



# NSW Aboriginal Health Plan 2024–2034

Sharing power in system reform

## NSW Ministry of Health

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### Artwork by Lakkari Pitt.

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## The Artwork

The *NSW Aboriginal Health Plan* artwork was created by Lakkari Pitt, a proud Gamilaroi yinarr (woman) from Walgett, New South Wales. This artwork is inspired by self-determination for Aboriginal communities and the knowledge that her Elders and significant people in her life have passed down throughout generations. Lakkari has interpreted the Priority Reform Areas of the NSW Aboriginal Health Plan by carefully curating symbols that tell a story. The artwork aims to act as a visual reminder to remain committed to a holistic, Aboriginal-led approach to health.

For more information on the artwork, please refer to Appendix 4.

## Acknowledgment of Country

The NSW Ministry of Health acknowledges Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to Elders past, present and future. In this report, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.

## Definition of Aboriginal health

Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.<sup>1</sup>

## Acknowledgements

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The NSW Ministry of Health and AH&MRC also gratefully acknowledge the following members of the NSW Aboriginal Health Plan Advisory Committee for their input and guidance during the development of the Plan:

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## Abbreviations

ACCOs	Aboriginal Community Controlled Organisations
ACCHOs	Aboriginal Community Controlled Health Organisations
ACCHSs	Aboriginal Community Controlled Health Services
AH&MRC	Aboriginal Health and Medical Research Council of NSW
CAH	Centre for Aboriginal Health, NSW Ministry of Health
CAPO	NSW Coalition of Aboriginal Peak Organisations
CEE	Centre for Epidemiology and Evidence, NSW Ministry of Health
CTG	Closing the Gap
HREC	Health Research Ethics Committee
KPI	Key Performance Indicator
LGA	Local Government Areas
LGBTQI+	Lesbian, gay, bisexual, transgender, queer/questioning and intersex
LHD	Local Health District
NGO	Non-government organisation
PHN	Primary Health Network
PRA	Priority Reform Area
SD	Strategic Direction
SHN	Specialty Health Network



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A message from the

## NSW Minister for Health

The NSW Aboriginal Health Plan 2024-2034 (the Plan) is our most ambitious yet. Achieving the outcomes identified in this Plan will enable Aboriginal people in NSW to achieve the highest levels of health and wellbeing. We acknowledge the only way this can be achieved is by sharing power between Government and the Aboriginal Community Controlled Health sector at the highest levels of decision making. This will be key to the system reform that will drive innovative collaborations between our health workers and with Aboriginal people and communities.

Enabling Aboriginal people to make the decisions that impact their health and wellbeing is our government's priority. By listening to Aboriginal people in our workplaces and community, respecting their expertise, and acting on their advice, we will accelerate progress towards Closing the Gap on the health and health related outcomes that this Government has committed to achieve.

Key to this progress is our government's commitment to embedding cultural safety and eliminating racism across all levels of the health system and our community more widely. We all have a role to play in recognising and addressing inequities that Aboriginal people and communities continue to experience as a result of racism. A health system that is culturally safe and a society that is free of racism will go a long way to ensuring the health and wellbeing of Aboriginal people for generations to come.

This Plan is about growth, transformation and sustainability. It will guide how health systems are planned, delivered, and monitored to improve health and wellbeing outcomes. However, while we all plan for better outcomes, it is only through action that there will be change. My challenge to everyone across the health system is to find the opportunity to make a difference in your day to day lives and in your work, to implement the transformation needed to achieve the vision of this Plan.



The Hon Ryan Park MP  
Minister for Health, Minister for Regional Health  
and Minister for the Illawarra and the South Coast

A message from the

## Aboriginal Health Plan Advisory Committee

The NSW Aboriginal Health Plan Advisory Committee endorses this NSW Aboriginal Health Plan 2024-2034. The Committee acknowledges the long-standing and meaningful partnership between the NSW Ministry of Health and the AH&MRC, together with the input of Aboriginal people from across NSW which have supported the development of this Plan.

The passion and expertise of all Committee members was key to the development of this Plan, but it would not have been possible without Aboriginal people from within the health system sharing their deep knowledge of what's important for the health and wellbeing of their communities.

As the expert Advisory Committee, we have ensured this Plan is based on an understanding of our lived experience and health system expertise, and the detailed evidence-base Lowitja Institute provided to the Plans' development. We were informed by the extensive consultation and encouraged by the diverse group of representatives on this Committee, bringing together a range of government, community and priority population group advocates.

A key aspect of this Plan is the incorporation of the Closing the Gap Priority Reforms as enablers of transformation of the way our organisations work together. This alignment to the national health agenda, and development of statewide implementation and accountability mechanisms, will ensure responsibility for action under this Plan and allow NSW Health and the Aboriginal community to monitor progress. The ten-year timeframe and broad strategies allow implementation to evolve over time to adjust to different and emerging priorities.

The Committee is confident this aspirational Plan will foster optimism for the achievement of real outcomes. It is only by working towards the challenging priorities identified in this Plan that the NSW health system will become a culturally safe and responsive system for all Aboriginal people and communities in NSW.



Geri Wilson Matenga  
Co-Chair, Executive Director,  
Centre for Aboriginal Health  
NSW Ministry of Health



Nicole Turner  
Co-Chair, Interim Chief  
Executive Officer,  
AH&MRC

A message from the

## Secretary, NSW Health

The release of the NSW Health Aboriginal Health Plan 2024-2034 (the Plan) represents real partnership, and a determination to shift the status quo.

The vision of this Plan is to 'share power in system reform' - the power that comes from self-determination and influence. It is only by sharing decision-making power with Aboriginal people that we are all truly engaged in the process of transformation. It is only through being influenced by Aboriginal people's knowledge and wealth of experience that the NSW health system can be reformed.

Much has been achieved in recent years and I believe we are in a better position than ever to build on this good work while also considering new and innovative ways to achieve further progress. The strategies identified in this Plan will drive the structural reform required to improve the access and equity of health services to meet the needs and aspirations of Aboriginal people.

It is important to realise that the success of all our efforts is absolutely dependent on eliminating all forms of racism - in our health services as well as our workplaces. When I delivered an Apology on behalf of NSW Health to the Stolen Generations and their Survivors in 2022, I committed our organisation to providing culturally-safe, holistic and trauma-informed care for all Aboriginal people accessing our services. Since then, I have had the privilege of visiting many Aboriginal communities and organisations, as well as our own NSW Aboriginal health services. I have learnt from the best on the importance of person-centred care that is central to this Plan's implementation.

There is a responsibility for everyone working across the NSW health system to implement this Plan. I encourage you to consider the Priority Reform Areas of this Plan as enablers of change, and to take all opportunities to embed cultural safety and build trust through transparent and genuine partnership in all aspects of your role. The Strategic Directions of this Plan should guide your work, with every action taken a positive step forward to a better health system for Aboriginal people.

I am confident sharing of power in decision making will ultimately lead to sharing the success of this Plan in achieving the highest level of health and wellbeing for Aboriginal people in NSW.



Susan Pearce AM  
Secretary, NSW Health

A message from the

## Interim Chief Executive Officer, Aboriginal Health and Medical Research Council of NSW

The NSW Aboriginal Health Plan 2024-2034 marks a significant step towards reforming health systems that facilitate culturally safe, holistic and high-quality care for all Aboriginal people in NSW.

Strong partnerships with Aboriginal Community Controlled Health Organisations (ACCHOs) enable the knowledge and expertise of Aboriginal communities to guide health system planning. As the peak body for Aboriginal health in NSW, we believe that transformative change is needed and will only occur if Aboriginal voices are at the forefront of decision-making.

The Closing the Gap Priority Reforms have been embedded throughout the Plan which commits governments to transforming the way that they do business. Pivotal to this progress, is a sustained effort to eliminate racism.

Aboriginal people continue to face interpersonal and institutional racism across the health system, with limited mechanisms to escalate or address these issues when they occur. The Plan marks an important milestone towards creating a health system that is culturally safe and responsive. Alongside this work, we must remember that the elimination of all forms of racism remains the collective responsibility that involves us all.

We are hopeful that the Plan will guide the system to implement changes that increase access to services and facilitate a health system that is responsive to the needs of Aboriginal people.

The AH&MRC believe the Plan represents an advance in government approaches to Aboriginal health. The vision to share power in systems reform is a significant step in recognising that meaningful change requires a shift towards true collaboration and co-creation in government policies and approaches. We look forward to working in genuine partnership with NSW Health to improve the health and wellbeing of Aboriginal people across the State.



Nicole Turner  
Interim Chief Executive Officer, AH&MRC

# Introduction

## Purpose of this NSW Aboriginal Health Plan

The purpose of this NSW Aboriginal Health Plan 2024–2034 is to drive change to achieve the highest possible levels of health and wellbeing for Aboriginal people in NSW by:

- Guiding how health systems are planned, delivered, and monitored
- Elevating the focus on Aboriginal expertise to drive shared decision-making and innovative collaborations
- Influencing the redesign of health services to achieve health equity
- Providing direction for the elimination of racism in all aspects of health care

## Implementation and monitoring of the NSW Aboriginal Health Plan

While this Plan will influence change, it is only with purposeful action that its vision and outcomes will be realised. To coordinate and support action, a statewide implementation plan will be developed through a collaborative process and will reflect priorities and ideas identified through the consultation which informed the development of this Plan.

The implementation plan will provide more detailed information on actions for each strategy, with specific timeframes, and identify which part of the health system will be responsible for leading each action. The statewide implementation plan will build on work already underway including through Future Health, the Regional Health Strategic Plan and other NSW Health strategic plans. It is intended that the state-wide implementation plan will be reflected in local implementation plans based on local priorities.

