



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

## SUMMARY REPORT

May 2019

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**May 2019**

*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 holistic health and wellbeing and its role in the health system to build culturally safe and responsive health services.*

## ABOUT THIS REPORT

This report provides an overview of findings of the mid-term evaluation of the *NSW Aboriginal Health Plan 2013-2023*. A comprehensive description of evaluation methods, findings and recommendations can be found in the [main report](#).

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.

## 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.

## 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...”<sup>1</sup>

## ACKNOWLEDGEMENTS

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

<sup>1</sup> National Aboriginal Community Controlled Health Organisation. Definition of Aboriginal health, as stated in the National Aboriginal Health Strategy 1989. Available at: <https://www.naccho.org.au/about/aboriginal-health/definitions/>. Accessed 29 August 2018.



# 1. SYNOPSIS

## BACKGROUND

The *NSW Aboriginal Health Plan 2013-2023* (the 'Plan') focuses on strengthening the NSW public health system to improve the health and healthcare experiences of Aboriginal people. The mid-term evaluation of the Plan aimed 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 to identify areas requiring more focus in the remaining years of the Plan.

## METHODS

The evaluation approach included a survey of NSW Health organisations, critical review of key documents, assessment of progress against health system performance indicators, and interviews with representatives of the Aboriginal community-controlled health sector in NSW and Directors and Managers of Aboriginal Health in local health districts.

## RESULTS

The Plan is helping guide a range of work across NSW Health and in partnership with key organisations. This includes state-wide policies, strategic frameworks and whole-of-system initiatives as well as local programs that offer local solutions and potential for scaling up. Some initiatives are achieving good reach and outcomes, while others seem to lack adequate monitoring and evaluation, especially in integrated planning and service delivery.

Improvements over time were observed for key health system performance indicators, including level of reporting of Aboriginality in administrative health data, Aboriginal elective surgery patients treated on time, proportion of staff who identified as Aboriginal, and reduced incomplete emergency department visits in Aboriginal patients. Additionally, in 2014 about 9 in 10 Aboriginal patients rated their overall experience of hospital care as either 'Very good' or 'Good'. Trends in unplanned hospital re-admissions, unplanned emergency department re-presentations, unplanned mental health re-admissions, and discharge from hospital against medical advice were stable among Aboriginal people in NSW. Performance varied by local health district and specialty health network.

NSW Health and Aboriginal community-controlled health sector staff identified several domains of Plan implementation that they felt could be strengthened. Examples include: strengthening some partnerships between NSW Health and Aboriginal health organisations; engaging Aboriginal health organisations earlier in the conceptualisation of evaluation studies; improving the sharing of data and information with Aboriginal community-controlled health services, especially hospital discharge summaries; increasing recruitment to Aboriginal-targeted and -identified senior roles in NSW Health; reducing, and improving responses to, incidents of racism in the public health system; and increasing engagement with Aboriginal health organisations when developing or reviewing performance indicators.

## CONCLUSIONS

Overall, progress against the strategic directions of the Plan has been moderate. Strategic action is needed at the state, district and service levels to build on successes and re-focus efforts over the next five years of the Plan and to help achieve the Plan's vision of health equity for Aboriginal people in NSW.



## 2. 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* 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

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

- **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, local health districts (LHDs), specialty health networks (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*. 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 Aboriginal community-controlled health services (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.

### 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.



# 3. 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 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:

*“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)

### 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.



ACCHSs reported that ACCHS/NSW Health partnerships could be strengthened by: valuing and fostering respect for the expertise and knowledge of ACCHSs; greater collaboration in designing and delivering services; improved sharing of resources; stronger consultation and communication mechanisms; and increasing strategic and executive-level engagement:

*“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)

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.

## 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*.



## 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 (Figure 1). Nevertheless, the quality of reporting could be improved in some LHDs and SHNs, especially in emergency department data (Figure 2).

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.

### CASE STUDY

#### 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.

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.

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.

