Aboriginal Health Action Plan

for

Western Sydney Local Health District

2015 – 2021

Acknowledgement

Western Sydney Local Health District acknowledges the first people of the land. The overarching Aboriginal nation in western Sydney is the Darug nation. We pay our respects to Elders past, present and emerging and extend that respect to Aboriginal people and colleagues who contribute to the health of the Aboriginal community in western Sydney. We acknowledge the importance of land, water, spirit, kinship and culture, and the importance that these elements have to the health, wellbeing and future of the Aboriginal and Torres Strait Islander community.

Definitions

In this document the term Aboriginal is used to refer to people who are Aboriginal or Torres Strait Islander or both.

Also in this document the term Indigenous to refer to Aboriginal and / or Torres Strait Islander people is only used in the context of Commonwealth programs or initiatives.

Contents

Introduction

The aim of the Aboriginal Health Action Plan is to improve the health of Aboriginal and Torres Strait Islander peoples living within the Western Sydney Local Health District (WSLHD). The Plan was developed by the WSLHD in consultation with the Aboriginal Community Controlled Health Service – Sydney West Aboriginal Health Service (SWAHS), Western Sydney Primary Health Network and other stakeholders and sets the agenda for working together to achieve measurable improvements in health outcomes for Aboriginal people over the next six years. WSLHD will be responsible for implementing the Plan in partnership with local Aboriginal health and other community services, the Western Sydney Primary Health Network and other service delivery partners.

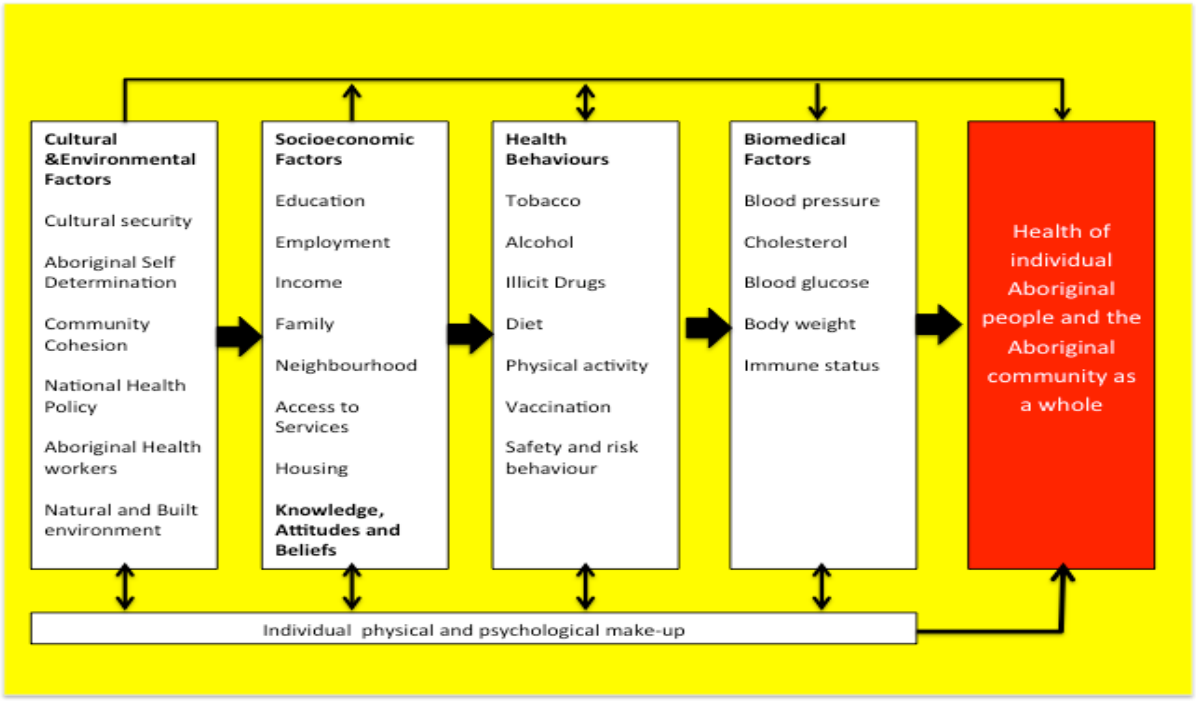
Aboriginal Health

"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. It is a whole of life view and includes the cyclical concept of life-death-life"

This definition was originally composed and adopted in 1979 by the National Aboriginal and Islander Health Organisation (NAIHO), now the National Aboriginal Community Controlled Health Organisation (NACCHO), and restated in the National Aboriginal Health Strategy 1989 www.naccho.org.au/aboriginal-health/definitions/

Within this context of Aboriginal Health, a conceptual framework of the determinants of health for Aboriginal people and their communities encompasses cultural and environmental, socioeconomic and biomedical factors and health behaviours (Figure 1).

Figure 1: Conceptual framework of the determinants of health for Aboriginal people and their communities



Adapted from AIHW 2008

Closing the Gap

The phrase *'Closing the Gap'* takes on a particular significance for Aboriginal people because it is about their lives.[1] But *Closing the Gap* must be significant to all Australians and embraced by them if we are going to make a difference to the health and wellbeing of Australia's Indigenous peoples.

- *Closing the Gap* is about increasing life expectancy
- *Closing the Gap* is about reducing death rates of children
- *Closing the Gap* is about education
- *Closing the Gap* is about jobs.

WSLHD is committed to improving the health of Aboriginal people who live within our local communities. To do that, the three key health service providers for Aboriginal people within the western Sydney region are working in partnership to develop, implement and promote strategies that will make a difference:

- Western Sydney Primary Health Network
- Sydney West Aboriginal Health Service (SWAHS) (Interim organisation continuing the work of the Aboriginal Medical Service Western Sydney)
- Western Sydney Local Health District.

[1] The *Closing the Gap* strategy aims to reduce Indigenous disadvantage and was endorsed by the Australian Government in March 2008 http://www.healthinfonet.ecu.edu.au/closing-the-gap/

2 The State of Aboriginal Health in WSLHD

Higher rates of diseases, lower life expectancy and early death are experienced by Aboriginal people for many reasons, including a history of dispossession, poverty and impaired access to and quality of health and other services, health-related behaviours and environmental factors.

Four sources of data have contributed to a snapshot of the status of Aboriginal Health in WSLHD:

- The Health of Aboriginal People in NSW: Report of the Chief Health Officer 2012
- NSW Health Mothers and Babies Report 2010
- Health Statistics NSW
- Australian Institute of Health and Welfare

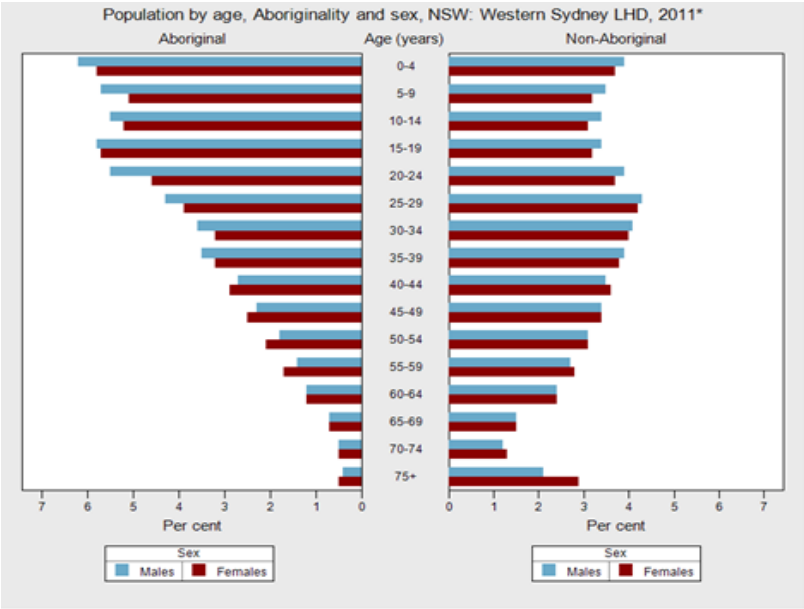
Information for WSLHD is not available for all health indices but is included where available.

2.1 Aboriginal Population

In 2011, an estimated 172,621 Aboriginal people were living in NSW, comprising 2.5% of the total population and 31.5% of the total Aboriginal population in Australia. More Aboriginal people live in NSW than in any other state or territory. The Aboriginal population of NSW is younger, with approximately 36% of the population less than 15 years of age, compared with 19% of the non-Aboriginal population. The proportion of the Aboriginal population aged 65 years or older is approximately 4% compared with 15% of the non-Aboriginal population.

In WSLHD the pattern is similar with 33% of the Aboriginal population aged less than 15 years and 3.3% aged more than 65 years (Figure 2). The estimated Aboriginal population within the WSLHD in 2011 was 11,494; 1.5% of the total population (ABS Census 2011).

Figure 2: Estimated Aboriginal population by age and sex for WSLHD, 2011



Source: Health Statistics NSW v.1.10.2m

2.2 Life Expectancy and Mortality

Life Expectancy

Life expectancy at birth for Aboriginal males in NSW in the period 2005 to 2007 was estimated to be 69.9 years, 8.6 years less than for all NSW males. Life expectancy at birth for Aboriginal females in NSW in the period 2005 to 2007 was estimated to be 75 years, 7.4 years less than for all NSW females (Health of Aboriginal people of NSW: Report of the Chief Health Officer 2012).

Child and Infant Mortality

Aboriginal children have 2.5 times the mortality rate of non-Aboriginal children. In 2007, the child mortality rate in NSW for Aboriginal children aged less than five years was 234 per 100,000, over twice the rate for non-Aboriginal children (91 per 100,000).

The infant mortality rate is the number of deaths of children up to one year of age, expressed as a rate per 1,000 live-births. Infant deaths are included in the calculation of the child mortality rate for children less than 5 years. Between 2008 and 2010 the Aboriginal infant mortality rate was 5.2 per 1,000 live births, 1.3 times the non-Aboriginal infant mortality rate of 4.1 per 1,000 live births.

Causes of Death

Aboriginal and non-Aboriginal adults in NSW have the same leading causes of deaths: cardiovascular disease and cancers. However, mortality rates for chronic diseases for Aboriginal people are much higher than for non-Aboriginal people ie. three times higher for diabetes, and twice as high for respiratory and kidney diseases. Aboriginal people also have higher rates of death due to injury and poisoning; digestive system disease; maternal, neonatal and congenital conditions; and certain infectious and parasitic diseases. Deaths from injury and poisoning (11.7%) were twice as high among Aboriginal as non-Aboriginal people (5.2%).

Potentially avoidable deaths are those that could potentially have been avoided given our current understanding of the causes of disease, the availability of disease prevention and effective health care (ABS 2010a). The leading causes of potentially avoidable deaths are cancers, cardiovascular disease and injury and poisoning (NSW Health 2008a). In NSW in 2007, the rate of potentially avoidable deaths in Aboriginal males was 479 per 100,000, compared with 192 per 100,000 for non-Aboriginal males. The rate for Aboriginal males has decreased significantly in the 10 years 1998 to 2007.