In partnership with AH&MRC, NSW Health will develop a monitoring and measurement framework to outline reporting on progress of the NSW Aboriginal Health Plan. To ensure a flexible focus and prioritisation of action, each phase of monitoring and reporting will support the development of the next implementation plan.

This will ensure emerging priorities are met and required action is sustained. Reporting will be consistent with NSW Health Aboriginal governance and accountability mechanisms and will be designed to avoid duplication and limit the burden of reporting across the health system.

The development of the statewide implementation plan and the monitoring and measurement framework will commence following the release of this Plan, allowing sufficient time for stakeholders to consider opportunities for action.

## Aboriginal people in NSW

Although there have been some important improvements in the health of Aboriginal peoples in NSW<sup>2</sup>, Aboriginal people do not always enjoy the same health outcomes or access to healthcare as the non-Aboriginal population. This can be observed across a wide range of morbidity, mortality, service usage and patient experience indicators. Many of these discrepancies can be attributed to the inequities experienced by Aboriginal people and communities in key determinants of health<sup>3,4</sup>, and there is a clear relationship between socio-economic inequalities and the health gap due to the impacts of intergenerational trauma<sup>5,6</sup>.

While acknowledging these inequities is important, a focus on the negative can create barriers to improving health outcomes. Understanding and addressing Aboriginal health and wellbeing priorities requires a focus on the strength and resilience of Aboriginal people.

The *Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing* identified a range of cultural determinants of health which act as protective factors to enhance resilience, strengthen identity and support good health, and social and emotional wellbeing. These include: Connection to Country, family, kinship and community, beliefs and knowledge, cultural expression and continuity, language, self-determination and leadership<sup>7</sup>.

This Aboriginal Health Plan makes a commitment to recognising, respecting and elevating the cultural determinants of health and wellbeing and their restorative impact in the lives of Aboriginal people. Ensuring culture remains at the centre of actions to implement this Plan is vital to its success.



## National and NSW policy context

The *National Agreement on Closing the Gap* (the National Agreement) commits all Australian state and territory governments to a fundamentally new way of developing and implementing policies and programs that impact the lives of Aboriginal people. To support implementation of the National Agreement and guide the government's actions, the *NSW Implementation Plan for Closing the Gap* sets out the NSW Government's strategies for delivering progress against the National Agreement's Priority Reforms and Socio-Economic Outcomes.

While the National Agreement and the NSW Implementation Plan covers all government agencies (e.g. Health, Education, Justice, Transport, etc.), this NSW Aboriginal Health Plan has been influenced by those plans, and adds more nuanced, health-specific strategies to ensure the overarching goals of the National Agreement are realised.

*Future Health: Guiding the next decade of care in NSW 2022–2032* is NSW Health's roadmap for how services are delivered, positioning our health system to meet the needs of patients, the community and workforce over the coming years.

The vision of *Future Health* is multi-faceted and complex, so several core strategies guide NSW Health's work, including the *NSW Regional Health Strategic Plan 2022–2032*, *NSW Health Workforce Plan 2022–2032* and this Aboriginal Health Plan. These three core strategies target specific policy, population, or program areas and have direct ties to Future Health and strong alignment with each other.

Across these strategies, there are shared deliverables, as well as shared monitoring and reporting activities, to ensure NSW Health is working effectively while also minimising duplication and efficiently managing resources.

The alignment of the strategies, actions and metrics makes it easier to ensure everyone is working towards common outcomes.

For more information on these and other plans and policies intersecting with this Plan, please refer to Appendix 3.

## Cross-agency collaboration for improved health outcomes

To ensure the aspirations of this NSW Aboriginal Health Plan are realised, it must connect with areas such as housing, family services, education, and environment, which each contribute significantly to the social, cultural, economic, political and planetary determinants of health and wellbeing<sup>8</sup>. Strategic collaboration is essential across these different sectors for preventing illness and injury and embedding long-term improvements in communities' health and wellbeing.

Interfacing closely with the AH&MRC and the NSW Coalition of Aboriginal Peak Organisations (CAPO), as well as Aboriginal Affairs NSW, will be essential for NSW Health and partners to effectively operationalise the strategies set out for each Priority Reform Area and Strategic Direction in the NSW Aboriginal Health Plan.

## Approach to developing this Plan

In 2019 a Mid-term evaluation (MTE) of the NSW Aboriginal Health Plan 2013–2023<sup>9</sup> was undertaken. It found progress against the Strategic Directions of the Plan was moderate overall and a set of recommendations were made to guide implementation of the Plan for its remaining years. In 2023, a final review of the Plan was undertaken, and this was focussed predominantly on the implementation of the MTE recommendations.

An extensive consultation process co-designed with the Centre for Aboriginal Health (CAH) and the AH&MRC was then undertaken. Both face-to-face and virtual engagement occurred in urban and regional areas of NSW. The MTE, final review and consultation findings informed the development of this Aboriginal Health Plan.

Development of this Plan was led by a partnership between the CAH within NSW Ministry of Health and the AH&MRC. It was guided by an Aboriginal Health Plan Advisory Committee that comprised senior leaders from Aboriginal Community Controlled Health Organisations (ACCHOs) and LHDs across NSW, as well as Aboriginal specialist leaders from within the NSW Ministry of Health, along with representation from NSW Regional Alliances, Stolen Generations, First Peoples Disability, Advocate for Children and Young People and Aboriginal LGBTIQ+ community organisations.

Lowitja Institute was engaged by the CAH to develop the detailed content, drawing on key priorities and concerns highlighted in the consultation, as well as an analysis of a broad evidence base, relevant national and state-level strategies, and LHD plans targeted at Aboriginal health. Priority domains of action were mapped between these documents to maximise alignment of the NSW Aboriginal Health Plan and support effective coordination of activities in the implementation phase.

Before finalising the NSW Aboriginal Health Plan, the CAH and the AH&MRC shared the final draft priorities, directions, objectives and strategies directly with NSW Health and Aboriginal Community Controlled Health organisation leadership across the state and incorporated subsequent feedback.

# Commitments to ways of working



## Culture at the centre

Recognising, respecting and elevating the cultural determinants of health and wellbeing and their restorative impact in the lives of Aboriginal people.

## Self-determination

Recognising, respecting and supporting the principles and practice of self-determination, including collective decision-making for the future of Aboriginal people in NSW.

## Cultural safety

Embedding cultural safety and addressing racism across all levels of the health system.

## Truth telling and healing

Recognising and respecting the need for truth-telling by naming the reality and impact of colonisation, including both historical and current trauma, and supporting healing through trauma-informed care, allowing us to move forward together.

## Equity

Recognising and addressing inequities that Aboriginal people and communities have experienced, and continue to experience, as a result of racism and other acts of marginalisation<sup>10</sup>.



# Vision

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## Sharing power in system reform to achieve the highest levels of health and wellbeing for Aboriginal people.

Health system reform is essential to ensure Aboriginal people can access an equitable and culturally safe health system, and experience health and wellbeing outcomes at the highest possible level. This is possible to achieve, if current power differentials are recognised and dedicated steps taken to redress them. Sharing power means sharing decision making, ensuring the voices of Aboriginal people hold as much weight as government's<sup>1</sup>.

**“We have to resist the temptation to avoid complex issues. People tend to drift to the easy things to do in Aboriginal health, but we need to call out the complex stuff. We will have reached optimal success if we address some of the really complex issues. If we keep avoiding the difficult things, it creates tension in the relationships and stops partnerships flourishing, and we won't see traction on outcomes that are meaningful to people on the ground.”**

**Aboriginal NSW Health representative,  
Advisory Committee member**

In order to meet the changing needs of communities and ensure the NSW health systems are sustainable into the future, it is important for these systems to be constantly changing and reforming. This is a long and continuous process; however, it is vital not just in meeting the needs of future generations, but in ensuring all members of our community enjoy long, healthy lives.

This Plan is committed to redesigning health system approaches and practices in partnership with Aboriginal people and organisations, facilitating a shift that reflects the priorities of Aboriginal people where power and decision-making are shared. This requires both a system-wide commitment to, and accountability for, Aboriginal health.

**“This plan is about growth and transformation”.**

**Aboriginal NSW Health representative,  
Advisory Committee member**

NSW Health recognises that shared power and decision-making needs to become standard practice and is committed to providing cross-sector leadership to enable this to occur consistently. Embedding opportunities for Aboriginal people to hold power and make decisions at all levels within the health system will drive widespread and positive outcomes. This will become evident in these three ways:

- The collective and individual knowledges and expertise of Aboriginal people are utilised to identify, understand and set priority needs, which consider all determinants of Aboriginal health and wellbeing
- The system is working more effectively and in a culturally responsive and culturally safe manner where Aboriginal people define what this looks and feels like
- NSW Health systems and structures are accountable, enable equitable outcomes and reflect Aboriginal ways of knowing, being and doing.

# Structure of the Aboriginal Health Plan

## Priority Reform Areas

This Plan aims to put the Closing the Gap (CTG) Priority Reforms (PRs) into action in the health system. There are four CTG PRs set nationally, and the NSW Government has identified a fifth PR specifically for NSW - 'Employment, business growth and economic prosperity'. By embedding the CTG PRs as foundational to the NSW Aboriginal Health Plan, strategies specific to health can be progressed.

