that enable comparison of performance across LHDs/SHNs.

Dashboards support constructive conversations and collaborative action locally. They also inform discussions in performance review meetings between the MoH and LHDs/SHNs as part of the *NSW Health Performance Framework*. The Centre for Aboriginal Health has developed an Aboriginal Health Dashboard Toolkit to help LHDs and SHNs interpret and act on the data included in Dashboards. The Toolkit synthesises intervention evidence and expert opinion in relevant domains.

The Dashboards have catalysed the adoption of innovative approaches to improving Aboriginal health in some LHDs and SHNs. The Toolkit and Dashboards have been shared with the AH&MRC and ACCHSs (for the LHD in which they are located). It is anticipated this sharing of data will facilitate collaboration and joint service planning and delivery.

committees, and the composition and functions of governing boards—a recent review conducted by the Centre for Aboriginal Health found that 16 of 17 LHD and SHN boards had at least one member with Aboriginal health expertise, knowledge or experience.

Nevertheless, more could be done to strengthen the visibility and governance of, and accountability for, Aboriginal health in LHDs/SHNs. Potential strategies include: establishing direct lines of reporting between Directors and Managers of Aboriginal Health and Chief Executives (some organisations already have this arrangement in place); continuing to build the Aboriginal health expertise of board members; strengthening engagement of the NSW Aboriginal Health Leadership Group in LHD/SHN planning processes; and strengthening accountability for clinical safety and quality through mechanisms like Clinical Safety and Quality Accounts.

Both ACCHSs and LHDs reported a need for increased engagement with the Aboriginal community-controlled health sector when developing or reviewing performance indicators, and when reporting on the performance of LHDs and NSW Health-funded ACCHSs.

ASSESSMENT OF PROGRESS AGAINST KEY ACTIONS*

Based on the data presented in this report, progress against the key actions of Strategic Direction 6 of the *NSW Aboriginal Health Plan 2013–2023* is moderate:

1. *Work with the AH&MRC to develop and continually refine agreed performance indicators for Aboriginal health at both a system and program level:* Some progress.
2. *Include Aboriginal health performance, service access, service utilisation and quality measures in all relevant service agreements:* Good progress.
3. *Increase reporting on disparities in health outcomes and quality of care experienced by Aboriginal people:* Moderate progress.
4. *Build leadership and accountability responsibilities for Aboriginal health into the roles of executives and managers at all levels of the system:* Some progress.
5. *Review the systems, policies and processes for governance in NSW Health and identify opportunities to strengthen responsibility and accountability for Aboriginal health:* Moderate progress.

* Assessments are based on the investigators' appraisal of the evidence presented in this report with respect to the breadth and quality of relevant initiatives.

4. CONCLUSIONS

4.1 OVERVIEW OF KEY FINDINGS

The *NSW Aboriginal Health Plan 2013–2023* is guiding an array of work across NSW Health, much of which is partnership-based. This includes whole-of-system initiatives, state-wide policies and guidelines, large-scale programs and services, and local programs that offer local solutions and, in some cases, potential for scaling up. Several initiatives are producing positive outcomes, whereas others seem to lack suitable monitoring and evaluation. System performance in relation to Aboriginal health has improved in some domains and is stable in others. NSW Health and Aboriginal community-controlled health sector staff highlighted several ways in which Plan implementation could be improved, especially in the areas of building trust through partnerships, ensuring integrated planning and service delivery, and providing culturally safe work environments and health services.

Findings suggest that, on the whole, progress against the strategic directions of the Plan has been moderate:

1. Building trust through partnerships: Moderate progress
2. Implementing what works and building the evidence: Moderate to good progress
3. Ensuring integrated planning and service delivery: Moderate progress
4. Strengthening the Aboriginal workforce: Moderate to good progress
5. Providing culturally safe workplaces and health services: Moderate progress
6. Strengthening performance monitoring, management and accountability: Moderate progress

Some areas of success include:

- a strong partnership between the MoH and the AH&MRC
- about three-quarters of LHDs reported a formal partnership agreement with an ACCHS(s), with informal partnerships also reported
- the establishment of infrastructure supporting Aboriginal health research and program evaluation in NSW
- improvements in the estimated accuracy of reporting of patient Aboriginal status in admitted patient, emergency department and perinatal data
- almost all Aboriginal elective surgery patients treated on time (up by seven percentage points since 2010–11) and no gap in the rate of unplanned hospital readmissions between Aboriginal and non-Aboriginal patients in NSW
- a steady increase in the proportion of NSW Health staff who identify as Aboriginal, from 1.9% in 2011–12 to 2.5% in 2016–17
- more Aboriginal people being employed in higher paid roles in NSW Health
- the implementation of mandatory Aboriginal cultural training for staff
- Aboriginal-specific programs have contributed to improvements in population health, including in immunisation, chronic disease management, and maternal and infant health
- about 90% of admitted Aboriginal patients rated their hospital care as either 'Very good' or 'Good'
- a reduction in the rate of incomplete emergency department visits among Aboriginal patients
- the establishment of performance management frameworks and mechanisms with a strong emphasis on improving Aboriginal health in NSW
- sophisticated data capture, analysis and reporting systems and tools, which support performance measurement and accountability in Aboriginal health.



Some key areas requiring improvement include:

- strengthening the quality of some partnerships between NSW Health organisations and ACCHSs, and establishing partnerships where none exist
- continuing to build the evidence of what works in Aboriginal health, especially in the areas of integrating healthcare and fostering cultural safety
- ensuring monitoring and evaluation of mainstream health initiatives assess outcomes in Aboriginal people
- ensuring whole-of-system integrated healthcare initiatives address the needs of Aboriginal patients
- addressing the high rates of unplanned mental health readmissions in both Aboriginal and non-Aboriginal patients in NSW
- increasing the representation of Aboriginal people in clinical, senior management and executive roles in NSW Health
- increasing the quality of, and completion rates for, Aboriginal cultural training
- improving prevention of, and responses to, incidents of racism
- continuing to improve our understanding of how Aboriginal people experience the health system in NSW.

4.2 EVALUATION STRENGTHS AND LIMITATIONS

The evaluation had two main strengths. First, multiple methods and data sources were used to comprehensively describe achievements, progress and stakeholder views, including those of the Aboriginal community-controlled health sector. Second, representatives of the AH&MRC and the NSW Aboriginal Health Strategic Leadership Group were engaged in project governance to ensure Aboriginal perspectives were considered during all phases of the evaluation and to oversee the quality and integrity of evaluation processes.

Conversely, there are two main limitations of the evaluation that should be considered when interpreting results. First, the methods used may not have captured all the Aboriginal health activities being implemented across NSW Health; in other words, the results may underestimate the system response in this area. Second, factors and initiatives external to the *NSW Aboriginal Health Plan 2013–2023* may have contributed to the achievements and outcomes described in this report.

4.3 RECOMMENDATIONS

The following recommendations require strategic action at the state, district and service levels. They build on achievements to date, guide action in the remaining years of the Plan, and support the achievement of health equity for Aboriginal people in NSW.

STRATEGIC DIRECTION 1: BUILDING TRUST THROUGH PARTNERSHIPS

1. Continue to strengthen the partnership between the Centre for Aboriginal Health in the MoH and the AH&MRC, through:
 - a. identifying shared priorities and an agreed work plan
 - b. implementing joint projects to build the capacity of the sector in the areas of professional development, continuous quality improvement, business management support and evaluation of ACCHS programs
 - c. revising funding and reporting arrangements to reflect shared priorities.

Responsibility: MoH (Centre for Aboriginal Health (CAH))



2. Build and maintain meaningful partnerships between LHDs and ACCHSs to drive strategic planning and the development of shared priorities, and to provide accountability and reporting back to Aboriginal communities. This will include:
 - a. Chief Executives and other executive staff of LHDs meeting with ACCHSs at least annually to review relevant data and discuss strategic and program planning
 - b. strengthening requirements in Service Agreements, the Corporate Governance and Accountability Compendium for NSW Health, or other documents to mandate and monitor partnership agreements.

Responsibility: LHDs and MoH (CAH, System Purchasing and Corporate Governance & Risk Management)

3. Hold Aboriginal health symposia and other activities targeting system priorities, for ACCHS and LHD staff to facilitate information sharing, networking and partnership approaches.

Responsibility: MoH (CAH with designated branches co-leading)

4. Enhance whole-of-government activities to address the social determinants of health, through:
 - a. identifying new, and building on existing, opportunities to work across NSW Government on collaborative projects, including with the Department of Education, the Office of Social Impact Investment Policy, and initiatives under OCHRE such as Connected Communities
 - b. informing the development of the Aboriginal Housing Strategy and working with Housing NSW to implement the strategy
 - c. identifying new, and building on existing, opportunities to work with the Australian Government on initiatives that would benefit from an Aboriginal health lens, including the National Disability Insurance Scheme, Aged Care and the Bilateral Agreement.

Responsibility: MoH (CAH, Centre for Population Health (CPH), Government Relations, Health and Social Policy (Integrated Care), Mental Health, System Purchasing, and Strategic Reform) and Health Protection NSW

5. Develop/adapt tools and establish mechanisms that support NSW Health organisations to measure, and act to improve, the quality of their partnerships with ACCHSs.

Responsibility: MoH (CAH)

STRATEGIC DIRECTION 2: IMPLEMENTING WHAT WORKS AND BUILDING THE EVIDENCE

1. Invest in and support ACCHS-led Aboriginal health research and evaluation, through:
 - a. implementing a program of work to support ACCHSs to evaluate local programs including developing new, or adapting existing, evaluation guidelines
 - b. promoting the use of validated data collection instruments/measures for a range of health behaviours and outcomes
 - c. strategic commissioning of research and evaluation projects in ACCHSs.

Responsibility: NSW Health (including CAH and Centre for Epidemiology and Evidence (CEE) in MoH)

2. Monitor NSW Health investment in Aboriginal health research and evaluation through a minimum set of indicators, such as the number and focus of studies.

Responsibility: NSW Health



3. Prioritise studies in NSW Health research and innovation grant schemes that aim to create new knowledge about what works in Aboriginal health, through:
 - a. enhancing LHD quotas for Translational Research Grants Scheme (TRGS) submissions from five to six where one or more submission is focused on Aboriginal health and submitted in partnership with one or more ACCHS
 - b. continuing to identify Aboriginal health as a priority research topic in large schemes like the Prevention Research Support Program and TRGS and identifying opportunities to establish Aboriginal health as a priority research topic in other NSW Health research and innovation grants schemes
 - c. supporting Advanced Health Research Translation Centres and other public/private research consortiums to strengthen existing, or create new, Aboriginal health research streams
 - d. identifying and building opportunities to support Aboriginal people in research, through the provision of mentoring and financial support in existing fellowship and grant opportunities.

Responsibility: MoH (Office for Health and Medical Research, CEE and CAH) and LHDs/SHNs

4. Elevate the focus and consideration of Aboriginal health in mainstream research and evaluation projects, ensuring that projects consider the needs of, and impacts on, Aboriginal people, through:
 - a. supporting the use of the Aboriginal Health Impact Statement and development of an evaluation plan which addresses Aboriginal health from the planning stage
 - b. ensuring that evaluations of mainstream programs consider program uptake, satisfaction and/or effects among Aboriginal people (e.g. Leading Better Value Care).

Responsibility: NSW Health

5. Strengthen the capability of researchers to conduct Aboriginal health research and evaluation in line with established principles, guidelines and cultural protocols. This will include exploring potential strategies with the AH&MRC and the AH&MRC Ethics Committee.

Responsibility: MoH (Office for Health and Medical Research, CAH and CEE)

6. Explore mechanisms for ensuring engagement of ACCHSs, the AH&MRC and Aboriginal communities in the design and implementation of state-wide Aboriginal health research and evaluation, including considering cultural reference groups.

Responsibility: NSW Health (including CAH and CEE in MoH)

7. Identify and build opportunities to foster knowledge translation through improved engagement of both clinical and policy staff in ACCHSs and NSW Health in all phases of research and evaluation studies. This includes through Aboriginal health symposia for sharing innovative models of care and evaluations.

Responsibility: NSW Health

STRATEGIC DIRECTION 3: ENSURING INTEGRATED PLANNING AND SERVICE DELIVERY

1. Increase the focus on improving access to care, patient experiences and healthcare outcomes of Aboriginal people in whole-of-health system integrated care initiatives, through:
 - a. ensuring existing initiatives are inclusive of, and respond to the needs of, Aboriginal people, drawing on and utilising co-design and co-production
 - b. developing and implementing integrated care strategies focused on responding to the needs of Aboriginal people



- c. ensuring new integrated care initiatives and scaling up of existing initiatives systematically consider and address the needs of Aboriginal people through completing Aboriginal Health Impact Statements and consulting with CAH.

Responsibility: NSW Health (including CPH, Mental Health and System Purchasing in MoH, NSW Ambulance, and Agency for Clinical Innovation (ACI))

2. Embed Aboriginal concepts of health and wellbeing in ACI clinical networks and activities, including specific programs of work developed in consultation with Aboriginal people, through:
 - a. ensuring ACI networks focus on including Aboriginal representation and that Aboriginal health is considered and included in network activities
 - b. developing resources on co-designing programs and strategies with Aboriginal communities.

Responsibility: ACI

3. Identify opportunities to investigate integrated care issues and implement solutions for Aboriginal people, including analysis of surgical waiting lists for key procedures, specialist follow up, and uptake and use of digital health records.

Responsibility: MoH (System Performance Support and CAH), ACI and e-Health

4. Work with the AH&MRC and other stakeholders to identify, define and implement holistic models of health and wellbeing in ACCHSs and LHDs. This will include models focusing on mental health and wellbeing with a particular focus on reducing unplanned mental health readmissions.

Responsibility: MoH (Mental Health and CAH)

5. Support enhanced linkages and partnerships between LHDs/SHNs and ACCHSs to identify and respond to issues with coordinated care and discharge planning.

Responsibility: MoH (System Performance Support)

6. Ensure well designed evaluations of clinical redesign and integrated care projects targeting Aboriginal patients, and mainstream integrated care projects, to ensure impacts on Aboriginal patients are explored and findings are used to improve health service delivery to Aboriginal people.

Responsibility: MoH (System Information and Analytics, Strategic Reform, CAH, Health and Social Policy) and ACI

7. Strengthen inter-sectoral work by continuing to support the sharing of data and joint planning across state and federal governments and NSW Government departments to leverage the potential of data linkage to improve service delivery and health outcomes for Aboriginal people. This will support the implementation of initiatives under Solution Brokerage and more broadly through Local Decision Making Accords.

Responsibility: MoH (CAH, CPH, CEE, Government Relations, System Information and Analytics, and Mental Health) and NSW Ambulance

STRATEGIC DIRECTION 4: STRENGTHENING THE ABORIGINAL WORKFORCE

1. Build the Aboriginal health workforce in NSW Health organisations, through:
 - a. all organisations working to achieve 1.8% Aboriginal representation across all salary bands and occupations in line with whole-of-government strategy and NSW Health KPIs



- b. all organisations working to achieve Aboriginal employment of 2.6% or higher commensurate with the representation of Aboriginal people in the populations they serve, as highlighted in *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020*
- c. supporting all NSW Health services to apply affirmative action principles in the selection and appointment of candidates as set out in the Government Sector Employment Rule 26 – Employment of Eligible Persons GSE
- d. building the Aboriginal Health Worker (AHW) workforce in specific areas of need such as hospital liaison roles
- e. enhancing work with education organisations to create career pathways for Aboriginal students into health jobs.

Responsibility: NSW Health (including Workforce Planning and Development in MoH)

- 2. Monitor the success and impact of NSW Health scholarship, cadetship and training programs for Aboriginal people, including data on completion and employment outcomes.

Responsibility: MoH (Workforce Planning and Development, Nursing and Midwifery and CEE)

- 3. Support AHWs in LHDs and SHNs to transition to clinical roles through documenting and sharing models of care and ensuring roles incorporate the full scope of practice of the worker's qualification.

Responsibility: MoH (Workforce Planning and Development)

- 4. Build the Aboriginal clinical workforce, through:
 - a. working with Aboriginal peak professional bodies to recruit Aboriginal clinicians to NSW Health
 - b. enhancing existing initiatives aimed at increasing entry and completion of clinical training pathways.

Responsibility: MoH (Workforce Planning and Development)

- 5. Develop and implement a NSW Health Policy Directive that will build the Aboriginal health workforce in executive and leadership roles through a targeted strategy to support the career pathways of all Aboriginal staff, through:
 - a. managers actively and opportunistically seeking and facilitating secondment and up-skilling opportunities in performance reviews
 - b. managers encouraging mentoring for all Aboriginal employees.

Responsibility: MoH (Workforce Planning and Development, and Nursing and Midwifery)

- 6. Support the clinical, continuous quality improvement, and other skill capability of ACCHS staff by delivering and facilitating professional development opportunities.

Responsibility: NSW Health (including MoH, ACI and Health Education and Training Institute (HETI))

- 7. Review enablers and barriers to employment and career progression for Aboriginal people and develop strategies to improve employment outcomes.

Responsibility: MoH (Workforce Planning and Development, and Nursing and Midwifery)



STRATEGIC DIRECTION 5: PROVIDING CULTURALLY SAFE WORK ENVIRONMENTS AND HEALTH SERVICES

1. Promote and strengthen implementation of the NSW Health Aboriginal Health Impact Statement (AHIS) across all NSW Health organisations, through:
 - a. offering professional development and up-skilling opportunities in the use of the AHIS
 - b. sharing case studies and application, including practical principles such as co-design and co-production
 - c. enhancing monitoring and reporting on compliance and quality of the AHIS, and follow up to ensure initiatives are implemented as stated.

Responsibility: NSW Health (including CAH in MoH, and HETI)

2. Implement the recommendations of the Respecting the Difference training evaluation and drive NSW Health organisations to meet the 80% completion target, through:
 - a. implementing targeted training for executive level staff in NSW Health organisations
 - b. ensuring that management of contractors engaged for a period of 6 months or more includes a requirement to undertake Respecting the Difference training
 - c. enhancing reporting and accountability of training completion at Ministry branch level and within hospitals.

Responsibility: NSW Health (including Workforce Planning and Development in MoH)

3. Support the response to episodes of 'take own leave' as clinical incidents by continuing to review take own leave with a view to identifying contributing and protective factors including, for example, racism and links between primary care and tertiary services.

Responsibility: Clinical Excellence Commission and MoH (CAH)

4. Support health organisations to deliver services that are free from racism by strengthening policies and procedures to ensure appropriate mechanisms are available and utilised to address all incidents of racism, through:
 - a. raising awareness of racism in grievance and complaints processes in the simplified and accelerated complaints and grievance resolution process currently being developed
 - b. revising the NSW Health Code of Conduct to specifically refer to a prohibition of racism
 - c. ensuring racism is adequately addressed where appropriate, for example in social media, advertising and public communications policies
 - d. a promotional/educational campaign for NSW Health staff.

Responsibility: MoH (Workforce Planning and Development, Legal and Regulatory and Strategic Communications and Engagement)

5. Identify and evaluate programs that will build the evidence of what works in creating culturally safe health services for Aboriginal people, and ensure that initiatives are informed by the best available evidence.

Responsibility: MoH (CEE, CAH and other Ministry branches) and pillars

6. Develop strategies and resources to build the cultural safety of the NSW Health system in partnership with the AH&MRC, through:
 - a. developing a suite of tools to support cultural safety initiatives and subsequent audits within Health organisations (such as those included in the Hunter New England LHD Cultural Redesign Project)



- b. developing resources for managers to support the implementation of culturally safe workplaces
- c. embedding the actions to improve health care for Aboriginal people from Version 2 of the National Safety and Quality Health Service Standards into agreements, policy directives, and other documents.

Responsibility: MoH (CAH) and Clinical Excellence Commission

STRATEGIC DIRECTION 6: STRENGTHENING PERFORMANCE MONITORING, MANAGEMENT AND ACCOUNTABILITY

1. Develop and implement an Aboriginal governance and accountability framework for NSW Health that includes a focus on:
 - a. local, divisional and state-wide governance arrangements with ACCHSs, other Aboriginal community organisations and Aboriginal communities
 - b. strengthening partnership arrangements between NSW Health organisations and the Aboriginal community-controlled health sector
 - c. accountability processes and mechanisms back to Aboriginal communities.