2.3 The Burden of Illness

Chronic Disease

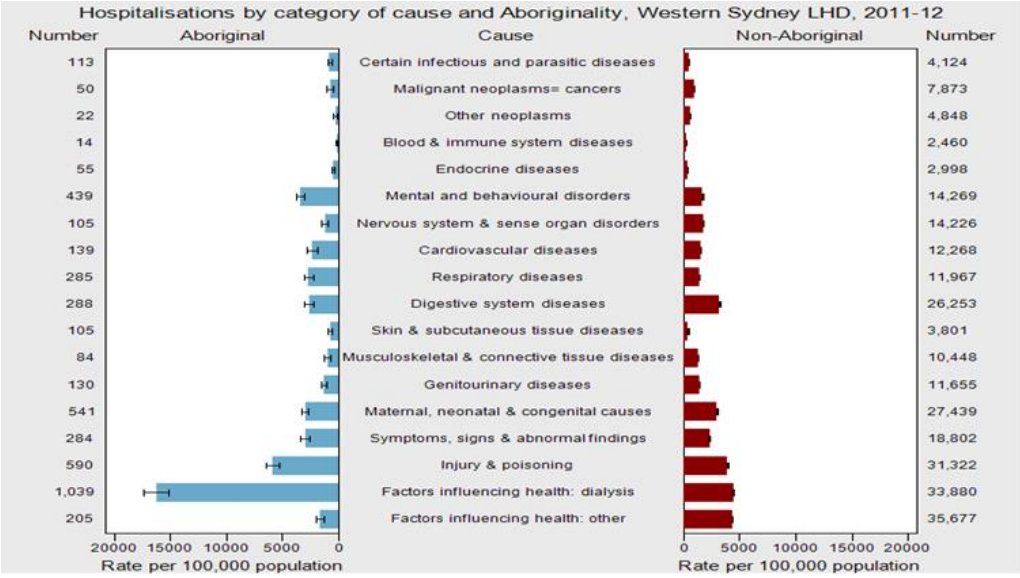
Hospitalisation

In 2011–12, Aboriginal people accounted for 3% of all hospitalisations in NSW, and the age-adjusted hospital separation rates for Aboriginal people were 1.7 times the rates for non-Aboriginal people. In WSLHD this disparity is particularly evident for mental and behavioural disorders, cardiovascular disease, injury and end stage renal disease (Figure 3).

Potentially preventable hospitalisations are those that could have been avoided by providing accessible, timely and effective preventive care or early medical treatment delivered through primary

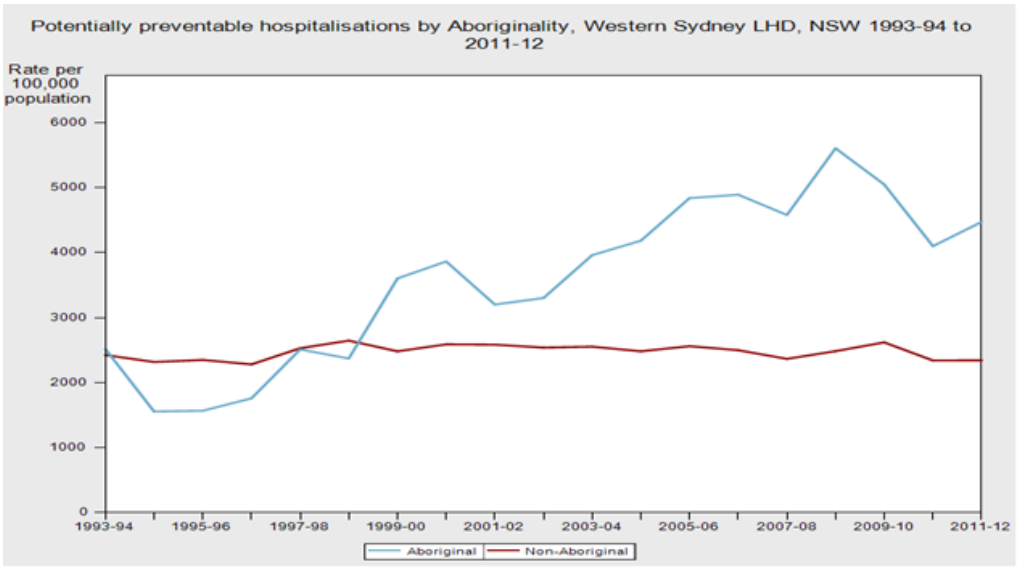
health care. The rates of these potentially preventable hospitalisations have been rising steeply within WSLHD over the last two decades, with some reductions in the last 2-3 years apparent (Figure 4).

Figure 3: Causes of hospitalisations by Aboriginality for WSLHD, 2011/12



Source: Health Statistics NSW v.1.10.2m

Figure 4: Potentially preventable hospitalisations by Aboriginality for WSLHD and NSW, 1993/94 to 2011/12



Source: Health Statistics NSW v.1.10.2m

Diabetes

Diabetes, particularly Type 2 diabetes, is a major contributor to excess burden of disease among Aboriginal people and to the health gap between Aboriginal and non-Aboriginal people. The onset of diabetes occurs earlier among Aboriginal people, which leads to a greater burden of illness associated with the complications of diabetes, including kidney damage, loss of vision, peripheral nerve damage and peripheral vascular diseases (NSW Health 2008a).

In NSW in 2010–11, hospitalisation rates for diabetes were 514 per 100,000 for Aboriginal people and 138 per 100,000 for non-Aboriginal people. In 2009–10, Aboriginal people were 2.7 times more likely to be hospitalised for diabetes than non-Aboriginal people. In the past 10 years there has been a significant increase in hospitalisation rates for diabetes for Aboriginal people, from 591 per 100,000 in 2001–02, to 936 per 100,000 in 2009–10, and no significant change in the difference in rates between Aboriginal and non-Aboriginal people.

Cardiovascular Disease

Cardiovascular disease is the leading cause of death for Aboriginal males and females in NSW and is estimated to contribute 23% of the excess burden of disease for Aboriginal people compared with non-Aboriginal people (Vos et al. 2009).

In 2010–11 in NSW, the rate of cardiovascular hospitalisations for Aboriginal people was 3,142 per 100,000 and 1,993 per 100,000 for non-Aboriginal people. Aboriginal people were 1.6 times more likely to be hospitalised for cardiovascular disease than non-Aboriginal people. In the past 10 years there has been an increase in rates of cardiovascular disease hospitalisations for Aboriginal people, from 2,992 per 100,000 in 2001–02, and a widening in the gap between Aboriginal and non-Aboriginal people.

Chronic and End Stage Kidney Disease

The higher prevalence of diabetes among Aboriginal people contributes to higher rates of renal disease. Only hospitalisation data were available for reporting on chronic kidney disease.

In 2010–11, the rate of chronic kidney disease hospitalisations for Aboriginal people in NSW was 20,515 per 100,000 and 4,094 per 100,000 for non-Aboriginal people. In 2010–11 there was a significant difference between Aboriginal and non-Aboriginal people, with Aboriginal people five times more likely to be hospitalised for chronic kidney disease. In the past 10 years there has been a significant increase in chronic kidney disease hospitalisations for Aboriginal people, from 11,199 per 100,000 in 2001–02, and a significant increase in the difference in rates between Aboriginal and non-Aboriginal people. The incidence of end-stage renal disease in Aboriginal people in NSW tripled from 7 per100,000 in 1996 to 22 per 100,000 in 2012.

In 2009, the crude rate for Aboriginal people in NSW receiving dialysis was 94 per 100,000 compared with 50 per 100,000 for non-Aboriginal people. This difference is significant, with Aboriginal people 1.9 times more likely to be receiving dialysis for end-stage renal disease.

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is a lung disease characterised by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. In 2010–11 in NSW, the rate of COPD hospitalisations for Aboriginal people was 17,120 per 100,000 and 4,413 per 100,000 for non-Aboriginal people. This difference is significant, with Aboriginal people 3.9 times more likely to be hospitalised for COPD than non-Aboriginal people. In the past 10 years there has been a

significant increase in COPD hospitalisation rates for Aboriginal people, from 12,743 per 100,000 in 2001–02, with a significant widening in the difference between Aboriginal and non-Aboriginal people.

Injury and Falls

Injury and falls presents a major burden of ill-health among Aboriginal people in NSW. A number of factors contribute to the higher rates among Aboriginal people, including the impacts of dispossession, trauma and loss of community and family cohesion, socioeconomic disadvantage, geographical isolation and increased road usage, exposure to hazardous environments, substance use, interpersonal violence and barriers in accessing health and social support services (Australian Indigenous HealthInfoNet 2005a). Information on injury occurrence in western Sydney was most recently investigated in 2003 (Aboriginal Injury Surveillance project).

Key facts

- In 2010–11 , Aboriginal people in NSW were 1.5 times more likely than non-Aboriginal people to be hospitalised for injury and accidental poisoning
- The leading causes of hospitalisations for injury in Aboriginal people in NSW are falls, interpersonal violence and transport accidents. In 2010–11, Aboriginal people were 1.2 times more likely than non-Aboriginal people to be hospitalised for falls, 6.7 times more likely than non-Aboriginal people to be hospitalised for interpersonal violence and 1.2 times more likely than non-Aboriginal people to be hospitalised for transport accidents.

2.4 Social and Emotional Wellbeing

Social and emotional wellbeing refers to how people feel about themselves emotionally, socially and spiritually, and about people's ability to cope with everyday life and the stressful events that may come up, to reach goals and work productively and be a part of the community they live in. Aboriginal people often take a holistic view or whole-of-life approach to social and emotional wellbeing which includes the physical, social, emotional and cultural wellbeing of the community (Australian Indigenous HealthInfoNet 2012a).

Mental illness contributes 10% of the disparity in burden of disease between Aboriginal and non-Aboriginal people (Vos et al. 2009). Aboriginal people experience higher levels of mortality and morbidity from mental illness, and from related injury and suicide, than the general population.

Key facts

- In 2010, Aboriginal people were estimated to be 2.2 times more likely to report high or very high levels of psychological distress than non-Aboriginal people
- In 2010–11, Aboriginal people were 2.9 times more likely to be hospitalised for intentional self-harm than non-Aboriginal people.

