



Sydney Metropolitan Local Aboriginal Health Partnership Agreement

Aboriginal Health Priorities

2020-2022



Redfern



This represents the following Local Health Districts and a Specialty Health Network:
Sydney LHD, Northern Sydney LHD, South Eastern Sydney LHD and the Sydney
Children's Hospitals Network.



Cover Artwork

“Branching out to different communities”

By Artist **Kayelene Slater**

Kayelene is an Aboriginal woman from the Kamilaroi Nation.

The Partnership meeting is represented by the circle of dots in the middle with the coming together of four entities. That Pathways lead to the community meeting places which is represented by the full white dots.

Within this document ‘Aboriginal’ is used to include both ‘Aboriginal and Torres Strait Islander’ peoples.

December 2014

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Foreword

The Sydney Metropolitan Local Aboriginal Health Partnership (SMLAHP) is an alliance between Aboriginal Medical Service Redfern (AMS), Sydney Local Health District (SLHD), Northern Sydney Local Health District (NSLHD), South Eastern Sydney Local Health District (SESLHD), St Vincents Health Network (SVHN) and the Sydney Children's Hospitals Network (SCHN). The Agreement for this Partnership was originally signed on 14 November 2011. The Agreement was reviewed and a new agreement was then signed by all partners on 8 June 2017.

In 2014 the SMLAHP developed a priorities document to guide our collective endeavours as a partnership of the Aboriginal Medical Service (AMS) Redfern and the five major NSW Health organisations across the partnership region. The Foreword of that document was signed by the Chair of the AMS Redfern, Mr Sol Bellear. At the outset of this revised Priorities Plan, I wish to acknowledge Sol's irreplaceable contribution to SMLAHP and to Aboriginal health in general.

This updated document details the agreed Aboriginal health priorities for the SMLAHP for the period 2020-2022.

Through coordination and the collective expertise of its members, the SMLAHP is committed to positively improving health outcomes and service delivery for Aboriginal people living in the geographical area covered by SLHD, NSLHD and SESLHD and within the boundaries of the Speciality Health Networks.

The Partnership Agreement commits partners to advocate for the principles outlined in the National Strategic Framework for Aboriginal and Torres Strait Islander Health – a Framework for Action by Governments.¹ The Partnership supports OCHRE; the NSW Government Plan for Aboriginal Affairs on education, employment & accountability (2013-2023) the National Aboriginal Health Plan (2013 -2023) and the NSW State Aboriginal Health Plan (2013-2023)

This Aboriginal Health Priorities Action Plan 2020-2022 was developed to guide joint action by the partners to “close the gap” which includes addressing the social determinants of health, reducing Aboriginal morbidity and mortality and to improve all Aboriginal health outcomes. The Partnership recognises the need for collaborative action across services and within communities to bring about improvements in the health and wellbeing of Aboriginal people.

This Action Plan details strategies for which the Partnership will be directly and collaboratively responsible. It does not cover the many other strategies that individual members of the Partnership undertake to improve Aboriginal health and wellbeing. It provides a concrete set of actions related to the priorities that the Partnership has set for 2020-2022 that will contribute to sustainably improving Aboriginal health.

Eight Health Priorities have been selected for Partnership collective action over this three year period:

- The Social Determinants of Health
- Early Childhood Services (The first 2000 days)
- Prevention
- Integrated Care
- Mental Health and Wellbeing
- Cancer
- Aboriginal Workforce
- Research and Monitoring

These eight priorities have been chosen as they are of prime importance to our Aboriginal communities. They are consistent with the evidence about Aboriginal Health and the many important plans, principles and agreements that are in place to improve Aboriginal health and close the gap.

Aboriginal Health Priorities Action Plan 2020-2022, will guide the way forward for the Partnership to make a significant collaborative contribution to long term and sustainable outcomes for Aboriginal health.

I thank all the partners for their commitment to devising and implementing this document. It provides an important guiding tool to close the gap between Aboriginal and non-Aboriginal health outcomes in Australia.

Laverne Bellear

Chair

Aboriginal Medical Service Co-operative



Image courtesy of Aboriginal Medical Service Co-operative, Redfern

Table of Contents

Foreword	3
Table of contents	5
Background	7
Strategic context	7
Achievements of the Partnership's Aboriginal Health Priorities to 2018	12
Partnership's Aboriginal Health Priorities to 2019-2022	13
The social determinants of health	14
Early years	15
Prevention	18
Integrated care	20
Mental health and wellbeing	21
Cancer	22
Aboriginal workforce	23
Research and monitoring	23
Action plan	25
Social determinants of health	25
Prevention	27
Integrated care	27
Mental health and wellbeing	28
Cancer	28
Aboriginal workforce	29
Research and monitoring	29
References	30



Image courtesy of Aboriginal Medical Service Co-operative, Redfern

Background

The Sydney Metropolitan Local Aboriginal Health Partnership (SMLAHP) Agreement is the primary mechanism for providing advice and expertise on Aboriginal health at the regional level. The Partnership region includes the geographical area covered by Sydney, Northern Sydney and South Eastern Sydney Local Health Districts (LHDs) (The Partnership region).

The aim of the Partnership is:

- To bring the collective expertise of the Partnership group together to improve the health of the Aboriginal Partnership population across the life course.
- To enhance and support the guiding principles that underpin the Aboriginal community controlled health service charter. Similarly, the Partnership supports and enhances the LHDs in their role in providing health service provision
- To advocate for improved Aboriginal service delivery and improved service outcomes
- To work together to maximise opportunities for improving information on Aboriginal health within the region and subject to ethical requirements, reciprocal sharing of information and data on Aboriginal Health to enable immediate and appropriate responses to local health priorities
- To annually review the changes that occur through the implementation of the Priorities document

Strategic Context

The health system in NSW is complex, with responsibility for health and wellbeing service provision shared across a range of stakeholders.