Responsibility: MoH (CAH)

2. Elevate the reporting of Directors and Managers of Aboriginal Health to the Chief Executive of LHDs.

Responsibility: MoH (CAH) and LHDs

3. Build mechanisms for the work of the NSW Aboriginal Strategic Leadership Group to inform LHD planning.

Responsibility: MoH (CAH) and LHDs

4. Build the Aboriginal health capacity, focus, and expertise of LHD and SHN boards, including through a board charter letter that mandates training, procedures and meeting requirements (this may include Respecting the Difference Aboriginal health training for board members).

Responsibility: MoH (Corporate Governance and Risk Management)

5. Enhance information on patient experience surveys to enable monitoring of progress towards culturally safe health services, through:
 - a. investigating novel approaches to enhancing information collection from Aboriginal patients
 - b. scheduling periodic oversampling of Aboriginal patients in patient experience surveys, including admitted patients and maternity ward patients
 - c. sharing and analysing survey data split by Aboriginality at the state-wide level, where there has been no oversampling of Aboriginal patients
 - d. ensuring the introduction of Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) appropriately and meaningfully capture the experiences of Aboriginal people, particularly in the domains of experiences of racism and cultural safety.

Responsibility: ACI, Bureau of Health Information, and MoH (CAH and System Information and Analytics)



6. Continue to build on and utilise the Aboriginal Health Dashboards and associated activities to prioritise action and accountability for Aboriginal health. This will include:
 - a. raising the visibility and accessibility of the Dashboards
 - b. continued enhancement and dissemination of the Dashboard Toolkit including case studies highlighting best practice.

Responsibility: MoH (CAH)

7. Build the Aboriginal health focus in MoH/LHD Service Agreements by disaggregating appropriate improvement measures by Aboriginality and identifying new benchmarks and monitoring measures.

Responsibility: MoH (CAH, System Purchasing, and System Information and Analytics)

8. Continue to build the clinical safety and quality of the health system for Aboriginal people (including cultural safety), through:
 - a. establishing a requirement for LHDs/SHNs to include one or more Aboriginal health-focused quality and safety strategies in Clinical Safety and Quality Accounts
 - b. supporting NSW Health organisations to embed the Aboriginal-specific actions in the National Safety and Quality Health Service Standards.

Responsibility: MoH (System Management and CAH), LHDs and Clinical Excellence Commission

9. Strengthen systems and processes for sharing NSW Health data with the AH&MRC to support shared projects and AH&MRC-led work. This will include:
 - a. sharing NSW ACCHS KPI state-wide data on a quarterly basis and working towards sharing service-identified data
 - b. sharing LHD Dashboards with the AH&MRC
 - c. working collaboratively to analyse and share NSW Health data reports with the ACCHS sector.

Responsibility: MoH (CAH)

10. Strengthen adherence to the NSW Health Policy Directive PD12-42 *Aboriginal and Torres Strait Islander Origin – Recording of Information of Patients and Clients*. This includes, as a priority, ensuring the following systems include a patient/client/staff member Aboriginal status data item and allow extraction, analysis and reporting of these data:
 - a. Ambulance NSW patient information systems
 - b. Incident Information Management System.

Responsibility: NSW Health

11. Develop an annual report card to monitor progress against the recommendations from the mid-term evaluation of the *NSW Aboriginal Health Plan 2013-2023*. The Strategic Aboriginal Health Steering Committee through the NSW Aboriginal Health Strategic Leadership Group will review the report cards and oversee ongoing implementation of the Plan.

Responsibility: NSW Health (including CAH in MoH)



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1. INTRODUCTION

This Appendix provides technical notes and additional findings for reference when reading and interpreting the report of the mid-term evaluation of the *NSW Aboriginal Health Plan 2013–2023* (the ‘Plan’). The objectives of the mid-term evaluation were to assess the breadth and effectiveness of NSW Health initiatives against the strategic directions of the Plan, to identify key achievements of the Plan to date and successful initiatives suitable for sharing and scaling up, and to identify areas that require additional focus to enhance service delivery and improve health outcomes in the remaining years of the Plan.

The evaluation consisted of four components: 1) a survey of NSW Health organisations; 2) critical review of key Aboriginal health policy and program documents and reports of evaluation findings; 3) assessment of progress against indicators of health system performance; and 4) semi-structured interviews with representatives of the Aboriginal community-controlled health sector in NSW and Directors and Managers of Aboriginal Health in local health districts (LHDs).

This Appendix describes the data sources and methods used for each of these components as well as the strengths and limitations of each component. It also includes additional findings, including a full list of initiatives identified through the survey of NSW Health organisations and document review, and findings from the semi-structured interviews with the Aboriginal community-controlled health sector and LHD Aboriginal Health Directors and Managers.

2. METHODS AND DATA SOURCES

2.1 SURVEY OF NSW HEALTH ORGANISATIONS

NSW Health organisations were invited to complete a survey to provide a state-wide snapshot of the range and quality of current and recent initiatives aligning with the Plan, planned activities, and staff views on areas requiring increased focus.

In September 2017, the Executive Director, Centre for Aboriginal Health, NSW Ministry of Health (MoH), emailed the survey to Chief Executives of all LHDs, specialty health networks (SHNs) and NSW Health pillars and to Executive Directors of relevant MoH branches. The email described the purpose of the survey and how findings would be used. Senior executives were asked to forward the survey to relevant staff in their organisation for completion. Organisations were given four weeks to return their completed survey to the MoH. Reminder emails were sent as required.

The survey tool collected information about new and ongoing initiatives—strategies, policies, procedures, systems, programs and projects—that were relevant to the strategic directions of the Plan and were delivered between January 2013 and September 2017. For each initiative, detailed information was collected on its purpose, components, monitoring mechanisms and outcomes. For each strategic direction of the Plan, the survey tool also collected information about areas requiring more focus, planned activities and perceived barriers to effective implementation.

Every invited organisation and branch completed a survey. Each completed survey was approved for accuracy by the organisation’s Chief Executive (MoH responses were approved by the relevant Deputy Secretaries). Analysis of responses focused on identifying and describing substantial, evidence-informed initiatives. Initially the survey results were catalogued by strategic direction in an Excel spreadsheet. The spreadsheet was then manually interrogated to identify and extract information about initiatives meeting the following criteria:

- a strong Aboriginal focus or good integration of Aboriginal content
- strong alignment with one or more of the strategic directions of the Plan
- large in scale (e.g. state-wide, LHD-wide or community-wide initiatives), with potential to influence population health outcomes
- evidence-informed, including considerations of effectiveness, acceptability, utility, and uptake by Aboriginal communities.



Initiatives meeting these criteria were described in the results tables in the main report—some smaller-scale initiatives that were achieving good outcomes and had potential for scaling up were also included in the results tables. Descriptions included initiative objectives, components, reach, outcomes and lead agency. The full catalogue of initiatives is included in this Appendix (see Section 3).

A potential limitation of the survey was that key people in organisations may not have been given an opportunity to contribute to filling in the survey. Consequently, some relevant activities may have been omitted—or were described with insufficient detail—in survey responses. Therefore, results likely underestimate the policy and programmatic response to improving Aboriginal health in NSW.

2.2 CRITICAL REVIEW OF KEY ABORIGINAL HEALTH POLICY, PROGRAM DOCUMENTS AND EVALUATION REPORTS OF NSW HEALTH INITIATIVES

The critical review was used to verify and extend information collected in the survey of NSW Health organisations. It was also used to identify initiatives not captured by the survey. Relevant documents were identified and obtained through the use of general internet search engines and interrogation of key websites, such as the NSW Health and Aboriginal Health & Medical Research Council of NSW (AH&MRC) websites.

Examples of the types of documents critically reviewed include: policies and strategies; project reports; monitoring and evaluation reports; policy snapshots; and partnership agreements. Aboriginal Health Impact Statements held by the Centre for Aboriginal Health, MoH, were also examined to determine the extent to which this tool was applied to policy and program development in NSW Health during the first four years of the Plan.

The critical review had a particular focus on identifying and describing evaluations of Aboriginal health programs and on assessing whether findings had been translated into practice. Information and data obtained were catalogued and analysed in a like manner to the survey of NSW Health organisations.

A potential limitation of the critical review was the manual searching for relevant documents which may mean that a true census of all relevant policies, program documents and evaluation reports was not achieved.

2.3 ASSESSMENT OF PROGRESS AGAINST INDICATORS OF HEALTH SYSTEM PERFORMANCE

Indicators were chosen based on their alignment with the strategic directions of the Plan and were defined in line with the *NSW Health Performance Framework*. Administrative, survey and linked data were analysed to describe indicator trends from pre- to post-implementation of the Plan, at the NSW and LHD/SHN levels and among Aboriginal and non-Aboriginal patients. An overview of the indicators, data sources and limitations is presented in Table 1.

TABLE 1. INDICATORS OF HEALTH SYSTEM PERFORMANCE USED IN THE MID-TERM EVALUATION OF THE NSW ABORIGINAL HEALTH PLAN 2013-2023

Indicator	Source	Notes and limitations
Level of reporting of Aboriginality in the NSW Admitted Patient Data Collection (APDC)	APDC & APEDDR	Estimates the accuracy of reporting of patient Aboriginality in admitted patient data using the enhanced reporting of Aboriginality (ERA) variable in APEDDR. Data rely on self-reporting of patient Aboriginal status. People may choose not to identify as Aboriginal for a variety of reasons including: reluctance based on previous negative experiences or behaviours, discomfort with the manner in which the question was asked (and by whom), and a lack of understanding about why the information was being collected.
Level of reporting of Aboriginality in the NSW Emergency Department Data Collection (EDDC)	EDDC & APEDDR	Estimates the accuracy of reporting of patient Aboriginality in emergency department data using the ERA variable in APEDDR. Data rely on self-reporting of patient Aboriginal status. People may choose not to identify as Aboriginal for a variety of reasons including: reluctance based on previous negative experiences or behaviours, discomfort with the manner in which the question was asked (and by whom), and a lack of understanding about why the information was being collected.
Level of reporting of Aboriginality in the NSW Perinatal Data Collection	NSW Perinatal Data Collection & MCHR	Estimates the accuracy of reporting of patient Aboriginality in perinatal data using the ERA variable in MCHR. Data rely on self-reporting of patient Aboriginal status. People may choose not to identify as Aboriginal for a variety of reasons including: reluctance based on previous negative experiences or behaviours, discomfort with the manner in which the question was asked (and by whom), and a lack of understanding about why the information was being collected.
Unplanned emergency department re-presentations among Aboriginal patients	EDDC	Indirect measure of cultural safety of emergency departments and the quality of care received as well as adequate and proper follow-up in primary care. Requires Aboriginal people to identify as Aboriginal when they present at emergency departments. Measures presentations to the same emergency department only, so does not capture people who present to different emergency departments. It is not possible from these data to determine whether the unplanned re-presentation is for a problem related to the previous presentation. Excludes: cases where patients are admitted to a ward for overnight treatment and then represent to the emergency department within 48 hours; records where the total time in ED is missing; and those who leave the emergency department before treatment is complete.
Unplanned hospital re-admissions among Aboriginal inpatients	APDC	Indirect measure of the quality of hospital care or treatment as well as adequate and proper follow-up in primary care. The calculation of the indicator is limited to readmissions to the same hospital so a change of care type will result in additional episodes of care. While the use of administrative data can be used to identify unplanned readmissions it cannot clearly identify that the unplanned readmission was either related to the previous admissions or unexpected or preventable. Most relevant to areas of healthcare that involve provision of services to people with longer term illnesses that require a combination of hospital and community based treatment. Readmissions that result in death are included in the numerator (number of unplanned admissions) but not the denominator (total number of admissions).
Elective surgery patients treated on time by Aboriginal status of the patient	NSW Waiting List Collection On-Line System	Measures the percentage of elective surgery patients who were admitted within the timeframe recommended for their clinical urgency category (1, 2 and 3). Codes are for planned procedures for the waiting list, rather than what is actually performed during hospitalisation. It is not always possible to code all elective surgery procedures at the time of addition to the waiting list, for example if the surgeon is unsure of the exact procedure to be performed.
Unplanned mental health readmissions by Aboriginal status of the patient	APDC	Indirect measure of effective inpatient care and adequate and appropriate post-discharge follow-up in the community. Defined as overnight separations from a NSW mental health acute psychiatric inpatient unit(s) occurring within the reference period, that are followed by an overnight readmission to the same or another acute psychiatric inpatient unit within 28 days. Excludes those readmitted for mental health issues that are moved to a different hospital ward or unit to complete their care. Excludes separations where 'mode of separation' is death or discharge at own risk which may fail to capture patients who received inappropriate or inadequate care.

Proportion of NSW Health staff who identify as Aboriginal	Public Service Commission Workforce Profile via the State Management Reporting Service	Indirect measure of the cultural safety of NSW Health as a place to work for Aboriginal people. Relies on Aboriginal people identifying as Aboriginal to their workplace (Equal Employment Opportunity reporting is an elective process and a percentage of employed staff do not respond to this section), which may not always be the case for reasons including privacy issues, cultural safety and competency, perception that identifying may have negative consequences for the individual, and the risk of prejudicial treatment.
Self-reported overall experience of hospital care by Aboriginal status of the patient	NSW Admitted Patient Survey (2014)	Estimates are based on oversampling of Aboriginal patients in the 2014 NSW Admitted Patient Survey. Exclusion criteria including maternity patients, patients who had multiple visits during the sampling month, those without a valid address (including those staying in hostels, community services and nursing homes) may result in a falsely elevated level of satisfaction with care. For example, patients who stayed for less than three hours who may have left due to dissatisfaction with care, are excluded. The response rate among Aboriginal patients in 2014 was low (21%), introducing the potential for non-response bias in the findings.
Incomplete emergency department visits by Aboriginal status of the patient	EDDC	Indirect measure of the cultural safety of emergency departments. May not reflect cultural incompetence as patients may choose not to wait for a variety of reasons, in particular lengthy wait times. Did Not Wait is higher in young people and it is known that the Aboriginal population is considerably younger than other Australians so this may be reflected in the rates presented. Self-identification of Aboriginal status is an issue with these data, as with other indicators.
Discharge from hospital against medical advice by Aboriginal status of the patient	APDC	Indirect measure of the cultural competence of hospital services, and the extent of patient satisfaction with the quality of care provided. Requires Aboriginal people to identify in their medical record/when admitted to hospital which may not be the case if they are not provided with the opportunity or correct setting to do so. Presented as episodes of care rather than as individual people so may be some overlap for people who have multiple admissions in the reporting period that end in discharge against medical advice.

APEDDR: Admitted Patient Emergency Department and Deaths Register; ERA: enhanced reporting of Aboriginality; MCHR: Maternal and Child Health Register.



2.3.1 Data sources

NSW Admitted Patient Data Collection

Data that relates to an individual's stay in hospital is collected in the Admitted Patient Data Collection (APDC). This includes patient services provided by NSW public hospitals, public psychiatric hospitals, multi-purpose services, private hospitals, and private day procedure centres. Approximately 400 facilities contribute to the data collections, which include patient demographic information, diagnoses, procedures, and administrative information such as dates of admission and separation, source of referral to the service, service referred to on separation, and patient health insurance status. APDC and other administrative data rely on self-reporting of Aboriginal status. People may choose not to identify as Aboriginal for a variety of reasons including: reluctance based on previous negative experiences or behaviours, discomfort with the manner in which the question was asked (and by whom), and a lack of understanding about why the information was being collected. Aboriginal people are under-reported in administrative health data.

NSW Emergency Department Data Collection

Data that relates to an individual's visit to a public emergency department is collected in the Emergency Department Data Collection (EDDC). The EDDC includes information on the date, time and mode of arrival and departure, the reason for attendance, triage category and basic demographic information. The EDDC is transformed into a variety of sources for different purposes, including planning and population health research.

NSW Perinatal Data Collection

The NSW Perinatal Data Collection (PDC) is a record of all births in NSW public and private hospitals, as well as homebirths. The PDC encompasses all live births, and stillbirths of at least 20 weeks' gestation or at least 400 grams' birth weight. Information collected includes demographic details of the mother and baby, health care interventions related to the pregnancy and delivery, and outcomes around the time of birth.

NSW Waiting List Collection On-Line System

The NSW Waiting List Collection On-Line System (WLCOS) provides waiting lists data for public hospitals in NSW. It holds data for elective surgery and surgery that can be delayed for at least 24 hours from diagnosis. The primary point of data collection is from the waiting list/booking clerk which involves the receipt of an inbound Recommendation for Admission Form (RFA) to a public hospital for patient registration on a waiting list.

Public Service Commission Workforce Profile

The NSW Public Service Commission (PSC) Workforce Profile provides annual workforce profile information and has been produced since 1999. The PSC maintains a data warehouse called the Workforce Information Warehouse (WIW) which is updated through routine collections from the sector, such as the Workforce Profile Collection. The data held in the WIW is de-identified and the PSC manages the data collected through the workforce profile in accordance with the published Code of Practice. The Code of Practice is approved by the NSW Attorney General. The Workforce Profile includes demographic information such as age, gender and diversity group membership, and employment information such as hours worked, leave patterns, remuneration, and mobility within the sector.

Maternal and Child Health Register

The Maternal and Child Health Register (MCHR) is a NSW Health Public Health Register containing de-identified linked records of children and young people aged up to 16 years, and women aged 12 to 55 years in NSW from eight different administrative data collections: the Perinatal Data Collection, APDC, EDDC, Cause of Death Unit Record File (CODURF), Register of Congenital Conditions, Perinatal Death Review database, Notifiable Conditions Information Management System, and Registry of Births, Deaths and Marriages (RBDM) death registrations, and includes an Enhanced Reporting of Aboriginality variable.

Admitted Patient, Emergency Department Attendance and Deaths Register

The Admitted Patient, Emergency Department Attendance and Deaths Register (APEDDR) is a NSW Health Public Health Register containing de-identified linked records for people attending hospital and deaths in NSW from four administrative health data collections: APDC, EDDC, RBDM death registrations and CODURF, and includes an Enhanced Reporting of Aboriginality variable.



The NSW Admitted Patient Survey aims to investigate patients' experiences of hospital care in public health facilities in NSW. For the 2014 Adult Admitted Patient Survey, Aboriginal patients were oversampled across all facilities, that is, they were sampled at a rate that is higher than their prevalence in the patient population. These patients were oversampled to ensure sufficient numbers of respondents for reporting at the LHD and large hospital levels.

2.3.2 Reporting of Aboriginal people in health data collections

The Enhanced Reporting of Aboriginality (ERA) algorithm has been developed to monitor the estimated accuracy of reporting of Aboriginal people on NSW Health data collections. ERA uses information about an individual from multiple points of contact with the health system and creates a weight of evidence as to whether records relating to a person could be considered Aboriginal for statistical purposes. Enhancement of reporting of Aboriginal people using linked records creates a statistical construct that results in improved information about Aboriginal people. It does not define a person as being Aboriginal, nor does it replace efforts to improve the overall quality of recording Aboriginal status at the point of care. An ERA variable is available in the MCHR, APEDDR and other NSW Health public health registers. The MoH monitors and reports on the quality of reporting of Aboriginality across the perinatal, admitted patient and emergency department data collections.

2.4 SEMI-STRUCTURED INTERVIEWS WITH ABORIGINAL COMMUNITY-CONTROLLED HEALTH SECTOR STAFF

Semi-structured interviews were conducted with staff of Aboriginal community-controlled health services (ACCHSs) and the AH&MRC to gain their perspectives on the implementation of the Plan and areas requiring increased focus.

The evaluation advisory group selected a sample of 10 ACCHSs that represented different types of ACCHSs and geographic areas throughout NSW. An invitation letter was sent to the Chief Executive (CE) of each ACCHS and the AH&MRC explaining the purpose of the interviews. CEs and senior members of staff were invited to participate in an interview.