2.5 Drug and Alcohol Use

Alcohol

Alcohol is one of the major risk factors affecting the wellbeing of Aboriginal and Torres Strait Islander Australians, with harmful alcohol consumption responsible for a considerable burden of death, disease and injury. Long term alcohol misuse can lead to chronic diseases, and increase the risk of heart, stroke and vascular diseases, liver cirrhosis, several types of cancers and cognitive impairment. It also contributes to disability and death indirectly, through accidents, violence, suicide and homicide (Overcoming Indigenous Disadvantage, Productivity Commission 2014). Alcohol-related harm to health is not limited to drinkers but also affects families, bystanders and the broader community (NHMRC 2009). Excessive alcohol consumption contributes to workplace problems, child abuse and neglect, financial problems (poverty), family breakdown, interpersonal/domestic violence, and crime. Alcohol is a significant contributor to violence in Aboriginal and Torres Strait Islander communities.

Illicit Drugs

Illicit substance use is a contributing factor to illness and disease, accident and injury, and workplace problems. It is also a risk factor for ill health, such as HIV/AIDS, hepatitis C, malnutrition, low birth weight, poisoning, suicide, infective endocarditis (inflammation of the lining of the heart), self-inflicted injury and death by overdose (AIHW 2008a). Illicit drug use may also have severe social and economic impacts on communities, including issues associated with family and social disruption, such as family violence, crime and assaults, and has played a significant role in Aboriginal and Torres Strait Islander people's involvement in the criminal justice system (SCRGSP 2007a).

Key facts

- The overall level of illicit drug use among the Aboriginal population aged 15 years or older living in non-remote areas was more than twice the level (28%) of the general Australian population aged 14 years or older (13%) (ABS, 2006b)
- The higher level of drug use applied across all drug types (ABS, 2006b)
- Illicit drug use was the strongest predictor of both criminal prosecution and imprisonment for Aboriginal people for any offence according to the 2002 NATSIHS survey (Weatherburn et al., 2006)
- 1 in 10 young Aboriginal people use methamphetamine compared to 1 in 20 young non-Aboriginal people
- Of young Aboriginal people who use methamphetamine, 1 in 2 use daily or weekly compared to 1 in 10 non Aboriginal people
- The recent increase in the use of the methamphetamine 'ICE' is having a significant impact on the Aboriginal community.

2.6 Communicable and Vaccine Preventable Disease

Communicable diseases remain a significant public health priority in Australia. Communicable diseases include foodborne diseases; sexually transmissible diseases and blood borne viruses; vector borne diseases; and vaccine-preventable diseases. Aboriginal people in NSW experience disadvantage in regard to all social determinants of health, in particular, poverty, disempowerment and social

disadvantage, and these factors are compounded by poor access to relevant health information and health services.

Key facts

- Based on data from 2013 it would appear that the notification rates of human immunodeficiency virus (HIV) infection for Aboriginal people is incresng in comparison to rates for non-Aboriginal people in NSW Over the past 10 years:
    - Aboriginal people had higher notification rates of newly acquired hepatitis C and meningococcal disease than non-Aboriginal people
    - There has been an increase in tuberculosis cases in Aboriginal people
    - The rate of hospitalisations for Aboriginal people has been consistently higher than for non-Aboriginal people for influenza and pneumonia.

2.7 The Health of Mothers and Babies

The health of Aboriginal mothers, babies and children is important for reducing mortality early in life, and increasing life expectancy. There are strong links between the health of mothers during pregnancy and early child developmental outcomes, school readiness and educational achievement, and incidence of chronic disease later in life (Carson et al. 2007). The health of mothers is affected by the social determinants of health, protective and risk factors and access to quality antenatal care (Panaretto et al. 2007).

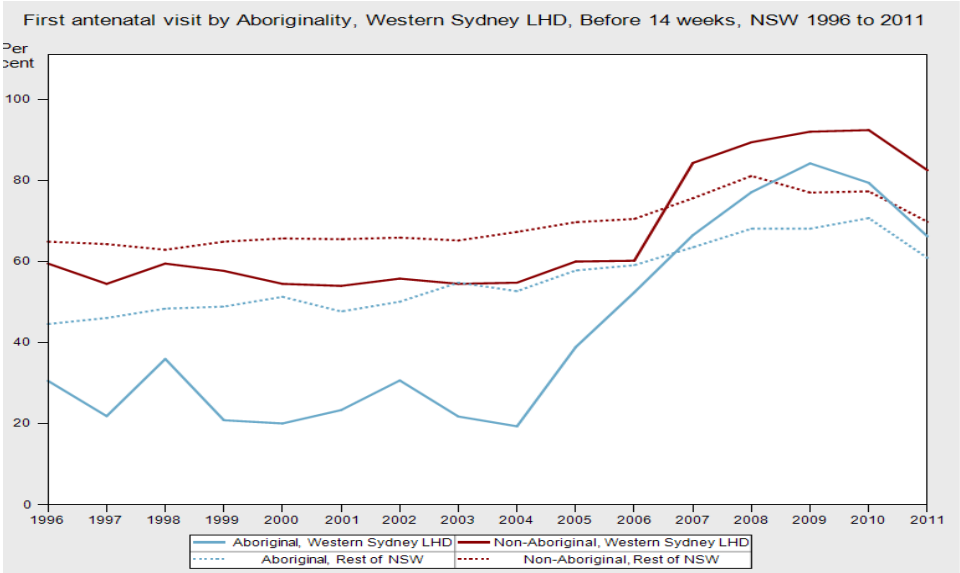
Targeted programs for pregnant Aboriginal women and their families delivered by Local Health Districts and Aboriginal Community Controlled Health Services (ACCHSs) in NSW can be effective in improving attendance at antenatal care, with an emphasis on early presentation, and regular visits throughout pregnancy. Reducing maternal smoking in Aboriginal mothers will positively influence health outcomes for Aboriginal mothers and babies in NSW.

Key facts

- In 2010, 1.5 % (n=209) of all births were to Aboriginal and Torres Strait Islander women. 15.3% of all Aboriginal births in Western Sydney were teenage pregnancies, compared to 18% in NSW
- Between 2001 and 2010, the number of Aboriginal women who attended antenatal care in the first trimester of their pregnancy increased although Aboriginal women still had lower rates of access to antenatal care compared to non-Aboriginal women. In WSLHD in 2010 17.7 % of Aboriginal mothers presented after 13 weeks gestation compared to 26.6% in the rest of NSW. (Figure 5)
- Aboriginal mothers are five times more likely to report smoking during pregnancy (52%) than non-Aboriginal mothers. In WSLHD smoking rates in pregnancy among Aboriginal mothers are commensurate with other districts. (Figure 6)
- Aboriginal mothers are 90% more likely to have low birth-weight babies than non-Aboriginal mothers. In WSLHD in 2010 15.6% of babies born to Aboriginal mothers weighed less than 2500 grams compared to 11.2% in the rest of NSW. Approximately 12% of babies born to Aboriginal mothers are preterm, compared with 7% of babies born to non-Aboriginal mothers.
- Breast feeding rates are low and 45% of Aboriginal babies are fed fully on infant formula.

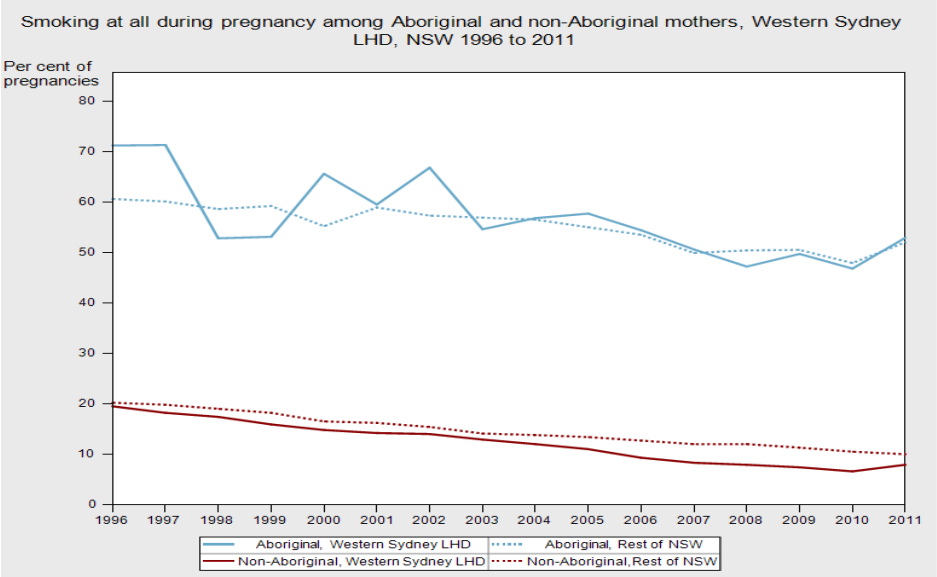
- The rate of hospitalisation of Aboriginal children aged 0–4 years is currently increasing for Aboriginal children in NSW. Aboriginal children have higher rates of hospitalisations for respiratory disease, gastrointestinal disease and skin disease – conditions linked to inadequate environmental health in 2010–11.
- Aboriginal children aged 5–6 years have twice the number of decayed, missing and filled teeth than non-Aboriginal children.
- Parents and carers of children aged 0–14 years report that 5% of Aboriginal children in their care suffer complete or partial hearing loss, compared with less than 1% of non-Aboriginal children.
- The immunisation coverage rate for Aboriginal children is similar to the rate for other children at age two and slightly higher than for other children by age five.

Figure 5: First antenatal visit before 14 weeks by Aboriginality for WSLHD and NSW, 1996 to 2011



Source: Health Statistics NSW v.1.10.2m

Figure 6: Smoking in pregnancy by Aboriginality for WSLHD and NSW, 1996 to 2011



Source: Health Statistics NSW v.1.10.2m

2.8 Risk and Protective Factors for Health

The social determinants of health including social capital, education and employment; environmental factors including functional housing and exposure to tobacco smoke; and risk and protective health factors including smoking, alcohol consumption, physical activity, overweight and obesity, diet and health-care seeking behaviour affect the health of individuals, families and communities, and how people access health care. Additional determinants include incarceration, homelessness and illicit drug use.

To close the gap in life expectancy between Aboriginal and non-Aboriginal people will require attention to inter-linked building blocks for addressing disadvantage experienced by Aboriginal people. They include early childhood, schooling, health, economic participation, healthy homes, safer communities and governance and leadership.

Key facts

Social Determinants

- Aboriginal children are more likely to leave school early, and are less likely to achieve national benchmarks for literacy and numeracy
- Aboriginal people have higher rates of unemployment, imprisonment, and have lower household income levels.
- In 2012-13 22% of Aboriginal people aged 15-64 were unemployed compared 4% for non-Aboriginal people.
- Aboriginal people have lower rates of home ownership in NSW.