This Plan's Priority Reform Areas (PRAs) are cross-cutting enablers of change for structural and systemic transformation across the health system. Addressing the Reform Priorities through strategies identified in this Plan is vital for successfully implementing the five Strategic Directions.

## Strategic Directions

This Plan has five Strategic Directions (SDs) which are key areas for strategic focus and tactical action. The SDs are aimed at building on existing work, addressing current challenges and making progress towards achieving the Plan's Vision.

While the Reform Priorities described above include overarching transformative strategies, the Strategic Directions and the more specific Strategic Priorities include strategies that will enable core business to be done differently.

## Structure for each Priority Reform Area and Strategic Direction

Each Priority Reform Area and Strategic Direction has the same structure comprising:

### Outcome statement

This is a description of what this Plan aspires to establish as the standard position and practice.

### Reform Priorities and Strategic Priorities

Each priority names a focus area and describes what this Plan aspires to change in that area.

### What does success look like?

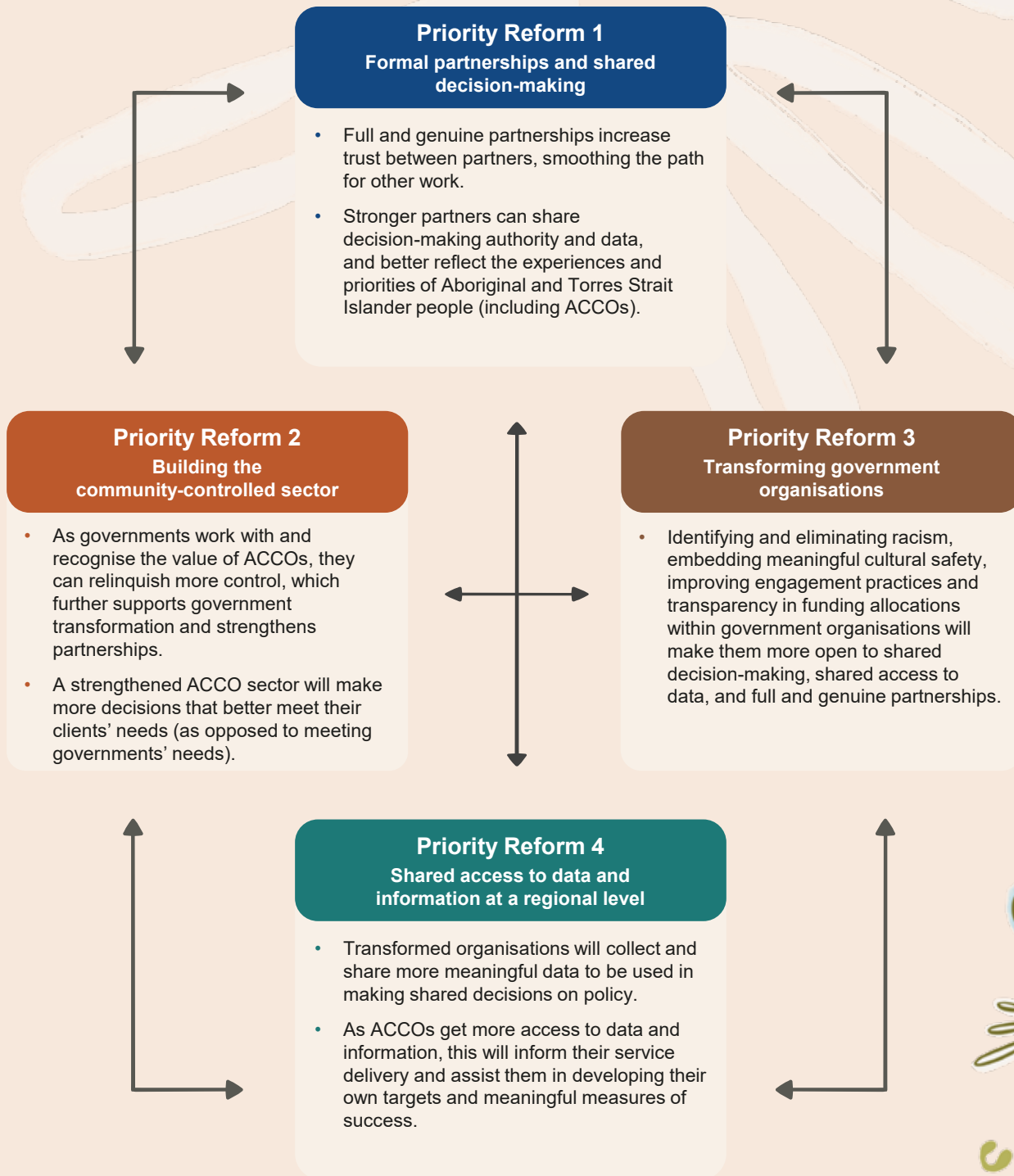
This statement describes how the health system and Aboriginal communities will know the objective has been successfully achieved.

### How success will be achieved

These high-level strategies describe how the priorities will be achieved. Each strategy will be broken down into specific actions in the implementation plan that will sit under this Plan and guide activity. Strategies are designed to provide the necessary scope and flexibility to adjust action over time based on priorities and learnings from monitoring and evaluation outcomes, and in response to our rapidly evolving health system.



# Interconnected Priority Reforms



**Figure 1:** How the Priority Reforms are closely interconnected, taken from page 81 of the *Review of the National Agreement on Closing the Gap*\*. Acknowledging this diagram excludes the NSW-specific Priority Reform 5.

\*Productivity Commission 2024, *Review of the National Agreement on Closing the Gap*, Study report, volume 1, Canberra. Accessed 26 July 2024, <https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report>

# Overview of the NSW Aboriginal Health Plan

**Vision:** Sharing power in system reform to achieve the highest levels of health and wellbeing for Aboriginal people

## Priority Reform Areas

Formal partnerships and shared decision-making

Building the Community-Controlled sector

Transforming government organisations

Shared access to data and information at a regional level

Employment, business growth and economic prosperity

## Strategic Directions

Growing and supporting the Aboriginal health workforce

Providing holistic, integrated and person-centred care

Enhancing health promotion, prevention and early intervention

Addressing the social, cultural, economic, political, commercial and planetary determinants of health

Strengthening monitoring, evaluation, research and knowledge translation

## Commitments to ways of working

Self-determination

Cultural safety

**Culture at the centre**

Truth telling and healing

Equity

# Priority Reform Areas

Priority Reform Area 1:  
**Formal partnerships and shared decision-making**

Priority Reform Area 2:  
**Building the Community Controlled sector**

Priority Reform Area 3:  
**Transforming government organisations**

Priority Reform Area 4:  
**Shared access to data and information at a regional level**

Priority Reform Area 5:  
**Employment, business growth and economic prosperity**

# Formal partnerships and shared decision-making



## Outcome statement

NSW Health is engaged in and accountable to Aboriginal co-led and co-created formal partnership arrangements that are sustained, adequately resourced, trusted, impactful and committed to Aboriginal defined priority outcomes and strategies.

Reform Priority 1.1 <b>Co-creation and shared decision-making</b>	Reform Priority 1.2 <b>NSW Health governance and management</b>	Reform Priority 1.3 <b>District-level governance and management</b>	Reform Priority 1.4 <b>Service-level governance and management</b>	Reform Priority 1.5 <b>Cross-sector collaboration</b>
To increase the level of Aboriginal ownership and co-creation in commissioning, design, delivery, monitoring and evaluation across the health system.	To strengthen investment of time and resources in formal co-creation and shared decision-making for meaningful outcomes in all State-level partnership arrangements with Aboriginal people and organisations.	To strengthen investment of time and resources in formal co-creation and shared decision-making for meaningful outcomes in all District-level partnership arrangements with Aboriginal people and organisations.	To strengthen investment of time and resources in formal co-creation and shared decision-making for meaningful outcomes in all service-level partnership arrangements with Aboriginal people and organisations.	To strengthen NSW Health leadership in facilitating cross-sector collaboration for better health and wellbeing outcomes for Aboriginal people.

## Why is this important?

This Priority Reform Area envisions a collaborative way of delivering health services, co-created with Aboriginal people to embed Aboriginal ways of knowing, being and doing into policy, service design and delivery throughout the life of the Plan and beyond. The Aboriginal Community Controlled Health (ACCH) sector has a long history of exemplifying this approach. Through its ongoing partnerships with the ACCH sector, NSW Health can learn from and better incorporate these practices while continuing to support and invest further in work across the ACCH sector.

Aboriginal peoples have been practicing healthcare for millennia and have been tackling the devastating health effects of colonisation for well over half a century through leadership in policy, academia and the establishment of the ACCH sector.

Yet most decisions affecting Aboriginal health and wellbeing are still made and implemented by non-Aboriginal people. The lack of Aboriginal voices at decision-making tables hinders progress towards self-determination in health<sup>12</sup>.

To support self-determination and ensure the specific needs of Aboriginal people are accurately identified and addressed in health policy and service delivery, it is critical that policies and programs are developed and delivered in partnership with Aboriginal people, organisations and communities.



The *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* acknowledges this in Priority 1, stating “Governments now recognise that meaningful change is not possible without the leadership of Aboriginal and Torres Strait Islander people”<sup>13</sup>. It is also consistent with previous learnings within NSW Health<sup>14</sup>, the NSW Health Aboriginal Health Impact Statement<sup>15</sup>, Standards 3 and 6 of the NSW Health Corporate Governance and Accountability Compendium<sup>16</sup>, and action 2.13 of the National Safety and Quality Health Service (NSQHS) Standards<sup>17</sup>, against which all NSW public health services are accredited. NSW Health and the AH&MRC are committed to a meaningful partnership, as evidenced by the NSW Aboriginal Health Partnership Agreement 2015-2025.