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





## 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.

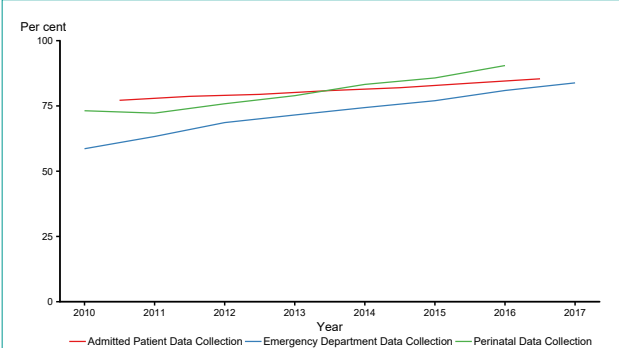
**Aims and methods:** The 2013 evaluation aimed to describe KHC implementation, identify its impact on weight loss and health behaviours, and identify components associated with greatest weight loss/behaviour change. The evaluation used quantitative data analysis and qualitative interviews with stakeholders. 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](#).

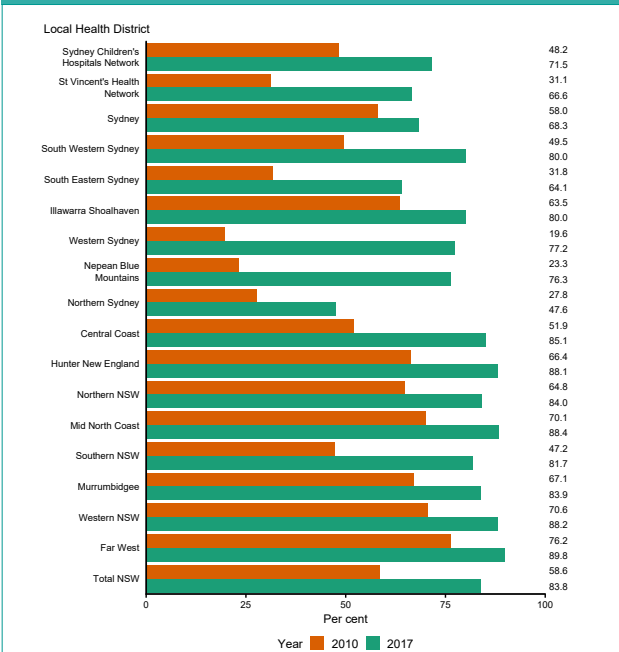
Preliminary findings of the current evaluation indicate that the KHC is effective in reducing weight and promoting healthy lifestyles among Aboriginal people, and may contribute to closing the gap in health outcomes between Aboriginal and non-Aboriginal people. Future analyses should explore the characteristics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

**FIGURE 1. Estimated level of reporting of Aboriginal people in admitted patient, emergency department and perinatal data, NSW 2010–2017**



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

**FIGURE 2. Estimated level of reporting of Aboriginal people in emergency department data 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.



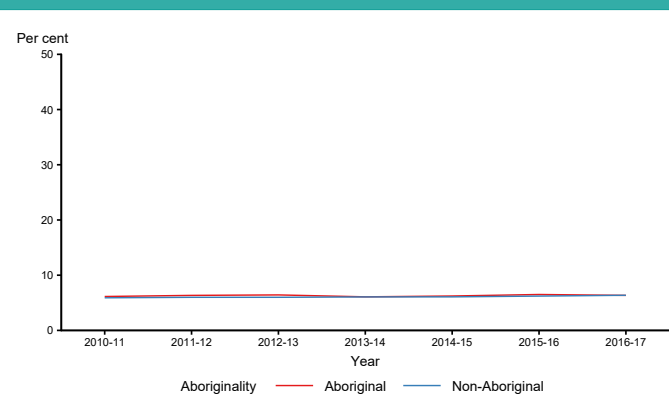
## STRATEGIC DIRECTION 3: ENSURING INTEGRATED PLANNING AND SERVICE DELIVERY

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 with a focus on improving the health outcomes and healthcare experiences of Aboriginal people. Several of these projects have been evaluated using robust methods and some—like the 48 Hour Follow Up program—have achieved good outcomes. 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.