Environmental Factors

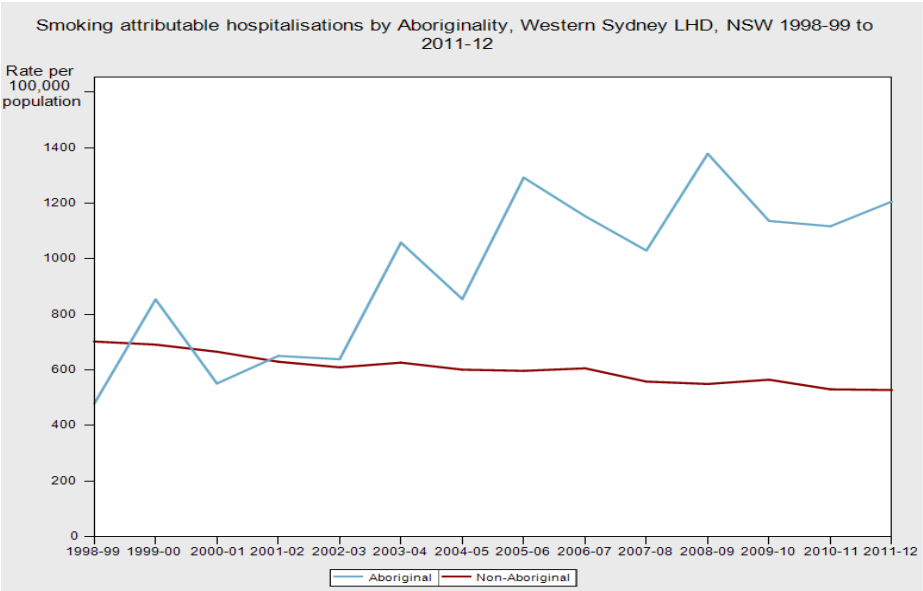
- In 2008, approximately 15% of Aboriginal people in NSW reported living in an overcrowded house, compared with 5% of non-Aboriginal people

- Exposure to tobacco smoke within the home is also a key environmental factor affecting health. In 2010, using smoothed estimates from the NSW Adult Population Health Survey, 84% of Aboriginal people reported living in a smoke-free household, compared with 95% of non-Aboriginal people
- In 2010, Aboriginal children were 2.1 times more likely than non-Aboriginal children to be hospitalised for acute respiratory diseases. These higher rates of respiratory disease in children may be affected by poor housing.

Risk and Protective Factors

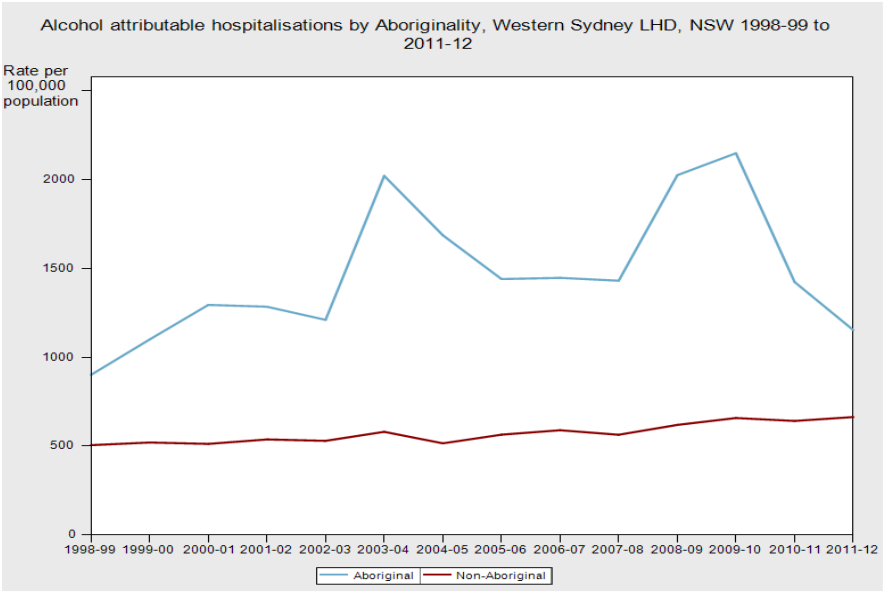
- Aboriginal people were 2.2 times more likely to report current smoking than non-Aboriginal people (2010). Rates of hospitalisation for smoking related illness among Aboriginal people are rising steeply in Western Sydney. (Figure 7)
- 60% of Aboriginal people reported being overweight or obese, compared with 54% of non-Aboriginal people (2010)
- Aboriginal people and non-Aboriginal people reported undertaking physical activity at similar levels (2010)
- Aboriginal people were 10% less likely than non-Aboriginal people to report vaccination against influenza in the previous 12 months (2010)
- Aboriginal males were 3.1 times more likely to be hospitalised for alcohol-related causes than non-Aboriginal males and Aboriginal females were 2.3 times more likely to be hospitalised for alcohol-related causes than non-Aboriginal females (2010–11). While this pattern is evident, over the last two years a decrease in admission rates can be observed. (Figure 8)
- Hospital admission rates of Indigenous people for conditions caused by drugs other than tobacco and alcohol are over twice those among non-Indigenous Australians. Illicit drugs have been estimated to cause 3.4% of the burden of disease and 2.8% of deaths compared to 2.0% and 1.3% among the non-Indigenous population (AIHW & ABS 2008; Vos et al. 2007).
- The breast screening rate for Aboriginal women aged 50–69 years was 36% compared with 53% for all NSW women aged 50–69 years (2009–10).

Figure 7: Smoking attributable hospitalisations by Aboriginality for WSLHD and NSW, 1998/99 to 2011/12



Source: Health Statistics NSW v.1.10.2m

Figure 8: Alcohol attributable hospitalisations by Aboriginality for WSLHD and NSW, 1998/99 to 2011/12



Source: Health Statistics NSW v.1.10.2m

3 Local Aboriginal Health and Other Services

3.1 Western Sydney Primary Health Network

Improving the health of Aboriginal people in western Sydney is of critical concern to the WSPHN, particularly as the western Sydney region is home to the largest urban Aboriginal community in Australia. The WSPHN provides general practice with the support required to deliver Aboriginal primary health care services which are culturally appropriate and provide a balance between physical, mental, emotional, cultural and spiritual health.

The WSPHN Aboriginal Health team works with GPs and staff in general practice to increase the accessibility of mainstream health services to Aboriginal people as well as assisting health providers to deliver a more culturally appropriate service. This includes working together with service partners in community health, mental health, education, justice, housing and employment agencies to provide holistic support for Aboriginal clients.

3.2 Sydney West Aboriginal Health Service

The Sydney West Aboriginal Health Service (SWAHS) is the accredited interim organisation which created in the wake of the former community controlled organisation, the Aboriginal Medical Service Western Sydney (AMSWS) going in to receivership. This organisation has continued to provide a range of holistic primary health care services for the Aboriginal community in the Deerubbin Local Aboriginal Land Council area. In 2016 the Commonwealth Department of Health and Ageing will go to tender to select an entity capable of delivering in the long term primary health care to the Aboriginal and Torres Strait Islander community in WSLHD.

The SWAHS Medical Clinic provide a wide range of services including general practitioners, clinic nurse, community nurses, visiting specialists and transport officers. In addition to health assessments, chronic and standard medical services, the Clinic also provides services related to the NSW Chronic Care program.

A key element of the tender being developed by the NSW Ministry of Health and the Commonwealth Department of Health and Ageing will be the integration of Aboriginal Health Services in Western Sydney. This integration will necessarily involve the NGO sector, Western Sydney Local Health District, the Primary Car Network and SWAHS.

3.3 Western Sydney Local Health District

The WSLHD Aboriginal Health Service provides a wide range of health services for the Aboriginal community in WSLHD and leads on the design and implementation of tailored clinical and population health programs. The Aboriginal Health Unit (AHU) is located at Mount Druitt Hospital and has close links to SWAHS. Services include an Otitis Media Coordinator, Aboriginal Health Education Officer and Drug and Alcohol Counsellor. Staff in the Aboriginal Maternal and Infant Health Service (AMIHS) team support pregnant Aboriginal women or women having an Aboriginal baby antenatally and up to 6 weeks post-natally. AMIHS works with SWAHS to provide a range of services including antenatal care and immunisation.

Other WSLHD services including Community Health have undertaken a number of joint projects with the WSPHN which are of particular relevance to the Aboriginal community including:

- Development and implementation of the Western Sydney Diabetes Prevention and Management Initiative including the Diabetes Prevention Program funded by Australian National Preventative Health Agency (ANPHA)
- Implementation of HealthOne and Connecting Care. Both programs aim to improve the management of chronic disease in the community. Connecting Care links Aboriginal people who have been in hospital with culturally appropriate services in their community. The Connecting Care team comprise clinical staff, a care coordinator, clinical nurses and Aboriginal Outreach Workers who provide integrated care for their clients in a range of areas.
- Initiation of a pilot project 'Thrive@Five' – a multi-partnered service integration project to improve child readiness for school
- Implementation of the NSW Integrated Care Project as one of three Local Health Districts in NSW selected to facilitate this program which aims to improve the integration and coordination of care between primary and acute settings.

WSLHD promotes the employment of Aboriginal people across all areas of its service including provision of specialist mental health services through a training partnership with Charles Sturt University. Implementation of the *NSW Health Aboriginal Strategic Framework 2011-2015 Good Health Great Jobs* is in progress and is a key enabling strategy in the Aboriginal Health Action Plan. This includes the development of innovative workforce training and career development programs potentially involving partner organisations and other sectors.

Strategies for increasing the employment of Aboriginal construction workers on WSLHD capital projects are currently being implemented and monitored in accordance with NSW government directives and targets.

Implementation of the *Aboriginal Cultural Training Framework: Respecting the Difference* (NSW Ministry of Health; PD2011_069) aims to increase the cultural competencies of the WSLHD workforce and promote greater understanding of the processes and protocols for delivering health services to Aboriginal people.

3.4 Sydney Children's Hospitals Network - The Children's Hospital at Westmead

The Aboriginal Health Management Advisor for the Sydney Children's Hospitals Network (SCHN) provides advice regarding Aboriginal children's health and wellbeing and support to SCHN to aid appropriate decision making around the care of Aboriginal children and their families by SCHN services. The advisory role is aimed at contributing to improvements in Aboriginal children's health and wellbeing within SCHN and across NSW. This includes liaison with WSLHD services and representation on the WSLHD Aboriginal Workforce Advisory Group.

3.5 Other Local Services for Aboriginal People

There are a range of other Aboriginal organisations serving the local Aboriginal community who are important partners in collaborating to improve Aboriginal Health in WSLHD including:

- Butucarbin Aboriginal Corporation – core business is to facilitate and coordinate a range of community programs to strengthen Aboriginal individuals, families and communities, including group programs and support services that are tailored to meet the needs of individuals and families.
- Marrin Weejali Aboriginal Corporation – core business is to provide alcohol and other drug services to the Aboriginal community. Also provide a range of other services including for example, a chronic disease outreach hub.
- Aboriginal Child and Family Centres including Yenu Allowah Aboriginal Child and Family Centre at Mount Druitt and Ngallu Wal Childcare Centre at Doonside
- Education and training providers. For example, Aboriginal Employment Strategy Ltd, an Indigenous managed, national, not -for -profit recruitment company (Western Sydney office at Blacktown).