“A co-design, co-owned, co-managed, co-accountability way forward is appropriate for health reform initiatives around Indigenous health”.

ACCHO staff (regional) Draft Plan feedback

## Reform Priority 1.1

# Co-creation and shared decision-making

**To increase the level of Aboriginal ownership and co-creation in commissioning, design, delivery, monitoring and evaluation across the health system.**

Co-creation differs from co-design, as it allows all parties involved to collaboratively identify problems or priority areas. Co-creation therefore extends on co-design, where issues are already pre-defined, and on co-production, where both problems and solutions are pre-defined<sup>18</sup>. To truly enable and embed shared decision-making – which is essential to effective partnerships – Aboriginal people must be in positions to define what the priority health issues are, based on their unique experiences.

Co-creation processes are often resource-intensive, and many Aboriginal people and communities already experience consultation fatigue<sup>19</sup>. It is important these processes do not create excessive or unevenly distributed burdens upon Aboriginal organisations, or Aboriginal staff within the NSW health system.

Co-creation processes should be respected and adequately resourced as an essential element of Aboriginal people’s and organisations’ ongoing work, rather than ‘tacked’ on top of existing workloads. Non-Aboriginal people and organisations within the health system in NSW also have a responsibility to participate effectively in co-creation processes, ensuring they make the most efficient use of the time and resources invested.

### What does success look like?

Involvement of Aboriginal people and organisations in co-creation of the commissioning, design, delivery, monitoring and evaluation of health initiatives that impact on Aboriginal people is standard practice across the health system.

### How success will be achieved

- Strengthen the capability of individuals across the health system for co-creation in commissioning, design, delivery, monitoring and evaluation.
- Embed effective and sustainable co-creation into commissioning, design, delivery, monitoring and evaluation across the health system.
- Identify and implement opportunities for continuous quality improvement in co-creation across the health system, including through monitoring and evaluating progress and successes.



## Reform Priority 1.2

# NSW Health governance and management

**To strengthen investment of time and resources in formal co-creation and shared decision-making for meaningful outcomes in all State-level partnership arrangements with Aboriginal people and organisations.**

For partnerships to be genuine, they must be structured around shared decision making<sup>20</sup>, and apply to implementation, monitoring and evaluation<sup>21 22</sup>. This can be embedded by formalising partnerships through partnership agreements, which will support greater accountability, transparency and trust in government organisations. Formal agreements also help to distinguish partnership from ‘consultation’ or ‘participation’, which do not present any decision-making authority or control over outcomes, so is not a *substitute* for partnership.

A key component of partnerships and shared decision-making is Aboriginal leadership, which must be embedded across the health system. This priority focuses on embedding Aboriginal leadership at the state level, with Community Controlled sector and professional workforce peak bodies having a genuine leadership role in program and policy design, development and implementation. This includes the existing NSW Aboriginal Health Partnership Agreement with the AH&MRC, along with partnerships with CAPO, Aboriginal Affairs NSW and other government agencies.

“Our most crucial partnership is the partnership we build with communities, and that’s through community forums and meaningful engagement at a strategic level as well”.

**NSW Health staff (metropolitan) consultation participant**



## What does success look like?

Aboriginal people and organisations involved in State-level partnership arrangements report that partnerships operate in a culturally safe and accountable manner and are effective mechanisms for shared decision-making on Aboriginal health priorities, programs and resource allocations.

## How success will be achieved

- Review Aboriginal representation and focus in NSW Health governance mechanisms in partnership with Aboriginal people and organisations, and implement the recommendations of the review.
- Implement and embed relationship-building, shared decision-making processes and transparent communication in all State-level partnering and contracting arrangements.
- Assess NSW health system needs and priorities and agree on resource allocations in partnership with Aboriginal people and organisations.
- Establish and implement co-creation opportunities for monitoring and evaluating the cultural safety, accountability and effectiveness of State-level partnerships.



## Reform Priority 1.3

### District-level governance and management

To strengthen investment of time and resources in formal co-creation and shared decision-making for meaningful outcomes in all District-level partnership arrangements with Aboriginal people and organisations.

This priority focuses on embedding Aboriginal leadership at the District level through local Aboriginal governance structures and/or local ACCHOs.

#### What does success look like?

Aboriginal people and organisations involved in District-level partnership arrangements report that partnerships operate in a culturally safe and accountable manner and are effective mechanisms for shared decision-making on Aboriginal health priorities, programs and resource allocations.

#### How success will be achieved

- Review Aboriginal representation in District governance mechanisms in partnership with Aboriginal people and organisations, and implement the review recommendations.
- Implement and embed relationship building, shared decision-making processes and transparent communication in all District-level partnering and contracting arrangements.
- Assess District health system needs and priorities and agree on resource allocations in partnership with Aboriginal people and organisations.
- Establish and implement co-creation opportunities for monitoring and evaluating the cultural safety, accountability and effectiveness of District-level partnerships.
- Explore and expand opportunities for cross-District partnerships and networking.

## Reform Priority 1.4

### Service-level governance and management

To strengthen investment of time and resources in formal co-creation and shared decision-making for meaningful outcomes in all service-level partnership arrangements with Aboriginal people and organisations.

This priority focuses on embedding Aboriginal leadership at the community level, such as through local ACCHOs, in local health service delivery organisations (for example, hospitals, Urgent Care Services, Community Health Centres, and specialist health facilities).

#### What does success look like?

Aboriginal people and organisations involved in service-level partnership arrangements report that partnerships operate in a culturally safe and accountable manner and are effective mechanisms for shared decision-making on Aboriginal health priorities, programs and resource allocations.

#### How success will be achieved

- Implement and embed relationship building, shared decision-making processes and transparent communication in all service-level partnering and contracting arrangements.
- Assess health service needs and priorities and agree on resource allocations in partnership with Aboriginal people and organisations.
- Establish and implement co-creation opportunities for monitoring and evaluating the cultural safety, accountability and effectiveness of service-level partnerships.

“We’ve got a great local Aboriginal health partnership with the local AMS. Lots of great ideas coming out of that about collaboratively delivering services to the partnership region”

**NSW Health staff (metropolitan) consultation participant**

## Reform Priority 1.5

### Cross-sector collaboration

#### To strengthen NSW Health leadership in facilitating cross-sector collaboration for better health and wellbeing outcomes for Aboriginal people.

Supporting the wellbeing of Aboriginal communities most effectively will require breaking down the silos that exist within health systems and between policy areas<sup>23 24 25</sup>. This means partnerships between government health organisations and Aboriginal people and organisations need to foster broad cross-sector collaboration that responds to communities' holistic wellbeing needs<sup>26</sup>.

At the local level particularly, place-based partnerships can drive solutions that cut across organisational, sector and government silos to address the social, cultural, economic, political and planetary determinants of health, based on community priorities and objectives.

#### What does success look like?

NSW Health is recognised by Aboriginal people and organisations as taking a valuable lead role in facilitating cross-sector collaboration in the interest of better health and wellbeing outcomes.

#### How success will be achieved

- Map and review existing forums and working groups for integrated cross-sector service planning and delivery and identify overlaps or gaps.
- Advocate for and/or lead the re-design of integrated cross-sector forums, working groups and initiatives.
- Advocate for and/or lead monitoring and evaluation of the effectiveness of redesigned cross-sector collaboration.
- Play an influential role in supporting and informing planning processes of other sectors that intersect with health.



# Building the Community Controlled sector



## Outcome statement

NSW Health values and consistently invests in the ACCH sector as an essential partner for improving health and wellbeing outcomes for Aboriginal people.

### Reform Priority 2.1 The ACCH sector

To elevate how NSW Health values and invests in the ACCH sector.

## Why is this important?

The ACCH sector in NSW is already well established, delivering holistic, culturally safe and responsive healthcare to Aboriginal people and communities in NSW for over half a century, becoming a key part of the NSW health system in the process<sup>27 28</sup>. ACCH services are highly innovative and often go beyond what mainstream primary care services typically offer – delivering integrated family and community services, health promotion activities, and action on the social and cultural determinants of health<sup>29 30</sup>.

While it is well understood that – compared to mainstream primary care services – ACCHOs often deliver better outcomes and are the preferred care settings for many Aboriginal people<sup>31</sup>, as well as being highly cost-effective<sup>32 33</sup>, the availability and scale/scope of ACCHOs varies greatly between regions. This can prevent Aboriginal peoples in some communities from accessing Community Controlled health services.

For these reasons, as well as the importance of community control to self-determination, Priority Reform Two of the National Agreement refers to ‘building the sector’ as a commitment to support growth and strengthen Aboriginal Community Controlled service sectors, including by increasing the proportion of services delivered to Aboriginal people from ACCHOs<sup>34</sup>.

CTG commitments under this Priority Reform centre around:

- Sustained capacity building and investment
- Dedicated and identified Aboriginal and Torres Strait Islander workforce
- Community-controlled organisations are supported by a Peak Body, which has strong governance and policy development and influencing capacity
- Community-controlled organisations have a dedicated, reliable and consistent funding model designed to suit the types of services required by communities.

The National Health Plan and the NSW Closing the Gap Implementation Plan mirror this commitment, acknowledging that ACCHOs are recognised as preferred healthcare providers for Aboriginal communities and should be supported to reach their full potential<sup>35 36</sup>. A key aspect of supporting the ACCH sector is the provision of stable, equitable, long-term funding so ACCHOs can operate in a financially and logistically sustainable manner<sup>37 38 39</sup>.