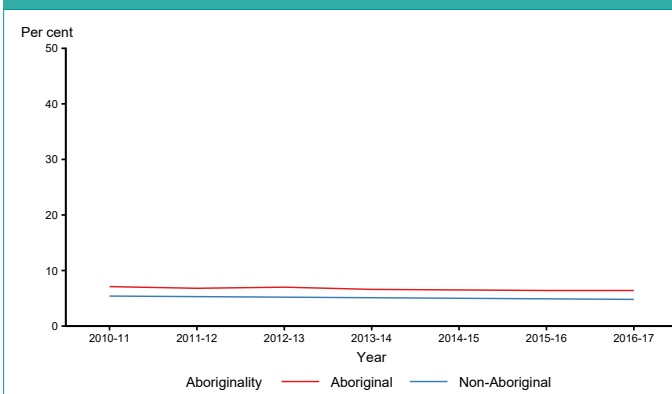
In the last seven years in NSW, rates of the following indirect indicators of coordinated and integrated healthcare have been stable in Aboriginal people: unplanned hospital readmissions (6%) (Figure 3); emergency department re-presentations (6–7%) (Figure 4); and mental health readmissions (17–18%), although rates among both Aboriginal and non-Aboriginal patients are high (Figure 5). Further, almost all (98%) Aboriginal elective surgery patients are treated on time in NSW, up from 91% in 2010–11 (Figure 6).

**FIGURE 3. Unplanned hospital readmissions by Aboriginal status of the patient, NSW 2010–11 to 2016–17**



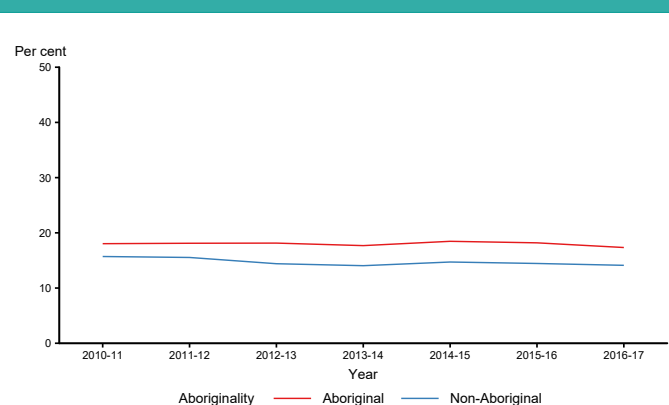
Source: NSW Admitted Patient Data Collection (HIE). System Information and Analytics, NSW Ministry of Health.

**FIGURE 4. Unplanned emergency department re-presentations by Aboriginal status of the patient, NSW 2010–11 to 2016–17**



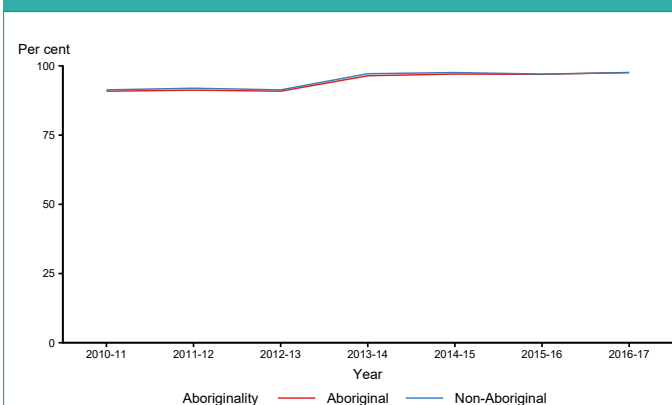
Source: NSW Emergency Department Data Collection (EDDC). System Information and Analytics, NSW Ministry of Health.