Key stakeholders of relevance to Aboriginal Health in NSW include:

- Australian Government
- NSW Government
- NSW Ministry of Health and pillars
- Aboriginal Community Controlled Health Services
- Aboriginal Health and Medical Research Council of NSW
- Local Health Districts (LHDs)
- National Aboriginal Community Controlled Health organisation
- Primary Health Networks and other primary health organisations
- General Practitioners and private medical specialists
- Private Allied Health professionals
- Non-Government Organisations

The Local Aboriginal Population

Within the geographical boundaries of the partnered LHDs, Census data indicates a total Aboriginal population of 18,250. The Partnership recognises the large transient population that is not included in the data specified below.

Local Health Districts	Aboriginal residents	Total population [#]	Per cent of total population
Sydney	7,294	666,537	1.1
South Eastern Sydney	10,179	925,290	1.1
Northern Sydney	4,051	924,077	0.4
Total	21,524*	2,515,904	0.07

* Inclusive of St Vincent's Hospital and Sydney Children's Hospitals Network.

Healthstats NSW 2017

For comparison the 2015-2016 data

Local Health Districts	Aboriginal residents	Total population [#]	Per cent of total population
Sydney	6,585	578,162	1.1
South Eastern Sydney	7,367	838,416	0.9
Northern Sydney	2,548	839,699	0.3
Total	16,500*	1,735,277	0.95



Image courtesy of North Sydney Local Health District



Image courtesy of North Sydney Local Health District

Policy Context

In NSW, Aboriginal Health initiatives are governed and supported by National and State policy and informed by several policy and evidence sources. These documents are complementary to each other. These include:

National Aboriginal and Torres Strait Islander Health Plan (2013-2023)¹

The Department of Health and Ageing has released its National Aboriginal and Torres Strait Islander Health Plan (2013-2023)

This Plan commits the Australian Government to:

1. Continue working across governments and sectors to close the gap in Aboriginal and Torres Strait Islander disadvantage;
2. Invest in making health systems accessible, culturally safe and appropriate, effective and responsive for all Aboriginal and Torres Strait Islander people; and
3. Support good health and wellbeing across the life course, and continue to target risk factors at key life stages.

NSW Aboriginal Health Plan (2013-2023)²

The NSW Aboriginal Health Plan was launched on the 7th December 2012. This Plan guides Aboriginal Health policy across the State. The Plan's vision is to achieve health equity for Aboriginal people, with strong, respected Aboriginal communities in NSW, whose families and individuals enjoy good health and wellbeing.

The goal of 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 includes six strategic directions:

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

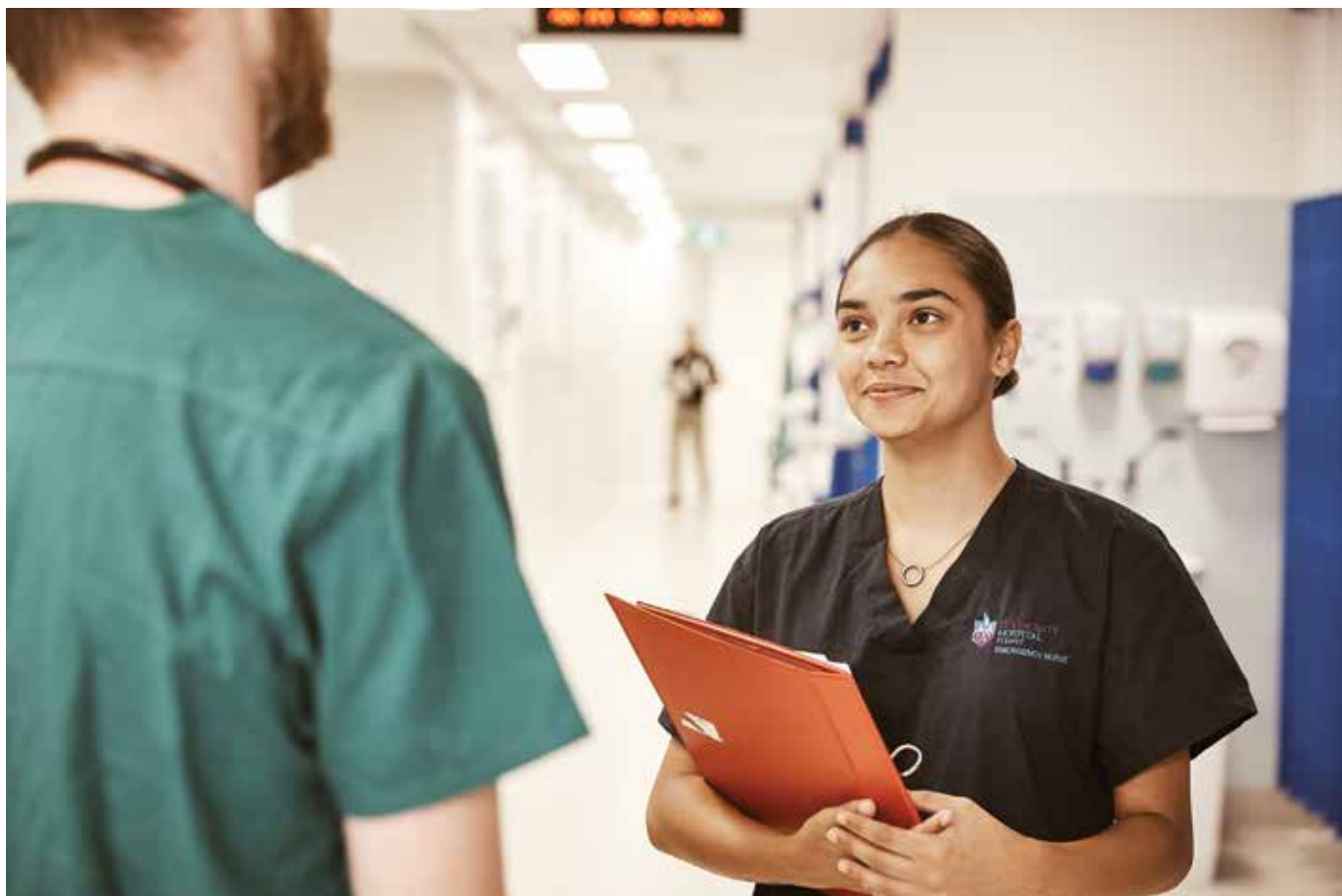


Image courtesy of St Vincent's Hospital Network

Aboriginal Health & Medical Research Council, NSW Health and the Commonwealth on the Agreement on NSW Aboriginal Health and Wellbeing 2015 – 2020⁵

NSW Health is signatory with the Commonwealth Government and the Aboriginal Health & Medical Research Council of NSW to the Agreement on NSW Aboriginal Health and Wellbeing. The Agreement's aim is that all partners work collaboratively and transparently in partnership with local communities, to improve health and wellbeing outcomes and reduce the gap. Partners commit to several activities taken as measures of success.

This includes support for clinically and culturally appropriate services across the health network, including primary health care and specialist and hospital care to improve the patient journey and health outcomes for Aboriginal people and their families (B18/728)

The Health of Aboriginal People of NSW: Report of The Chief Health Officer (2012)⁴

The Chief Health Officer reports on a significant health issue biannually. The Health of Aboriginal People of NSW: Report of The Chief Health Officer took place in 2012. The report provides population health data in the areas of life expectancy and child mortality, babies and child health, risk and protective factors for health and the burden of ill-health. This report now functions as an annual audit or baseline for Local Health Districts to report on how they have addressed disparity and closed the gap between Aboriginal and non-Aboriginal communities.

Aboriginal kids a Healthy start to life: Report of the Chief Health Officer (2017)⁵

The report focuses on key improvements in the health of Aboriginal children in NSW in the first five years of life, and highlights some of the services and programs that have helped to achieve these. While the health of Aboriginal children has improved in important ways, there continues to be a gap compared with non- Aboriginal children. Much of this difference is driven by social disadvantage, and demonstrates the need for stronger partnerships between Aboriginal communities, health services, and across government to ensure that services are culturally safe and appropriate for the most vulnerable Aboriginal people in our community.

OCHRE NSW Government Plan for Aboriginal Affairs: education, employment & accountability (2013-2023)⁶

An update to this document was released in Dec 2017⁷

The NSW Government Aboriginal Affairs plan includes reforms to support more Aboriginal students to stay at school and transition to work; builds local decision making skills in communities and; ensures government and community are more accountable for how money is spent. Called OCHRE – Opportunity, Choice, Healing, Responsibility and Empowerment – the Plan was created through the Ministerial Taskforce on Aboriginal Affairs. Key initiatives include:

1. Developing Opportunity Hubs to provide school students

- pathways to real jobs by getting local employers involved in career planning early on at school;
2. Establishing Aboriginal Language and Culture Nests to provide a continuous pathway of learning from pre-school to tertiary education for Aboriginal language learners and teachers, at school and at home;
 3. Supporting a Local Decision Making model to develop the decision making skills of local Aboriginal governance bodies to make decisions about local service delivery;
 4. Supporting Connected Communities, a current initiative that is changing the way educational services are delivered in 15 regional schools by working in partnership with Aboriginal communities.

The 2017 update identifies the success of the Local Decision Making processes that reflect developing partnerships between NSW government and local Aboriginal communities. These allow communities and Government to build new cooperative relationships around the shared design and delivery of locally developed solutions. Achievements from OCHRE are underpinned by a robust accountability framework. An approach to evaluation highlights that Aboriginal communities set the measures of success.

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023

(Commonwealth of Australia 2017. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing. Canberra: Department of the Prime Minister and Cabinet.)

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 is a critical part of ongoing reform to the mental health system and interconnected with a number of strategic responses to Aboriginal and Torres Strait Islander health.

Mental health and social and emotional wellbeing affects us all. In striving for better mental health and social and emotional wellbeing outcomes for Aboriginal individuals, families and communities, this document can assist to:

- Understand the mental health reforms which impact most on Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing.
- Understand expected service provision.
- Guide the development and direction of mental health and social and emotional wellbeing programs.
- Guide and support Primary Health Networks and other relevant providers in planning and commissioning culturally and clinically appropriate mental health services

for Aboriginal and Torres Strait Islander people.

- Frame integrated Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing activities.
- Inform policy development, research and evaluation.
- Support program implementation. Aboriginal and Torres Strait Islander peoples share the consequences of colonisation and as a result can face similar challenges today.

However, they also have different cultures and histories and in many instances different needs in relation to the challenges they face. The differences must be acknowledged and may need to be addressed by locally developed, specific strategies.