Stakeholders in the health system of NSW acknowledge ACCH and public health services have important reciprocal relationships – whereby ACCH and public health services support each other to deliver effective healthcare to Aboriginal people in each region. In this way, ACCH’s provision of culturally appropriate primary healthcare services assists NSW Health address health priorities and improve health outcomes for Aboriginal people across the state as a whole<sup>40</sup>.

## Reform Priority 2.1

### The ACCH sector

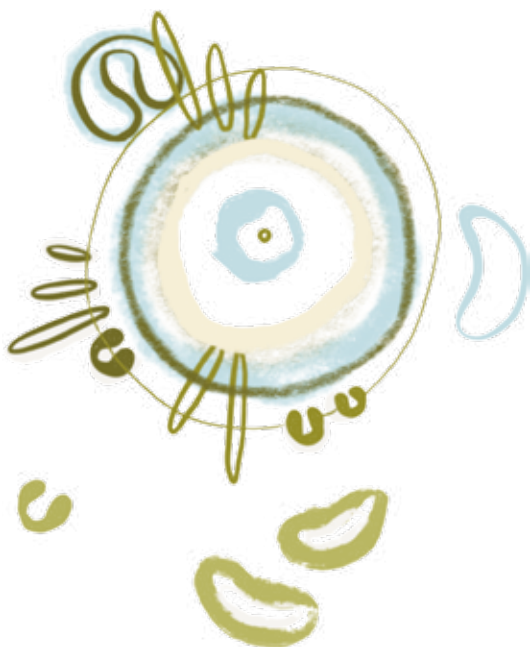
To elevate how NSW Health values and invests in the ACCH sector.

#### What does success look like?

NSW Health investment in the ACCH sector recognises the sector as a provider of high quality comprehensive primary health care services. It extends on Commonwealth funding and, in combination, is commensurate with need and complementary to NSW Health delivered health services.

#### How success will be achieved

- Identify and address the power differential between NSW Health and the ACCH sector, along with the responsibilities to rebalance this at each level of the health system.
- Review and make recommendations in partnership with the ACCH sector on the sustainability, transparency and appropriateness relative to need of NSW Health and Commonwealth funding into the ACCH sector.
- Implement recommendations from the review of funding into the ACCH sector and evaluate the impact of investment.
- Identify and utilise opportunities to invest in and expand ACCH sector models of care and service delivery as best practice across the NSW health system.



# Transforming government organisations



## Outcome statement

NSW Health promotes and provides accountable and culturally safe services, programs and working environments that are free of racism for Aboriginal people and inclusive of the needs of priority population groups.

### Reform Priority 3.1 **Accountability**

To strengthen transparency and accountability of NSW Health for funding decisions and resource allocations affecting Aboriginal health, and for achieving improved health and wellbeing outcomes for Aboriginal people.

### Reform Priority 3.2 **Cultural safety and anti-racism**

To ensure Aboriginal people experience cultural safety in all levels, areas and services of NSW Health.

### Reform Priority 3.3 **Equity**

To elevate focus on how health justice and equity interact with the specific needs of priority population groups.

## Why is this important?

The National Agreement arose from acknowledgement, by all governments, of what Aboriginal and Torres Strait Islander communities and organisations had been saying for a long time – fundamental changes were needed to governments’ ways of developing and implementing policies and programs that affect Aboriginal and Torres Strait Islander people’ lives<sup>41</sup>. To embed these changes over the long term, it was recognised that government institutions themselves need to undergo wholesale transformation, particularly in terms of addressing systemic racism, promoting cultural safety, and addressing the consequences of discrimination<sup>42</sup>.

Culturally unsafe health systems – those which diminish, demean or disempower the cultural identities and cultural needs of Aboriginal communities<sup>43</sup> – result in reduced access to healthcare, lower quality of care when it is delivered, and compounding risks to health and wellbeing. Transformation of government institutions and systems so they are culturally safe and equity-focused will help ensure improved outcomes across the social, emotional, spiritual, cultural, and physical health and wellbeing of Aboriginal people.

## Reform Priority 3.1

# Accountability

### To strengthen transparency and accountability of NSW Health for funding decisions and resource allocations affecting Aboriginal health, and for achieving improved health and wellbeing outcomes for Aboriginal people.

By committing to the National Agreement, the NSW Government is also committing to being accountable for its funding decisions and allocations, and for achieving improved outcomes for Aboriginal people. This expectation applies equally to all government departments and agencies involved in implementing the NSW Implementation Plan for Closing the Gap.

NSW Health has systems and mechanisms that can be leveraged to increase accountability for Aboriginal health. They include the NSW Health Performance Framework, Aboriginal health focussed KPIs and improvement measures in service and funding agreements between NSW Health and various government and non-government organisations (NGOs), and other health reports monitoring system responses to Aboriginal health priorities. Strong accountability mechanisms are needed to drive and implement change, so it's critical to strengthen and extend on these existing systems to ensure NSW Health sets high standards for transparency and responsiveness in meeting its commitments.

The strategies outlined under this priority will be essential for supporting the monitoring and evaluation of the Plan and strengthening NSW Health's Aboriginal governance and accountability mechanisms. This Priority is also complementary to the work outlined under *Reform Priority 4.2 - Data accountability, transparency and useability*.

“If there’s a KPI around it, you tend to get more attention on it. KPIs keep the system accountable to achieve Aboriginal health outcomes. Previously, Aboriginal health was seen as an Aboriginal Health Team responsibility, but now Aboriginal health has been made a whole-of-system responsibility”.

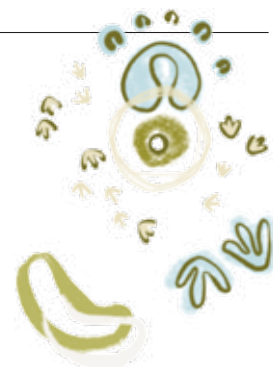
**Aboriginal NSW Health staff (metropolitan) consultation participant**

## What does success look like?

NSW Health is held accountable for how it works to improve the health and wellbeing of Aboriginal people, and the outcomes that are achieved.

## How success will be achieved

- Establish and implement a transparent system for identifying and reporting on funding decisions and resource allocations affecting Aboriginal health.
- Map actions and indicators in existing NSW Health statewide plans against the Aboriginal Health Plan and identify gaps to be addressed in the Plan's implementation and accountability mechanisms.
- Analyse the effectiveness of existing NSW Health internal systems and mechanisms in providing relevant information/data against performance indicators required for transparently monitoring, evaluating and reporting on Aboriginal health outcomes.
- Develop and implement strategies for addressing gaps in information/data capture required for transparent monitoring, evaluating and reporting on Aboriginal health outcomes.





## Reform Priority 3.2

# Cultural safety and anti-racism

### To ensure Aboriginal people experience cultural safety in all levels, areas and services of NSW Health.

Cultural safety is an outcome, rather than a process. The Aboriginal person accessing healthcare judges how well the care setting, providers and processes respect and meet their cultural needs<sup>44</sup>. Similarly, the Aboriginal staff member judges how well their workplace respects and meets their cultural needs. This cannot be achieved solely by setting requirements for NSW Health policymakers and service providers to undertake discrete cultural ‘awareness’ or ‘competence’ training activities in which they learn about Aboriginal cultures. Rather, healthcare providers, policymakers and organisations must be prepared to challenge their own cultural values, biases, privileges and power structures on an ongoing basis<sup>45 46</sup>.

As cultural safety means healthcare experiences and workplaces are free of racism, anti-racism practices are essential. It is well-known that racism increases the burden of disease – and decreases the quality of life – of Aboriginal people<sup>47 48 49</sup>. In fact, institutional and interpersonal racism, and the intergenerational trauma that many Aboriginal people continue to experience as a consequence of racist colonial systems, account for almost half of the gap in health outcomes between Aboriginal and non-Aboriginal people<sup>50</sup>. In particular, evidence from the *Mayi Kuwayu: the National Study of Aboriginal and Torres Strait Islander Wellbeing*, indicates the psychological harm of interpersonal discrimination experienced by Aboriginal people<sup>51</sup>. There is an urgent need to address the devastating consequences of racism and discrimination, including unacceptably high rates of suicide, self-harm, and psychological distress experienced by Indigenous Australians<sup>52</sup>.

Non-Aboriginal people must be guided by Aboriginal people’s expertise and lived experience in learning about cultural safety, while not creating emotional or time burdens or expectations for Aboriginal staff and community members, in addition to meeting their existing workloads.

Currently, a wide range of National, State-based and local Aboriginal organisations in NSW offer training in culturally safe healthcare delivery and creating culturally safe workplaces. Such training requires participants reflect on racism, unconscious bias, white privilege, the dominance of non-Aboriginal cultures as ‘the norm’ in Australia, and how to counteract these ingrained power structures through practicing anti-racism. Clinical safety is “inextricably linked” with cultural safety<sup>53</sup>. Addressing both requires dedicated and planned action that includes and extends beyond cultural safety training to enable institutional change.

## What does success look like?

Cultural safety is institutionally embedded so Aboriginal staff, clients, external colleagues and community members experience cultural safety in all levels, areas and services of NSW Health.