**FIGURE 5. Unplanned mental health 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.

**FIGURE 6. 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.



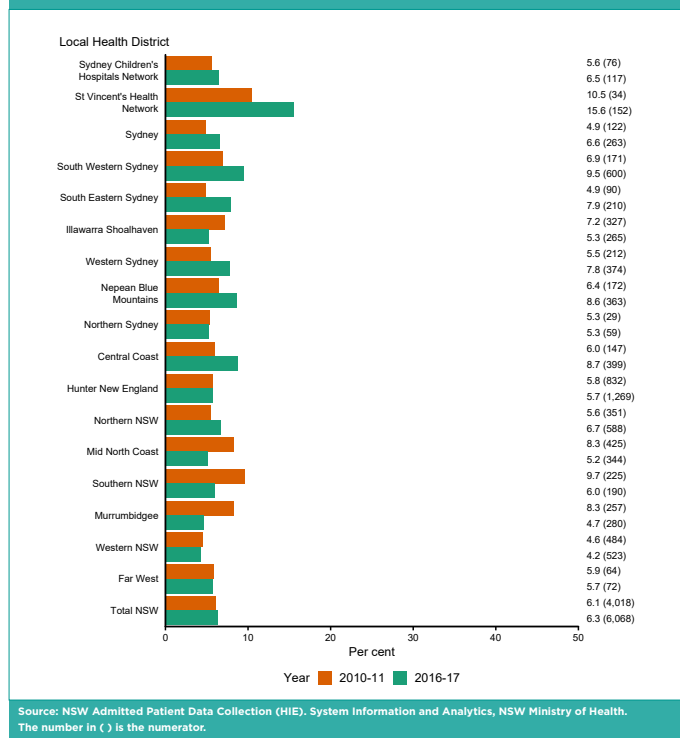
Between 2010-11 and 2016-17, incidents of unplanned hospital readmissions among Aboriginal people decreased by three percentage points or more in Southern NSW LHD, Murrumbidgee LHD and Mid North Coast LHD, while they increased by three percentage points or more in St Vincent's Health Network\* and South Eastern Sydney LHD (Figure 7).

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 are leaving hospital and/or have 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)*

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

**FIGURE 7. Unplanned hospital readmissions in Aboriginal patients by local health district/specialty health network, NSW 2010-11 and 2016-17**



## 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.



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.

## 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.

NSW Health is implementing a range of activities under this initiative. Examples include:

- implementing a data linkage study to better understand patterns of care in Aboriginal people with cardiovascular disease in NSW, identify intervention points and guide integration of services
- supporting ACCHSs to provide high-quality cardiovascular disease prevention and management through training on the Medicare Benefits Schedule (MBS) 715 health check, smoking cessation and assessing and managing heart disease
- creating and implementing a suite of educational videos designed to improve the health literacy of Aboriginal people regarding cardiovascular health
- 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
- establishing acute rheumatic fever and rheumatic heart disease (RHD) in people aged <35 years as notifiable, and implementing a register aiming to improve surveillance, inform public health action and improve patient management.

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 2015, there have been 98 notifications of acute rheumatic fever and RHD in NSW.

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



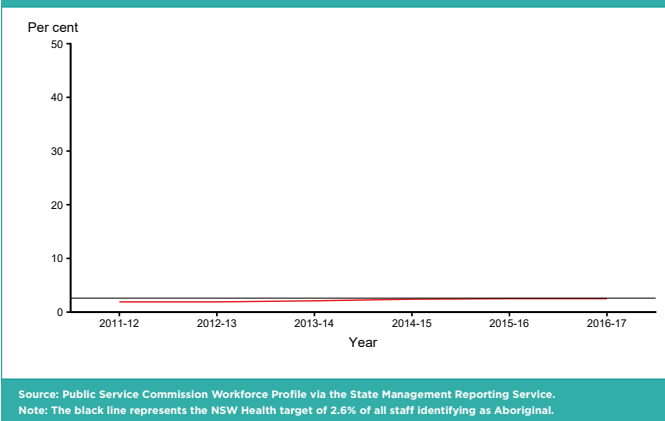
## STRATEGIC DIRECTION 4: STRENGTHENING THE ABORIGINAL WORKFORCE

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.