4 Guiding Strategic Plans for Aboriginal Health in 2015

4.1 National Plans

The National Indigenous Reform Agreement (2008) commits all governments to six ambitious *Closing the Gap* targets relating to life expectancy, infant mortality, education and employment:

- Close the life expectancy gap within a generation (by 2031)
- Halve the gap in mortality rates for Indigenous children under five by 2018
- Ensure access to early childhood education for all Indigenous four year olds in remote communities by 2013
- Halve the gap in reading, writing and numeracy achievements for children by 2018
- Halve the gap for Indigenous students in Year 12 (or equivalent) attainment rates by 2020
- Halve the gap in employment outcomes between Indigenous and other Australians by 2018 (*Closing the Gap: Prime Minister's Report 2012*).

Reducing Indigenous disadvantage is a shared responsibility, requiring intense and collaborative effort from all governments, Indigenous people, the private sector, non-government organisations and the wider community.

The **National Aboriginal and Torres Strait Islander Health Plan 2013-2023** provides a long-term, evidence-based policy framework as part of the overarching *Closing the Gap* in Indigenous disadvantage, as set out in the National Indigenous Reform Agreement has established a framework of national targets and policy building blocks. Two of the *Closing the Gap* targets, to halve the gap in child mortality by 2018 and close the life expectancy gap by 2031, go directly to health outcomes, while others address social determinants of health such as education and employment. To help achieve this, the plan outlines the Australian Government undertaking to:

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

National Mental Health Commission Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services 'Contributing Lives, Thriving Communities' 2014.

This review made 25 recommendations across nine strategic directions to guide the reform of Australia's mental health system over the next decade. This was followed in November 2015 by the *Australian Government's Response to the National Mental Health Commission's Review of Mental Health Programme and Service*s. The response proposed:

- Contestable mental health services which would be commissioned through the Primary Health Networks (PHNs)
- Coordinated packages of care for people
- A new Digital Mental Health Gateway, and
- A new approach to suicide prevention, coordinated by PHNs.

WentWest, the PHN for Western Sydney, also published a report *High Performing Mental Health in Primary Care Options for System and Funding Innovation* in November 2015. This built on the National Mental Health Review recommendations and proposed an integrated GP-led system which provided more options and choices to address people's mental health needs.

4.2 State Plans

NSW Aboriginal Health Plan 2013- 2023

The NSW Government has a 10 year plan to improve opportunities and quality of life for Aboriginal people in NSW. It supports the national agenda and commits to infrastructure and resources to improve Aboriginal health. The Plan represents the NSW Government commitment to close the health gap between Aboriginal and non-Aboriginal people in NSW and specifically commits to the following:

- Reduce smoking rates by 4% for Aboriginal people by 2015
- Reduce the rate of smoking by 2% per year for pregnant Aboriginal women
- Halve the gap between Aboriginal and non-Aboriginal infant mortality rates by 2018
- Reduce the age-standardised rate of potentially preventable hospitalisations by 2.5% for Aboriginal people by 2014–15.

While these priorities focus specifically on the health gap between Aboriginal and non-Aboriginal people, the NSW Government's broader commitments to improve the health system will also benefit Aboriginal people through initiatives to:

- Reduce risk drinking
- Reduce overweight and obesity
- Improve outcomes in mental health
- Reduce hospital waiting times
- Improve transfer of patients from emergency departments to wards
- Reduce unplanned readmissions
- Decrease healthcare-associated bloodstream infections
- Ensure all public provided health services meet national patient safety and quality
- Standards
- Increase patient satisfaction.

The NSW Aboriginal Health Plan acknowledges that the NSW health system is complex, with numerous funders and providers of services to Aboriginal people. In every part of the health system in NSW, there needs to be a focus on Aboriginal people, services that are delivered in a culturally competent and safe manner, and where required, services tailored to meet the unique and local needs of Aboriginal communities.

To realise the vision of the NSW Aboriginal Health Plan, the NSW health system as a whole needs to work in a joined up and collaborative manner – making the needs of Aboriginal people the centre of what is done. Every organisation within the system has a unique and important role in improving Aboriginal Health.

NSW Mental Health Commission

Living Well: A strategic plan for mental health in NSW 2014 – 2024

The mental health system is a mix of state and Commonwealth government agencies and funding sources, along with community managed organisations, private enterprise and community advocacy organisations. Although the 'system' is diverse, it is difficult to navigate and not well integrated. Aboriginal people accessing a range of mental health services are a group of significant consumers who will require strategies to improve access and navigation of this system.

This strategic plan for mental health seeks to address the following key issues:

- Ensuring that mental health support provided to Aboriginal people is culturally appropriate, including the need for more Aboriginal mental health workers and respect for women's business and men's business – circumstances when men and women should not mix
- Increasing the capacity of Aboriginal communities to respond to the high rate of mental illness and suicide.

The plan takes into account the social aspects of the community with respect to its connection with the land and recommends a range of strategies to enhance access and utilisation of mental health services by Aboriginal people.

NSW Aboriginal Family Health Strategy 2011-2016 – Responding to Family Violence in Aboriginal Communities

This strategy responds to family violence in Aboriginal communities by supporting work currently underway and identifying new opportunities to achieve safer and stronger Aboriginal families and communities. The strategy takes a whole of government approach and aims to engage mainstream services in initiatives to address family violence. The goal is to ensure that all Aboriginal people in NSW lead safe and healthy lives, free of family violence. The strategy is based on the Aboriginal Family Health model of care and informed by evidence based practice.

5 Overview of the Action Plan

5.1 Framework

The WSLHD Aboriginal Health Action Plan 2015-2021 outlines the strategic objectives which are to be the focus of activity in WSLHD over the next 6 years for improving the health of Aboriginal people in western Sydney. These objectives are structured as a set of tactics and actions to address health risks and service needs throughout the **life course** organised into four stages and enabling factors:

- Improving outcomes in the **early years**
- Improving outcomes for Aboriginal **young people** (in adolescence and young adulthood)
- Chronic disease prevention and management in the **middle years**
- **Healthy ageing** in the Aboriginal community
- Enabling factors (building organisational capacity).

A life course approach "provides strategic points of intersection between health, mental health and social and emotional wellbeing, and provides a patient-centred platform for different agencies, organisations, government, stakeholders and representative bodies to work together to plan and deliver better coordinated and focused programs. The different life stages also provide an opportunity to focus on specific health priorities and reduce health inequalities at the point at which they are most likely to occur."
National Aboriginal and Torres Strait Islander Health Plan 2013-2023, p.5

In developing the framework for this Action Plan, the previous Aboriginal Health Action Plan 2007-2010 was reviewed and identified that while no evaluation has occurred, implementation has been patchy at best. Consequently, a more focused and strategic approach has been undertaken to determine the objectives and the evidence based recommendations from the NSW and national Aboriginal Health initiatives have been incorporated, where relevant. Focus areas for each life stage and enabling factors are summarised in Figure 9. It is expected that the tactics and actions will be refined during implementation as required, including indicator measures, to inform monitoring and evaluation activities.

While noting this approach for the Action Plan, WSLHD staff and services will continue to consider and incorporate the health needs and interests of Aboriginal people in the development of new health policies, programs and major strategies in accordance with the NSW Health Aboriginal Health Impact Statement and Guidelines. This includes, for example, current strategic planning to improve the care for young people with chronic conditions transitioning from paediatric to adult health services and capital expansion programs for Blacktown and Mount Druitt hospitals.

The need for new or updated research has been identified as an action for various strategic objectives which recognises the need to ensure interventions are clearly evidence-based and informed by robust health research and data systems.

5.2 Priorities

The 'Tier 1' priorities for implementation to improve the health of Aboriginal people in WSLHD are summarised below. They reflect a focus on improving health outcomes for Aboriginal children, prevention and better management of chronic disease in adults, mental health services and increasing the Aboriginal workforce in WSLHD. These priorities are all amenable to annual surveillance to monitor progress towards the stated goal.

Health Priorities

- Achieve national immunisation targets for Aboriginal children at 12 months, 2 years and 5 years of age, and in the elderly
- Improve health outcomes for Aboriginal babies and mothers by:
  - Increasing breastfeeding rates to 60% at 3 months of age
  - Decreasing smoking during pregnancy by 5% per year
  - Increase the acceptance rates by young Aboriginal mothers of home visiting by 5% per year
  - Increase parenting skills and psychosocial support for Aboriginal families
  - Sustain effective and meaningful partnerships in WSLHD to support whole of government approaches to improving Aboriginal maternal and infant social and emotional wellbeing
- Reduce rates of injury in Aboriginal children by 25 % by 2015
- Develop a functioning WSLHD register of patients with Rheumatic Heart Disease and Acute Rheumatic Fever needing ongoing penicillin therapy (approximately 50% will be Aboriginal)
- Reduce incidence of self harm and suicide among the Aboriginal population Western Sydney
- Improve identification and management of Aboriginal people < 50 years of age with early signs of cardiovascular disease and diabetes by:
  - Extending outreach services to general practice and SWAHS , and directly to the community through mobile screening services
  - Conducting relevant screening tests according to contemporary practice standards
  - Developing and implementing Health Pathways for eye care in Aboriginal people at risk of diabetic retinopathy

Organisational Priorities for WSLHD

- Develop a robust, productive and accountable relationship with the Aboriginal community in WSLHD
- To review the functioning and role of the WSLHD Aboriginal Health Unit to ensure that it is equipped to oversee the implementation of this plan
- Develop a 6 year plan to meet the target for Aboriginal employment in WSLHD set by the NSW Ministry of Health. In particular this should include a review of the current distribution of employees from an Aboriginal and / or Torres Strait Islander background and an assessment of where best Aboriginal people should be employed within the organisation.