Eight ACCHS interviews were conducted face-to-face at the ACCHS's office, with one conducted at a nearby premises for logistical reasons. One interview was conducted via teleconference. The AH&MRC interview was conducted at the AH&MRC offices in Surry Hills. The interviews were conducted by a lead interviewer from the MoH, with the assistance of a co-interviewer and a scribe. Notes of the discussion were taken to facilitate analysis. Notes were sent to each participating ACCHS for verification.

The lead interviewer first provided a background to the Plan and the purpose of the mid-term evaluation. Participants were informed that the interview would be synthesised along with the information provided by the other ACCHSs and not be reported in the evaluation report in a way that would identify individual ACCHSs. The ACCHS interview focused on the elements of the Plan which were felt to be most relevant to the ACCHS sector: Strategic Direction 1: Building trust through partnerships; and Strategic Direction 3: Ensuring integrated planning and service delivery.

Under these two strategic directions participants were asked to discuss: any partnerships and joint planning and service delivery they have with the local LHD or a NSW Health agency; the outcomes of these partnerships and joint work; perceived barriers and enablers; examples of successful and unsuccessful partnerships and joint work, and areas for improvement. Any points of discussion regarding the other strategic directions of the Plan were also recorded and included for analysis.

The interview with the AH&MRC covered a discussion of all six strategic directions of the Plan. The AH&MRC were asked for their perspective of how well NSW Health was implementing each strategic direction, and areas for improvement.

Data from each interview summary was coded under themes aligning with the interview guides. Additional themes that emerged during the consultation process were also thematically coded. Each coded theme was exported to a

central document to allow for direct comparison of themes between ACCHSs. Data from the AH&MRC interviews was interwoven into the ACCHS results which provide supportive and additional views.

A number of points should be taken into consideration when interpreting the interview findings. First, the sample of ACCHSs, whose feedback on the Plan is described in this document, may not reflect the opinion of all ACCHSs in the sector. Second, the last theme (Implementing other Directions of the Plan) was not fully explored in all the ACCHS interviews and therefore may not reflect all the opinions the participating ACCHSs may have raised.

2.5 SEMI-STRUCTURED INTERVIEWS WITH LHD DIRECTORS AND MANAGERS OF ABORIGINAL HEALTH

Semi-structured interviews were conducted with LHD Directors and Managers of Aboriginal Health to gain their perspectives on the implementation of the Plan, especially the strategic directions relating to partnership, integrated service delivery and cultural safety. The interviews aimed to complement the survey responses already submitted by the LHDs.

The Centre for Aboriginal Health in the MoH selected six LHD Directors and Managers of Aboriginal Health which were felt to reflect a good mix of different types of LHD and ACCHS partnerships. An email of invitation was sent to each Director explaining the purpose of the interviews.

Interviews were conducted by a lead interviewer and co-interviewer (both from the MoH) via teleconference. Notes of the discussion were taken to facilitate analysis. Summaries of interviews were sent to the participating Aboriginal Health Directors and Managers for verification.

The lead interviewer first provided a background to the Plan and the purpose of the mid-term evaluation. Participants were informed that the interview would be synthesised along with the information provided by the other Aboriginal Health Directors, and not be reported in the evaluation report in a way that would identify individual participants. The interview focused on the elements of the Plan which were felt needed further reflection from Aboriginal Health Directors and Managers to complement the LHD surveys: Strategic Direction 1: Building trust through partnership; Strategic Direction 3: Ensuring integrated planning and service delivery; and Strategic Direction 5: Providing culturally safe work environments and health services.

Data from each interview summary was coded under themes aligning with the three strategic directions stated above. Additional themes that emerged during the interviews were also thematically coded. Each coded theme was exported to a central document to allow for direct comparison of themes between participants. Data from the interviews was incorporated into the LHD survey results which provide supportive and additional views.

It should be taken into consideration when interpreting the findings of these interviews that the views expressed in this summary may not reflect the opinions of all LHD Directors and Managers of Aboriginal Health.

3. ADDITIONAL FINDINGS

This section includes a number of additional findings, including examples of Aboriginal health intervention studies and program evaluations recently commissioned by MoH, and the full list of initiatives identified in the survey of NSW Health organisations and document review.



TABLE 2. EXAMPLES OF ABORIGINAL HEALTH INTERVENTION STUDIES AND PROGRAM EVALUATIONS RECENTLY COMMISSIONED BY THE NSW MINISTRY OF HEALTH

Program name and description		Evaluation aims and methods	Progress
Child and family health			
1	Aboriginal Maternal and Infant Health Service (AMIHS) is a culturally safe maternity service for Aboriginal families in NSW.	Aims: To: describe program delivery; explore stakeholder views of the AMIHS; investigate program reach and impact on the health of Aboriginal babies and their mothers; and investigate program value for money. Methods: Document review; AMIHS managers' survey; stakeholder interviews; case studies; analysis of linked administrative data; and a cost utility analysis.	Data collection and analysis are underway. The evaluation is expected to be completed in 2019. Findings will be shared through reports, journal articles and conference and policy group presentations. Findings will inform program delivery.
2	<i>Aboriginal Family Health Strategy 2011-2016</i> provides the NSW Health response to family violence in Aboriginal communities.	Aims: Were to describe the implementation and achievements of the Strategy. Methods: Interviews with Aboriginal Health Workers (AHWs), Aboriginal Family Health Strategy coordinators and other stakeholders; analysis of program data; and document review.	The project is complete. Recommendations of the evaluation are being implemented and incorporated into a revised version of the Strategy. The report is available here .
3	Quit for New Life (QFNL) is a large-scale smoking cessation support initiative for mothers of Aboriginal babies.	Aims: Were to investigate the implementation, reach, uptake and impacts of QFNL. Methods: Analysis of routinely collected patient data and program monitoring data; semi-structured interviews with implementation staff, clients and other stakeholders; and case studies in selected LHDs.	Phases 1 and 2 are complete and reports have been drafted.
4	Munch and Move is a state-wide program that supports child development by promoting physical activity, healthy eating and less screen time.	A robust system is in place to monitor program implementation and reach, and its impact on organisational changes. Program adoption and practice change outcomes (like screen time policies) are monitored in services with a high proportion of Aboriginal children.	Munch and Move is an initiative of NSW Health and is ongoing. An outcomes summary report for 2015 is available here .
5	Aboriginal Go4Fun is a state-wide program that aims to improve health, fitness and self-esteem in overweight Aboriginal children.	Aims: To explore program appropriateness, acceptability, feasibility, and impact on participants' dietary and physical activity behaviours and anthropometric indicators. Methods: Semi-structured interviews with stakeholders; program observations; and secondary analysis of program data.	The evaluation is in the implementation phase. Early findings are being used to enhance the program. A report of a preceding formative evaluation is available here .
6	Culture Health Communities Activity Challenge was a classroom-based pedometer program encouraging physical activity in primary school students, particularly Aboriginal students.	Aims: Were to assess the impact of the program on students' physical activity levels and explore students' and teachers' experiences of the Challenge. Methods: Analysis of students' pedometer readings and self-reported physical activity levels; a pre- and post-program survey of students' physical activity levels and sedentary time; and interviews with teachers and students.	The evaluation is complete. The report is available here and a peer-reviewed paper is available here .
7	NSW Statewide Eyesight Preschooler Screening Program (StEPS) is a state-wide universal preschool vision screening program.	Aims: Were to explore the implementation, outcomes—including among Aboriginal children—and cost effectiveness of StEPS, as well as areas for revision and improvement. Methods: A literature review; service mapping; and analysis of referral activity and survey data.	The evaluation is complete. Findings will be shared through: reports; journal articles; and conference presentations.
Chronic conditions prevention and management			
8	Chronic Care Services Enhancements Program aimed to improve chronic diseases management in ACCHS clients using quality assurance strategies.	Aims: Were to measure the effectiveness and acceptability of enhancements to chronic diseases screening, diabetes management and client data quality in multiple ACCHSs. Methods: A multiple baseline design and secondary analysis of routinely collected client data.	The project is complete. The NSW Ministry of Health is implementing recommendations related to data driven quality improvement in ACCHSs. The report is available here .



9	NSW Knockout Health Challenge is a community-led program promoting weight loss and healthy living in multiple Aboriginal communities in NSW.	Aims: Were to: describe program implementation; identify program impacts on participant weight loss and health behaviours; and identify factors associated with these changes. Methods: Assessment of participants' weight and health behaviours at four time points over 9 months and qualitative interviews with stakeholders.	The study is complete. The report is available here and a peer-reviewed paper is available here . Results have informed program delivery, like a focused effort to engage more male participants. A robust monitoring system is in place.
10	The <i>NSW Tobacco Strategy 2012-2017</i> sets out the actions that the NSW Government takes to reduce tobacco-related harms on the community.	Aims: To assess Strategy outcomes, measure its implementation, evaluate the impacts of actions in priority areas, and inform future tobacco control in NSW. Methods: Monitoring of key outcomes over time, including smoking prevalence and antenatal smoking cessation in Aboriginal people, and monitoring of programs targeting Aboriginal people.	The evaluation is underway. A 2018 snapshot report is available here . A final evaluation summary is being prepared. The evaluation is informing development of a new tobacco control Strategy for NSW.
11	Get Healthy Information and Coaching Service provides free telephone-based coaching to support sustained healthy lifestyle changes, and includes a tailored Aboriginal program.	Aims: Were to assess the reach and impacts of the service from 2009-2015, including among Aboriginal participants, with particular attention given to the impact of the establishment of the Aboriginal program. Methods: Pre- and post-test questionnaires; data analysis of participants' demographics and referral sources; and analysis of health and behaviour-related outcomes.	The evaluation is complete. The evaluation report is available here and a peer-reviewed paper is available here . Results have been used to improve program content and delivery, including establishing culturally appropriate referral pathways.
12	Make Healthy Normal (MHN) aims to challenge the normalisation of overweight in NSW. A social marketing campaign targets Aboriginal people.	Aims: To assess the appropriateness, relevance and impact of culturally-adapted elements of the social marketing campaign and related key messages, and the value of community engagement for Aboriginal people. Methods: A prospective repeated measures survey design.	The evaluation is in the implementation phase and will contribute to the refinement of the MHN for Aboriginal people in NSW.
13	TickIT is a tablet-based tool for psychosocial assessment, which is being trialed with clients of Maari Ma Health ACCHS in Broken Hill, NSW.	Aims: To: describe the ways in which TickIT is being used; explore client and staff experiences and perspectives of TickIT; and investigate the extent to which TickIT is reaching its target group. Methods: Questionnaires and interviews with Aboriginal young people and ACCHS staff.	The evaluation is underway. A report is complete and awaiting feedback from stakeholders. Maari Ma Health ACCHS co-commissioned the evaluation.
14	Supporting Indigenous Smokers to Assist Quitting (SISTAQUIT) is a training program for health staff to deliver culturally competent smoking cessation care to pregnant Aboriginal women in ACCHSs.	Aims: The SISTAQUIT pilot seeks to improve provision of timely, evidence-based smoking cessation care to pregnant women who use ACCHSs. Methods: Assessment of impact on client smoking behaviours in five ACCHSs using a stepped wedge design; and qualitative interviews with stakeholders exploring the acceptability and feasibility of the intervention.	The pilot is underway. A large cluster randomised controlled trial comparing the intervention with 'usual care' will follow the pilot study. Information about the trial can be found here .
Acute care			
15	The 48 Hour Follow Up Program aims to improve the post-hospital discharge care of Aboriginal people with a chronic condition in NSW.	Aims: Were to investigate program implementation, reach and impact. Methods: Telephone interviews with program staff; document and literature review; and assessment of health outcomes in a patient cohort established through audit of medical records and administrative data linkage.	The evaluation is complete. A report is available here and a peer-reviewed paper is available here . Results were presented at the 2017 Innovations in Aboriginal Chronic Conditions Forum (program here).
16	Aboriginal Identification in Hospitals Quality Improvement Program was a continuous quality improvement program that aimed to improve the cultural safety of Aboriginal patients in hospitals.	Aims: Were to assess program impact on: the accuracy of recording of Aboriginal status in emergency department (ED) information systems; incomplete ED visits in Aboriginal patients; and the cultural appropriateness of ED systems and environments. Methods: A multiple baseline design; analysis of linked administrative data; stakeholder interviews; and document review.	The evaluation is complete. A report is available here . A community report is available here . A peer-reviewed publication describing findings is under review by <i>BMC Health Services Research</i> .
Workforce development			
17	The Aboriginal Immunisation Health Worker Program aims to improve vaccination rates and timeliness in Aboriginal children in NSW, by establishing Aboriginal immunisation staff in LHDs.	Aims: Were to describe program strengths, implementation barriers and stakeholder satisfaction. Methods: Interviews with: immunisation providers in ACCHSs, community health centres and general practices; hospital Aboriginal Liaison Officers; AMIHS staff; primary health network staff; and Aboriginal community group representatives.	The evaluation is complete. Reports of findings are available here and here .



18	NSW Health Education Centre Against Violence Aboriginal qualifications equip AHWs to counsel Aboriginal victims of domestic violence.	Aims: To describe how the courses are implemented across NSW, their costs, and their effectiveness in meeting intended objectives. Methods: Analysis of routinely-collected course data; document review; and qualitative interviews with key stakeholders.	The evaluation is being implemented. Findings will be shared through: summative and community reports; journal articles; and conference and policy group presentations.
19	Respecting the Difference (RTD) is the mandatory Aboriginal cultural training for NSW Health staff.	Aims: To assess the development, implementation, reach, and uptake of RTD. Effectiveness in improving the cultural capability of staff will also be explored. Methods: A mixed methods design.	A report of an earlier evaluation of RTD is available here .
20	NSW Aboriginal Population Health Training Initiative provides public health training for Aboriginal people in NSW.	Aims: Were to describe program implementation, achievements and effectiveness in increasing the NSW Aboriginal population health workforce. Methods: Document review; stakeholder interviews; and analysis of program monitoring data.	The evaluation is complete. The report is available here and a peer-reviewed article is available here .
21	Aboriginal Nursing and Midwifery Strategy aims to improve Aboriginal health by supporting Aboriginal people to work in nursing and midwifery.	Aims: To assess Strategy implementation, reach, appropriateness, achievements, cost and how it contributes to broader efforts to build the Aboriginal workforce. Methods: Document review; stakeholder interviews; and analysis of program data.	The evaluation is in progress and is expected to be completed in 2018. Findings will be shared through reports, journal articles and conference presentations.



TABLE 3. FULL LIST OF INITIATIVES IDENTIFIED THROUGH SURVEY OF NSW HEALTH ORGANISATIONS

Initiative name		Initiative description	Lead agency	Scale
Strategic Direction 1: Building trust through partnerships				
1	Connection to Country	Program designed to strengthen engagement with Aboriginal people and communities, build partnerships and capability to support ACI staff.	NSW Agency for Clinical Innovation	State-wide implementation
2	Aboriginal Chronic Conditions Network	Established to improve the experience and delivery of healthcare for Aboriginal people with chronic conditions in NSW.	NSW Agency for Clinical Innovation	State-wide implementation
3	Rheumatic Heart Disease Framework	Provides a guide to help health services develop local approaches to address acute rheumatic fever and rheumatic heart disease as part of the Better Cardiac Care project.	NSW Agency for Clinical Innovation	State-wide implementation
4	Pain management in Aboriginal communities	Aims to engage with partners in order to facilitate the implementation of pain management strategies within Aboriginal communities and improve access to specialist care.	NSW Agency for Clinical Innovation	State-wide implementation
5	Training of ACI staff in eight ways of learning methodology	Aims to build capacity of staff to participate in meaningful partnerships and support the dissemination of best-practice models.	NSW Agency for Clinical Innovation	State-wide implementation
6	Perspectives: Hospital Care for Aboriginal People	Survey to compare experiences of Aboriginal and non-Aboriginal patients who were admitted to a NSW public hospital during 2014. Repeated and updated in 2018.	Bureau of Health Information	State-wide implementation
7	National Indigenous Bowel Screening Pilot	A supporting agency in the development of the National Indigenous Bowel Screening Pilot led by the Australian Government Department of Health and Menzies School of Health Research.	Cancer Institute NSW	State-wide implementation
8	BreastScreen NSW Marketing and Recruitment Strategy	Aims to increase the participation of Aboriginal women (a priority population) in regular breast screening.	Cancer Institute NSW	State-wide implementation
9	Aboriginal Cancer Partnership Project	A Cancer Institute NSW, AH&MRC and Cancer Council NSW partnership to improve cancer health outcomes for Aboriginal people and support the Aboriginal health workforce.	Cancer Institute NSW	State-wide implementation
10	NSW Primary Care Strategy for cancer screening programs	Aims to increase primary care involvement in bowel, breast and cervical cancer screening programs.	Cancer Institute NSW	State-wide implementation
11	NSW Population and Health Services Research Ethics Committee and AH&MRC Partnership	Aims to increase involvement of Aboriginal stakeholders in the ethical review of research projects and improve awareness of ethical issues relating to research involving Aboriginal people.	Cancer Institute NSW	State-wide implementation
12	Our Health Our Way	Video and brochure developed in consultation with Aboriginal young people to improve health literacy and confidence in help-seeking.	MoH	State-wide implementation
13	Youth Health Forum	Community health education seminars providing opportunities for health workers, education professionals, young people and families to meet, network and update knowledge and skills.	MoH	State-wide implementation
14	Aboriginal Midwifery and Infant Health Services (AMIHS) Cultural Reference Group	Ensures there is an authentic Aboriginal voice in the design, implementation and recommendations of the AMIHS evaluation.	MoH	State-wide implementation
15	Aboriginal Mental Health & Wellbeing policy	Consultation with AH&MRC and ACCHSs ensures the appropriateness of projects/services and confirms partnerships are embedded in the next policy strategic directions.	MoH	State-wide implementation
16	Mental Health Services Quality Improvement Grants	Assist local mental health services to work more collaboratively with ACCHSs to improve access to culturally responsive services for infants, children and young people and their families.	MoH	State-wide implementation