Good Health – Great Jobs. Aboriginal Workforce

Strategic Framework 2016–2020⁸

The NSW Health Good Health - Great Jobs: Aboriginal Workforce Strategic Framework 2016 - 2020 (the Framework)

is intended to support local health districts, specialty health networks and other NSW health organizations to grow and develop their Aboriginal workforce. Building on the 2011 - 2015 Framework, it sets out the Aboriginal 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 is structured around six key priority areas:

- 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
- track our achievements and improve results

While the Aboriginal representation in the NSW health workforce has grown, organizations will continue to set their own targets, based on local Aboriginal populations and specific Aboriginal health service needs. This includes not only organizations servicing regional areas with higher Aboriginal population shares, but also organizations in Sydney metropolitan area (blue mountains, central coast) where around a third of the Aboriginal population of NSW live; and is inclusive of local government areas with large Aboriginal community populations and suburbs with large Aboriginal communities. All of NSW health will be actively contributing to the achievement of our Aboriginal workforce - even small specialist organizations.

Achievements of the Partnership's Aboriginal Health Priorities to 2018

Following its formation in February 2012 the Sydney Metropolitan Local Aboriginal Health Partnership (SMLAHP) Committee agreed to collaboratively work together to create an Aboriginal Health Priorities Action Plan. The last priority plan had six (6) health priorities:

- The Social Determinants of Health
- Chronic Care
- Cancer
- Drug Health, Alcohol, Smoking and Gambling
- Aboriginal Workforce
- Research

A review of the outcomes of this plan found that some considerable gains had been made against the actions- most notably organising a major conference/forum on the Aboriginal Social Determinants of Health. This very successful event was fully reported, through a plan for collaboratively implementing action to address the social determinants of health accompanied by recommendations and a set of expected health outcomes.

Notable other achievements included appointing a conjoint chronic disease manager, working on Aboriginal health pathways and supporting the development of an expanded Aboriginal Workforce.

In the context of the active work of each of the partners in Aboriginal Health, these achievements could be considered to be quite significant.



Image courtesy of St Vincent's Hospital Network

Partnership's Aboriginal Health Priorities to 2019-2022

This updated Priorities Action Plan includes the following eight priorities:

- The Social Determinants of Health
- Early Years (the first 2000 days)
- Prevention
- Integrated Care
- Mental Health and Wellbeing
- Cancer
- Aboriginal Workforce
- Research and Monitoring

Each of these are briefly outlined in the following section.



Image courtesy of South Eastern Sydney Local Health District

The Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are then further shaped by the distribution of money, power and resources at the global, national and local levels. Much research has demonstrated a close association between an individual's social and economic status and their health status.

The poor health and wellbeing outcomes experienced by Aboriginal people must be considered within a cultural context of past colonization, dispossession from land and culture, entrenched racism and vilification and systemic discrimination, economic exclusion and poverty. In the context of health care for Aboriginal peoples, it is necessary to broaden our definitions of health to include the physical, mental, and spiritual wellbeing of entire communities, not just the symptomatic treatment of the individual. Social determinants can have an effect on the risk of disease, injury and hence health status, and their access and interactions with health and other services.

The most important social determinants of health for Aboriginal people include those related to ^{3, 8, 9, 10, 11, 12, 13, 14}:

- Connectedness to family, culture, identity, country and land are significant protective and strengthening factors as is community functioning and participation.
- The effects of colonization, including removal from family and community through the Stolen Generations and current child removal policies threaten these foundations.
- Inherited grief and trauma, loss of traditional roles further affect physical and social and emotional wellbeing.
- Current rates of psychosocial risk factors: including psychological distress, food insecurity and financial stress are significantly higher for Aboriginal people than for Non Aboriginal Australians.
- Access to early childhood services and education and access to, participation and levels of attainment in primary, secondary, tertiary and vocational education/ training
- Income and housing factors such as overcrowding, homelessness, housing tenure, infrastructure
- Being in social settings where violence is common
- Contact with the criminal justice system

Differences in the social determinants of health between Aboriginal and non-Aboriginal people explain between about one third and one half of the health gap. ¹

“Improvements in Aboriginal people's health requires an integrated approach encompassing the strengthening of community functioning, reinforcing positive behaviours, improving education participation, regional economic development, housing and environmental health, and spiritual healing. It is vital for communities and individuals to have the ability and freedom to be empowered and able to translate their capability (knowledge, skills and understanding) into action.” ¹

Early Years

It is well documented that Aboriginal children are at risk of poor health outcomes. We know that the health, development and wellbeing of children are influenced by many factors. This includes genetic, epigenetic, environmental and experiential factors.

Aboriginal populations throughout Australia experience adversity in social capital, education, employment and housing. This can have an adverse impact on child health outcomes as well as undermining parenting capacity.

Early Childhood Services and Education

Positive early years and quality pre-school education provide the foundation for a healthy life. There is strong evidence that suggests slow growth and poor emotional health in childhood can lead to an increased risk of poor physical and mental health as an adult. The risk of an unhealthy childhood is especially high in poor socioeconomic circumstances.

Maternal smoking, alcohol use, insufficient exercise and inadequate prenatal care may lead to poor foetal outcomes. These factors create a poor antenatal environment which is a high risk factor for ill health later in life.

The early infant experience ideally requires good emotional attachment and strong cognitive, social and sensory stimulation to ensure optimal child development.



Image courtesy of Sydney Children's Hospitals Network

Pre-school programs should have well trained staff and promote a focus on positive child development, a culturally relevant approach and the active involvement of the family and community.

Factors that may improve educational outcomes in these early years include: promoting the attainment of school readiness, strong community engagement and cultural connections, promoting and supporting pre-school attendance, developing numeracy and literacy early, promoting familiarity with school work, promoting an awareness of the child's skills and abilities, developing pride in children's achievements and high quality teaching that is culturally relevant.