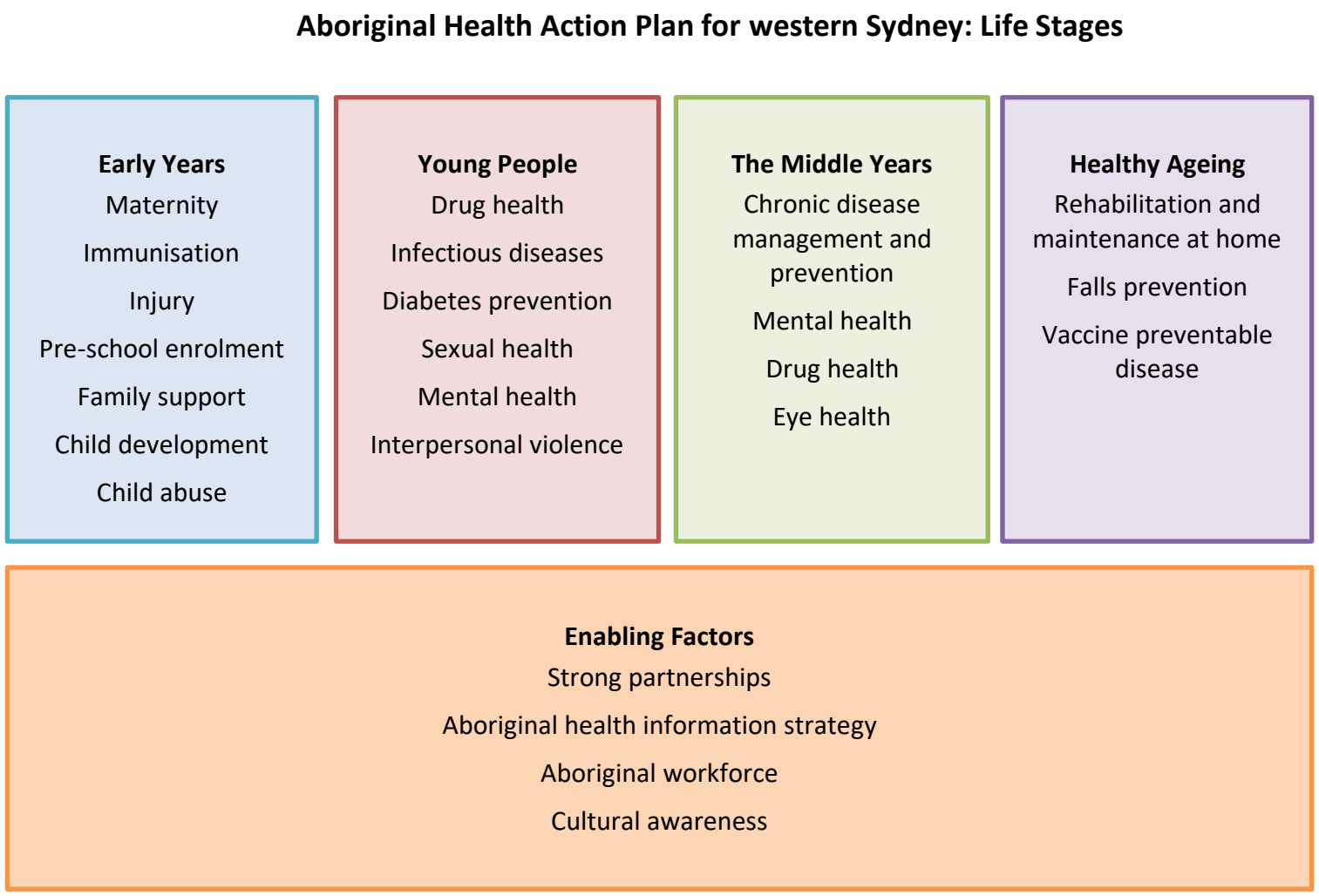
5.3 Monitoring and Reporting

The WSLHD Aboriginal Health Advisory Committee which has membership including WSLHD Board Members and Senior Executive representation will be responsible for overall monitoring of this Plan.

A working will be established to oversee implementation and ensure efforts are directed towards achieving the actions within the proposed timeframes.

Reporting requirements will include regular progress reports and a final review of achievements against the plan to inform development of the next plan.

Figure 9 : Framework for Aboriginal Health Action Plan



6 Meeting the Challenges

6.1 Improving Outcomes in the Early Years

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
1. Improve health outcomes for Aboriginal children in the first year of life	1.1 Improve choice and access to antenatal care	Increase access to Aboriginal specific antenatal services Increase access to mainstream antenatal services	WSLHD Maternity Services and WSLHD Aboriginal Health services	Western Sydney Primary Health Network (WSPHN), Aboriginal Community Controlled Health Service for western Sydney (SWAHS)	Number of antenatal visits during pregnancy >=5	End 2021
	1.2 Improve the cultural appropriateness and cultural safety of antenatal and birthing services across WSLHD hospital	Increase Aboriginal cultural support provided to women birthing at WSLHD hospitals Ensure that all WSLHD Maternity Services attend Respecting the Difference training Ensure that women who are birthing in WSLHD hospitals from outside the District have access to appropriate cultural support	WSLHD Maternity Services & WSLHD Aboriginal Liaison Officers	WSLHD Aboriginal Health Services	Number of Aboriginal babies born in WSLHD hospitals annually	End 2021
	1.3 Increase access to child & family health nursing services for Aboriginal mothers and babies	Investigate reasons for low uptake of child & family health nursing services for Aboriginal mothers or mothers having an Aboriginal baby in WSLHD. Based upon this analysis implement programs to increase uptake of child & family health nursing services by Aboriginal mothers or mothers having an Aboriginal baby.	WSLHD Integrated & Community Health Services	WSLHD Epidemiology and Centre for Population Health	Number of occasions of service provided by child & family health services for Aboriginal mothers and babies Establish an Aboriginal specific	Mid 2016 End 2021

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
		Continue to seek opportunities for funding of secondary / sustained home visiting services in WSLHD such as Building Strong Foundations and Sustained Health Home Visiting to extend service capacity to work longer			child & family health nursing service contingent on funding	
	1.4 Improve breastfeeding rates in western Sydney	Review literature on breastfeeding uptake Commission social research on barriers to breastfeeding	WSLHD Centre for Population Health	WSLHD Maternity Services; WSLHD Child & Family Health Services; WSLHD Aboriginal Health Services; WSPHN; SWAHS	Literature reviewed >= 1 social research project commissioned	Mid 2017
	1.5 Reduce smoking in pregnant and postnatal Aboriginal women and their extended families to below 30%	Quit for New Life Program implementation across WSLHD, including general practice and antenatal clinics Pilot incentive programs to encourage pregnant Aboriginal women to quit smoking	WSLHD Centre for Population Health	WSLHD Maternity Services; WSLHD Child & Family Health Services; WSLHD Aboriginal Health Services; WSPHN; SWAHS	4% pa reduction in smoking rates in pregnancy in Aboriginal mothers	End 2021
	1.6 Achieve State and National targets for completed immunisation at 12 months	Follow-up of overdue children and pre-due reminder to parents System improvements in immunisation delivery in general practices in WSLHD. Targeted immunisation clinics to be run in partnership with Aboriginal Services such as Yenu Allowah and Ngallu Wal to increase access to immunisation services	WSLHD Centre for Population Health WSLHD Child & Family Health Services WSLHD Aboriginal Health Services	WSPHN, SWAHS, Aboriginal Services: Yenu Allowah and Ngallu Wal	92% immunisation rates among Aboriginal children at 12 months of age. Reduced disparity in immunisation coverage at 12 months between Aboriginal and non-Aboriginal children	Annual improvement

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
2. Improve health outcomes for Aboriginal children in the pre-school years	2.1 Increase parenting skills and psychosocial support for Aboriginal families	Review and develop strategies for providing psychosocial support to Aboriginal families Explore opportunities for becoming involved with whole of government actions	WSLHD Aboriginal Health Services	SWAHS, SCHN-CHW, WSPHN, NSW Department of Family and Community Services (FACS), WSLHD Services: integrated & Community Health, Drug Health, Mental Health, and Maternity Services,	Increased access to psychosocial supports for Aboriginal families Reduce the rate of Aboriginal children being removed from the care of . their parents	End 2021
	2.2 Provide mental health and drug and alcohol support for young mothers and their babies	Develop appropriate and sustainable services for delivering mental health and drug and alcohol services to young Aboriginal mothers	WSLHD Aboriginal Health Services			End 2021
	2.3 Improve developmental outcomes for Aboriginal children	Work with relevant Aboriginal providers to identify and address the developmental needs of Aboriginal children prior to school entry Work with FACS-Community Services (CS) and Intensive Family Based Service (IFBS) to identify the health & developmental needs of Aboriginal children at risk of being removed or who are in kinship care	W SLHD Integrated & Community Health Services	Aboriginal Child and Family Centres, FACS, specific Aboriginal pre-schools NSW FACS-CS and FACS-IFBS	Developmental screening results from PEDS / ASQ / ASQ-SE Health Management Plans developed Numbers of Aboriginal children accessing services	End 2021
	2.4 Achieve State and National targets for completed immunisation at 24 and 60 months	System improvements in immunisation delivery in general practices in WSLHD Targeted immunisation clinics to be run in partnership with Aboriginal Services such as Yenu Allowah and Ngallu Wal to increase access to immunisation services	WSLHD Centre for Population Health	WSLHD Centre for Population Health, SWAHS, WSPHN, WSLHD Integrated & Community Health, with Aboriginal Child and Family Centres	92 % Immunisation rates among Aboriginal children at 24 and 60 months of age	Annual improvement

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
	2.5 Reduce rates of injury among Aboriginal children	Prepare report on paediatric Aboriginal injury	WSLHD Centre for Population Health	SCHN	WSLHD report and recommendations	End 2017
3. Sustain effective and meaningful partnerships in WSLHD to support whole of government approaches to improving maternal and infant social and emotional wellbeing	3.1 Sustain partnerships with FACS, Justice and Housing	Participate in the development and implementation of whole of government projects to address the needs of vulnerable and at risk Aboriginal families in western Sydney	WSLHD integrated & Community Health Services	FACS, Housing NSW, Justice Health	Intersectoral program development and implementation	End 2021

6.2 Improving Outcomes for Aboriginal Young People

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
4. Reduce drug and alcohol related harm	4.1 Reduce the use of cannabis in young Aboriginal people	Increased focus and number of education and prevention programs implemented in western Sydney	WSLHD Youth Health Services	SCHN-CHW WSLHD Drug Health; Marrin Weejali	Number of education and prevention programs implemented	End 2021
	4.2 Reduce the use of alcohol in young Aboriginal people	Increased focus and number of education and prevention programs implemented in Western Sydney	WSLHD Youth Health Services	SCHN-CHW WSLHD Drug Health; Marrin Weejali	Number of education and prevention programs implemented	End 2021
5. Reduce drug and alcohol related harm	5.1 Stem the rise in methamphetamine use among Aboriginal people in western Sydney	Increase diversionary options to drug treatment	WSLHD Drug Health Services	NSW Justice Health, Police, SCHN-CHW WSLHD Centre for Population Health	Diversions to drug treatment	End 2021
		Improve access to drug treatments, including detoxification and rehabilitation			Numbers of Referrals	End 2021
		Prepare report on Amphetamine use in Western Sydney			Report Completed	2016
		Explore whole of government and community approaches to reducing methamphetamine use in Western Sydney			Report Completed	2018
6. Reduce prevalence and impact of Blood Borne Virus Infection in Aboriginal people	6.1 Ensure access to services that promote prevention, testing and treatment and prevention for Aboriginal people	Sustain needle and syringe programs across western Sydney to increase access to safe and clean needles Outreach services for Hepatitis C treatment Increase testing for HIV	WSLHD Drug Health Services, Needle and Syringe Program	WSLHD Sexual Health and Infectious Diseases	Hepatitis B, C and HIV notifications; numbers of Aboriginal patients receiving Hepatitis C treatment	End 2021