17	Aboriginal Getting on Track in Time (Got It!)	Aims to improve the cultural appropriateness of school-based early intervention mental health programs for children aged 5-8 years and their carers.	MoH	State-wide implementation
18	Voluntary Accreditation of Aboriginal Medical Service Dental Services	Partnership between the Centre for Oral Health Strategy, AH&MRC, and the Australian Dental Association to promote and support voluntary dental accreditation by ACCHSs.	MoH	State-wide implementation
19	Housing for Health program	Assesses, repairs or replaces 'health hardware' (electrical systems, bathroom and kitchen appliances, etc.) to ensure houses are safe and the occupants have the ability to carry out healthy living practices.	MoH	State-wide implementation
20	Save the Date immunisation campaign	Redevelopment of campaign resources to increase the percentage of mothers of Aboriginal children vaccinating their children on time.	MoH	State-wide implementation
21	NSW Healthy Town Challenge	Aims to help regional and rural communities become healthier through the development and implementation of local infrastructure, policies and lifestyle programs.	MoH	State-wide implementation
22	Get Healthy at Work	Aims to support all businesses in NSW to address preventable risk factors for lifestyle diseases including type 2 diabetes, heart disease and some cancers.	MoH	State-wide implementation
23	Finish with the Right Stuff	Partnership with Good Sports Clubs to encourage clubs to provide and promote healthy food and drink at the club canteen and encourage children to drink water at sport.	MoH	State-wide implementation
24	Aboriginal Go4Fun	A family-based healthy lifestyle program delivered in partnership with local Aboriginal organisations to improve the health, fitness and self-esteem of children aged 7-13.	MoH	State-wide implementation
25	NSW Aboriginal Knockout Health Pilot	Weight loss and healthy lifestyle program developed in partnership with Bila Muuji Consortium and partnering with the Get Healthy Service and Country and National Rugby Leagues.	MoH	State-wide implementation
26	Take Blaktion	Campaign that aims to empower young Aboriginal people in NSW to make informed decisions around their sexual health.	MoH	State-wide implementation
27	<i>NSW Aboriginal Health Partnership 2015-2025</i>	A state-wide Partnership Agreement between the MoH and the AH&MRC (who represent ACCHSs in NSW).	MoH	State-wide implementation
28	Aboriginal Strategic Leadership Group	Meeting of senior Aboriginal leaders from LHDs and SHNs to embed safe, accessible and culturally responsive services across the NSW health system.	MoH	State-wide implementation
29	<i>Agreement on NSW Aboriginal Health and Wellbeing 2015-2020</i>	Agreement between Commonwealth Government, MoH and National Health & Medical Research Council to improve health and wellbeing outcomes and reduce the gap for Aboriginal people in NSW.	MoH	State-wide implementation
30	Bila Muuji Continuous Quality Improvement (CQI) project	Provides funding for a CQI project manager working across the five Aboriginal Medical Service sites to enhance capacity across a range of CQI activities.	MoH	Implemented in one LHD
31	Tripartite funding agreements between MoH, LHDs and ACCHSs	Pilot of tripartite funding agreements between ACCHSs, their LHDs and the MoH in two locations to increase transparency and facilitate stronger partnerships.	MoH	Implemented in multiple LHDs
32	Better Cardiac Care videos	Videos developed in partnership with Better Cardiac Care Aboriginal Advisory Group, the Heart Foundation, NSW Ambulance and clinicians to improve health literacy of Aboriginal people.	MoH	State-wide implementation
33	<i>Talkabout</i> newsletter	Aims to inform MoH staff about the role of the Centre for Aboriginal Health, its program of work and achievements, as well as emerging state and national issues of significance to Aboriginal health.	MoH	State-wide implementation
34	<i>Collaborative Partnership Agreement 2017-2020</i>	Agreement between Central Coast LHD, Yerin Aboriginal Health Service and Hunter New England Central Coast PHN to improve patient journey and increase coordination of services.	Central Coast LHD	Implemented in one LHD
35	Models of Care	Embedment of Aboriginal Health into newly developed Models of Care used throughout LHD.	Central Coast LHD	Implemented in one LHD
36	<i>Central Coast Collaborative Aboriginal Health Services Strategic Plan 2018-21</i>	Developed in line with the Central Coast Aboriginal Health Collaborative Partnership Agreement to build on existing performance in monitoring, management and accountability.	Central Coast LHD	Implemented in one LHD



37	Nunyara Clinic	Provides culturally appropriate services to the Aboriginal community, including GP outreach (Yerin), diabetes clinic, drug and alcohol specialist services, Aboriginal mothers and babies clinics (Ngiyang), and mental health assessments and care.	Central Coast LHD	Implemented in one LHD
38	NAIDOC Community Day	Partnership between Central Coast LHD and Indigenous jobs market to promote the health and wellbeing, including education and employment, of the local Aboriginal community.	Central Coast LHD	Implemented in one LHD
39	Service Agreement with Maari Ma Health Aboriginal Corporation	Maari Ma provides primary healthcare services in Wilcannia and Menindee. Other shared service arrangements include social and emotional wellbeing, diabetes education, and AMIHS.	Far West LHD	Implemented in one LHD
40	Partnership with Coomealla Health Aboriginal Corporation (CHAC)	Dareton Primary Healthcare Service works with CHAC on community initiatives and health promotion programs across the Wentworth Local Government Area.	Far West LHD	Implemented in one LHD
41	Local Aboriginal Health Partnership Groups	A collaborative partnership that aims to bring about improvements in health service delivery through coordinated collective action of partners.	Hunter New England LHD	Implemented in one LHD
42	Aboriginal Health Collaborative Committees	Localised strategic leadership to increase appropriateness and effectiveness of services, increase cultural safety of work sites and to ensure a coordinated approach for Closing the Gap initiatives.	Hunter New England LHD	Implemented in one LHD
43	Toomelah Boggabilla Healthy Communities Sub Committee	Actively participates and advocates for the health and wellbeing needs of the Aboriginal communities of Toomelah and Boggabilla, and reports back through local processes.	Hunter New England LHD	Implemented in one LHD
44	<i>Aboriginal Health Partnership Agreement 2017-2020</i>	Allows for collaboration in service delivery, including integrated care and responses to health priorities identified through extensive consultation and research.	Illawarra Shoalhaven LHD	Implemented in one LHD
45	Cancer Care Project 2017	Partnership between Illawarra Shoalhaven LHD Cancer Services and Waminda Aboriginal Medical Service to address the high levels of chronic disease risk factors and late cancer diagnosis.	Illawarra Shoalhaven LHD	Implemented in one LHD
46	Service Agreement with Maari Ma Health	Provides GP services to Broken Hill Correctional Centre.	Justice Health and Forensic Mental Health Network	Implemented in one LHD
47	<i>Mid North Coast Aboriginal Health Accord 2014-2018</i>	A collaborative partnership that aims to bring about improvements in health service delivery through coordinated collective action of partner agencies.	Mid North Coast LHD	Implemented in one LHD
48	Macleay Valley Committee	Partnership between Durri Aboriginal Medical Service and Mid North Coast LHD to bring about necessary improvements in health service delivery for the Aboriginal community of the Mid North Coast.	Mid North Coast LHD	Implemented in one LHD
49	Child and Family Wellbeing Team	Sharing of expertise in child protection policy and training with our service partners.	Mid North Coast LHD	Implemented in one LHD
50	Student Placement Agreement	Enables Aboriginal nursing students at Booroongen to complete student placements at Mid North Coast LHD.	Mid North Coast LHD	Implemented in one LHD
51	Aboriginal Advisory Committee	Community Reference Group consulted in the planning of new service and redesigning existing services.	Mid North Coast LHD	Implemented in one LHD
52	Aboriginal Health Consortium	Aims to provide a regular forum for networking and sharing of ideas that will improve the health and wellbeing of Aboriginal communities.	Murrumbidgee LHD	Implemented in one LHD
53	Albury/Wodonga Health Reference Group	Provides a forum to discuss strategic health objectives for the Aboriginal community incorporating Albury, Wodonga and surrounding communities.	Murrumbidgee LHD	Implemented in one LHD
54	Sharing and Learning Circle	Intended to create a vision for improving access, services and ultimately improved outcomes for members of local Aboriginal communities.	Nepean Blue Mountains LHD	Implemented in one LHD
55	Penrith Aboriginal Men's Group	Created in partnership with Nepean Blue Mountains Primary Health Network and Nepean Community Neighbourhood services to provide a place to meet and to deliver information and education.	Nepean Blue Mountains LHD	Implemented in one LHD



56	The Leaving Healthy Footprints, Barri-ngi-rra Marang Baayi Aboriginal Consultative Group	Partnership which addresses issues affecting the cultural, spiritual, emotional and physical health of the Aboriginal communities of the Greater Lithgow area.	Nepean Blue Mountains LHD	Implemented in one LHD
57	Mootang Tarimi Outreach Assessment Program	A free renal assessment and chronic care screening service available to Aboriginal adults.	Nepean Blue Mountains and Western Sydney LHDs	Implemented in multiple LHDs
58	Elders Support Group	Aims to increase social and emotional wellbeing of Aboriginal elders.	Nepean Blue Mountains LHD	Implemented in one LHD
59	<i>Northern NSW Aboriginal Health Partnership Agreement 2016-2018</i>	Aims to improve health outcomes for Aboriginal people by promoting a partnership approach at all levels and providing a forum for consultation.	Northern NSW LHD	Implemented in one LHD
60	Core of Life Program	Collaborative partnership with the primary health network. Aims to reduce unwanted teenage pregnancies and to improve health outcomes for young parents and their babies.	Northern NSW LHD	Implemented in one LHD
61	Ngayundi Aboriginal Health Council	Provides a forum for local Aboriginal community members to share their knowledge and expertise within Northern NSW LHD.	Northern NSW LHD	Implemented in one LHD
62	Healthy lifestyle initiatives	Partnership with local AMSs and NGOs to improve the health outcomes of clients through Get Healthy, Koori Knockout Challenge, Heart Health Workshops and Quit for New Life.	Northern NSW LHD	Implemented in one LHD
63	Sydney Metropolitan Local Aboriginal Health Partnership	A primary mechanism for providing advice and expertise at a regional level, within the boundaries of three local health districts and two specialty health networks.	Sydney, Northern Sydney and South Eastern Sydney LHDs, St Vincent's Health Network, Sydney Children's Hospitals Network	Implemented in multiple LHDs
64	Health Justice Partnership between Legal Aid NSW and Bungee Bidgee Aboriginal Health Clinic	Aims to work from a holistic health point of view addressing social and emotional wellbeing and addressing the social determinants of health.	Northern Sydney LHD	Implemented in one LHD
65	Oral Health and Aboriginal Health pathway	Aims to improve access to oral health services for Aboriginal people.	Northern Sydney LHD	Implemented in one LHD
66	NSW Ambulance Authorised Care Plans across Aboriginal communities	A collaborative partnership with Western NSW LHD Aboriginal Hospital Liaison Officers introducing NSW Ambulance Authorised Palliative Care Plans for Aboriginal people in the LHD.	NSW Ambulance	State-wide implementation
67	Aboriginal cardiac awareness education program	Aims to increase knowledge of how to respond to a cardiac emergency and identifying when to call Triple Zero (000).	NSW Ambulance	State-wide implementation
68	SWSLHD/Tharawal MS Partnership Agreement 2016-2019	Details how the agencies will work collaboratively to improve access to services and health outcomes for Aboriginal communities.	South Western Sydney LHD	Implemented in one LHD
69	SWSLHD/Gandangara Health Services MoU 2016-2019	Details how the agencies will work collaboratively to improve access to services and health outcomes for Aboriginal communities.	South Western Sydney LHD	Implemented in one LHD
70	SWSLHD/KARI Aboriginal Resources MoU	Details how the agencies will work collaboratively to improve access to services and health outcomes for Aboriginal communities.	South Western Sydney LHD	Implemented in one LHD
71	South Western Sydney LHD Aboriginal Health Committee	Strategic Committee of the LHD which drives their Aboriginal Health agenda and ensures engagement across the organisation.	South Western Sydney LHD	Implemented in one LHD



72	Partnership with local Aboriginal Medical Service, Katangul	Ensures that the local Aboriginal community can access services via different pathways and promotes their healthcare needs being met locally.	Southern NSW LHD	Implemented in one LHD
73	Collaboration with Grand Pacific Health	Sharing of specialised services, such as Diabetes Educators, across the region.	Southern NSW LHD	Implemented in one LHD
74	Development and implementation of a National Reconciliation Action Plan	Aims to build cultural safety of facilities and equal access for Aboriginal people to healthcare services.	St Vincent's Health Network	Implemented in one LHD
75	Outreach services at Redfern Aboriginal Medical Service (AMS)	Delivery of outreach services to Aboriginal patients at the Redfern AMS, such as: orthopaedic follow up, cancer women's art therapy and pain management.	St Vincent's Health Network	Implemented in one LHD
76	Outreach ear, nose and throat services	Delivering ear, nose and throat services to Pius X Aboriginal Medical Service (Moree).	St Vincent's Health Network	Implemented in one LHD
77	Outreach cardiology services	Delivering cardiology services to Condobolin Aboriginal Medical Service.	St Vincent's Health Network	Implemented in one LHD
78	Community forums at La Perouse Childhood Health Centre	Regular forums to establish a culture of partnership and collaboration, with service partners meeting with community members and Sydney Children's Hospitals Network.	Sydney Children's Hospitals Network	Implemented in one LHD
79	Specialty services at Redfern AMS	Aims to improve access for Aboriginal people to specialist services including paediatrics, cardiology, geriatric medicine, diabetes and endocrinology, and drug and alcohol services.	Sydney LHD	Implemented in one LHD
80	Schools outreach services	Provided to primary school students to improve access to specialist paediatric clinical services and to facilitate referral to child and family health or tertiary level services.	Sydney LHD	Implemented in one LHD
81	Sustained Health Home Visiting 'Yana Muru'	A structured and evidence-based home visiting service for Aboriginal families requiring additional support with parenting of a newborn up to 2 years.	Sydney LHD	Implemented in one LHD
82	Healthy Homes and Neighbourhoods	A coordination program for vulnerable families, including Aboriginal families, with children 0-17 years where the parent has a chronic condition and is being seen by multiple agencies.	Sydney LHD	Implemented in one LHD
83	RedLink Service Hub	Onsite delivery of care coordination, chronic disease management, drug health, legal services, health education programs and support groups within a social housing estate.	Sydney LHD	Implemented in one LHD
84	Aboriginal Sexual Assault & Family Violence Project	Delivers domestic violence and sexual assault information and services in a culturally appropriate manner in order to increase access to services.	Sydney LHD	Implemented in one LHD
85	Chronic Care Follow-up Program	Aims to improve the health outcomes of Aboriginal patients with chronic disease, by providing follow up within 2 working days of discharge from hospital.	Sydney LHD	Implemented in one LHD
86	Cervical cancer screening	Aims to increase cervical cancer screening rates for socio-economically disadvantaged women, with the specific inclusion of Aboriginal women (at the request of the AH&MRC).	Sydney LHD	Implemented in one LHD
87	Health education workshops	Events to improve the health literacy of Aboriginal young people aged 12-25 by partnering with government and non-government services and community events.	Sydney LHD	Implemented in one LHD
88	Youthblock Youth Health Service	Works in partnership with organisations with a high Aboriginal client population to identify, address and improve physical health, mental health and wellbeing concerns of Aboriginal young people.	Sydney LHD	Implemented in one LHD
89	Dream Big	Develop complementary health-promoting programs for Aboriginal students engaged in mentoring programs at schools.	Sydney LHD	Implemented in one LHD
90	Aboriginal Young Carers Project	Aims to improve Aboriginal young carers' health and wellbeing and their experience as a carer.	Sydney LHD	Implemented in one LHD
91	Aboriginal Mental Health First Aid	Builds capacity of organisations and communities to respond to mental health issues through the provision of Mental Health First Aid training to frontline staff, gatekeepers and youth.	Sydney LHD	Implemented in one LHD



92	Drug health services community outreach	Partnership with Family and Community Services to provide support to Redfern social housing residents.	Sydney LHD	Implemented in one LHD
93	<i>Western NSW LHD Aboriginal Partnership Agreement 2015-2020</i>	Provides a framework for Bila Muuji Aboriginal Health Services Incorporated and the LHD to collaborate to improve health and wellbeing outcomes for Aboriginal people.	Western NSW LHD	Implemented in one LHD
94	Three Rivers Regional Assembly Accord	Focuses on improving Aboriginal cultural competence, health service delivery and accountability through providing Aboriginal communities with a voice in decision making processes.	Western NSW LHD	Implemented in one LHD
95	Souths Care Partnership	Emphasises the importance of good oral health hygiene and care and other important health messages to Aboriginal students.	Western NSW LHD	Implemented in one LHD
96	NSW Aboriginal Health Awards 2014	Recognise the achievements of strong partnerships and collaborative approaches in improving health outcomes for Aboriginal people.	MoH	State-wide implementation
97	NSW Sexually Transmitted Infection Programs Unit	Provides state-wide leadership in STI health promotion and service development, including the Playsafe website.	MoH	State-wide implementation
98	Casino Aboriginal Medical Service Fruit and Vegetable Trial	Casino Aboriginal Medical Service, in collaboration with Housing for Health, provides fresh fruit and vegetable boxes to identified households.	Northern NSW LHD	Implemented in one LHD

Strategic Direction 2: Implementing what works and building the evidence

1	Aboriginal Respiratory Care evaluation	Evaluation of the programs aimed at increasing awareness of respiratory diseases in Aboriginal communities through the additional training of staff.	NSW Agency for Clinical Innovation	State-wide implementation
2	1 Deadly Step Program evaluation	Process evaluation of a chronic disease screening program in NSW Aboriginal Communities (2015-2016).	NSW Agency for Clinical Innovation	State-wide implementation
3	Health Exchange Needs Assessment Tool	Assessment of the feasibility and usefulness of a chronic disease self-management tool by using a web-based platform to assess health literacy amongst Aboriginal people.	NSW Agency for Clinical Innovation	State-wide implementation
4	Best practice for chronic disease programs for Aboriginal people	Sax Institute commissioned to identify the evidence of best practice that needs to be embedded into local chronic disease programs.	NSW Agency for Clinical Innovation	State-wide implementation
5	Aboriginal Community Engagement Projects	Delivery of discrete projects to raise awareness of breast and cervical screening programs amongst the Aboriginal community in NSW.	Cancer Institute NSW	State-wide implementation
6	Competitive Grants Program	Cancer screening and prevention grants provide funding to organisations with a demonstrated interest in cancer control and experience in delivering community engagement projects.	Cancer Institute NSW	State-wide implementation
7	State-wide social marketing campaigns	Targeted tobacco control and breast and bowel cancer screening campaigns and media channels to reach Aboriginal people.	Cancer Institute NSW	State-wide implementation
8	Aboriginal Smoking and Health Survey	Aims to explore the NSW adult Aboriginal community's tobacco-related knowledge, attitudes and behaviours and measure the reach and impact of Aboriginal anti-smoking campaigns.	Cancer Institute NSW	State-wide implementation
9	NSW Aboriginal Quitline evaluation	Evaluation of the specific Quitline services catering to Aboriginal people.	Cancer Institute NSW	State-wide implementation
10	Lung Cancer Optimal Care Pathway for Aboriginal people in NSW	Development and evaluation of culturally appropriate resources for Aboriginal people and their families living with lung cancer.	Cancer Institute NSW	State-wide implementation
11	Quit for New Life evaluation	Evaluation of a large-scale smoking cessation support initiative for mothers of Aboriginal babies.	MoH	State-wide implementation
12	Respecting the Difference training evaluation	Evaluation of mandatory Aboriginal cultural training for NSW Health staff.	MoH	State-wide implementation
13	NSW Aboriginal Population Health Training Initiative evaluation	Evaluation of a public health training program for Aboriginal people.	MoH	State-wide implementation



14	Aboriginal Nursing and Midwifery Strategy (ANMS) evaluation	Review to provide a comprehensive description of ANMS programs in relation to their implementation, reach, appropriateness, achievements and costs.	MoH	State-wide implementation
15	Hearing, ear health, language and speech services evaluation	Investigates the use of paediatric ear surgery and speech pathology services among Aboriginal children, levels of unmet need, and scopes the availability of service models.	MoH	State-wide implementation
16	Chronic Care Service Enhancements Project evaluation	Aims to measure the impact of the project on health service delivery, improve health outcomes and contribute towards the development of evidence in Aboriginal health.	MoH	State-wide implementation
17	Aboriginal Midwifery and Infant Health Services (AMIHS) evaluation	Aims to identify and describe the implementation, reach and impact of AMIHS and undertake an economic evaluation of the program.	MoH	State-wide implementation
18	Aboriginal Family Health Strategy evaluation	Evaluation of the implementation of the strategy at the state and local level, and identify achievements and challenges of the Aboriginal Family Health Model.	MoH	State-wide implementation
19	Aboriginal Identification in Hospitals Quality Improvement Project	Evaluation of program to improve the cultural competence of staff, identification of Aboriginality in hospital emergency departments, and reduce incomplete emergency attendance among Aboriginal patients.	MoH	State-wide implementation
20	Development of National Safety & Quality Standards	Requires health service organisations to address six actions specific to Aboriginal and Torres Strait Islander people.	MoH	State-wide implementation
21	Improving analysis and reporting of ACCHS KPIs to support CQI	Tool (Qlikview) created to develop comprehensive reports on Aboriginal health KPIs which show performance over time and in relation to the NSW average.	MoH	State-wide implementation
22	Aboriginal Health KPI Toolkit	Developed to improve the capacity of ACCHSs to deliver evidence-based care in line with clinical guidelines for KPI-related health conditions.	MoH	State-wide implementation
23	Patient Experience Symposium 2018 (PEXS2018)	Provides the opportunity for people to come together to network, learn and share their ideas, work and projects, thereby building knowledge of this evolving aspect of patient care.	NSW Agency for Clinical Innovation	State-wide implementation
24	Evaluation of the use of TickIT	Aims to investigate the efficacy and acceptability of an electronic tablet-based tool for psychosocial assessment at Maari Ma Health Broken Hill.	MoH	Implemented in one LHD
25	ACCESS 3 Study	Aims to understand the experiences of young people, including Aboriginal young people, in accessing and navigating the health system in NSW.	MoH	State-wide implementation
26	Aboriginal Cadetships evaluation	Evaluation of the Aboriginal Allied Health Cadetship Program.	MoH	State-wide implementation
27	Aboriginal Immunisation Health Worker Program evaluation	Aims to determine whether the program has been successful.	MoH	State-wide implementation
28	Strategies for improving the reporting of Indigenous status for notifiable conditions in NSW	Use of linked data and new pathology data systems to increase the range of notifiable conditions that have high completeness of Aboriginal identifiers.	MoH	State-wide implementation
29	NSW Knockout Health Challenge evaluation	Mixed methods evaluation to describe the implementation and impact of the program and the components associated with greatest behaviour change.	MoH	State-wide implementation
30	<i>NSW Tobacco Strategy 2012-2017</i> evaluation	Use of population surveys and administrative data collections to assess the impact and outcomes of the strategy.	MoH	State-wide implementation
31	Program logic, planning, and evaluation training for Centre for Aboriginal Health	Aims to provide the Centre with the knowledge and skills to develop and review program plans and commission program evaluations.	MoH	State-wide implementation
32	Assessing Enhanced Reporting of Aboriginal People	Compares reporting of Aboriginal people on administrative health data collections against self-reports from the NSW Patient Survey Program to validate algorithms for reporting of Aboriginal people derived from linked data.	MoH	State-wide implementation
33	BBV & STI Research, Intervention and Strategic Evaluation	Aims to provide research, monitoring, evaluation and workforce development services related to prevention, transmission, testing and treatment, including in Aboriginal populations.	MoH	State-wide implementation