For children to develop into healthy adults they need strong and supportive parent-child bonds and relationships, high quality early childhood education, good nutrition, health education and access to health and preventative care.

The key health indicators highlighted below all indicate the disparity between Aboriginal and Non-Aboriginal children. Aboriginal children experience higher rates of perinatal mortality, lower birth weight and higher rates of premature delivery. While smoking rates in pregnancy vary across health districts and there has been some reduction as a result of programs, such as Quit for New Life, the damages of smoking, especially in the 2nd half of pregnancy require continued attention.

The transition into childhood and adolescence are a significant phase with respect to health outcomes and will be referred to in other sections.

High quality care and services in the early years sets children up for success in the key transitions from early childhood education to primary school, from primary school to high school and from high school to tertiary education and/or employment. Failure to invest in these critical early years can set a negative trajectory including educational failure, drug and alcohol usage, teenage pregnancy, adolescent mental health issues and engagement with juvenile justice.

Table 1.1 Key health indicators for Aboriginal children in NSW, 2017

	NSW	Aboriginal	Non-Aboriginal	Year
 Perinatal mortality (per 1000 live births) (%)		12.7%	8.2%	2017
 Low birth weight babies (<2500g) (%)		11.1%	6.5%	2017
 Mothers smoking during pregnancy (%)		42.4%	7.2%	2017
 Pre-term babies (37 weeks or less) (%)		11.7%	7.2%	2017

Source: Health Stats NSW



Image courtesy of Aboriginal Medical Service Co-operative, Redfern

Prevention

The harm caused by tobacco, alcohol and illicit drugs is a major public health problem for Aboriginal Australians in the adolescent and adult age range. Nationally, tobacco smoking was responsible for 20 per cent of Aboriginal deaths and 12.1 per cent of Aboriginal burden of disease in 2003. These smoking-related deaths and illnesses are preventable.¹⁰

Aboriginal smoking rates are falling, but nearly 50% of Aboriginal adults smoke, more than double the smoking prevalence among non-Indigenous Australians. Further, in NSW 48% of Aboriginal women smoke during pregnancy, compared to 10% of non-Aboriginal women.³

Alcohol is the leading risk factor for mental disease and injury for Aboriginal Australians. Aboriginal people are hospitalised for alcohol misuse at around four times the national rate. Excessive consumption of alcohol is associated with health and social problems in all populations. It is a major risk factor for conditions such as liver disease, pancreatitis, diabetes and some types of cancer, and can have a profound impact on foetal development if used by the mother during pregnancy. Alcohol is also a frequent contributor to motor vehicle accidents, other trauma and suicide. It has the potential to evoke anti-social behaviour, domestic violence and family breakdown.^{8, 9, 10, 11, 12}

There is also a link between poor social and emotional wellbeing and higher levels of alcohol and other substances use. Although Aboriginal people are more likely not to drink alcohol, a greater proportion of those who do drink consume alcohol at levels that pose risks for their health.

Aboriginal Australians are four times as likely as other Australians to be hospitalised for conditions related to alcohol use, and more than twice as likely to be hospitalised for conditions related to substance use. Reducing alcohol and other substance misuse can significantly reduce levels of violence and disability, as well as improving the overall health and wellbeing of a community.^{13, 14}

Gambling is another common recreational activity in all communities; for most gamblers it is an enjoyable recreational activity that provides them with a chance to win money and socialise. However, for others, particularly those who gamble regularly or who gamble using electronic gambling machines or poker machines, it can lead to considerable harms for themselves and people close to them.



Image courtesy of South Eastern Sydney Local Health District

Integrated Care

Aboriginal people living in New South Wales (NSW), represent approximately 2.9% of the total population and 33% of the total Australian Aboriginal population. While many people living in NSW have experienced significant health gains, these improvements have not been equally shared by Aboriginal people who continue to experience greater health risks, poorer health and shorter life expectancies than non-Aboriginal people.¹³

Hospitalisation rates for Aboriginal people are 1.7 times higher than for non-Aboriginal people and preventable hospitalisations are 2.5 times higher in Aboriginal Australians. Over the past decade, Aboriginal people in NSW were 4.3 times more likely to discharge against medical advice than non-Aboriginal people.³

A particular issue is the disproportionately high burden of chronic diseases, such as diabetes, cardiovascular, renal and chronic respiratory diseases. These conditions significantly collectively impact on the higher morbidity and premature mortality in Aboriginal populations.¹⁹ Seventy per cent of the health disparity between Aboriginal and non-Aboriginal people

relates to “chronic conditions”. Aboriginal people are 2.7 times more likely to be hospitalised for diabetes, 3.9 times more likely to be hospitalised for Chronic Obstructive Pulmonary Disease (COPD), 1.6 times more likely to be hospitalised for cardiovascular diseases and five times more likely to be hospitalised for chronic kidney diseases than non-Aboriginal people.³

Aboriginal people report similar level of physical activity as non-Aboriginal people. However the reported level of eating recommended levels of fruit and vegetables, obesity and smoking is significantly worse in Aboriginal communities³. A range of social determinants contribute to chronic health conditions in Aboriginal communities. These factors typically also promote barriers to accessing primary health care in a timely way, indeed, often result in Aboriginal people presenting to health services late in the course of their disease, which in turn leads to significantly higher rates of complications and death.^{3, 9, 10, 11, 13} Managing chronic diseases requires co-ordination and integration of culturally safe and relevant health care services provided by a range of different providers and services.