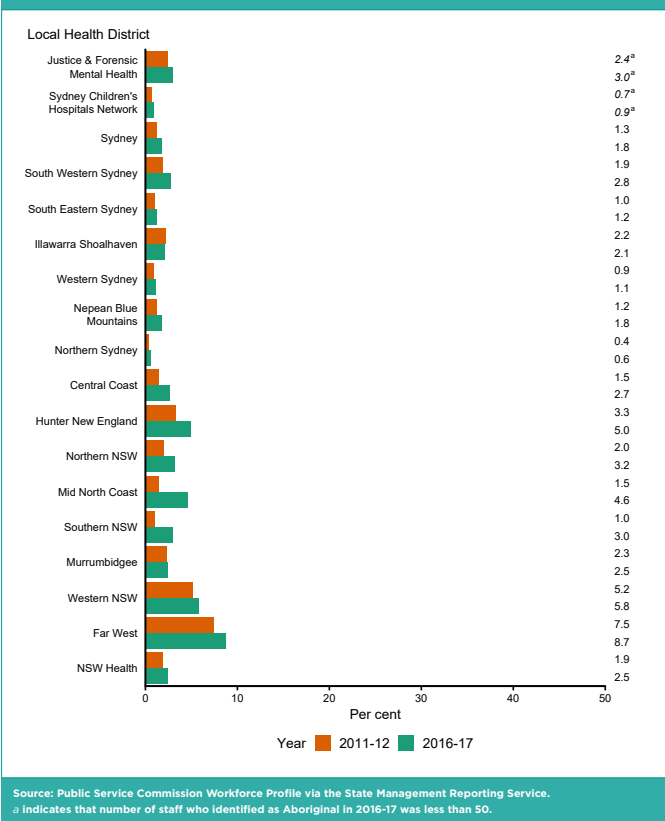
Between 2011-12 and 2016-17, the proportion of NSW Health staff who identified as Aboriginal increased from 1.9% to 2.5%, which is approaching the target of 2.6% (Figure 8). During the same period, the proportion of staff who identified as Aboriginal increased in 16 of 17 LHDs and SHNs (Figure 9), with 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. 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 (Figures 10 and 11). 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.

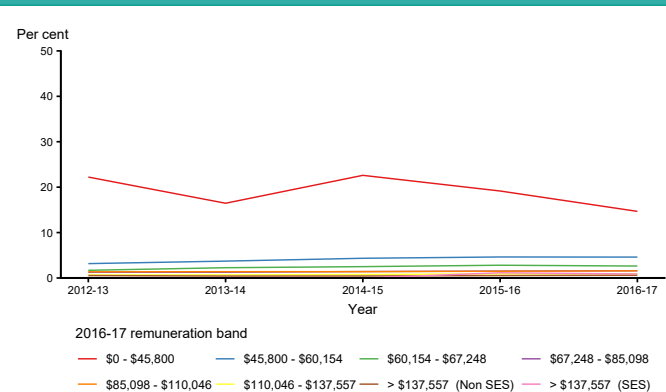
**FIGURE 8. Proportion of NSW Health staff who identify as Aboriginal, 2011-12 to 2016-17**



**FIGURE 9. Proportion of NSW Health staff who identify as Aboriginal by local health district/specialty health network, 2011-12 and 2016-17**