34	Expanded PrEP Implementation in Communities in NSW (EPIC-NSW Study)	Aims to assess the impact of the rapid expansion in access to PrEP amongst those at highest risk of acquiring HIV, including Aboriginal people.	MoH	State-wide implementation
35	Deadly Liver Mob project	Offers incentives for participants to be educated and screened for blood borne viruses and sexually transmissible infections.	MoH	State-wide implementation
36	Munch & Move	Aims to influence systems and build capacity within the NSW early childhood sector to promote and encourage children's healthy eating and physical activity in children aged from birth to 5 years.	MoH	State-wide implementation
37	Aboriginal Go4Fun evaluation	Evaluation of the cultural appropriateness, acceptability and feasibility of the core elements of the program.	MoH	State-wide implementation
38	NSW Get Healthy Information and Coaching Service evaluation	Evaluation of the Aboriginal Coaching Program.	MoH	State-wide implementation
39	Make Healthy Normal social marketing campaign	Adaptation of campaign based on formative research to target Aboriginal communities. Evaluation of campaign will inform further development and refinement of campaign.	MoH	State-wide implementation
40	Early-Mid Career Fellowships	Developed to support and retain NSW medical researchers, and to facilitate skills development.	MoH	State-wide implementation
41	Translational Research Grants Scheme	Designed to accelerate the development of research capabilities and evidence translation within the NSW health system.	MoH	State-wide implementation
42	Culture Health Communities Activity Challenge evaluation	Evaluation of a program aimed to encourage physical activity in primary school students, particularly Aboriginal students.	MoH	Implemented in multiple LHDs
43	NSW Statewide Eyesight Preschooler Screening Program (StEPS) evaluation	Evaluation of a state-wide universal preschool vision screening program.	MoH	State-wide implementation
44	Shake a Leg Program evaluation	Evaluation of a school-based health promotion program aimed at changing health knowledge and behaviours in Aboriginal children attending primary schools.	Hunter New England LHD	Implemented in one LHD
45	The Healthy Skin Project	Study aimed at understanding community and service provider views about bacterial skin infections in Aboriginal children in rural communities.	Hunter New England LHD	Implemented in one LHD
46	Chronic disease pathways to care	Aimed to provide insights into the way Aboriginal people experience and make meaning of their journey through the health system.	Illawarra Shoalhaven LHD	Implemented in one LHD
47	Aboriginal Chronic Care Aunty Jeans' Program 2013 evaluation	Review conducted to find ways to improve the quality of the program and maximise the number of community members who could benefit from it.	Illawarra Shoalhaven LHD	Implemented in multiple LHDs
48	Aboriginal Youth Health Access Workshop Program	Addresses some of the barriers to accessing community-based health services for Aboriginal young men within the NSW Juvenile Justice system.	Justice Health and Forensic Mental Health Network	Implemented in one LHD
49	Network Patient Health Survey - Aboriginal Peoples Report	Aims to describe the physical and mental health status of incarcerated adult Aboriginal people in NSW to provide an evidence base for the planning of clinical services.	Justice Health and Forensic Mental Health Network	Implemented in one LHD
50	Establishment of the Aboriginal Reference Group	Supports the Justice Health and Forensic Mental Health Network in meeting its obligations under the NH&MRC guidelines by engaging with the Aboriginal community on Aboriginal research.	Justice Health and Forensic Mental Health Network	Implemented in one LHD
51	Mid North Coast LHD Research Support Grant Program	Aims to increase research capabilities and capacity within the LHD and improve health service delivery and patient outcomes, including Aboriginal research.	Mid North Coast LHD	Implemented in one LHD



52	Stay'in on Track project	Supports young Aboriginal fathers by providing positive stories about fathering roles and useful information on men's health and parenting.	Mid North Coast LHD	Implemented in one LHD
53	NBMLHD Aboriginal Chronic Care Services evaluation	Aims to identify what is working effectively and what needs refinement and further development.	Nepean Blue Mountains LHD	Implemented in one LHD
54	Positively Hep	Targets people living with Hepatitis C and high-risk clients to engage with the Needle and Syringe Program and to access and share messages about new hepatitis C treatments.	Nepean Blue Mountains LHD	Implemented in one LHD
55	Obstetrix and eMaternity Quality Improvement evaluation	Evaluation of data accuracy and reporting for Aboriginal Maternity Data Collection through Primary Care and Community Health to facilitate better reporting of Aboriginal infant and maternal health outcomes.	Nepean Blue Mountains LHD	Implemented in one LHD
56	HEALING Program	Aims to improve the health of Aboriginal people through the adoption of healthy eating practices and by increasing physical activity.	Northern NSW LHD	Implemented in one LHD
57	Gudaga Longitudinal Study	Identified the positive impacts of sustained home visiting on health outcomes for Aboriginal children.	South Western Sydney LHD	Implemented in one LHD
58	Gadhu Family Health Centre	Centre constructed for the delivery of maternal and child health services in one location.	Southern NSW LHD	Implemented in one LHD
59	New Directions Expansion Program	Implementation and evaluation of a program providing improved access to antenatal, post-natal and early childhood services.	Southern NSW LHD	Implemented in one LHD
60	Dalarinji Aboriginal Advisory Committee	Establishment of a committee to oversee the Aboriginal Health key priorities for St Vincent's Health Network and senior executive to ensure the provision of culturally competent secure services to Aboriginal patients, families and their carers.	St Vincent's Health Network	Implemented in one LHD
61	Aboriginal Health Unit	Established in 2014 to provide services to Aboriginal patients and lead the strategic direction for the organisation.	St Vincent's Health Network	Implemented in one LHD
62	Outreach Heart Health website	Designed and developed in consultation with Aboriginal patients, communities and health professionals to provide culturally appropriate resources related to heart health.	St Vincent's Health Network	Implemented in one LHD
63	Modified Kimberley Indigenous cognitive assessment	Evaluating the feasibility and acceptability of the modified Kimberly Indigenous cognitive assessment to Aboriginal and Torres Strait Islander people attending an acute hospital (2016-2018).	St Vincent's Health Network	Implemented in one LHD
64	Tierney House	Extension of care and accommodation for Aboriginal patients with ongoing health needs on discharge.	St Vincent's Health Network	Implemented in one LHD
65	Study of Environment on Aboriginal Resilience and Child Health (SEARCH)	Longitudinal study examining health, development and wellbeing outcomes in order to change practice and develop effective interventions.	Sydney Children's Hospitals Network	Implemented in one LHD
66	Inequalities in paediatric avoidable hospitalisations	Research on inequalities in avoidable hospitalisation between Aboriginal and non-Aboriginal children in NSW to build evidence for and better understand potentially avoidable hospital admissions.	Sydney Children's Hospitals Network	Implemented in one LHD
67	Buckle-Up Safely - Safe Travel for Kids in Cars	Community-based injury prevention pilot study which aimed to increase the number of children travelling safely in cars.	Sydney Children's Hospitals Network	Implemented in one LHD
68	YHunger Project	Kits and cookbooks distributed to a number of Aboriginal organisations in NSW to improve food security and physical activity options for marginalised young people.	Sydney LHD	Implemented in one LHD
69	Roaming kitchens	Workshops to increase the capacity of young Aboriginal people to independently cook nutritious meals and to empower them to make healthy life choices.	Sydney LHD	Implemented in one LHD
70	Living Well Together Aboriginal Yarning Project	Nurse-led project that centres on equipping nurses to be able to have more culturally appropriate conversations with Aboriginal patients.	Western NSW LHD	Implemented in one LHD
71	BreastScreen Aboriginal Engagement Project	Aims to improve screening activity and participation rates of Aboriginal women by providing culturally appropriate and evidence-based health promotion strategies.	Western NSW LHD	Implemented in one LHD



72	Healthy Kids Bus Stop	A comprehensive screening program that aims to identify developmental issues and provide a pathway to care for children in rural and remote communities, prior to their transition to school.	Western NSW LHD	Implemented in one LHD
73	<i>NSW Population Health Research Strategy 2018-2022</i>	Provides a framework for NSW Health to effectively generate and use population health research.	MoH	State-wide implementation
74	NSW Government Program Evaluation Guidelines	Facilitate consistent, transparent and high quality evaluations of NSW Government-funded programs.	MoH	State-wide implementation
75	Aboriginal Health & Medical Research Council of NSW Ethics Committee	Assesses research proposals affecting the health of Aboriginal people and communities in NSW and monitors the collection of Aboriginal health data to ensure these activities are conducted ethically.	MoH	State-wide implementation
76	Prevention Research Support Program	Competitive scheme providing funding to NSW research organisations conducting prevention and early intervention research that aligns with NSW Health priorities, including Aboriginal health.	MoH	State-wide implementation
77	Pillar research grants schemes	Provide a mechanism for conducting Aboriginal health research. Examples include the Research Grants Scheme (Agency for Clinical Innovation) and translational program grants (Cancer Institute NSW).	Pillars	State-wide implementation
78	Alcohol and Other Drugs Early Innovation Fund	Aims to build the evidence base for early intervention models to support people at risk of alcohol and/or other drugs misuse, particularly young people.	MoH	State-wide implementation
79	Mental Health Innovation Fund	Provides seed-funding for initiatives designed to support people with a mental illness who require services from multiple providers, including Aboriginal people.	MoH	State-wide implementation
80	Aboriginal Injury Prevention Scheme	Aims to develop an evidence base to assist in reducing rates of Aboriginal injury in NSW.	MoH	Implemented in multiple LHDs
81	The Physical Activity Nutrition and Obesity Research Group	Research, monitoring and evaluation of population health-based policies and programs aimed at promoting physical activity, good nutrition and healthy weight.	MoH/University of Sydney	State-wide implementation
82	Multi-agency collaborations	NSW Health organisations participate in several large research collaborations that conduct or support research into Aboriginal health.	MoH	State-wide implementation
83	Rural research capacity building program	Supports rural-based NSW Health staff to participate in research training and undertake a research project.	Health Education & Training Institute	Implemented in multiple LHDs
84	NSW Health PhD Scholarships Program	Provides funding to host universities to support PhD candidates to gain skills and undertake projects that will build capacity in the NSW Health system in areas of identified need.	MoH	State-wide implementation
85	NSW Health conferences and symposiums	NSW Health delivers or supports various conferences and symposiums, including those with an Aboriginal focus.	Various NSW Health organisations	State-wide implementation
86	Sax Institute: core funding and discrete services	NSW Health funds the Sax Institute to support the generation of research for use in policies, programs and services, and to increase policy makers' access to research findings.	MoH/Sax Institute	State-wide implementation
87	Centre for Health Record Linkage	Aims to create and sustain a record linkage infrastructure for the health sector, and provide access to these resources to researchers, health planners and policy makers.	MoH	State-wide implementation
88	Strategies to improve point of care recording of Aboriginality	NSW Health organisations are implementing strategies to improve recording of Aboriginality at the point of care.	Various NSW Health organisations	State-wide implementation
89	Program monitoring systems	The NSW Ministry of Health has established monitoring systems for large Aboriginal health initiatives.	Various NSW Health organisations	State-wide implementation
90	Public health registers	The <i>NSW Public Health Act 2010</i> allows the establishment of public health registers to support disease surveillance and monitoring of health program outcomes in NSW, among other functions.	MoH	State-wide implementation
91	AH&MRC engagement in evaluation advisory groups	For large-scale studies, the AH&MRC is typically invited to participate in an advisory group.	MoH	State-wide implementation



92	AMIHS cultural reference group	Aims to ensure there is an authentic Aboriginal voice in the design, implementation and reporting of the evaluation of the AMIHS.	MoH	State-wide implementation
93	Aboriginal advisory group for data linkage studies	Cancer Institute NSW has partnered with the AH&MRC to establish an advisory committee to strengthen Aboriginal community control and guidance for the development, implementation and reporting of data linkage and epidemiology projects.	MoH	State-wide implementation
94	Recording of patients' Aboriginal status policy	Outlines the requirements for collecting and recording accurate information on the Aboriginal and Torres Strait Islander status of all clients of NSW Health services.	Various NSW Health organisations	State-wide implementation
95	Chronic Care Services Enhancements Program evaluation	Evaluation of program aimed to improve chronic diseases management in ACCHS clients using quality assurance strategies.	MoH	State-wide implementation
96	Supporting Indigenous Smokers to Assist Quitting (SISTAQUIT)	Training program for health staff to deliver culturally competent smoking cessation care to pregnant Aboriginal women in ACCHSs.	MoH	Implemented in one LHD
97	48 Hour Follow Up Program evaluation	Evaluation of program aiming to improve post-hospital discharge care and avoidable readmissions of Aboriginal people with a chronic condition in NSW.	MoH	State-wide implementation
98	Evaluation of the Education Centre Against Violence Aboriginal courses and qualifications	Evaluation of courses to equip Aboriginal Health Workers to counsel Aboriginal victims of domestic violence.	MoH	State-wide implementation
99	Innovations in Aboriginal Chronic Conditions Forum 2017	Showcased health services that strive to improve outcomes for Aboriginal patients and families with chronic conditions.	NSW Agency for Clinical Innovation	State-wide implementation
100	Bulgarr Ngaru Medical Aboriginal Corporation: Fruit and vegetable program	Assists identified households to eat more fresh fruit and vegetables.	Northern NSW LHD	Implemented in one LHD

Strategic Direction 3: Ensuring integrated planning and service delivery

1	Aboriginal Family Health Strategy	Provides a framework for responding to family violence in Aboriginal communities within a culturally competent, family-based context with a focus on healing.	MoH	State-wide implementation
2	Aboriginal Housing Strategy	The Aboriginal Housing Office has set up an Aboriginal Housing Strategic Program Board to develop a coordinated strategic approach to Aboriginal housing.	Aboriginal Housing Office	State-wide implementation
3	Aboriginal Mental Health and Alcohol & Other Drug Joint Advisory Committee	Aims to improve planning and coordination between primary health networks and Mental Health and Drug & Alcohol Services.	Nepean Blue Mountains LHD	Implemented in one LHD
4	Transfer of Care from Mental Health Inpatient Services policy directive	Promotes safe and effective transition of all mental health clients between an inpatient treatment setting back into the community.	MoH	State-wide implementation
5	Isolated Patients Travel and Accommodation Assistance Scheme	Provides money for travel and accommodation costs to eligible patients who need to travel long distances for specialist treatment not available locally.	MoH/LHDs	State-wide implementation
6	Aboriginal Transfer of Care Project	Aims to reduce unplanned hospital readmissions within 28 days. Ensures that Aboriginal people have transfer and follow-up plans confirmed before discharge or transfer from hospital.	South Western Sydney LHD	Implemented in one LHD
7	Guide to the Role Delineation of Clinical Services (2016)	Planning tool used by LHDs and SHNs in health service and capital developments.	MoH	State-wide implementation
8	Family Referral Services	Regional child protection and wellbeing services linking vulnerable children, young people and their families with appropriate support services in their local area.	MoH	Implemented in multiple LHDs
9	Medical Outreach - Indigenous Chronic Disease Program	Supports multidisciplinary teams and individual health practitioners to provide services to Aboriginal patients in regional, remote and urban locations with a focus on chronic conditions.	NSW Rural Doctors Network	Implemented in multiple LHDs



10	NSW Government Stolen Generations Advisory Committee	Provides a forum for the Stolen Generations survivors to have greater input into the decisions which affect them and to raise concerns directly with Government.	MoH	State-wide implementation
11	NSW Integrated Care Strategy	Aims to transform how care is delivered to improve health outcomes and reduce costs deriving from inappropriate and fragmented care, across hospital and primary care services.	MoH	State-wide implementation
12	Aboriginal Maternal and Infant Health Services	Community-based maternity services providing culturally appropriate care for Aboriginal women and babies.	MoH	State-wide implementation
13	Aboriginal Go4Fun	Healthy lifestyle program, delivered in primary schools, that aims to promote a healthy weight among Aboriginal children and their families.	MoH	Implemented in multiple LHDs
14	Building Strong Foundations (BSF) for Aboriginal Children, Families and Communities	BSF services provide free, culturally appropriate early childhood health care collaboratively with several partners, with the aim of improving the health of Aboriginal children and families.	MoH	State-wide implementation
15	Healthy Ears - Better Hearing, Better Listening program	Aims to improve access to ear and hearing services for Aboriginal children and youth, with a focus on rural and remote locations.	NSW Rural Doctors Network	State-wide implementation
16	NSW Aboriginal Ear Health Program	Aims to prevent middle ear infections in Aboriginal children (particularly from otitis media).	MoH	State-wide implementation
17	1 Deadly Step	Sports-focused community event developed in partnership with the Australian Rugby League and aimed at encouraging the screening, early detection and follow up of chronic disease.	NSW Agency for Clinical Innovation	Implemented in multiple LHDs
18	48 Hour Follow Up	Aims to improve the health outcomes of Aboriginal patients with chronic disease, by providing follow up within two working days of discharge from hospital.	MoH	State-wide implementation
19	Aunty Jeans Good Health Program	Community-oriented program to support Aboriginal people with or at risk of chronic illness, incorporating health promotion, education and self-management.	Illawarra Shoalhaven LHD	Implemented in multiple LHDs
20	Deadly Dubais – Putting out the Fires in our communities	Comprehensive social marketing campaign to improve community health outcomes targeting Aboriginal and Torres Strait Islander communities in Northern NSW LHD.	Northern NSW LHD	Implemented in one LHD
21	Knockout Health Challenge	Community-led program developed in partnership with NSW Rugby League, promoting weight loss and healthy living in Aboriginal communities.	MoH	State-wide implementation
22	Aboriginal Chronic Care Program: Murr-roo-ma Dhun-barn - To Make Strong	Aims to close the gap in chronic conditions for Aboriginal people who come into contact with the criminal justice system in NSW by providing screening, health education, health promotion and early intervention strategies.	Justice Health and Forensic Mental Health Network	State-wide implementation
23	Housing for Health	Health-focused repair and maintenance program that aims to improve safety and health in Aboriginal community housing.	MoH	State-wide implementation
24	Justice Health and Forensic Mental Health Network Community Integration Team	Works with Aboriginal young people in custody to develop a release plan to transition them back into their community, and provides referrals to local health and support services.	Justice Health and Forensic Mental Health Network	State-wide implementation
25	NSW Health Specialist Violence, Abuse and Neglect Service Redesign	Aiming to identify and implement system reforms in relation to health service responses to violence, abuse and neglect, including for Aboriginal clients.	MoH	State-wide implementation
26	Murrumbidgee LHD Aboriginal Health Consortium Planning	Supports the development of action plans to focus on improving mental health, chronic disease, child and maternal health and cancer prevention and treatment.	Murrumbidgee LHD	Implemented in one LHD
27	The Whole of Health Program Aboriginal Health Project	Aims to improve access to care for patients across NSW by identifying successful, sustainable initiatives suitable for wider implementation.	MoH	State-wide implementation
28	Nepean Blue Mountains Primary Care & Community Health	NSW Health Education Centre Against Violence and Nepean Blue Mountains LHD run workshops aiming to build effective relationships between service providers.	Nepean Blue Mountains LHD	Implemented in one LHD