Image courtesy of South Eastern Sydney Local Health District

Mental Health and Wellbeing

Mental Health and Wellbeing contribute to the high number of adverse childhood experiences and stressful life events experienced by Aboriginal people when compared to non-Indigenous people¹⁵

The causal pathways between social determinants and health are complex and multi-directional. Addressing social determinants requires a collaborative approach that includes services outside the health sector including housing, education, employment, recreation, family services, crime prevention and justice.¹⁶

Trauma informed care is grounded in an understanding of and responsiveness to the impact of trauma on wellbeing. The Closing the Gap Clearinghouse paper: Trauma-Informed Services and Trauma-Specific Care for Aboriginal children, states that services that are trauma informed: ^{15, 17}

- Understand trauma and its impact on individuals (such as children and youth), families and communal groups.
- Create environments in which children and youth to feel physically and emotionally safe.
- Employ culturally competent staff and adopt practices that acknowledge and demonstrate respect for specific cultural backgrounds.
- Support victims/survivors of trauma to regain a sense of control over their daily lives and actively involve them in the healing journey.
- Share power and governance, including involving community members in the design and evaluation of programs.
- Integrate and coordinate care to meet children's and young people's needs holistically.
- Support safe relationship building as a means of promoting healing and recovery¹⁷

Five areas for action have been identified in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2007-2023, they include;

- Strengthen the Foundations
- Promote Wellness
- Build Capacity and Resilience in People and Groups at Risk
- Provide Care for People who are Mildly or Moderately Ill
- Care for People Living With a Severe Mental Illness

Cultural Understanding can shape the provision of mental health services and can improve outcomes related to Aboriginal peoples Social and Emotional Wellbeing.

Cancer

Cancer is now the leading cause of burden of disease for Aboriginal and Torres Strait Islander people^{3,21}. While Australia's cancer survival rates are among the best in the world, Aboriginal and Torres Strait Islander people continue to experience a different pattern of cancer incidence and significant disparities in cancer outcomes compared with non-Aboriginal Australians. In NSW, Aboriginal people were diagnosed with cancer at a 10% higher rate than the total NSW population⁴. Across Australia, Cancer was slightly more common in Aboriginal and Torres Strait Islander people (1.1 times as common) with lower survival rates and were 1.4 times as likely to die from cancer as non-Aboriginal Australians²².

Key contributing factors to higher cancer incidence and lower survival rates are caused by higher proportions of Aboriginal and Torres Strait Islander people who engage in health risk behaviours such as smoking tobacco and other risk factors like risky drinking and poor nutrition, lower participation in cancer screening programs, delayed diagnoses, and cultural competency of services to support completion of treatment. Tobacco smoking is one of the main preventable causes of death, including cancer. Whilst rates of smoking amongst Aboriginal people aged 15 and over have fallen from 41% to 37% between 2012 and 2018/19 it is important to note that population health interventions, such as smoking reduction, have a long lead time before measurable impacts can be seen²¹.

Goals of the NSW Cancer Plan:

The goals of the NSW Cancer Plan reflect the Cancer Institute (NSW) Act 2003:

1. Reduce the incidence of cancer in the community
2. Increase the survival rate for people diagnosed with cancer
3. Improve the quality of life of people diagnosed with cancer and their carers
4. Provide a source of expertise on cancer control for the government, health service providers, medical researchers and the general community

The distinct epidemiology of cancer among Aboriginal and Torres Strait Islander people, and analysis of cancer outcomes, highlight the need for an increased emphasis on patient-centred care and a culturally responsive care pathway for

Aboriginal and Torres Strait Islander people. Cancer NSW supports the development of this *Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer*. This has been developed by Cancer Australia and was underpinned by strong engagement and consultation with peak Aboriginal and Torres Strait Islander and health organisations, health professionals, consumers and carers. It has been developed with the aim of reducing disparities and improving outcomes and experiences for Aboriginal and Torres Strait Islander people with cancer.

The purpose of Optimal Care Pathways for Aboriginal people with cancer is to complement the best practice information provided in the tumour-specific pathways to facilitate the delivery of culturally safe and competent care. For health services to be effective in Aboriginal health they must operate in ways that show both understanding of and respect for Aboriginal and Torres Strait Islander culture¹⁹.

The most common cancers for Aboriginal males are prostate, lung and large bowel (colorectal) cancers.

The most common cancers for Aboriginal females are breast, lung and large bowel (colorectal) cancers.⁴

For both Aboriginal Males and Females lung cancer was the leading cause of cancer death, followed by colorectal cancer, head and neck cancer then liver cancer.

Health promotion: Breast screen promotion and screening clinics were held at the following locations in 2019:

- Breast screen at Royal Prince Alfred Hospital
- Breast screen at La Perouse
- Breast screen at Northern Sydney Local Health District
- Breast screen at St Vincent's Hospital Network

Aboriginal Workforce

In 2018 there were 225,349 Aboriginal people living in NSW, comprising just over 2.9% of the total NSW population and approximately 30.9% of the total Aboriginal population in Australia. While NSW has the largest number of Aboriginal people of any Australian state or territory, the Northern Territory has the highest proportion of Aboriginal people.²

In 2009 the NSW Government agreed to a Whole of Government Aboriginal workforce participation target of 2.6% by 2015, in line with the 2009 Council of Australian Governments (COAG) decision and ongoing state and national reporting requirements. Subsequent to this in November 2016 the NSW Ministry of Health launched the *Good Health-Great jobs: Aboriginal Workforce Strategic Framework*, which identified key priorities and actions to increase the proportion of Aboriginal people in the health workforce. NSW Health, in the 5 years from 2011, saw Aboriginal workforce participation grow from **1.8%** to **2.5%** by **June 2016**.