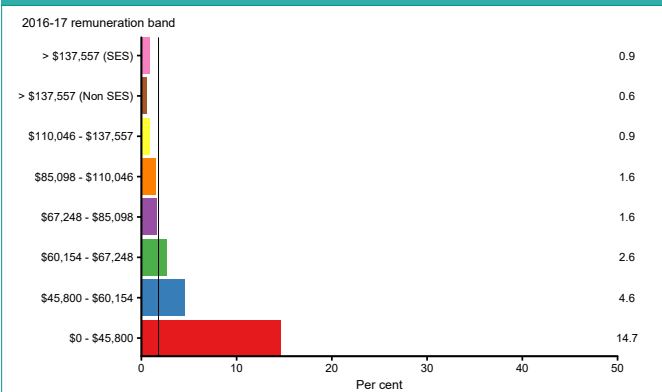


**FIGURE 10. Proportion of NSW Health staff who identify as Aboriginal by salary band, 2012-13 to 2016-17**



Source: Public Service Commission Workforce Profile via the State Management Reporting Service.

**FIGURE 11. 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.  
 Note: The black line represents the NSW Health target of 1.8% of staff identifying as Aboriginal across all remuneration bands.

## CASE STUDY

### EDUCATION CENTRE AGAINST VIOLENCE, ABORIGINAL QUALIFICATIONS PATHWAY

Education Centre Against Violence (ECAV) is a state-wide service that provides training for professionals to address issues of sexual assault, domestic and family violence and child abuse. ECAV is committed to developing a highly qualified and resilient Aboriginal workforce through education, supervision and support, and career development.

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): Certificate IV in Aboriginal Family Wellbeing and Violence Prevention; Advanced Diploma in Aboriginal Specialist Trauma Counselling; and Graduate Certificate in Human and Community Services (Interpersonal Trauma). The Pathway is trauma-informed and allows participants to learn and develop skills in a culturally safe space.

Supporting pathway delivery 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 and 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 and Community Services (Interpersonal Trauma) 2013-2015: 22 enrolled; 17 completed; 77% completion rate.

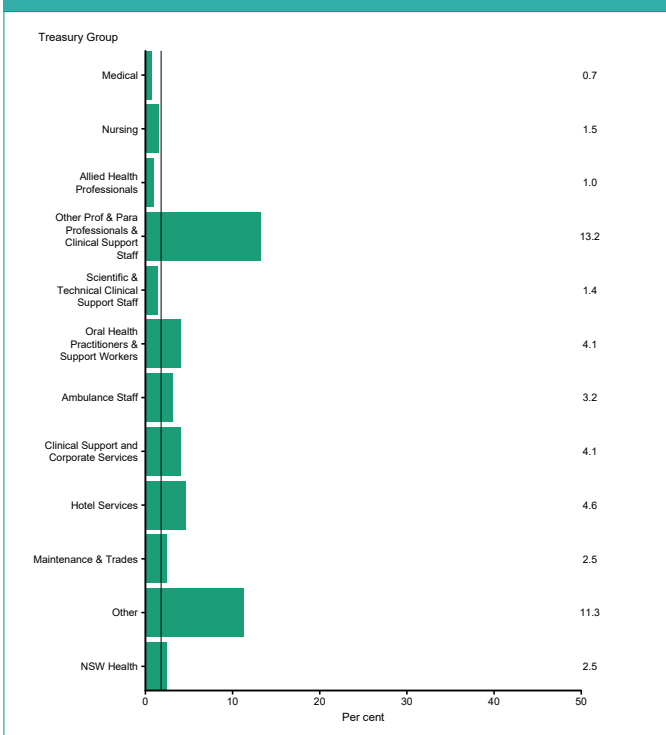
These completion rates compare favourably to those achieved by other providers. Some participants have indicated that the Pathway has had a transformational impact on their lives and the lives of their family members.

Aboriginal people are under-represented in medical (0.7%), nursing (1.5%) and allied health (1%) staff (Figure 12), 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:

*“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)

NSW Health stakeholders identified recruitment to Aboriginal-targeted and -identified senior roles as an area requiring attention.

**FIGURE 12. 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.  
 Note: The black line represents the NSW Health target of 1.8% of staff identifying as Aboriginal across occupation groups.

## 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 Aboriginal health 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.