29	St Vincent's Health Network Health Plan	Ensures that all staff are embedding the plan as part of their everyday activities and action plans.	St Vincent's Health Network	Implemented in one LHD
30	Inter-professional Education Program	Improving the knowledge of the future Allied Health workforce in working with Aboriginal Health Workers and with Aboriginal patients, families and carers.	St Vincent's Health Network	Implemented in one LHD
31	Facilitating the Disclosure Workshops	Facilitators from Community Services, NSW Health and NSW Police provide Aboriginal community members with information to help protect a child or young person if a disclosure is made.	Northern NSW LHD	Implemented in one LHD
32	Strong Aboriginal Women's and Men's Workshops	Community meetings to provide a forum for connection and discussion of domestic family violence and child abuse.	Northern NSW LHD	Implemented in one LHD
33	Child protection training workshops	Workshops for Aboriginal Health Unit and multiple ACCHSs on identifying and reporting child physical and sexual abuse and neglect.	Northern NSW LHD	Implemented in one LHD
34	<i>Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-2020</i>	Formalises partnership arrangements with key agencies to work together with Aboriginal people to achieve the highest level of health possible for individuals, families and communities.	Northern NSW LHD	Implemented in one LHD
35	Breast screen and pap smear days	Aim to increase the rates of Aboriginal women who undertake breast screening and pap smears, and the community's knowledge on breast and cervical cancer.	Northern NSW LHD	Implemented in one LHD
36	Cancer Yarn Up days	Information day for Aboriginal communities on increasing knowledge of cancers such as breast, ovarian and prostate and the pathways to getting available support and services.	Northern NSW LHD	Implemented in one LHD
37	Hearing Health	School-based otitis media screenings to improve access to screening, early detection, treatment and management of hearing health issues.	Northern NSW LHD	Implemented in one LHD
38	Ready Set Go! Healthy Heart!	Builds capacity of Community Health Workers to deliver heart health information and raise awareness of heart health, lifestyle risk factors and heart attack warning signs.	Northern NSW LHD	Implemented in one LHD
39	Aboriginal Cardiac Rehabilitation Program	Provides culturally-specific cardiac rehabilitation for Aboriginal clients at Lismore Base Hospital.	Northern NSW LHD	Implemented in one LHD
40	Aboriginal Eye Screening Program	Partnership between 'Brian Holden Vision Institute', a local optometrist, Bunjum, Jali LALC, and Bullinah to provide eye health assessments to Aboriginal clients.	Northern NSW LHD	Implemented in one LHD
41	Aboriginal Men's Group	Provides cultural, social, environmental and family support to men.	Northern NSW LHD	Implemented in one LHD
42	Aboriginal Men's Health Information Days	Provide Aboriginal men the opportunity to discuss men's business during and after an educational presentation.	Northern NSW LHD	Implemented in one LHD
43	Aboriginal Court Diversion & Bail Support Program	Pilot program providing support for Aboriginal people in contact with the criminal justice system, with a mental health and/or substance misuse concern.	Justice Health and Forensic Mental Health Network	Implemented in one LHD
44	Aboriginal Employment and Workforce Development Strategy	Developed to provide focus for Sydney Children's Hospitals Network activities that strengthen the Aboriginal workforce.	Sydney Children's Hospitals Network	Implemented in one LHD
45	No Way Home Program	Provides Aboriginal people with a way to get home safely when discharging from Port Macquarie Base Hospital out of hours.	Mid North Coast LHD	Implemented in one LHD
46	Shady Ladies Program	Eight week nutrition and lifestyle intervention program to improve the health and wellbeing of local Aboriginal women and their families in the South Kempsey community.	Mid North Coast LHD	Implemented in one LHD
47	Aboriginal Hydrotherapy Program Bathu - Marrung	Culturally safe program designed to increase utilisation of hydrotherapy pool for strength and balance program.	Mid North Coast LHD	Implemented in one LHD
48	Health promotion training	Partnership between Health Promotion and Aboriginal Medical Service sector, designed to build preventive health capacity across sectors.	Mid North Coast LHD	Implemented in one LHD



49	Building Brighter Grins Program	Primary school-based dental program including oral health education, dental assessment and treatment.	Mid North Coast LHD	Implemented in one LHD
50	Aboriginal Go4Fun	Aims to promote healthy eating and active living for children aged 7-13 years, and their families.	Mid North Coast LHD	Implemented in one LHD
51	Aboriginal Stepping On	Aims to prevent falls in the community and build health literacy.	Mid North Coast LHD	Implemented in one LHD
52	Working party for Aboriginal women and babies	Workshop aiming to promote co-operation between the LHD, Galambila Aboriginal Medical Service and Family and Community Services in order to facilitate care and support of ante- and post-natal Aboriginal women and their babies.	Mid North Coast LHD	Implemented in one LHD
53	Nambucca Area Aboriginal Integrated Care Committee	Provides follow-up and support for Aboriginal Chronic Care clients and assists with the transfer of care from the acute to the community setting.	Mid North Coast LHD	Implemented in one LHD
54	BreastScreen NSW North Coast	Works in association with Aboriginal Medical Services, Aboriginal Health Workers and PHN to develop strategies to increase the number of women attending the service.	Mid North Coast LHD	Implemented in one LHD
55	Aboriginal Health Integrated Care Evaluation Tool	Assists in the systematic assessment of poorly performing areas of healthcare for Aboriginal consumers to identify and improve deficient service aspects.	Mid North Coast LHD	Implemented in one LHD
56	NSW Ambulance and Aboriginal Community Controlled Health Services Collaborative Referral Program	Formalises the referral process from NSW Ambulance Paramedics to an ACCHS to improve planning and coordination of primary healthcare for Aboriginal people presenting to NSW Ambulance for unplanned health issues.	NSW Ambulance	Implemented in one LHD
57	Targeted Aboriginal recruitment for frontline roles	Aims to contribute to improved Aboriginal health, wellbeing and living standards by providing permanent full-time work to Aboriginal people.	NSW Ambulance	State-wide implementation
58	Aboriginal Workforce Development Plan	Aims to improve Aboriginal health, wellbeing and living standards by helping Aboriginal employees to overcome career development barriers and to increase their income.	NSW Ambulance	State-wide implementation
59	Review of NBMLHD Aboriginal Chronic Care Services	Aims to ensure services are meeting the current needs of the Aboriginal community and enhance the patient experience including access and quality of care.	Nepean Blue Mountains LHD	Implemented in one LHD
60	Nepean Blue Mountains Primary Care and Community Health	Phase Three of NSW Health Education Centre Against Violence and Nepean Blue Mountains Local Health District.	Nepean Blue Mountains LHD	Implemented in one LHD
61	NAIDOC Health Tent	Provides opportunistic health screening, health promotion and early intervention to those who registered on NAIDOC Day.	Nepean Blue Mountains LHD	Implemented in one LHD
62	Yuranha Marang Interagency group	Aims to support Aboriginal workers in the Lithgow Local Government Area to improve collaboration of service provision.	Nepean Blue Mountains LHD	Implemented in one LHD
63	Gugaa Playgroup	Aboriginal-specific supported playgroup which increases school readiness through early detection of health/learning barriers.	Nepean Blue Mountains LHD	Implemented in one LHD
64	Integration of Care	Improved planning and coordination between primary care (PHN) and LHD for Aboriginal Mental Health and Drug and Alcohol Services.	Nepean Blue Mountains LHD	Implemented in one LHD
65	Aboriginal Go4Fun	Aims to promote healthy eating and active living for children aged 7-13 years, and their families.	Hunter New England LHD	Implemented in multiple LHDs
66	48 Hour Follow Up	Aims to improve the health outcomes of Aboriginal patients with chronic disease, by providing follow up within 2 working days of discharge from hospital.	Hunter New England LHD	Implemented in multiple LHDs
67	Medical Outreach - Indigenous Chronic Disease Program	Aims to increase access to a range of health services provided to Aboriginal people in rural and remote communities for the prevention, detection, treatment and management of chronic disease.	Hunter New England LHD	Implemented in one LHD
68	Toomelah Boggabilla Violence Prevention Initiative	Aims to increase community awareness, knowledge and capacity to address and prevent family violence and sexual harm in families of Toomelah and Boggabilla.	Hunter New England LHD	Implemented in one LHD



69	Mehi Integrated Care Program	Provides antenatal outreach care in isolated rural communities and is particularly aimed at Aboriginal women.	Hunter New England LHD	Implemented in one LHD
70	<i>Illawarra Shoalhaven Integrated Care Strategy 2017–2020</i>	Coordination of services between Illawarra Shoalhaven LHD and Coordinare Primary Health Network with a focus on delivering integrated care and ensuring sustainable gains across the region.	Illawarra Shoalhaven LHD	Implemented in multiple LHDs
71	Aboriginal Minor Capital Works	Integration of Binji and Boori Aboriginal Maternal Infant Child Health Service into Family Care Centre to allow for more holistic service configuration, and improved designs to reflect the Aboriginal culture.	Illawarra Shoalhaven LHD	Implemented in one LHD
72	Integrated Team Care Program	Offers continuity of care for Aboriginal people across the community, primary health and acute care sectors, facilitating transitions for people with chronic illness requiring complex responses.	Northern Sydney LHD	Implemented in one LHD
73	Aboriginal and Torres Strait Islander Women's warm water exercise classes	Brings together Aboriginal and Torres Strait Islander women from across Northern Sydney LHD and addresses issues of isolation and social and emotional wellbeing.	Northern Sydney LHD	Implemented in one LHD
74	Healthy Ears Better Hearing Better Listening Program	An initiative of the Rural Doctors Network to ensure that all Aboriginal children have access to audiology and speech pathology services across the LHD.	Southern NSW LHD	Implemented in one LHD
75	Indigenous Chronic Disease Medical Specialist Outreach Assistance with Aunty Jeans	Management of Aunty Jeans' clients that also have diabetes, ensuring appropriate access for these clients to address diabetes education and social work support.	Southern NSW LHD	Implemented in one LHD
76	Collaborative Partnership Agreement	Allows for seamless transfer of patient care between Central Coast LHD and Yerin Aboriginal Health Service when required.	Central Coast LHD	Implemented in one LHD
77	Nunyara Aboriginal Health Clinics	Improve access to appropriate services that increase the prospects of better health outcomes for Aboriginal patients such as GP, allied health, mental health, drug and alcohol, child and family health etc.	Central Coast LHD	Implemented in one LHD
78	Planning and delivery of services in consultation with Maari Ma	Provides advice for the planning and development of the Clinical Service Plan, Integrated Care Plan - Staying Healthy, Leading Better Value Care and Integrated Care for People with Chronic Conditions program.	Far West LHD	Implemented in one LHD
79	Training delivered to remote sites	Maari Ma Health staff included in training on chronic disease management and foot care.	Far West LHD	Implemented in one LHD
80	Ngankarri - Traditional Aboriginal Healer Clinics	Anangu Ngangkari Tjutaku Aboriginal Corporation invited to offer a traditional Aboriginal healing experience for the community in "Ngangkari" style to facilitate cultural exchange.	Western NSW LHD	Implemented in one LHD
81	Western NSW LHD Integrated Care Strategy	System of care based around the needs of the individual, particularly those with chronic conditions, to improve health outcomes for patients and reduce costs from inappropriate and fragmented care.	Western NSW LHD	Implemented in one LHD
82	Hospital in the Home	Provides acute, sub-acute and post-acute care to children and adults residing outside hospital, as a substitution or prevention of in-hospital care.	Western NSW LHD	Implemented in one LHD
83	Bila Muuji Tele Home Monitoring Project	Aims to test the acceptability and utility of tele home monitoring among staff and patients of ACCHSs in the Bila Muuji alliance.	Western NSW LHD	Implemented in one LHD
84	Aboriginal Health Consortium planning days	Development of actions plans that focus on improving mental health, chronic disease, child and maternal health and cancer prevention and treatment.	Murrumbidgee LHD	Implemented in one LHD
85	Aboriginal Health Committees	Aim to ensure South Western Sydney LHD hospitals have Aboriginal health as a priority, and a focus on meeting the needs of Aboriginal patients and their families.	South Western Sydney LHD	Implemented in one LHD
86	Shared consumer review meetings	Monthly meetings to improve care for Aboriginal clients accessing services from both South Western Sydney LHD and ACCHSs by utilising a more coordinated approach to service provision.	South Western Sydney LHD	Implemented in one LHD
87	Aboriginal Health/Housing collaboration	Monthly forum with Housing Department to collaborate to reduce the number of clients whose health outcomes are impacted because of housing problems.	South Western Sydney LHD	Implemented in multiple LHDs
88	Specialist and Allied Health Outreach Models with ACCHSs	Integrated outreach clinical services provided in culturally safe locations to improve access to specialist and allied health services for Aboriginal people.	South Western Sydney LHD	Implemented in one LHD



89	Aboriginal Allied Health Cadetships	Involves Aboriginal students undertaking full-time study in an undergraduate allied health course while being employed in a NSW public health facility.	Health Education & Training Institute	State-wide implementation
90	Aboriginal Medical Workforce Pathway	Offers Aboriginal and/or Torres Strait Islander medical graduates a medical internship in a hospital of their choice.	Health Education & Training Institute	State-wide implementation
91	Introduction to CAMHS Training - Aboriginal MH worker access	Provides improved workforce capacity to deliver specialist services to children and adolescents with mental health problems, and their families.	MoH	State-wide implementation
92	Aboriginal Older People's Mental Health (OPMH) Working Group	Provides advice and support to the Mental Health Branch OPMH Policy Unit and Specialist Mental Health Service for Older People Advisory Group, to promote collaboration, relationships and information sharing.	MoH	State-wide implementation
93	Mental Health Commissioning Steering Group	AH&MRC invited to participate in steering group to ensure mental health services for Aboriginal people are better coordinated and consistent across local health districts.	MoH	State-wide implementation
94	Joint Investigation Response Team program	Tri-agency program which coordinates responses by Family and Community Services, NSW Police Force and NSW Health to serious child abuse reports which may involve criminality.	MoH	State-wide implementation
95	Redesign of Prevention and Response to Violence Abuse and Neglect policies, clinical guidelines and standards (2017-18)	Redesign of policies to include consideration of Aboriginal people as a priority population and reflect the needs of Aboriginal communities.	MoH	State-wide implementation
96	NSW Health specialist violence, abuse and neglect services	Include consideration of Aboriginal people as a priority population and reflect the needs of Aboriginal communities (amongst other things) in the delivery of these services.	MoH	State-wide implementation
97	Integrated planning with Commonwealth on child and maternal health	Improve planning and coordination for maternal and infant services for Aboriginal families to ensure adequate spectrum of services in locations rather than duplication and competition.	MoH	State-wide implementation
98	RACGP - Aboriginal faculty and PHNs re-identification and 715s	Aims to increase the uptake of health assessments under Medicare item 715 in mainstream general practice.	MoH	State-wide implementation
99	Chronic Care Service Enhancement Program	Provided enhancement funding to existing ACCHSs to deliver and evaluate best practice approaches to reduce the burden of chronic disease among Aboriginal people living in NSW.	MoH, multiple ACCHSs	State-wide implementation
100	Bowraville Solution Brokerage	Aims to provide a targeted approach to improving economic and social outcomes for the local community.	MoH	State-wide implementation
101	NSW Government Stolen Generations Advisory Committee	Provides advice to the Premier and Minister for Aboriginal Affairs on matters related to the Stolen Generations, as well as monitoring the implementation of recommendations in Unfinished Business.	MoH	State-wide implementation
102	Bilateral Agreement between the Commonwealth and NSW governments	Aims to improve patient health outcomes, the delivery of care for people with or at risk of chronic and complex conditions, and to reduce avoidable demand for health services.	MoH	State-wide implementation
103	Tele-Home Monitoring	Trial to test the implementation of Tele-Home Monitoring technology in rural health workplaces.	MoH	State-wide implementation
104	Integrated Care Projects	Innovative, locally-led models of care integrated across the state have an increasing focus on Aboriginal health.	MoH	State-wide implementation
105	Local Decision Making	Puts Aboriginal people at the centre of service design, planning and delivery, enabling the devolution of decision making and accountability to the local level.	Aboriginal Affairs/ MoH	State-wide implementation
106	Tidda Links	Collaboration with local Aboriginal women and services to identify and respond effectively to Aboriginal women who have experienced domestic/family violence.	Sydney LHD	Implemented in one LHD
107	Aboriginal Drug and Alcohol Forum	Collaboration between LHD and Redfern Aboriginal Medical Service to explore issues relating to drug and alcohol use in Aboriginal communities, and to discuss treatment options available.	Sydney LHD	Implemented in one LHD



108	Chronic Disease Management Program	Aims to improve planning, coordination and access to healthcare for Aboriginal people by co-location of Sydney LHD Chronic Care staff with Central and Eastern Sydney Primary Health Network Care Coordination and Aboriginal Outreach Workers.	Sydney LHD	Implemented in one LHD
109	Charles Sturt University Final Year Dental Student Rotation Program	Provides extended experience of dental practice to build clinical skills and increase the likelihood of students going to work in rural and regional areas of NSW.	MoH	State-wide implementation
110	Aboriginal Housing and Accommodation Support Initiative	Provides stable housing and support services (e.g. clinical care and rehabilitation) for Aboriginal people with a mental illness living in the community.	MoH/Housing NSW/NGOs	Implemented in multiple LHDs
111	NSW Aboriginal Communities Water and Sewerage Program	Investment to ensure long-term operation, monitoring and maintenance of water and sewerage infrastructure at an acceptable, safe and healthy standard.	MoH	State-wide implementation
112	NSW Rheumatic Heart Disease Program	Aims to strengthen the diagnosis, notification and follow-up of patients with acute rheumatic fever and rheumatic heart disease in NSW.	MoH	State-wide implementation
113	NSW Aboriginal Knockout Health Challenge Quitline Partnership	Collaboration with Cancer Council NSW to reduce the number of participants smoking during the challenge periods through referral to the Aboriginal Quitline.	MoH	State-wide implementation
114	Assertive Community Management Program	Part of the NSW Drug Package which targets those with chronic and severe drug and alcohol dependence who have complex needs, including Aboriginal people.	MoH	State-wide implementation
115	Substance use in pregnancy and parenting services	Part of the NSW Drug Package delivering a coordinated multi-disciplinary service that supports pregnant women, from antenatal to two years, who use substances.	MoH	State-wide implementation
116	Opioid Treatment Program	Provision of pharmacotherapy for the treatment of people with an opioid dependence, including Aboriginal people.	MoH	State-wide implementation
117	NSW Smoking Cessation Collaboration	Aims to advance the inclusion of brief intervention to encourage smokers to quit in routine patient care.	Cancer Institute NSW	State-wide implementation
118	Leading Better Value Care	Aims to improve patient outcomes, patient and staff experiences of care provision, and the efficiency and effectiveness of care. Measures success based on value rather than volume.	MoH	State-wide implementation
119	HealthOne NSW	Aims to create a stronger and more efficient primary healthcare system in NSW by bringing federally-funded general practice and state-funded primary and community health services together.	MoH	State-wide implementation
120	Connected Communities Strategy	Aims to improve the educational and social outcomes of Aboriginal children in 15 schools located in complex and vulnerable communities in NSW.	MoH/LHDs/NSW Department of Education	Implemented in multiple LHDs