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
7. Reduce the prevalence of sexually transmitted infections (STI) among Aboriginal young people	7.1 Increased focus and number of education and prevention programs implemented in western Sydney	Review and enhance education and prevention programs currently implemented in western Sydney	WSLHD Sexual Health	SWAHS, WSLHD Youth Health Services	STI notifications by Aboriginality	End 2021
8. Reduce risk behaviours for developing diabetes among young Aboriginal people	8.1 Implement the Western Sydney Diabetes Prevention and Management Initiative (WSDPMI)	Target Aboriginal student participation in the WSLHD SALSA program (Students as Life Style Activists)	WSLHD PERU	WSLHD Centre for Population Health, SWAHS, WSPHN	Number of Aboriginal students participating in the program at schools across WSLHD	End 2021
		Consider opportunities to target Aboriginal young people in the development of other WSDPMI strategies as appropriate	WSLHD Diabetes	WSLHD Aboriginal Health Services	Specific reference in WSDPMI strategies	End 2021
9. Better identification and management of acute rheumatic fever (ARF) and rheumatic heart disease (RHD)	9.1 NSW Ministry of Health is coordinating the establishment of an RHD register with WSLHD as a pilot site	Pilot the introduction of an ARF and RHD register and management process in Western Sydney	WSLHD Centre for Population Health	NSW Ministry of Health, WSLHD Connecting Care Program, WSLHD Community Health, WSLHD Youth Health Services, WSPHN	Number of Aboriginal people with RHD registered in Western Sydney	End 2021

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
10. Reconnect recently released inmates from the Justice system to appropriate health services	10.1 Reengage with Justice Health to review and update referral process and protocols	Establish regular meetings with Justice Health Care Navigation Program and WSPHN Close the Gap Care Coordination and Supplementary Services (CCSS) Improve information exchange regarding post release contact details and release dates Establish partnership with the Probation and Parole Department to work in collaboration with Connecting Care enrolees to institute referrals post release	WSLHD Connecting Care Program	NSW Juvenile Justice, NSW Justice Health, WSLHD Youth Health Services, WSPHN	Increased numbers of recently released inmates participating in the WSLHD Connecting Care program	End 2017
11. Provide culturally safe, appropriate and accessible Social and Emotional Wellbeing and Drug Health services	11.1 Develop and implement culturally appropriate services for Aboriginal young people in WSLHD	Develop and implement culturally appropriate service model in partnership with WSPHN and WSLHD BEAT team (Mental Health team for young people)	WSLHD BEAT	WSPHN, SWAHS, SCHN-CHW	Service model developed and implemented Number of service contacts	End 2021

6.3 The Middle Years: Chronic Disease Management and Prevention

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
12. Reduce the mortality and morbidity gap for Aboriginal people from chronic diseases including cardio, metabolic and renal disease, chronic obstructive pulmonary disease (COPD) and cancers	12.1 Reduce risk factor prevalence among Aboriginal people in western Sydney	Increase referrals to Aboriginal Quitline including working with GPs to advertise the service	WSLHD Centre for Population Health	WSPHN, WSLHD Aboriginal Health, WSLHD Community Health and HealthOne	Aboriginal Smoking rates Referral of Aboriginal people to Quitline	End 2021
	12.2 Improve identification and management of Aboriginal people with cardiovascular disease (CVD), chronic kidney disease (CKD), diabetes mellitus (DM) and COPD / respiratory disease in western Sydney	Increase identification of Aboriginal people with diabetes through GPs, SWAHS, Mootang Tarimi and Marrin Weejali services	WS Diabetes	SWAHS, WSLHD Centre for Population Health Marrin Weejali, WSLHD Aboriginal Health Services	Age specific Incidence of diabetes among Aboriginal people. Proportion of Aboriginal patients > 25 years screened for diabetes	End 2019
		Promote annual audits of diabetes care among Aboriginal patients in western Sydney	WSLHD Centre for Population Health	SWAHS, WSPHN	Proportion of people with T2D completing annual cycles of care. Proportion of people with T2D with HbA1C in normal range	Annual audits
		For Aboriginal inpatients with no known disease (CVD, CKD, DM, COPD), screen by way of: • Australian Absolute Cardiovascular Risk Calculator (cvdcheck.org.au) • urine albumin to creatinine ratio • spirometry or COPD screening device • HbA1C	WSLHD Renal Medicine, Respiratory medicine, Cardiology	SWAHS, WSPHN	Aggregate data reported Individual results sent to GPs	End 2021

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
		Review and endorse the enhanced 48 Hour Follow Up Model of Care model of care in partnership with the Western Sydney Aboriginal Chronic Care Network Implement the enhanced Model of Care Recruit an Aboriginal Registered Nurse to deliver the enhanced Model of Care	WSLHD Connecting Care Program	WSLHD Aboriginal Health, WSLHD Community Health, WSPHN, Marrin Weejali	Model is implemented and evaluated	End 2017
		Increase opportunity for Aboriginal people to participate in culturally appropriate Self-Management Programs such as the COACH Program and Stanford Chronic Disease Self-Management Program	WSLHD Connecting Care	WSLHD Aboriginal Health Unit, WSPHN, WSLHD Community Health, Marrin Weejali	Number of Aboriginal clients completing self-management support programs	End 2017
	12.3 Collaborate with WSPHN and SWAHS in the development of LHD health care plans to achieve a shared, coordinated, and joined up approach to service delivery	Enhance coordination of chronic care for Aboriginal people in WSLHD	WSLHD services: Cardiology, Renal, Diabetology, Integrated Care. Community Health and HealthOne, Connecting Care 48 Hour Follow Up	WSPHN, SWAHS	Establishment of multidisciplinary review group Service improvement indicators developed and monitored	End 2017
		Trial of text messaging to monitor symptoms and progress following myocardial infarction	WSLHD Cardiology	SWAHS,WSPHN	Completed trial	End 2017
		Enhance participation by Aboriginal people in cardiac rehabilitation	WSLHD Cardiology	SWAHS, WSPHN	Number of Aboriginal people completing cardiac rehab	Report annually

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
	12.4 Improve access for Aboriginal people to diagnostic and specialist services	Monitor the allocation of clinical priority for booked admission procedures for Aboriginal people	WSLHD admission services		Monitoring cancellation or no shows for booked admissions / procedures	Report annually
		Build capacity of general practice through joint case conferencing to better manage Aboriginal people with Type 2 diabetes	WS Diabetes	WSPHN, SWAHS	Number of GP practice consultations for Aboriginal people with Type 2 diabetes	Report annually
		Increase visiting services by specialists at SWAHS	WSLHD	SWAHS, WSPHN	Number of outreach services	End 2021
		Establish mechanisms to monitor referral to, and utilisation of, relevant diagnostic and care services by Aboriginal people eg. angiograms, renal dialysis, cardiac rehabilitation, mental health services, palliative care	WSLHD	WSLHD services including Community Health, WSPHN, SWAHS	Annual report on progress	End 2021
		Promote Aboriginal access to rapid access cardiology assessment clinics at Westmead and Blacktown hospitals	WSLHD Cardiology	WSPHN, , SWAHS	Number of referrals of Aboriginal patients	End 2021
		Renegotiate the Mootang Tarimi project to improve detection and management of early-stage renal and vascular disease	WSLHD Renal Medicine	SWAHS, WSLHD Centre for Population Health	Number of referrals of Aboriginal patients from WSLHD	End 2021

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
		Increase uptake of Community Health services and support to Aboriginal clients by employment of 2 – 3 Aboriginal Community Health Workers to work with Community Health (would cater for adult clients of all ages)	WSLHD Community Health Services		Employment of Aboriginal Community Health workers	End 2021
	12.5 Qualitative research projects to investigate the perspectives and attitudes of Aboriginal patients, families and health care workers to specialist services	Implement qualitative research projects in cardiovascular and renal disease	WSLHD Research, Cardiology and Renal Medicine	SWAHS, The University of Sydney	Number of interviews / participants Issues identified by the research	End 2017
13. Provide culturally safe, appropriate and accessible mental health and drug and alcohol services within WSLHD	13.1 Develop and implement a culturally appropriate service model for Adult Mental Health Services	Develop and implement a culturally appropriate service model in partnership with SWAHS, WSPHN and WSLHD services	WSLHD Mental Health Services	WSLHD Drug Health, SWAHS, WSPHN	Service model developed and implemented Number of service contacts	End 2018
14. Reduce incidence of self-harm and suicide among the Aboriginal Community in western Sydney	14.1 Develop and implement a culturally appropriate service model for response to self-harm and suicide	Develop and implement a culturally appropriate service model in partnership with SWAHS, WSPHN and WSLHD services	WSLHD Mental Health Services	SWAHS, WSPHN	Implementation complete	End 2018

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
15. Close the Gap for vision	15.1 Implement eye health pathways & i mprove access to diagnostic and treatment services for diabetic eye disease and cataracts within WSLHD	Streamline / prioritise access for Aboriginal people with diabetic eye disease and cataracts to WSLHD Ophthalmology Service Facilitate transmission of retinal photography to WSLHD Ophthalmology Service for immediate diagnosis	WSLHD Ophthalmology Service	WSPHN, SWAHS, WSLHD Centre for Population Health, WS Diabetes	Cataract surgery rates for Aboriginal people Proportion of Aboriginal people with diabetes undergoing annual eye health check	End 2021

6.4 Healthy Ageing in the Aboriginal Community

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
16. Reduce incidence of vaccine preventable illness in elderly Aboriginal people	16.1 Increase influenza and pneumococcal vaccination rates in Aboriginal people > 50 years	Promote access to and monitor uptake of vaccinations in Aboriginal people >50 years in WSLHD	WSLHD Centre for Population Health	, WSLHD Geriatric Medicine, WSPHN	Proportion of Aboriginal patients > 50 receiving influenza and pneumococcal vaccination	End 2021
17. Assist in the development of an Aboriginal Aged Care facility in western Sydney	17.1 Inform and support development of a business case for an Aboriginal Aged Care facility in Western Sydney	Provide input to the business case	WSLHD Aboriginal Health Services	SWAHS (lead for preparation of the Business Case)	Advice provided and business care submitted	End 2021
18. Falls Prevention	18.1 Implement the 'Stepping On Program' for older Aboriginal people	Implement the 'Stepping On Program' for older Aboriginal people Review the sustainability of the model for the Aboriginal community	WSLHD Centre for Population Health		Stepping On Program implemented	2016 then ongoing
	18.2 Promote the Aboriginal falls prevention resource	Disseminate the Aboriginal falls prevention resource (NB. Resource developed in consultation with the community via the Ironbark Project)	WSLHD Centre for Population Health	WSLHD Community Health, WSLHD Aboriginal Health	Promotion activities for Iron Bark project resources	End 2016
	18.3 Participate in the Ironbark Falls Prevention Pilot	Assist with Yarning Circles to consult the community about their needs; Identify relevant services to participate in the pilot through referrals;	WSLHD Community Health Services	, George Institute, The University of Sydney, WSLHD Centre for Population Health, WSLHD Aboriginal Health	Types of assistance provided for the Ironbark Falls Prevention Pilot	End 2018