In addition to the Workforce Framework the NSW Ministry of Health released an *Aboriginal Cultural Respect* training package – Respecting the Difference. The combined face-to-face and e-learning Aboriginal Cultural Respect Training package is mandatory for all employees of the Local Health District. Building on the previous framework NSW Health set out the Aboriginal workforce development priorities and desired outcomes for the period 2016-2020 and the key actions needed to achieve these priorities and outcomes:

- 1. Lead and Plan Aboriginal workforce Development**
- 2. Build cultural Understanding and Respect**
- 3. Attract, Recruit and Retain Aboriginal Staff**
- 4. Develop the capabilities of Aboriginal staff**
- 5. Work with others to achieve workforce priorities.**
- 6. Track our achievements and improve results**

This aims to create an environment in which LHDs can attract and retain Aboriginal Staff. The Workforce Strategy also recognises the importance of employment as a “social determinant of health”.

Research and Monitoring

In accordance with the best practice guidelines, it is critical that decision makers be guided by evidence and research when developing, implementing or evaluating healthcare and related programs that are Aboriginal-focused.^{2,11}

Fundamental to evidence-based practice is accurate data and information. Accurate data will help in the establishment of sound policy, programs and service delivery that will ultimately result in supporting the ‘Close the Gap’ targets.

Research in the area of Aboriginal health is important to understanding strengths, wellbeing, disease patterns, healing, health systems and services. It can contribute to improving the quality, cultural safety and effectiveness of services and strategies in the area of Aboriginal health.

There is a growing acknowledgement that all research for Aboriginal people should be done with an aim of building capacity within Aboriginal communities and not done for the benefit solely of a research organisation. The concepts of

“nothing done about us without us” readily apply. Research projects will consider these important opportunities to support and participate in research where control and leadership by Aboriginal researchers and associates is embedded. This is considered essential to improving health outcomes in the Aboriginal community and also to building capacity in Aboriginal staff and ultimately empowering positive outcomes in the Aboriginal communities. Projects should also be framed within a responsive approach linking service providers (The Redfern AMS, LHDs and specialty networks), researchers and community. Finally community ownership implies that research evidence is developed, collected, utilised and owned within that community. Reversing the alienation of Aboriginal people from research processes can effectively contribute to better outcomes and achieve health equity requires better systems built on partnerships tailored to local contexts.

Related to research is the area of monitoring which is especially relevant in Closing the Gap in health and wellbeing between Aboriginal and non-Aboriginal people.

Action Plan

Social Determinants of Health

Action	Lead	Timeframe	Outcomes	KPI's
<p>Actively implement the SMLAHP Social Determinants of Aboriginal and Islander Health Forum report and recommendations 2016. This includes:</p> <ul style="list-style-type: none"> • reviewing the recommendations and actions • determining Partnership priorities within this report • ensuring actions against these recommendations • focus on environmental impacts of health (including housing) 	Partnership Working Party (PWP)	2019-2020	Report implemented	

Early Years

Action	Lead	Timeframe	Outcomes	KPI's
<p>Share strategies and programs that are effective in:</p> <ul style="list-style-type: none"> • Reducing low birth weight, prematurity and perinatal mortality • optimising child development • promoting pre-school attendance, school readiness, and early literacy and numeracy • promoting access to services addressing learning difficulties at school, truancy, substance abuse, youth mental health and teenage pregnancy • addressing intergenerational trauma • encourage child health checks and screening • access to child dental health programs • compliance with all screening programs • improve immunisation rates 1-5 years • smoking cessation in pregnancy beside tobacco 	Partnership Working Party (PWP)	2019-2020		



Image courtesy of Sydney Local Health District

Prevention

Action	Lead	Timeframe	Outcomes	KPI's
Programs that are effective including One Deadly Step	PWP	2020-2021	Strategy report developed	
SMOKING, EXERCISE, EATING				
<ul style="list-style-type: none"> Promoting healthy eating and active living; Tobacco cessation programs and prevention of uptake; Prevention of injury and safety; Prevention of harmful use of alcohol; and Promoting mental health and wellbeing promotion of suicide prevention 	AMS Redfern, All partners	2019	Health lifestyles promoted	
	PWP	Ongoing		
	PWP	Ongoing		

Integrating Care

Action	Lead	Timeframe	Outcomes	KPI's
Develop specific Aboriginal Health Pathways in early years, cancer screening.	PWP	Ongoing		
Establish further clinics at AMS including cancer (St VHN), Hep C.	All partners	Ongoing SMLAHP Forum		
Streamline discharge, referral and consultation between Partnership tertiary referral services and regional health services to better integrate care.	All partners	Ongoing SMLAHP Forum		
Review support for Aboriginal people from rural and regional areas who travel to tertiary services for care - especially in view of accommodation for families and transport for urban health facilities.	All partners	Ongoing		
Address the high level of diabetes in Aboriginal communities through promoting prevention, earliest screening at all points of care contact, enhanced accessibility specialist clinics (at hospital and AMS).	AMS and all partners	Ongoing		

Mental Health and Wellbeing

Action	Lead	Timeframe	Outcomes	KPI's
1. Expand mental health promotion work through training both internal and external staff in the delivery of the Aboriginal Mental Health First Aid program.	PWP All partners	Ongoing Ongoing SMLAHP Forum discussion topic #4		
2. Continued workforce development through local training initiatives, and support of the NSW Aboriginal Mental Health Worker Training Program.				
3. Promoting youth health and wellbeing.	All partners			