Strategic Direction 4: Strengthening the Aboriginal workforce

1	<i>Aboriginal Employment Strategy 2016-2018</i>	Strategy to increase the representation of Aboriginal employees at the Agency for Clinical Innovation through appropriate recruitment and retention strategies, career development opportunities, and cultural competence.	NSW Agency for Clinical Innovation	State-wide implementation
2	<i>NSW Health Aboriginal Workforce Strategic Framework 2016-2020</i>	Sets out the Aboriginal workforce development priorities and desired outcomes for NSW Health and the key actions that need to be taken to achieve these priorities.	MoH	State-wide implementation
3	Aboriginal Workforce Dashboard	Data visualisation tool for tracking progress against the nine KPIs outlined in the <i>Good Health - Great Jobs Aboriginal Workforce Strategic Framework 2016-2020</i> .	MoH	State-wide implementation
4	Aboriginal Medical Workforce Recruitment Pathway	The Aboriginal Medical Workforce Program offers Aboriginal medical graduates a recruitment pathway from medical school to a prevocational trainee position in the NSW health workforce.	Health Education & Training Institute	State-wide implementation
5	Aboriginal Oral Health Scholarships Program	Provides training for Aboriginal people living in regional and remote areas of NSW to become qualified dental assistants and assist pathways into higher education.	MoH	State-wide implementation
6	Aboriginal Allied Health Cadetships	Involves Aboriginal students undertaking full-time study in an undergraduate allied health course while being employed in a NSW public health facility.	MoH	State-wide implementation



7	NSW Aboriginal Nursing and Midwifery Cadetships and Scholarships	Provide a study allowance and paid work placements to support Aboriginal people to study nursing and midwifery, with the aim of providing ongoing employment.	MoH	State-wide implementation
8	Aboriginal Population Health Training Initiative	Provides employment, training and tertiary study to support Aboriginal people across NSW to work in public health.	MoH	State-wide implementation
9	Aboriginal Environmental Health Officer Training Program	Provides employment, training and study support for Aboriginal people to become Environmental Health Officers.	MoH	State-wide implementation
10	Aboriginal Mental Health Worker Training Program	Uses a traineeship model to provide employment, training and study support for Aboriginal people to become mental health workers.	MoH	State-wide implementation
11	Tracks to Health Program	Collaboration between the NSW Ministry of Health and TAFE NSW. Offered to Aboriginal people interested in careers in health.	MoH	State-wide implementation
12	<i>Recruitment and Selection of Staff to the NSW Health Service (PD2017_040)</i>	Outlines the mandatory standards to be applied when recruiting and selecting staff for employment in the NSW Health Service, including additional requirements for recruiting Aboriginal people.	MoH	State-wide implementation
13	Strategic relationship with HealthShare NSW	Formal strategic relationship between the Agency for Clinical Innovation and the Aboriginal Workforce team at HealthShare NSW to provide formal support in the absence of an internal Aboriginal workforce team.	NSW Agency for Clinical Innovation	State-wide implementation
14	<i>Aboriginal Employment Strategy 2018-2020</i>	Provides a framework to establish suitable internal mechanisms to strengthen and grow the Aboriginal workforce and support career pathways for Aboriginal staff across the organisation.	Cancer Institute NSW	State-wide implementation
15	Aboriginal Mental Health First Aid	Proposed strategy seeking to improve community-based responses to Aboriginal people with mental health issues.	MoH	State-wide implementation
16	Aboriginal Health College AH&MRC	Registered training organisation which provides culturally appropriate accredited education courses in Aboriginal health and associated disciplines.	MoH	State-wide implementation
17	<i>Central Coast Aboriginal Workforce Plan 2017-2020</i>	Aims to increase number of Aboriginal staff within Central Coast LHD.	Central Coast LHD	Implemented in one LHD
18	Stay Strong and Healthy Aboriginal Alcohol in Pregnancy Project	Aims to support the health workforce in raising awareness among Aboriginal pregnant women, their partners and families of the risks of alcohol consumption during pregnancy.	MoH	State-wide implementation
19	Aboriginal Drug & Alcohol Network	Partnership between MoH and AH&MRC with the aim of improving awareness, access, service provision and outcomes for Aboriginal people in relation to alcohol and other drugs.	MoH	State-wide implementation
20	School-based apprenticeships and traineeships	Program targeting Aboriginal school students to undertake training in a health discipline.	Far West LHD	Implemented in one LHD
21	Aboriginal Mental Health Training Program	Provides bachelor-level mental health training to Aboriginal community members.	Far West LHD	Implemented in one LHD
22	Designated Aboriginal positions in Sexual Assault Services	Aim to improve access to culturally safe trauma-informed sexual assault counselling.	MoH	Implemented in multiple LHDs
23	Education Centre Against Violence - Aboriginal Qualification Pathway	Allows Aboriginal staff in violence, abuse and neglect roles in NSW Health to obtain qualifications for counselling without formal training.	MoH	State-wide implementation
24	New Street Services	Aims to provide culturally safe therapeutic services for Aboriginal children and young people aged 10-17 years who have engaged in harmful sexual behaviours towards others.	MoH	State-wide implementation
25	Training and Support Unit for Aboriginal mothers, babies and children	Goal is to provide high quality education and training to Aboriginal Maternal and Infant Health Services and Building Stronger Futures staff.	MoH	State-wide implementation



26	Aboriginal Policy Pathways Program	Supports the NSW Health career pathway of Aboriginal people with leadership potential, particularly in policy and strategic management roles.	MoH	State-wide implementation
27	Breastfeeding: Good for Mum Good for Bub	Goal is to improve breastfeeding rates in the Aboriginal community by building workforce capacity of staff working with Aboriginal families (as well as community members).	MoH	State-wide implementation
28	Australian College of Midwives eLearning module 'Supporting Women to Breastfeed'	Builds capacity around breastfeeding knowledge for health staff working in Aboriginal Maternal and Infant Health Services and Building Stronger Futures services to assist with increasing breastfeeding initiation and duration in Aboriginal communities.	MoH	State-wide implementation
29	Aboriginal Maternal Infant Health Service and BSF Building Stronger Futures Exchange Visits	Aim to support services to network with other Aboriginal Maternal and Infant Health Services and Building Stronger Futures staff and to exchange information about clinical service delivery and health promotion practices.	MoH	State-wide implementation
30	Aboriginal Immunisation Health Worker Program	Seeks to improve the vaccination coverage of Aboriginal people by employing an Aboriginal Health Worker to follow up Aboriginal children who are due or overdue for immunisation.	MoH	State-wide implementation
31	Health Education & Training Institute (HETI) Aboriginal Health and Workforce Strategy	Strategy to bring together HETI's accountabilities in Aboriginal health and workforce outcomes into a practical, actionable plan.	Health Education & Training Institute	State-wide implementation
32	Aboriginal Trainee Doctors' Forum	Joint commitment with Australian Indigenous Doctors' Association and the MoH to improve access of Aboriginal trainee doctors and medical students to workforce roles and career development in NSW, and to support intern work readiness.	Health Education & Training Institute	State-wide implementation
33	<i>Hunter New England LHD Aboriginal Employment Strategy 2016-2020</i>	Intended to support the LHD to grow and to develop its Aboriginal workforce.	Hunter New England LHD	Implemented in one LHD
34	Emergency Department Did Not Wait data	Analysis of this data will inform strategies to decrease Did Not Wait rates for Aboriginal people presenting to emergency departments in the Hunter New England LHD.	Hunter New England LHD	Implemented in one LHD
35	Welcome to Country Factsheet	Factsheets distributed to build capacity of staff to perform Welcome to Country in an appropriate manner.	Hunter New England LHD	Implemented in one LHD
36	<i>Aboriginal Employment Strategy 2016-2020</i>	Aims to improve the recruitment, retention and recognition of Aboriginal staff across the district.	Illawarra Shoalhaven LHD	Implemented in one LHD
37	<i>Aboriginal Workforce Plan 2014-2017</i>	Plan to improve the recruitment, retention and recognition of Aboriginal staff within JH&FMHN to improve the health and wellbeing of Aboriginal patients in contact with the criminal justice system.	Justice Health and Forensic Mental Health Network	Implemented in one LHD
38	Annual Aboriginal Workforce Network Forum	Aims to provide a culturally supportive environment for Aboriginal employees to discuss ongoing education and training opportunities, career pathways and traineeships, and for networking with peers.	Justice Health and Forensic Mental Health Network	Implemented in one LHD
39	Aboriginal Mental Health and Wellbeing Workforce Forum	Annual forum bringing together Aboriginal mental health and wellbeing workers to network, share information and build knowledge to improve service delivery to Aboriginal people.	MoH	State-wide implementation
40	Elsa Dixon Aboriginal Employment Program	Provides funding to organisations to support Aboriginal education, employment and training.	NSW Department of Industry	State-wide implementation
41	<i>Mid North Coast LHD Aboriginal Workforce Plan 2017-2020</i>	Strategy aims to improve the recruitment, retention and recognition of Aboriginal staff across the district.	Mid North Coast LHD	Implemented in one LHD
42	Mid North Coast LHD Making Tracks Mentoring Program	Provides mentoring support and career pathways development opportunities for Aboriginal staff.	Mid North Coast LHD	Implemented in one LHD



43	Mid North Coast LHD Aboriginal Health Forum	Established as the peak support and network for Mid North Coast LHD Aboriginal health staff.	Mid North Coast LHD	Implemented in one LHD
44	<i>Nepean Blue Mountains Aboriginal Workforce Strategy 2017-2020</i>	Aims to support the recruitment, retention and recognition of Aboriginal staff across the district.	Nepean Blue Mountains LHD	Implemented in one LHD
45	Koori Kids Futures work experience program	Five day comprehensive work experience program developed to expose Aboriginal high school students to health careers.	Nepean Blue Mountains LHD	Implemented in one LHD
46	Mental Health Aboriginal Workforce Strategic Plan	Has the twin objectives of enhancing the quality and accessibility of the Mental Health Service and establishing a career pathway for Aboriginal people.	Nepean Blue Mountains LHD	Implemented in one LHD
47	VETs in school	Partnership with local high schools and NSW registered training organisations to offer the Certificate III Acute Care as part of HSC curriculum.	Nepean Blue Mountains LHD	Implemented in one LHD
48	<i>Northern NSW LHD Aboriginal and Torres Strait Islander Workforce Plan 2016-2020</i>	Aims to support the recruitment, retention and recognition of Aboriginal staff across the district.	Northern NSW LHD	Implemented in one LHD
49	<i>NSLHN Aboriginal and Torres Strait Islander Workforce Plan 2017-2022</i>	Aims to support the recruitment, retention and recognition of Aboriginal staff across the district.	Northern NSW LHD	Implemented in one LHD
50	Paramedic: Ambulance Service of NSW Training Program	Pathway for Aboriginal people to apply for employment as a Trainee Paramedic, Qualified Paramedic, Trainee Patient Transport Officer or Trainee Control Centre Officer.	NSW Ambulance	State-wide implementation
51	Addressing Diabetes-Related Foot Disease in Indigenous NSW	Strategy which focuses on better outcomes for Aboriginal people in NSW who experience diabetes-related foot disease by developing a more evenly spread podiatry workforce.	MoH	State-wide implementation
52	2016/17 State-wide Aboriginal Health Worker Guidelines Workshops	For staff across all local health districts and specialty health networks to improve their understanding and knowledge of the Aboriginal Health Worker Guidelines for NSW Health.	MoH	State-wide implementation
53	2018 University of Sydney Breadwinners' Programme	Provides financial support for eligible NSW Health Aboriginal employees to undertake undergraduate studies at the University of Sydney.	The University of Sydney	State-wide implementation
54	South Western Sydney LHD Aboriginal Health Network	Aims to provide a culturally supportive environment for Aboriginal employees to discuss ongoing education and training opportunities; career pathways and traineeships; and networking with peers.	South Western Sydney LHD	Implemented in one LHD
55	South Western Sydney LHD Aboriginal Health Traineeship program	Provides employment opportunities for Aboriginal people seeking a career in Health.	South Western Sydney LHD	Implemented in one LHD
56	Southern NSW LHD Aboriginal Workforce Action Plan	Aims to support the recruitment, retention and recognition of Aboriginal staff within Southern NSW LHD.	Southern NSW LHD	Implemented in one LHD
57	Aboriginal School-based Traineeship program	Aims to increase the number of entry level positions for Aboriginal people to enable students to gain formal qualifications, participate in on-the-job training and provide opportunities for employment.	Southern NSW LHD	Implemented in one LHD
58	St Vincent's Health Network Indigenous Enrolled Nursing Cadetship program	Program to develop and implement a highly qualified, culturally competent Enrolled Nurse program with a focus on quality training, mentoring and sustainable employment for Indigenous Aboriginal participants.	St Vincent's Health Network	Implemented in one LHD
59	<i>Sydney LHD Aboriginal Workforce Action Plan 2016-2018</i>	Aims to support the recruitment, retention and recognition of Aboriginal staff within Sydney LHD.	Sydney LHD	Implemented in one LHD
60	Orientation program for Aboriginal staff	Aboriginal-specific orientation program which aims to increase cultural safety of Aboriginal employees in the Sydney LHD.	Sydney LHD	Implemented in one LHD
61	Aboriginal Workforce Career Development Strategy	Aims to support the recruitment, retention and recognition of Aboriginal staff within Western NSW LHD.	Western Sydney LHD	Implemented in one LHD



62	NSW Rural Resident Medical Officer Cadetship for Indigenous Medical Students	Designed to increase the number of doctors working in rural NSW communities by providing financial assistance and other supports to Indigenous interns and residents in rural NSW hospitals.	NSW Rural Doctors Network/MoH	State-wide implementation
63	Aboriginal Mental Health Clinical Leadership	Establishes Clinical Leaders in Aboriginal mental health in a number of LHDs.	MoH	State-wide implementation
64	Stepping Up Aboriginal recruitment resource	Online recruitment resource for Aboriginal applicants and hiring managers offering information on career opportunities in NSW Health and advice to new starters to ease the transition to NSW Health.	MoH	State-wide implementation
65	Aboriginal Mental Health Worker Grief and Loss Training Program	Aims to build the capacity of the NSW Aboriginal mental health workforce to support Aboriginal communities in dealing with grief and loss.	MoH	Implemented in multiple LHDs
66	Managers of Aboriginal Workforce Development network	Comprised of managers of Aboriginal workforce and employment across LHDs and other public health organisations.	MoH	State-wide implementation
67	The Dalang Project	Oral health promotion and obesity prevention project which employs Aboriginal dental therapists in Aboriginal health services across NSW.	Nepean Blue Mountains LHD	State-wide implementation
68	<i>The Health Professionals Workforce Plan 2012-2022</i>	Provides a three-part framework for stabilising, building and growing an effective health care workforce in NSW, including rural facilities and specialised services such as Aboriginal health.	MoH	State-wide implementation
69	Aboriginal Health Worker Project	Aims to improve support of Aboriginal Health Workers in NSW Health by reviewing and refining current workforce and training pathways.	MoH	State-wide implementation
70	Riverina Medical and Dental Aboriginal Corporation (RivMed): Face Stand	Designed as a fun, interactive and practical resource to help children independently manage their own ear health.	Murrumbidgee LHD	Implemented in one LHD

Strategic Direction 5: Providing culturally safe work environments and health services

1	Respecting the Difference training	Mandatory e-learning and face-to-face training for all NSW Health staff to assist in increasing cultural competency and promote greater understanding of health service delivery to Aboriginal people.	Health Education & Training Institute	State-wide implementation
2	Cultural Competence Implementation Plan	Aims to create organisational change with the intention of delivering culturally safe practice and care to Aboriginal and Torres Strait Islander people/s in NSW.	NSW Agency for Clinical Innovation	Implemented in the ACI
3	Aboriginal Cultural Inclusiveness Project	Strategies developed in consultation with Women's Care Units to strengthen the environment of cultural inclusiveness for Aboriginal women and their families.	Northern NSW LHD	Implemented in one LHD
4	Reconciliation Action Plan	Shows a commitment to working with Aboriginal communities to improve their health outcomes in support of the national reconciliation movement.	Northern NSW LHD	Implemented in one LHD
5	Aboriginal training workshops	Workshops to ensure that paediatric trainees and Community Child Health teams have in-depth knowledge and safe practices in relation to Aboriginal people.	Sydney Children's Hospitals Network	Implemented in one LHD
6	Aboriginal Cultural Safety and Security Framework	Goal is to create a culturally safe and secure environment for Aboriginal people using healthcare services on the Mid North Coast of NSW.	Mid North Coast LHD	Implemented in one LHD
7	Last Days of Life Toolkit	Billy Dark's Final Round - an end-of-life story of a respected Dughutti Elder. Helps to support palliative patients and their families by addressing social, spiritual and cultural needs.	Mid North Coast LHD	Implemented in one LHD
8	Aboriginal representative on governing board	Brings the expertise of the Aboriginal community to the table and ensures Aboriginal participation in decision making.	Mid North Coast LHD	Implemented in one LHD
9	Aboriginal representative on governing board	Brings the expertise of the Aboriginal community to the table and ensures Aboriginal participation in decision making.	Nepean Blue Mountains LHD	Implemented in one LHD
10	Education and training for AMIHS and BSF staff	Aims to equip staff of the Aboriginal Maternal and Infant Health Service and Building Stronger Futures networks with skills and knowledge to work effectively with Aboriginal children, families and communities.	Nepean Blue Mountains LHD	Implemented in one LHD



11	Developing resources in Aboriginal languages	Aims to increase cultural safety and client participation within mainstream primary care and community health services by using Aboriginal language in paediatric therapies.	Nepean Blue Mountains LHD	Implemented in one LHD
12	Aboriginal Liaison Officer (ALO) to support nursing services	Provision of an ALO to provide support and assistance to Aboriginal clients receiving care through Primary Care and Community Health Chronic and Complex or Integrated Care services.	Nepean Blue Mountains LHD	Implemented in one LHD
13	<i>Didja Know? Cultural information and communication guide</i>	Provides information about how Aboriginal people access healthcare and includes advice about culturally sensitive behaviours for Aboriginal people and Aboriginal communities.	Nepean Blue Mountains LHD	Implemented in one LHD
14	Aboriginal Cultural Respect Education Program	Education program designed to support Hunter New England LHD's Close the Gap strategy.	Hunter New England LHD	Implemented in one LHD
15	Hunter New England Closing the Gap intranet site	Provides staff an easily accessible portal for information and concrete strategies relating to Closing the Gap.	Hunter New England LHD	Implemented in one LHD
16	Our Workplace Staff Survey	A subjective tool that assesses knowledge, understanding and attitudes of staff in relation to Aboriginal health and Closing the Gap.	Hunter New England LHD	Implemented in one LHD
17	Aboriginal representative on governing board	Brings the expertise of the Aboriginal community to the table and ensures Aboriginal participation in decision making.	Hunter New England LHD	Implemented in one LHD
18	Hunter New England LHD Cultural Redesign Project	Aims to increase the cultural competency of staff, provide culturally safe services and workplaces, and increase Aboriginal participation in decision making processes.	Hunter New England LHD	Implemented in one LHD
19	<i>Reconciliation - a respectful culture</i>	Plan for improving relationships, respect and opportunities with the Aboriginal community.	Illawarra Shoalhaven LHD	Implemented in one LHD
20	Cultural Immersion Workshop	Senior Leaders of Shoalhaven Hospital attended a two day workshop organised by Waminda to raise awareness about local history and stories from Aboriginal women about their hospital experiences.	Illawarra Shoalhaven LHD	Implemented in one LHD
21	Cultural Checklist for Various Services	Developed for maternity services and adapted to other services.	Illawarra Shoalhaven LHD	Implemented in one LHD
22	Aboriginal representative on governing board	Brings the expertise of the Aboriginal community to the table and ensures Aboriginal participation in decision making.	Illawarra Shoalhaven LHD	Implemented in one LHD
23	Create a Welcoming Environment at the Wollongong Hospital	Establishment of an Aboriginal Family Room to provide a culturally appropriate comfortable space. Commissioning of a large artwork to incorporate the local stories of the Wadi Wadi people.	Illawarra Shoalhaven LHD	Implemented in one LHD
24	Bungee Bidjel Aboriginal Health Clinic	A culturally safe and respectful service that provides comprehensive medical assessments as well as screening for priority issues, and timely referral to specialist services.	Northern Sydney LHD	Implemented in one LHD
25	Aboriginal-specific room in public hospitals	Rooms or area in hospitals that can be used for Aboriginal-specific purposes, such as case conferences, meetings, community events.	South Eastern Sydney LHD	Implemented in one LHD
26	Aboriginal representative on governing board	Brings the expertise of the Aboriginal community to the table and ensures Aboriginal participation in decision making.	South Eastern Sydney LHD	Implemented in one LHD
27	Reconciliation Action Plan	Identifies several practical strategies to improve relationships and respect with Aboriginal people in the LHD.	Southern NSW LHD	Implemented in one LHD
28	Aboriginal Staff Network Days	Offers staff a paid work day to network with other Aboriginal staff in a culturally safe and appropriate environment.	Central Coast LHD	Implemented in one LHD
29	Aboriginal Health Worker (AHW) Cultural Supervision Framework	Delivers a comprehensive discussion on defining the roles and accountabilities for AHWs and how these interrelate with employment and education arrangements across NSW Health.	Central Coast LHD	Implemented in one LHD
30	Localised workshops	Developed with Broken Hill University Department of Rural Health and local communities to help staff understand the communities they work with, their values, needs and perspectives.	Far West LHD	Implemented in one LHD
31	Aboriginal Signage and Arts Project	Aboriginal signage and art incorporated into new Lachlan Health Service build, with the aim of incorporating Aboriginal signs and artwork into all sites in the LHD.	Western NSW LHD	Implemented in one LHD