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
		Ensure appropriate clients are supported to access the pilot program; Provide a venue for the pilot				
19. Rehabilitation and Maintenance at Home	19.1 Provide services to support and maintain Aboriginal people to remain independent and healthy at home	Develop and implement a Gentle Exercise Program in partnership with other providers Maintain Aboriginal Chronic Care Nurse and Aboriginal Occupational Therapy services in Community Health Seek further opportunities for funding for targeted Aboriginal services to enhance services that maintain clients safe at home Increase uptake of Community Health services and support to Aboriginal clients by employment of 2 - 3 Aboriginal Health Workers to work with Community Health (would cater for adult clients of all ages)	WSLHD Community Health Services	WSLHD Aboriginal Health Services, SWAHS, Gilgai, Wangary Home Care	Number of services provided Number of participants receiving services	End 2020

6.4 Enabling Factors - Building organisational capacity

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
20. Ensure that there are Aboriginal voices who can support and direct the work of WSLHD	20.1 Develop an Aboriginal Advisory Body for WSLHD	Establish an Aboriginal Advisory Board	WSLHD Chief Executive	WSPHN, SWAHS, other Aboriginal representatives / agencies	Frequency of meetings	End 2020
21. Senior Aboriginal Health leadership within WSLHD	21.1 Create senior Aboriginal Health leadership position within WSLHD	Establish and recruit to Director of Aboriginal Health Strategy	WSLHD Chief Executive		Position recruited	End 2019
22. Foster the development of a stable and effective partnership between WSLHD, SWAHS, WSPHN & SCHN-CHW	22.1 Aboriginal Health Collaborative	Development and implentation of the Western Sydney Aboriginal Health Collaborative	WSLHD Chief Executive	WSPHN, SWAHS	Development of an agreed approach	End 2021
23. Improve recording of Aboriginality in all facilities and services in accordance with NSW Health *Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients (PD2012_042)*	21.1 Implement quality improvement strategies in data collection (particularly identification of Aboriginal clients) and reporting related to Aboriginal people in all health system settings	Audit which captures Aboriginality	GMs, WSLHD Centre for Population Health	WSLHD Epidemiology, WSPHN, SWAHS	Increase estimated level of reporting of Aboriginality in WSLHD from 82.5% to 90% (TBC)	June 2018
24. Implement the *NSW Health Aboriginal Family Health Strategy 2011-2016: Responding to Family Violence in Aboriginal Communities*	24.1 Implement, monitor and report on *NSW Health Aboriginal Family Health Strategy 2011-2016*	Consult with the Aboriginal community to develop a model for addressing family violence in western Sydney Ensure that issues are identified and strategies developed through	Coordinator, Integrated Violence Prevention and Response Services (IVPRS)	WSLHD Aboriginal Health Services	Consultations undertaken Model developed Number of strategies implemented	December 2016

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
		the WSLHD Child Protection and Violence Prevention Committee				
25. Strengthen the Aboriginal workforce in WSLHD	253.1 Implement, monitor and report on NSW Health *Aboriginal Workforce Strategic Framework 2011–2015 Good Health-Great Jobs* (PD2011_048)	Establish the WSLHD Aboriginal Workforce Advisory Group (AWAG) including representatives from partner organisations to guide implementation of the Framework (and the *Aboriginal Cultural Training Framework –see Strategic Objective 25)*, Identify, develop and implement innovative workforce training and career development programs; potentially involving partner organisations and other sectors Bi-annual reports on NSW Health KPIs presented to the NSW Health Aboriginal Workforce Strategic Steering Committee (refer to PD 2011-048, p.9)	AWAG, WSLHD Human Resources (Aboriginal Workforce Development Coordinator)	SWAHS, WSPHN, SCHN-CHW, secondary and tertiary education providers; Aboriginal training providers, local Councils and recruitment agencies	WSLHD AWAG convened WSLHD Aboriginal Health Workforce Plan 2015-20 and implementation strategy As per NSW Health KPIs and targets identified in the local implementation strategy for specific training programs	Achieved (2015) Various (as defined in the strategy) Bi-annual
	23.2 Develop a LHD wide strategy for the employment of Aboriginal workers on WSLHD facility projects	Develop and implement a LHD wide strategy to increase the employment of Aboriginal workers on WSLHD facility projects	WSLHD Human Resources (Aboriginal Workforce Development Coordinator)	SWAHS, Aboriginal training providers, local councils and recruitment agencies	LHD wide strategy developed and implemented	June 2016
	23.3 Develop positions for graduates of the Djirruwang Program	Permanent positions developed for graduates of the Djirruwang Program in WSLHD	WSLHD Human Resources (Aboriginal Workforce	WSLHD Mental Health Services	Number of positions developed	June 2016

Strategic Objective	Tactics	Actions	Lead	Partners	Indicator	Timeline
	for Aboriginal Mental Health Trainees (Bachelor of Health Science (Mental Health) through Charles Sturt University)		Development Coordinator)			
26. Ensure all staff are culturally competent and empowered to deliver more respectful, responsive and culturally sensitive services for Aboriginal people, their families and communities	24.1 Implement and report on NSW Health *Aboriginal Cultural Training Framework: Respecting the Difference* (PD2011_069)	Actively encourage all WSLHD staff to complete the mandatory Aboriginal Cultural Training Program Bi-annual reporting as above*	WSLHD AWAG		Number of staff who have completed the training program	Annual
27. Commit to improving relationships and responsiveness to the Aboriginal people of western Sydney	27.1 Development of a Reconciliation Action Plan for WSLHD	Develop, seek approval of and implement a RAP for WSLHD	WSLHD Aboriginal Health Services WSLHD Human Resources		RAP submitted and approved by Reconciliation Australia	End 2021

Appendix 1 Performance Measures in Aboriginal Health, WSLHD

Key Performance Indicators

The **Key Performance Indicators** in Population Health included in the WSLHD Service Agreement are listed in Table 1, with agreed targets and the most current numerical performance indicator against these targets. The performance against targets is in the right hand column.

Numerical **Key Performance Indicators** in Population Health drawn from the NSW State Plan, Ministry of Health, Office of Prevention, or Health Protection NSW are listed in Table 2.

Table 1: Key Performance Indicators for Population Health, WSLHD

(a) Service Measures in the WSLHD Service Agreement

Performance against Targets <95% >95% 100%

Service Provision and Measurement	Base-line Data WSLHD (2008 unless otherwise indicated)	Target	Most Recent WSLHD estimate (Date)	Performance against Target	Plan to achieve annual target
Reduce Blood Borne Virus and Sexually Transmitted Infections					
STI testing/treatment/ management – occasions of service within publicly-funded sexual health services by specific priority populations (Number, %)	Total 11,350 Aboriginal 2.2% (2010)	N/A	Total 16,509; Aboriginal 853 (5.17%) (2014)		
HIV testing/treatment/ management – occasions of service within publicly-funded HIV and sexual health services by specific priority population (Number, %)	Total 12,022 Aboriginal 1.9% (2010)	N/A	Total 13,914 Aboriginal 625 (4.49%) (2014)		

¥ Centre-based children's service sites adopting the Children's Healthy Eating and Physical Activity Program in Early Childhood

Table 2: Service Measures from Ministry of Health, Office of Prevention, or Health Protection NSW:

Service Provision and Measurement	Base-line Data WSLHD (2008 unless otherwise indicated)	Target	Most Recent WSLHD estimate (Date)	Performance against Target	Plan to achieve target	Timeframe
Smoking Prevalence and Smoking Related Morbidity						
Smoking rates non-Aboriginal people	18.9%	3% reduction by 2015	11.3% (2011) (16.5% for all WSLHD pop in 2013)		A comprehensive WSLHD Tobacco Strategic Action Plan is in place	
Smoking rates Aboriginal people	33.9% (NSW)	4% reduction by 2015	Not available			
Rate of smoking in pregnancy	Aboriginal 50.5%	2% reduction by 2015	55.3% (2012)			
	Non-Aboriginal: 12.1%	0.5% reduction by 2015	7.3% (2012)			
Rate of smoking by pregnant Aboriginal and non-Aboriginal women	N/A	65% of pregnant Aboriginal women who are smokers referred to the Quitline or provided with NRT and counselling	Program yet to commence			
Reduce Preventable Hospital Admissions						
Reduce Potentially Preventable Hospital Admissions	5,608/100,000 Aboriginal pop	Reduce the age–standardised rate by 2.5% by 2014–15	5,254.1/100,000 Aboriginal pop (2012-13)		WSLHD / WSPHN plan to reduce preventable admissions	April 2013
	2,489/100,000 non-Aboriginal pop	Reduce the age–standardised rate by 1% by 2014–15	2,314.9/100,000 non-Aboriginal pop (2012-13)		WSLHD / WSPHN plan to reduce preventable admissions	April 2013

Service Provision and Measurement	Base-line Data WSLHD (2008 unless otherwise indicated)	Target	Most Recent WSLHD estimate (Date)	Performance against Target	Plan to achieve target	Timeframe
Connecting Care	Aboriginal people enrolled(0)		Aboriginal people enrolled (113)			
	Aboriginal people identified as eligible for 48Hr Follow Up (number)		Aboriginal people identified as eligible for 48Hr Follow Up (275 in 2014/15)			
Preventing discharge against advice	Aboriginal inpatients who discharge against medical advice (%)		Aboriginal inpatients who discharge against medical advice (3.1%, N=145 in 2013/14)			
Immunisation						
Children Fully Immunised	90.9% (2011)	>= 92% of children fully immunised at 1 year of age	86.7% (as at 31/12/2014)		Work with WSPHN and the Regional Immunisation Committee	Ongoing
	92% (2011)	Maintain or increase % of children fully immunised at 2 years of age	85.1% (as at 31/12/2014)			
	90% (2011)	>= 92% of children fully immunised at 4 years of age	92.3% (as at 31/12/2014)			
Aboriginal Children Fully Immunised	79% (2011)	>= 92% of Aboriginal children fully immunised at 1 year of age	81% (as at 31/3/2015)		Aboriginal Immunisation	Ongoing
	88%	>= 92% of Aboriginal children fully immunised at 4 years of age	92.9% (as at 31/3/2015))			

Healthstats - smoking in pregnancy and preventable hospitalisations (the baseline / previous data seems to be from a different source), Immunisation data from Pop Health Reports (2013); HIV / STI data from reports from HIV unit (manually combined testing / treatment numbers for HIV; STI was available)

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