## How success will be achieved

- Plan and undertake continuous quality improvement on the NSW Health cultural training program and identify opportunities to evaluate, refresh, promote, and deliver the product in line with good practice in cultural safety training in partnership with Aboriginal people and organisations, including priority population groups.
- Identify and act on opportunities to develop extension learning products that support cultural safety being institutionally embedded across NSW Health.
- Review and assess the degree to which current services and programs are culturally safe, and the mechanisms for doing this, in partnership with Aboriginal people and organisations, including priority population groups.
- Establish, implement and evaluate organisational cultural safety initiatives that address cultural safety gaps or priorities in partnership with Aboriginal people and organisations, including priority population groups.
- Establish clear, consistent and easily accessible anti-racism policies and procedures across the health system, and monitor, evaluate and report on implementation progress in partnership with Aboriginal people and organisations, including priority population groups.

**“If you don’t have culturally safe environments for your staff and consumers, your workforce is going to leave or you’re not going to be able to attract anyone in the first place. And if you haven’t got a culturally safe space for your consumers, you’re not going to be able to build partnerships with anyone”.**

**Health staff (metropolitan) consultation participant**

## Reform Priority 3.3

# Equity

**To elevate focus on how health justice and equity interact with the specific needs of priority population groups.**

Equitable access to quality healthcare that genuinely addresses the needs of Aboriginal people was the foundation of the original community-led Close the Gap campaign<sup>54</sup> and ultimately led to development of the National CTG Agreement<sup>55 56 57</sup>. The call for health equity remains paramount today, not just as a core human right as articulated in the *United Nations Declaration on the Rights of Indigenous Peoples*<sup>58</sup>.

The World Health Organisation defines health equity as “the absence of unfair, avoidable or remediable [health] differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation)” and states that health equity is achieved when everyone can attain their full potential for health and wellbeing<sup>59</sup>.

A closely linked concept – health justice – can be understood as the process of advancing health equity<sup>60</sup> by breaking down structural and systemic barriers that create unfair and unequal health outcomes. Government systems must embed health justice and equity in both principle and practice to meet the health and wellbeing needs of Aboriginal people. This is particularly the case for priority populations, who often face multiple, compounding sources of injustice and inequity in health and linked social service systems (such as child protection, aged care and disability support).

Priority population groups within Aboriginal communities include children and young people, families, Elders and Stolen Generations survivors/descendants, people with disability, incarcerated people, and LGBTIQ+ people.

“We need to keep building the capability of non-Aboriginal staff. Sometimes non-Aboriginal people are not confident to consider Aboriginal health, and they’re worried they’ll do the wrong thing...asking an Aboriginal person is a short-cut to self-education, but it shifts responsibility back onto Aboriginal staff.”

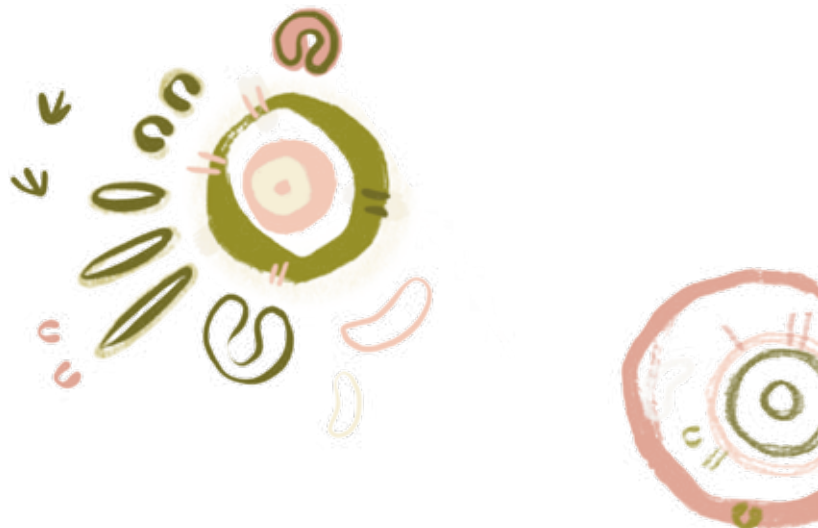
**Aboriginal NSW Health staff (regional) consultation participant**

### What does success look like?

Health justice and equity are institutionally embedded so Aboriginal clients, community members, staff and external colleagues from priority population groups experience their needs being recognised and included.

### How success will be achieved

- Develop and/or source and provide capability strengthening initiatives for the health workforce on what health justice and equity is and how it can be addressed for Aboriginal people, including priority population groups.
- Review and assess the health justice and equity of health services, programs and initiatives in partnership with priority population groups.
- Establish, implement and evaluate organisational health justice and equity initiatives that address health justice and equity gaps or priorities, in partnership with priority population groups.



# Shared access to data and information at a regional level



## Outcome statement

NSW Health has a reformed data ecosystem that respects and upholds Indigenous Data Governance and Sovereignty principles and implements these as standard practice.

### Reform Priority 4.1 **Indigenous Data Governance and Sovereignty**

To improve the understanding and implementation of Indigenous Data Governance and Sovereignty principles across NSW Health.

### Reform Priority 4.2 **Data accountability, transparency and useability**

To improve accountability, transparency and useability of health data about Aboriginal people.

## Why is this important?

The ability of Aboriginal communities and organisations to inform and influence policy, program decisions, and outcomes is heavily reliant on access to appropriate, high-quality, granular data (both quantitative and qualitative) and other information<sup>61</sup>. Good data and information management allows services to be monitored and evaluated effectively, supports accountability of governments to Aboriginal people and organisations, and contributes to a shared understanding between government and communities about priority issues and the solutions that work.

Priority Reform Four in the National Agreement and the NSW Closing the Gap Implementation Plan therefore calls for increased resourcing and capability development of Aboriginal organisations to engage with data, co-create culturally appropriate data management practices, and hold governments accountable to their commitments<sup>62 63</sup>.

It is evident through reporting on the National Agreement that government data needs to be more meaningful and relevant to Aboriginal communities<sup>64</sup>. Any data about Aboriginal people that government gathers, analyses and reports must be contextualised and appropriately disaggregated. It should accurately reflect Aboriginal peoples' priorities and life worlds<sup>65 66</sup>. While data systems should retain sufficient security protections and confidentiality precautions, appropriately de-identified data should be made available and accessible to Aboriginal organisations and researchers.

Accordingly, NSW Health needs a data ecosystem that facilitates streamlined and appropriate data sharing with Aboriginal organisations, and enables Aboriginal self-determination anchored in dialogue and joint decision-making to create a more complete data picture of Aboriginal peoples' health and wellbeing.

## Reform Priority 4.1

# Indigenous Data Governance and Sovereignty

**To improve the understanding and implementation of Indigenous Data Governance and Sovereignty principles across NSW Health.**

Indigenous Data Sovereignty works to counteract harmful structures and narratives by advancing the human rights of Indigenous peoples to exercise ownership over Indigenous data. This ownership can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination, and reuse of Indigenous data<sup>67</sup>.

Indigenous Data Sovereignty is practiced through Indigenous Data Governance. This is the right of Aboriginal peoples to autonomously decide what, how and why Aboriginal data is collected, accessed and used, ensuring data on or about Aboriginal people reflects their priorities, values, cultures, worldviews and diversity<sup>68</sup>.

For Aboriginal people and organisations to fully exercise their right to self-determination through community-led and culturally safe healthcare, ownership of Aboriginal health data across the NSW health system needs to be advanced through Indigenous Data Governance and Sovereignty.

### What does success look like?

Indigenous Data Governance and Sovereignty principles are implemented as standard practice across the health system.

### How success will be achieved

- Respond to and engage in the NSW CAPO's community-led design of a roadmap that sets out a shared understanding of what Indigenous Data Governance and Sovereignty means in practice in NSW.
- Develop and/or source and provide capability strengthening initiatives for the health workforce on Indigenous Data Governance and Sovereignty.
- Develop and support the implementation of an Indigenous Data Governance and Sovereignty policy with practical procedures or application documents for use within all NSW Health organisations.

## Reform Priority 4.2

# Data accountability, transparency and useability

**To improve accountability, transparency and useability of health data about Aboriginal people.**

For Aboriginal people and organisations to be equal partners in health system reform, they need to be involved in decisions around the development of data assets, be able to access the same Aboriginal health data and information that NSW Health organisations use to make decisions and be involved in those decision-making processes. That data also needs to be useable and useful, including being up to date and disaggregated at local levels. Effective interrogation and improvement of health data quality requires Aboriginal people and organisations working in genuine partnership. This will reflect the Data and information sharing elements set out in the National Agreement<sup>69</sup>.

Transparency of system-level health data will also help ensure NSW Health and other health system organisations are held accountable to Aboriginal people and communities.

### What does success look like?

Aboriginal people and organisations can easily access Aboriginal health data in useable forms that facilitates their analysis of health outcomes and informs health care decision-making at both individual and collective levels.

### How success will be achieved

- Explore and agree with Aboriginal people and organisations what and how Aboriginal health data, information and insights are collected and used, and how they are shared in a useful form, including with priority population groups.
- Support the whole-of-government implementation and evaluation of data sharing initiatives and respond to findings so Aboriginal people can more easily find, access and use the government-held data they need.
- Support and contribute to whole-of-government data reforms that address systemic barriers to shared data access and implement findings in a health-specific context, including in Aboriginal health.
- Embed clear, meaningful targets and outcome measures in relevant health plans, programs and agreements, and ensure regular monitoring, evaluation and public reporting on equity of access for Aboriginal people.

# Employment, business growth and economic prosperity



## Outcome statement

NSW Health plays a lead role in creating a strong, diverse and self-supporting Aboriginal business and Aboriginal Community Controlled sector.

### Reform Priority 5.1 Addressing barriers

To reduce barriers that hinder the growth and success of Aboriginal businesses and Aboriginal Community Controlled organisations in working with NSW Health.