32	Aboriginal Health Governance Framework	Ensures that Aboriginal health is a priority, and that there is a demonstrated commitment to improving access to health care for Aboriginal communities and the cultural safety of our services.	South Western Sydney LHD	Implemented in one LHD
33	Promotion of key Aboriginal community events	Many LHDs get actively involved in Aboriginal cultural activities such as NAIDOC Week, National Reconciliation Week and other significant cultural events.	Various LHDs	Implemented in multiple LHDs
34	Gayaa Dhuwi (Proud Spirit) Declaration	Promotes Aboriginal leadership in mental health service development.	MoH	State-wide implementation
35	Aboriginal Maternal and Infant Health Services	Aim to improve the health of Aboriginal women and women of Aboriginal babies during pregnancy and after birth to decrease maternal and perinatal morbidity and mortality in Aboriginal communities.	MoH	State-wide implementation
36	Building Strong Foundations	Program for families, parents, carers, and the local community, to support the health, growth and development of Aboriginal children, so they are able to fully engage in life and learning.	MoH	State-wide implementation
37	Welcoming Aboriginal Women: Making Maternity Environments Culturally Inclusive Places	Checklist designed to assist Maternity Services strengthen the cultural inclusiveness of their services for Aboriginal families.	MoH	State-wide implementation
38	The Royal Australian College of General Practitioners Project	Aims to increase the uptake of Medicare item 715 health assessments and supportive allied health items to improve the clinical care to Aboriginal people in general practice.	MoH	State-wide implementation
39	Surveyor training for the National Quality Health Service Standards	Seeks to improve assessor reliability and address issues around understanding the intent of the Standards.	MoH	State-wide implementation
40	Innovate Reconciliation Action Plan	Demonstrates a commitment to working in partnership with the Aboriginal population, and key stakeholders across NSW, pertaining to Aboriginal health.	Cancer Institute NSW	State-wide implementation
41	NSW Aboriginal Quitline	Provides culturally sensitive smoking cessation service to Aboriginal communities.	Cancer Institute NSW	State-wide implementation
42	Inclusion of culturally appropriate content into the eviQ and eviQ Education Programs	Aims to support mainstream cancer health professionals to provide culturally appropriate care when working with Aboriginal people.	Cancer Institute NSW	State-wide implementation
43	The Get Healthy Information and Coaching Service (GHS) - Aboriginal program	Enhancement of the GHS to better reach Aboriginal people and ensure a culturally safe service to support Aboriginal adults to make sustained lifestyle improvements.	MoH	State-wide implementation
44	Stay strong and healthy - it's worth it	Aims to raise awareness about drug and alcohol issues during and following pregnancy among Aboriginal women and their families.	MoH	State-wide implementation
45	Aboriginal Immunisation Health Care Worker Program	Aims to improve immunisation coverage and timeliness in Aboriginal children through community liaison, promotion of immunisation, and follow-up of Aboriginal children due or overdue for vaccination.	MoH	State-wide implementation
46	Quit for New Life	Provides culturally appropriate smoking cessation support to Aboriginal pregnant women and their household members.	MoH	State-wide implementation
47	Aboriginal Family Health Services	Provides culturally sensitive preventive and counselling services for Aboriginal people who are the victims of domestic or family violence or child abuse.	MoH	State-wide implementation
48	Strategies for specific public health challenges	Have an explicit focus on improving the cultural accessibility of health services for Aboriginal people.	MoH	State-wide implementation
49	Emergency Department Patients Awaiting Care policy	Outlines the mandatory requirements and procedures for patients, their families and carers immediately following the triage process in the emergency department.	MoH	State-wide implementation
50	<i>Welcome to Country Protocols Policy</i> (PD2005_472)	Assists NSW Health services observe the appropriate protocols for the recognition of Aboriginal people at official events or at events where NSW Health is a sponsor.	MoH	State-wide implementation



51	<i>Communicating positively: A guide to appropriate Aboriginal terminology</i>	Provides NSW Health staff with guidance on appropriate language to use when working with Aboriginal people and communities.	MoH	State-wide implementation
52	Armabubs at Armajun	A weekly get together for pregnant women to ensure new mothers feel confident and connected with their healthcare service after their babies are born.	Hunter New England LHD	Implemented in one LHD
53	Get Healthy in Pregnancy	A free, confidential information and/or telephone coaching service for pregnant women in NSW aged 16 years and over, with a module developed specifically for Aboriginal women.	MoH	State-wide implementation
54	Yarning about Quitting	Builds the capacity of health workers to provide culturally appropriate smoking cessation advice to pregnant Aboriginal women and their families.	MoH	State-wide implementation
55	Awabakal Aboriginal Medical Service: Mums and Bubs Group	Provides an innovative platform for promoting access to comprehensive primary healthcare services for young families.	Hunter New England LHD	Implemented in one LHD
56	Maari Ma Health: Healthy Start Program	Offers an integrated multidisciplinary child and family health service.	Far West LHD	Implemented in one LHD
57	Maari Ma Health: Home Interaction Program for Parents and Youngsters	Helps children develop skills in school readiness in the year before they start school and their first year of school.	Far West LHD	Implemented in one LHD

Strategic Direction 6: Strengthening performance monitoring, management and accountability

1	Aboriginal Health Dashboard	Tool to strengthen accountability across the Health system with regard to meeting the health needs of Aboriginal people.	MoH	State-wide implementation
2	<i>Healthcare in Focus</i> report - inclusion of Aboriginal indicators	Annual report comparing how the NSW public healthcare system performs with respect to other Australian and international jurisdictions.	Bureau of Health Information	State-wide implementation
3	Patient Perspectives: Hospital Care for Aboriginal People	Survey to compare experiences of Aboriginal and non-Aboriginal patients who were admitted to a NSW public hospital during 2014. Repeated and updated in 2018.	Bureau of Health Information	State-wide implementation
4	HealthCare Observer online data portal	A publicly available, interactive website that allows users to explore, analyse and download data about the performance of the NSW healthcare system in one place.	Bureau of Health Information	State-wide implementation
5	Screening and Prevention Data - Aboriginal Health Dashboard	Inclusion of cancer screening and prevention indicators in Aboriginal Health Dashboard to illustrate successes and areas for improvement.	NSW Cancer Institute	State-wide implementation
6	Reporting for Better Cancer Outcomes	Works with 17 LHDs and 10 primary health networks across NSW to assess and review health system performance in cancer control and reduce unwarranted clinical variation.	NSW Cancer Institute	State-wide implementation
7	Improving the accountability of the SVHN Aboriginal Health Plan	Development of reporting template for Executive staff to report regularly against KPIs of the plan.	St Vincent's Health Network	Implemented in one LHD
8	Review of Aboriginal Health Leadership model	Review of the roles of the Aboriginal Health Unit Manager and the alignment of the Unit's role with the needs of the Network, including clinical versus cultural leadership and cultural capability.	Justice Health and Forensic Mental Health Network	Implemented in one LHD
9	Prioritisation Tool for Vulnerable Children and Families	Quality improvement project to utilise a tool to prioritise Aboriginal patients and other vulnerable patients on long waitlist clinics.	Sydney Children's Hospitals Network	Implemented in one LHD
10	Study: Rates of Discharge Against Medical Advice (DAMA) at SCHN	Study comparing DAMA rates for Aboriginal patients compared to non-Aboriginal patients in order to identify opportunities to improve healthcare delivery.	Sydney Children's Hospitals Network	Implemented in one LHD
11	Close the Gap Board Subcommittee	Subcommittee to provide advice on the LHD efforts and progress in CTG to the Governing Board and SET.	Mid North Coast LHD	Implemented in one LHD



12	Close the Gap Board Subcommittee DAMA	Aims to initiate continuous quality improvement practices to respond to reporting measures.	Mid North Coast LHD	Implemented in one LHD
13	Coffs Clinical Network Unplanned Readmissions	Establishment of a framework to support the timely review and proactive management of unplanned readmissions within 28 days.	Mid North Coast LHD	Implemented in one LHD
14	Aboriginal workforce data	Aims to provide accurate Aboriginal workforce data to the Executive Leadership Team and the NSW Ministry of Health.	NSW Ambulance	State-wide implementation
15	NBMLHD Aboriginal Health Dashboard	Tool to strengthen accountability across the Health system with regard to meeting the health needs of Aboriginal people.	Nepean Blue Mountains LHD	Implemented in one LHD
16	Review of Aboriginal Chronic Care Services	Aims to review services and identify further development to ensure services are meeting the current needs of the Aboriginal community.	Nepean Blue Mountains LHD	Implemented in one LHD
17	Reporting to board	Quadrant reports from facility managers regarding Closing the Gap and KPIs.	Nepean Blue Mountains LHD	Implemented in one LHD
18	Aboriginal Partnership Plans	Implementation of plans to facilitate 6-monthly reporting to the Aboriginal Health Board Committee.	Hunter New England LHD	Implemented in one LHD
19	Review of Discharge Against Medical Advice (DAMA) in Clinical Networks	Initiating continuous quality improvement practices to respond to reporting measures to reduce DAMA in Aboriginal people.	Hunter New England LHD	Implemented in one LHD
20	Unplanned readmissions	To establish processes to monitor and proactively respond to unplanned readmission reporting measures.	Hunter New England LHD	Implemented in one LHD
21	Incident Information Management System (IIMS)	Development of processes that will enable consistent recording and monitoring of incidents entered into IIMS that relate to cultural respect, cultural safety and racism.	Hunter New England LHD	Implemented in one LHD
22	Board Committee Reporting	Provides the Aboriginal Board Committee with regular reporting on the Closing the Gap indicators.	Illawarra Shoalhaven LHD	Implemented in one LHD
23	Strategic and Annual Plan reporting	Aboriginal KPIs and indicators included in annual operation plan and all managers' reports.	Illawarra Shoalhaven LHD	Implemented in one LHD
24	Service Agreement between NSW Health and NSLHD	A clear set of performance expectations which demonstrate direction, responsibility and accountability to ensure safe, high quality and patient-centred healthcare.	Northern Sydney LHD	Implemented in one LHD
25	SESLHD Aboriginal Health Dashboard	Include Aboriginal health performance, service access, service utilisation and quality measures in all relevant service agreements.	South Eastern Sydney LHD	Implemented in one LHD
26	Community Health Outpatient Care Program	Electronic database used to measure engagement of Aboriginal and mainstream health services with Aboriginal community.	Southern NSW LHD	Implemented in one LHD
27	Aboriginal Health Report Card	Dashboard summarising selected health indicators for the Aboriginal population.	Central Coast LHD	Implemented in one LHD
28	Internal Aboriginal Health Review	External consultants engaged to undertake a complete review of Aboriginal health services and develop a strategic plan.	Central Coast LHD	Implemented in one LHD
29	WNSW Aboriginal Health Plan 2014-2016	Aims to build respectful relationships with Aboriginal communities and develop a culturally appropriate workforce and services to improve health outcomes.	Western NSW LHD	Implemented in one LHD
30	Reconciliation Action Plan	Aims to increase Western NSW LHD's capacity to develop better cultural governance across services.	Western NSW LHD	Implemented in one LHD
31	Developing performance indicators for Aboriginal Health	Action plans with KPIs developed for implementation by the Aboriginal Health Team.	Murrumbidgee LHD	Implemented in one LHD



32	Close the Gap report card	Dashboard summarising selected health indicators for the Aboriginal population.	South Western Sydney LHD	Implemented in one LHD
33	Aboriginal Mental Health Priority Action Area	Fifth National Mental Health Plan which aims to bring priority focus to reducing the mental health gap and disadvantage for Aboriginal people with mental health issues.	MoH	State-wide implementation
34	Mental health performance indicators	Aims to improve system understanding of Mental Health performance indicators for Aboriginal consumers.	MoH	State-wide implementation
35	Older Persons Mental Health benchmarking and self-audit tool	Aims to improve understanding of mental health services access of, and responses for, older Aboriginal people.	MoH	State-wide implementation
36	AMIHS Data Collection	Online system for monitoring, reporting and evaluating the Aboriginal Maternal and Infant Health Service.	MoH	State-wide implementation
37	ACCHS Performance Management Framework	Aims to develop an integrated and coordinated approach to managing contracts and program funding to ACCHSs across the Ministry, including performance issues.	MoH	State-wide implementation
38	Mid-Term Evaluation of the NSW Aboriginal Health Plan	Assesses NSW Health initiatives against the strategic directions of the <i>NSW Aboriginal Health Plan 2013-2023</i> ; identifies key achievements for scaling up, and areas requiring additional focus.	MoH	State-wide implementation
39	Australian Immunisation Register	Quarterly analysis and reports used to drive improvements in Aboriginal coverage.	MoH	State-wide implementation
40	Adolescent Vaccination Program Coverage	Aims to ensure Aboriginal students have access to vaccines offered in high schools.	MoH	State-wide implementation
41	Key performance indicators for sexually transmissible infections (STIs) and blood borne viruses (BBVs) amongst Aboriginal people	KPIs developed with Aboriginal organisations to monitor HIV, STIs and BBVs, and the delivery of services to Aboriginal people.	MoH	State-wide implementation
42	NSW LHD Service Agreements include KPIs relevant to AHP	Ensures the health needs of Aboriginal people are considered in all health plans and programs developed by districts and networks.	MoH	State-wide implementation
43	Emergency Department Patients Awaiting Care	Review and update of policy to address the needs of Aboriginal patients and their carers while in the Emergency Department waiting area.	MoH	State-wide implementation
44	Development and piloting of otitis media system performance indicators	KPI developed and incorporated into LHD Aboriginal Health Dashboards performance agreements with the aim of improving ear health among Aboriginal children.	MoH	State-wide implementation
45	HealthStats NSW	An interactive, web-based application on the health of the population of NSW.	MoH	State-wide implementation
46	Secure Analytics for Population Health Research and Intelligence (SAPHaRI)	Provides analyst teams within NSW Health access to population health data in an analytic-and-reporting ready system.	MoH	State-wide implementation
47	Clinical Services Planning Analytics (CaSPA) portal	Online platform that provides NSW Health Service Planners with tools and resources for clinical service planning, including historic activity data and activity projections.	MoH	State-wide implementation
48	Health System Performance (HSP) App	Designed to enhance the capability of local teams to monitor and report on performance.	MoH	State-wide implementation
49	Activity Based Management Portal	Interactive, web-based analysis and reporting tool that provides activity and costing information.	MoH	State-wide implementation



50	Analytics Assist	Connects NSW Health staff to state-wide data, information and analysis services to drive improved health outcomes and system performance.	MoH	State-wide implementation
51	NSW Health Project Management Office (PMO) LHD Roadmapping	The PMO monitors and evaluates the progress of a project using 'Roadmapping'. Primary objective is to ensure efficiency objectives are met across the Cluster.	MoH	State-wide implementation
52	Western NSW Health Intelligence Unit	Provides a single point of contact for accessing health and healthcare data. Also provides advice on interpreting statistics to inform decision making.	Western NSW LHD	Implemented in one LHD
53	NSW Blood Borne Viruses and Sexually Transmissible Infections Strategies	Monitoring and evaluation frameworks including reporting policy and program outcomes for Aboriginal people and determining areas for additional focus.	MoH	State-wide implementation
54	<i>NSW HIV Strategy 2016-2020</i>	Outlines the NSW priorities for the care of HIV patients and guide monitoring, evaluation and service improvement.	MoH	State-wide implementation
55	<i>NSW Tobacco Strategy 2012-2017</i>	Commits the NSW Government to reducing smoking rates by 4% for Aboriginal people and by 2% for pregnant Aboriginal women per year.	MoH	State-wide implementation
56	NSW implementation of Closing the Gap Strategy	A number of LHDs have established Closing the Gap strategies to monitor progress towards improving Aboriginal Health and Closing the Gap outcomes.	Various LHDs	Implemented in various LHDs
57	NSW Health Integrated Care Strategy	Monitoring and Evaluation Framework developed to outline a planned approach to monitoring achievements of the Strategy.	MoH	State-wide implementation
58	Bureau of Health Information Patient Survey Program	Aims to measure and report on patients' self-reported experience of care in public health facilities in NSW.	Bureau of Health Information	State-wide implementation
59	Network Patient Health Survey	Survey of inmate health to describe the health and needs of the prison population. Data is used to inform service planning and resource allocation.	Justice Health and Forensic Mental Health Network	State-wide implementation
60	NSW Population Health Survey Program	Provides ongoing information on a range of health issues, including health behaviours, risk factors, service use and outcomes.	MoH	State-wide implementation
61	NSW Agency for Clinical Innovation Patient Reported Measures Program	Enables patients to provide feedback about their health-related outcomes and experiences. Surveys used to capture outcomes that matter to patients.	NSW Agency for Clinical Innovation	Implemented in multiple LHDs
62	Strategic Aboriginal Health Steering Committee (Peak Committee)	Responsible for providing system-wide oversight and accountability to Aboriginal health across the NSW health system.	MoH	State-wide implementation
63	NSW Aboriginal Strategic Leadership Group	Aboriginal leaders who drive improvements in Aboriginal health through actions aimed at leadership, governance, organisational management and service delivery.	MoH	State-wide implementation
64	St Vincent's Health Network Dalarinji Aboriginal Health Advisory Committee	Aims to promote access to services and staff engagement in improving the health of Aboriginal people.	St Vincent's Health Network	Implemented in one LHD
65	Bunma-Li Ngindaay Northern Sydney LHD Aboriginal Health Audit 2016	Aimed at strengthening performance monitoring, management and accountability through performance indicators developed to assess the effectiveness of services.	Northern Sydney LHD	Implemented in one LHD
66	Implementation of Community Health Outpatient Care (CHOC) and staff training	Aims to measure the engagement of Aboriginal health with the Aboriginal population, including mainstream health and its engagement with the Aboriginal community.	Southern NSW LHD	Implemented in one LHD



67	Sexual Assault Services (SAS) and Joint Investigation Response Teams (JIRT) Dashboard Reports	Qlik is a dynamic reporting application of SAS and JIRT data that allows users to drill down into the data and look at trends.	MoH	State-wide implementation
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