## STRATEGIC DIRECTION 5:

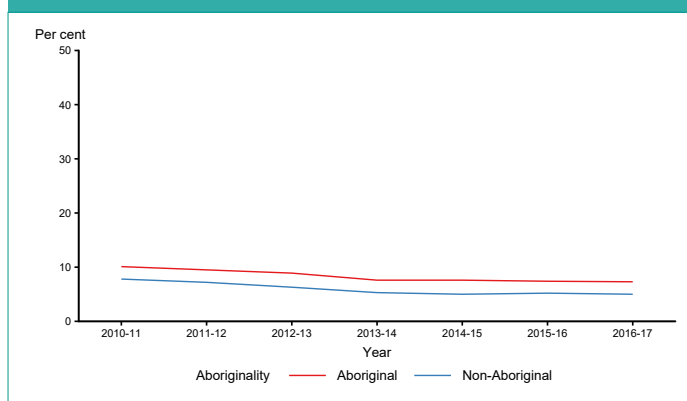
# PROVIDING CULTURALLY SAFE WORK ENVIRONMENTS AND HEALTH SERVICES

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 that 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.

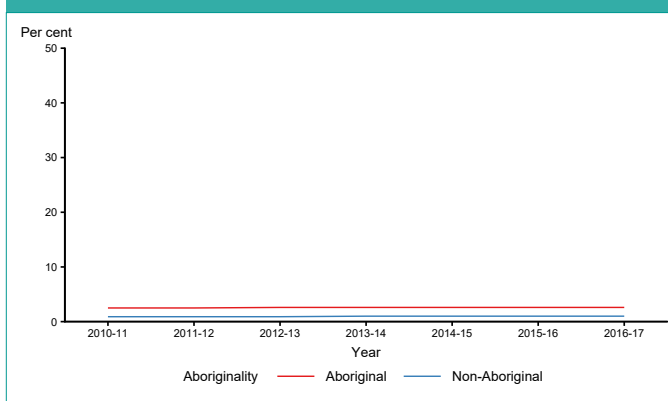
Collectively, NSW Health activities aiming to foster greater cultural safety seem to have contributed to reduced incomplete emergency department visits (from 10.1% in 2010-11 to 7.3% in 2016-17) and a stable rate (2.5-2.6%) of discharge from hospital against medical advice in Aboriginal people in NSW (Figures 13 and 14, respectively). 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' (Figure 15), 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 (Figure 16).

**FIGURE 13. Incomplete emergency department 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.

**FIGURE 14. Discharge from hospital against medical advice by Aboriginal status of the patient, NSW 2010-11 to 2016-17**

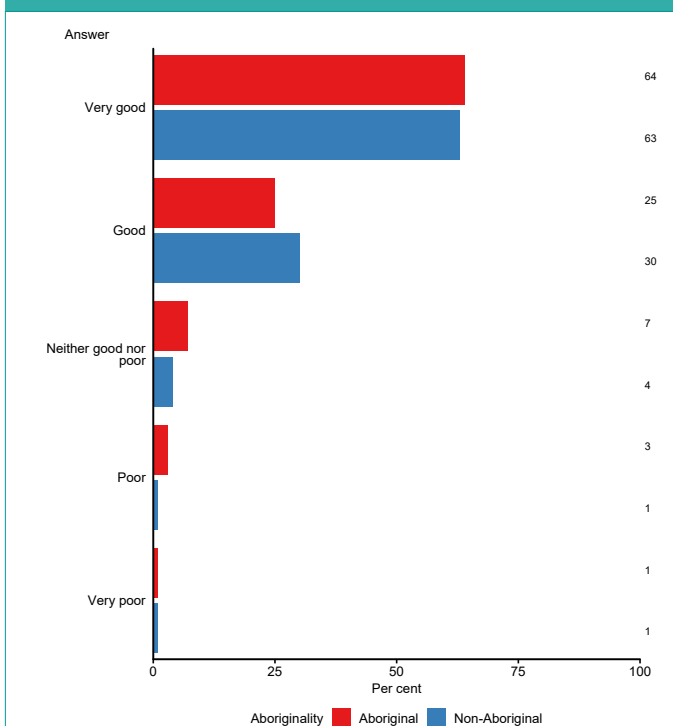


Source: NSW Admitted Patient Data Collection (APDC). System Information and Analytics, NSW Ministry of Health.