### Reform Priority 5.2 Targeted support

To improve access to relevant and culturally safe business support.

## Why is this important?

This Priority Reform in the NSW Implementation Plan for Closing the Gap is a point of difference from the National Agreement and is an additional priority area for NSW. It acknowledges that, since colonisation, Aboriginal people have frequently been excluded from the mainstream economy. However, many are today choosing business as a vehicle for self-determination, overcoming the historic and entrenched barriers to economic participation, and leveraging their unique skills as key competitive advantages<sup>70</sup>.

“Economic inclusivity ... is an avenue that can be leveraged to stabilise existing employment and workforce within the community.”

**ACCHO staff (regional) Draft Plan feedback**

Aboriginal businesses<sup>71</sup> create positive spillover benefits, empowering Aboriginal communities to generate and grow their own economic prosperity and helping break down barriers to employment, which is an important determinant of health outcomes<sup>72</sup>. Further, Aboriginal businesses offer important skills and services that support NSW Health to achieve improved Aboriginal health outcomes.

The aim of this Priority Reform Area is to ensure Aboriginal people in NSW are empowered to access pathways, including education and training, to achieve employment that aligns with their aspirations. In achieving this, NSW Government intends to increase the number of jobs and pathways to employment, as well as invest in an Aboriginal business sector and support these businesses to grow and flourish. NSW Health can play its part through leading good practice in enabling growth in the Aboriginal business and Aboriginal Community Controlled sector, in addition to the work outlined under *Strategic Direction 1: Growing and supporting the Aboriginal health workforce*.

## Reform Priority 5.1

### Addressing barriers

**To reduce barriers that hinder the growth and success of Aboriginal businesses and Aboriginal Community Controlled organisations in working with NSW Health.**

The *NSW Closing the Gap Implementation Plan*, and the engagement that fed into those plans, acknowledge that significant barriers remain to Aboriginal businesses working with NSW Government organisations. These barriers include the whole-of-government *Aboriginal Procurement Policy*<sup>73</sup> not being appropriately targeted and the complexity or 'red tape' of procurement processes outweighing the benefits, particularly for smaller Aboriginal businesses<sup>74 75</sup>.

Within the context of NSW Health, addressing these complexities and other barriers can unlock greater scope for Aboriginal businesses, including Community Controlled organisations, to work with the health system and benefit both Aboriginal communities' wellbeing and economic empowerment. NSW Health will be more effective if it works in partnership with Aboriginal organisations and businesses and is guided by their knowledge and expertise.

#### What does success look like?

A greater number and diversity of Aboriginal businesses and Community Controlled organisations have opportunities to work consistently and successfully with NSW Health.

#### How success will be achieved

- In partnership with Aboriginal business and the Community Controlled sector, identify key barriers that hinder their involvement with NSW Health and develop and implement solutions.
- Develop and implement sustainable initiatives within NSW Health that recognise and value an Aboriginal economic advancement approach.

## Reform Priority 5.2

### Targeted support

**To improve access to relevant and culturally safe business support.**

Along with addressing barriers through Reform Priority 5.1, NSW Health has a role to play in delivering accessible, culturally safe, and appropriately targeted supports to Aboriginal businesses and Community Controlled organisations that will accelerate innovation, growth and collaboration. These may include financial supports – such as research, capital or capability-building grants, or in-kind supports – such as the provision of professional development opportunities, advisory services, staff secondments, or assistance with regulatory compliance.

As supports need to be targeted towards the highest priority needs of Aboriginal businesses and Community Controlled organisations, it is essential they are developed in partnership with Aboriginal organisations and businesses.

#### What does success look like?

Aboriginal businesses and Aboriginal Community Controlled organisations value the business support they access through NSW Health.

#### How success will be achieved

- Map and review existing government services for Aboriginal businesses and the Community Controlled sector in the cross-sector environment and develop and implement business supports that are more effective, targeted and holistic.
- Establish and implement clear, consistent, culturally safe and easily accessible capability strengthening initiatives and resources for Aboriginal businesses and the Community Controlled sector through NSW Health or through referrals to other relevant organisations.





# Strategic Directions

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Strategic Direction 1:  
**Growing and supporting the Aboriginal health workforce**

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Strategic Direction 2:  
**Providing holistic, integrated and person-centred care**

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Strategic Direction 3:  
**Enhancing health promotion, prevention and early intervention**

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Strategic Direction 4:  
**Addressing the social, cultural, economic, political, commercial  
and planetary determinants of health**

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Strategic Direction 5:  
**Strengthening monitoring, evaluation, research and knowledge translation**

# Growing and supporting the Aboriginal health workforce

## Outcome statement

Aboriginal people are valued, culturally safe, well supported and working in all levels, health disciplines, roles and functions of the NSW health system.

### Strategic Priority 1.1 Strategic workforce planning and investment

To expand and embed formal Aboriginal health strategic workforce planning at the State, District and service levels with consideration of current and future workforce roles and needs.

### Strategic Priority 1.2 Promotion of health careers

To increase the number and proportion of Aboriginal people considering or commencing a career in health.

### Strategic Priority 1.3 Growth and retention

To increase the number, proportion and cultural safety of Aboriginal people across all levels, health disciplines, roles and functions of NSW Health.

## Why is this important?

A strong Aboriginal health workforce is a powerful driver of a more effective health system for Aboriginal people and families<sup>76</sup>. It supports improved cultural safety, holistic approaches to the cultural and social determinants of health, stronger relationships of trust between patients and health organisations and delivers better outcomes for Aboriginal people<sup>77</sup>. Growing and supporting the Aboriginal health workforce is a major National priority under the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*<sup>78</sup> and the core focus of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*<sup>79</sup>.

To have true self-determination in health and wellbeing, Aboriginal peoples need equal representation in all roles, levels and locations across the NSW health sector. This requires leadership and involvement in strategic workforce and service planning, policy development, program implementation, research, monitoring, evaluation, governance and service delivery. It will also require strategic and targeted formal education and training programs to address gaps in the workforce and facilitate career pathways.

The importance of integrated and holistic approaches to healthcare delivery<sup>80</sup> means Aboriginal representation in both clinical and non-clinical roles needs to increase across sectors involved in the provision of health-related care, but often do not fall under the explicit remit of health service delivery. The aged care, disability, mental health, alcohol and other drugs, environmental health, violence, abuse and neglect family support and health research sectors are examples, and this is relevant for both ACCHOs and mainstream organisations.



## Strategic Priority 1.1

# Strategic workforce planning and investment

**To expand and embed formal Aboriginal health strategic workforce planning at the State, District and service levels with consideration of current and future workforce roles and needs.**

Strategic, long-term and place-based planning, informed by robust local-level data and backed with significant investment, is needed to grow the pipeline of Aboriginal people entering health education and training pathways, progressing in their careers and advancing to system leadership roles. A dedicated focus on strategic workforce planning aligns with the expectations outlined in Strategic Direction 2 of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan*<sup>81</sup>.

This strategic workforce planning focuses on the whole NSW health system, adopting strategies or shared workforce initiatives that benefit both NSW Health and the ACCH sector. It needs to be inclusive of Aboriginal people working in Aboriginal health roles as well as Aboriginal people working in a variety of roles across the health system. Consistent with Priority Reform One of the National Agreement on Closing the Gap, it is essential that planning takes place in genuine partnership with ACCHOs, Aboriginal health peak bodies and workforce organisations, Aboriginal researchers and local communities<sup>82</sup>.

## What does success look like?

Regular Aboriginal health strategic workforce planning and progress reviews, informed by detailed and transparent health workforce data, are undertaken in genuine partnership with Aboriginal people and organisations as standard practice at State, District and service levels.

## How success will be achieved

- Review existing workforce strategic planning processes and resource and embed formal partnerships and shared decision-making to support the assessment of current and future Aboriginal health workforce needs and priorities with Aboriginal people and organisations.
- Identify and provide access to required data and information to support and inform strategic workforce planning and monitor changes in growth and retention over time.
- Co-create and implement regional and local Aboriginal health strategic workforce plans based on agreed priorities.
- Establish and implement co-creation opportunities for monitoring and evaluating the progress and effectiveness of regional and local Aboriginal health strategic workforce plans.



## Strategic Priority 1.2

### Promotion of health careers

#### To increase the number and proportion of Aboriginal people considering or commencing a career in health.

Engaging Aboriginal young people early through promotion of health careers can create a future where all health services have a higher proportion of Aboriginal staff and are enhanced by the cultural expertise they bring to their roles. Promotion of health careers should also extend to Aboriginal people returning to education and/or changing their current work focus. Strategies that broaden and accelerate the education, training and recruitment pipeline of future Aboriginal healthcare professionals are essential. Strategies should be designed to benefit both NSW Health and the ACCH sector, and, where relevant, support cross-sector workforce mobility. While NSW Health has a track record of providing Aboriginal traineeships and scholarships, such as in nursing and environmental health, there is an opportunity to expand this work to a range of other roles required in the health sector. Business, finance, IT, logistics and maintenance, as well as specific health professions – Aboriginal Health Workers and Practitioners, allied health, nursing and medicine, would all benefit from a higher proportion of Aboriginal staff.

A dedicated focus on promoting health careers and providing education opportunities that support pathways into the health sector aligns with the expectations outlined in Strategic Direction 4 of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan*<sup>83</sup>. The plan recognises that “access to and continuity of educational opportunities and supportive pathways from school to tertiary education and into practice”<sup>84</sup> are consistently identified in Aboriginal health workforce consultation and research<sup>85</sup>.