Cancer

Action	Lead	Timeframe	Outcomes	KPI's
1. Expand the Partnership Poster campaign to include cancer health promotion with specific posters for Environmental Health Risk.	All partners	Ongoing SMLAHP Forum discussion topic #7	Brochures and posters to be distributed to the Districts.	
2. Enhance access to Palliative Care.	All partners	Ongoing SMLAHP Forum discussion topic #8		

Aboriginal Workforce

Action	Lead	Timeframe	Outcomes	KPI's
<p>1. Number of employees who complete trainee programs are offered permanent employment upon completion.</p> <p>2. Ensure that cultural competency training is undertaken by members of the Partnership committee and members of the organisations.</p> <p>3. Ensure compliance with Respecting the Difference Training online and face to face for LHD's and Health Networks.</p> <p>4. Consider opportunities to expanding the number of leadership and management opportunities to enhance the learning from various programs, including the Sol Belleair Scholarships being provided by the SLHD.</p> <p>5. Percentage of Aboriginal Workforce in each organisation including 2.6% of all employees with the service and 1.8% across all salary bands.</p>	<p>All LHDs and Specialty networks</p> <p>AMS SLHD</p> <p>All partners</p>	Ongoing	Cultural safety improved	

Research and Monitoring

Action	Lead	Timeframe	Outcomes	KPI's
<p>Consider new research findings and publications dealing with the social determinants of health at each of the Partnership meetings.</p> <p>Facilitate ethics approval for high quality, strengths based research that is Aboriginal lead or co-produced and of value to Aboriginal health improvement. This includes reviewing the current processes for obtaining approvals for research.</p> <p>Review and discuss bi-annually the partner organisation Aboriginal Health dashboards with a view to drawing learnings and improvements so as to support closing the Gap.</p>			Evidence is translated into practice.	

References

1. Department of Health and Ageing (2013) National Aboriginal and Torres Strait Islander Health Plan 2013-2023, AGPS Canberra.
2. NSW Ministry of Health, (2013) *NSW Aboriginal Health Plan 2013-2023*, NSW Ministry of Health, Sydney.
3. Australian Government. (2020) *Closing the Gap report 2020*, Canberra.
4. Aboriginal Health & Medical Research Council, NSW Health and the Commonwealth on the *Agreement on NSW Aboriginal Health and Wellbeing 2015 – 2020*
5. NSW Chief Health Officer (2012), *The Health of Aboriginal People of NSW: Report of the Chief Health Officer*, NSW Ministry of Health, Sydney.
6. NSW Chief Health Officer (2017), *Aboriginal kids a Healthy start to life: Report of the Chief Health Officer*, NSW Ministry of Health, Sydney
7. OCHRE (2013) *NSW Government Plan for Aboriginal Affairs: education, employment and accountability* ISBN 978-0-646-90201-2. April 2013.
8. OCHRE update (2017) *NSW Government Plan for Aboriginal Affairs: education, employment and accountability* ISBN: 978-0-6481939-2-0. Dec 2017
9. Booth, A. & Carrol, N. (2005). *The health status of Indigenous and non-Indigenous Australians*. Canberra: Centre for Economic Policy Research, ANU
10. Marmot, M. (2011). *Social determinants and the health of Indigenous Australians*. MJA, 194(10), 512-513
11. WHO, 2003, *Social Determinants of Health: The Solid Facts*. 2nd edition/edited by Richard Wilkinson and Michael Marmot 2003
12. Calma, T. (2007). *Creating futures: influencing the social determinants of mental health and wellbeing in rural, Indigenous and Island peoples*. Australasian Psychiatry, 15 supplement, S5 -S9. doi:10.1080/10398560701701122
13. Carson, B., Dunbar, T., Chenhall, R., & Bailie, R. (2007). *Social determinants of indigenous health*. Allen and Unwin, Sydney.
14. Australian Government (2017). *Aboriginal and Torres Strait Islander Health Performance Framework. 2017 Report*
15. NSW Department of Health, 2010, *Clinical Services Redesign Program Chronic Care for Aboriginal People (Model of Care)*. ISBN: 978-1-74187-565-2. NSW Department of Health.
16. Department of Health and Ageing, (2012), *Development of a National Aboriginal & Torres Strait Islander Health Plan Discussion Paper*. ISBN: 978-1-74241-803-2; Commonwealth of Australia.
17. Commonwealth of Australia 2017. *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*. Canberra: Department of the Prime Minister and Cabinet.
18. Osborne K, Baum F, Brown L, What works? A review of actions addressing the social and economic determinants of Indigenous Health. Issues paper number 7 produced for the Closing the Gap Clearinghouse. Australian Institute of Health and Welfare, Canberra, and the Australian Institute of Family Studies, Melbourne, 2013.
19. Atkinson J, Trauma-informed services and trauma-specific care for Indigenous Australian children, Resource sheet no. 21, produced for the Closing the Gap Clearinghouse, Australian Institute of Health and Welfare, Canberra, Australian Institute of Family Studies, Melbourne, 2013.
20. Australian Government; Cancer Australia. (2018) *Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer*.
21. Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Retrieved December 20, 2019 from <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4715.0Main%20Features!52018-19?opendocument&tabname=Summary&prodno=4715.0&issue=2018-19&num=&view=>
22. Australian Institute of Health and Welfare. (2018). *Indigenous Australians more likely affected by cancers associated with preventable risk factor*. Retrieved December 20, 2019 from <https://www.aihw.gov.au/news-media/media-releases/2018/march/indigenous-australians-more-likely-affected-by-can>