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

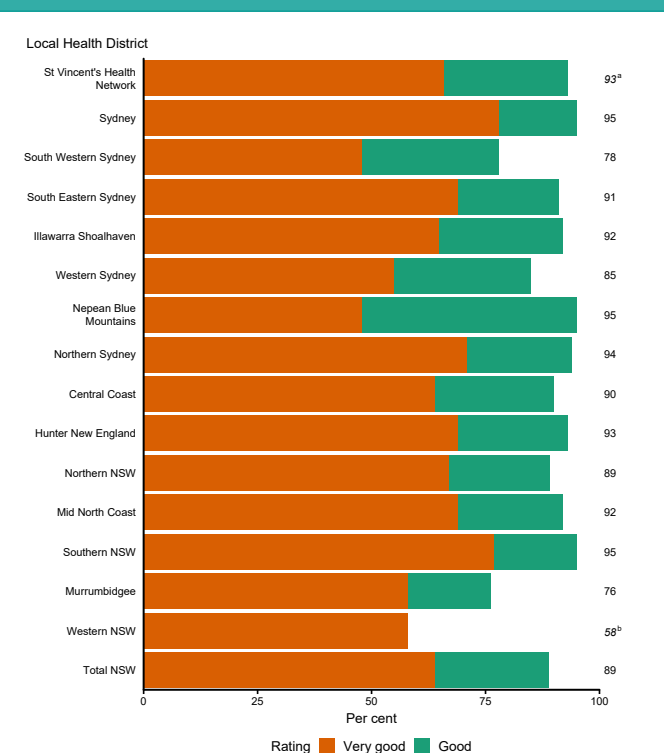


**FIGURE 15. Self-reported overall experience of hospital care by Aboriginal status of the patient, NSW 2014**



Source: Bureau of Health Information, Healthcare Observer, Sydney.  
Available at: [http://www.bhi.nsw.gov.au/Healthcare\\_Observer/\\_nocache](http://www.bhi.nsw.gov.au/Healthcare_Observer/_nocache). Accessed 6 April 2018.

**FIGURE 16. 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](http://www.bhi.nsw.gov.au/Healthcare_Observer/_nocache). Accessed 6 April 2018.  
Notes: Data are not presented for Far West LHD because the sample size was less than 30 in this District. <sup>a</sup> indicates that number of survey respondents was less than 50. <sup>b</sup> indicates that data are not available for 'Good' response.

## CASE STUDY

### HUNTER NEW ENGLAND LHD 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.



## ABORIGINAL MATERNAL AND 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 Aboriginal Health Workers (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 eight 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 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.

ACCHSs reported examples of their clients experiencing discrimination or racism when using NSW Health services. They attributed this to a lack of cultural understanding among 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)*

Some ACCHSs also felt that LHDs did not provide a culturally safe work environment for Aboriginal staff. Encouragingly, ACCHSs and LHDs are collaborating to improve the cultural safety of mainstream health services, including by delivering ‘cultural immersion’ workshops.

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:

*“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)*

## 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.

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.

### CASE STUDY

#### ABORIGINAL HEALTH DASHBOARDS

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

Annual Dashboards are prepared for each LHD and SHN and provide data on indicators 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 data sharing will facilitate collaboration and joint service delivery.



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.

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:

*“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)

## 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. 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, has implemented strategies to strengthen follow up and partner notification of Aboriginal people diagnosed with HIV. This includes supporting LHDs to deliver rapid, outreach testing programs to high-risk groups.

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.



## 4. 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

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.

## 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.

## 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)**