#### What does success look like?

There is a consistent flow of secondary and mature age students entering tertiary and vocational education and training courses across a diverse range of areas leading to health careers and the pipeline of people entering health careers is commensurate with need.

#### How success will be achieved

- Partner within the NSW health system and across non-health sectors to resource and embed sustainable workforce promotional initiatives to facilitate Aboriginal people into health career pathways.
- Identify and implement flexible and place-based education pathways and workforce opportunities across the NSW health system that facilitate health career pathways, including into leadership, in partnership with Aboriginal people, organisations and non-health sectors.
- Identify key barriers to Aboriginal people entering health careers and develop any additional strategies required to address them.

“Aboriginal community sometimes access mainstream services more than targeted Aboriginal services...shows that mainstream services are where we need to make the most difference. We need to support Aboriginal staff in mainstream service roles, and recognise the value they have in improving outcomes for Aboriginal people”.

**Aboriginal NSW Health staff (regional) consultation participant**



## Strategic Priority 1.3

### Growth and retention

#### To increase the number, proportion and cultural safety of Aboriginal people across all levels, health disciplines, roles and functions of NSW Health.

While the number of highly skilled Aboriginal health professionals is growing, representation remains below population parity, with Aboriginal people making up 3% of NSW Health staff as at June 2023<sup>86</sup>, compared to 4.2%<sup>87</sup> of the New South Wales population. Further, in NSW and across Australia, Aboriginal people working in health are more often in lower-paid and less-recognised positions, despite their unique skillsets that support culturally safe and responsive care for families and communities<sup>88</sup>. There are a significant proportion of NSW Health roles that require professional qualifications. Investment in training pipelines will support growth as more Aboriginal people attain relevant qualifications and progress towards senior positions.

**"We aren't growing or providing an opportunity for our own staff to grow. The retention is just not there. We're not doing exit interviews; we're not asking what our staff needs to come to work every day"**

#### **Aboriginal NSW Health staff (metropolitan) consultation participant**

Workplace environments that are culturally safe, responsive and free of racism foster the recruitment and retention of Aboriginal staff<sup>89</sup>, including their longer-term career advancement. Embedding cultural safety in the workplace for Aboriginal staff must therefore be a high priority strategy for the mainstream NSW health system<sup>90</sup>. Further, all NSW Health Aboriginal staff should have access to ongoing professional development, education, training and support in planning and pursuing their career. For Aboriginal people in identified roles and positions – such as, but not limited to, Aboriginal Health Workers or Aboriginal Health Practitioners – it is vital for their non-Aboriginal colleagues to have a clear understanding of and respect for, and to maximise, their full scope of practice in the workplace and service delivery.

Focusing on culturally safe health workplaces, supporting capability strengthening opportunities and recognising the unique skills sets of Aboriginal identified positions aligns with the expectations outlined in Strategic Directions 1 through 3 of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan*<sup>91</sup>. This priority is complementary to the work outlined under *Reform Priority 3.2: Cultural Safety and Anti-Racism*.

#### What does success look like?

The number of Aboriginal people employed across NSW Health is equal to or greater than population parity in all health disciplines, levels of seniority, roles and functions of the health workforce.

Cultural safety is institutionally embedded so Aboriginal staff experience cultural safety in all levels, areas and services of NSW Health.

#### How success will be achieved

- Develop and implement sustainable workforce initiatives that value and remunerate the cultural expertise of NSW Health Aboriginal staff and enable the formal inclusion and recognition of this expertise within their roles.
- Resource and embed sustainable workforce recruitment and retention initiatives for NSW Health Aboriginal staff into and within NSW Health, such as process navigation, peer support, mentoring, supervision, communities of practice, networking, and professional development.
- Recognise, respect and support implementation of the full scope of practice for Aboriginal identified roles and positions across NSW Health, including Aboriginal Health Workers and Aboriginal Health Practitioners.
- Identify, co-design and implement flexible and place-based initiatives that facilitate pathways into leadership roles across NSW Health.
- Identify key barriers to recruitment into and retention of Aboriginal people in NSW Health and develop any additional strategies required to address them.

# Providing holistic, integrated and person-centred care

## Outcome statement

Aboriginal people have access to health care that is timely, high quality, effective, culturally safe, considers local context, and is responsive to and commensurate with their needs.

<p><b>Strategic Priority 2.1</b> <b>Health literacy</b></p> <p>To improve the resourcing and inclusiveness of health literacy initiatives.</p>	<p><b>Strategic Priority 2.2</b> <b>Whole-of-health system care</b></p> <p>To enhance integration and linkages between primary, secondary and tertiary care for continuity and coordination of holistic care, including follow-up care and support services.</p>	<p><b>Strategic Priority 2.3</b> <b>Person-centred care</b></p> <p>To increase the availability of flexible, culturally safe, place-based and person-centred health care at any stage of life across primary, secondary and tertiary care settings.</p>
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## Why is this important?

When the NSW health system considers the contexts of family, culture, community and Country, it can be more responsive to the needs of Aboriginal people. A responsive health system is one that embeds access to holistic, integrated, person- and family- centred healthcare, regardless of location.

Healthcare is holistic when it recognises and supports Aboriginal peoples' indivisible connections to the mental, physical, cultural, social, environmental and spiritual health of their communities, and the effects of these domains on individual people's and families' wellbeing. The multilateral nature of these connections – to body; mind and emotions; family and kinship; community; culture; Country; and spirit, spirituality and ancestors<sup>92</sup> – is a core principle that underpins Aboriginal ways of knowing, being and doing. As the Vision of this Plan makes clear, it is essential for health systems to integrate Aboriginal knowledges and methodologies if they are to most effectively support Aboriginal peoples' wellbeing.

Integrated pathways across different levels of health care – primary, secondary and tertiary – combined with effective care coordination represents whole-of-health system care and contributes to a holistic approach.

This is particularly important in supporting people to manage chronic conditions (which may require the involvement of multiple healthcare professionals from a range of disciplines across varying timeframes).

It is also critical in the context of healthcare organisations interfacing with service providers in other (related) sectors, such as social services or family support organisations working to prevent or mitigate issues which can have serious impacts on the management of existing health conditions and co-morbidities.

Delivering healthcare in ways that respond to people's and families' unique needs (instead of being driven exclusively by government systems and structures, which do not always align with how people experience healthcare needs in their daily lives) connects to the importance of Aboriginal peoples' healthcare being person-centred. By empowering people as partners in planning and decision-making about health services, person-centred care directly contributes to changes in service delivery and improved health outcomes. For Aboriginal peoples, the right to self-determined care is a critical element of wellbeing – in and of itself it contributes positively to health literacy and a holistic approach.

## Strategic Priority 2.1

### Health literacy

#### To improve the resourcing and inclusiveness of health literacy initiatives.

The Australian Commission on Safety and Quality in Health Care describes health literacy as “how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it”<sup>93</sup>. The health literacy of Aboriginal people and communities is therefore a critical facet of health promotion, prevention and early intervention. Lower health literacy is linked to lower levels of trust in health systems<sup>94</sup>, lower engagement with health services<sup>95</sup>, and lower patient involvement in shared decision-making<sup>96</sup> for person-centred care.

Health literacy initiatives can strengthen Aboriginal peoples’ confidence in seeking healthcare, advocating for their rights and needs, and making healthcare decisions.

To ensure cultural safety and respect for Aboriginal knowledges, health literacy initiatives need to be inclusive, responsive to communities’ needs, and created in partnership with Aboriginal people and organisations. Communication strategies developed in partnership with Aboriginal people, which prioritise sharing information in accessible and culturally appropriate ways, will enhance the health literacy of Aboriginal people and communities.

#### What does success look like?

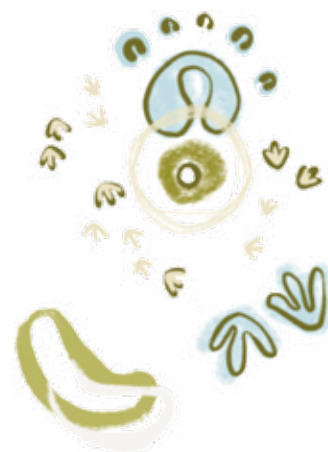
Health literacy initiatives are resourced commensurate with need, reflect priorities that are determined by Aboriginal people and are inclusive in their representation of and reach into priority population groups.

#### How success will be achieved

- Identify priority health literacy initiatives in partnership with Aboriginal people and organisations, including priority population groups.
- Establish and implement co-creation opportunities for commissioning, developing and delivering health literacy initiatives for individuals, families and communities, including with priority population groups.
- Establish and implement co-creation opportunities for monitoring and evaluating health literacy initiatives, including with priority population groups.

“Lack of health literacy can be a barrier to accessing health services. Health literacy can be lower amongst our mob, and some of us might not know the importance of health messaging or treatments. You won’t be put off receiving ongoing treatment when you understand what the doctor is saying.”

**Aboriginal NSW Health staff consultation participant**



## Strategic Priority 2.2

### Whole-of-health system care

**To enhance integration and linkages between primary, secondary and tertiary care for continuity and coordination of holistic care, including follow-up care and support services.**

Holistic healthcare requires an integrated, whole-of-system approach by which Aboriginal people can access the full range of wellbeing supports they need, throughout their lifetimes, without the barriers created by organisational or sector silos. This will require comprehensive and collaborative efforts by all NSW health organisations across the cultural and social determinants of health to deliver a system that can be understood and navigated easily by Aboriginal people<sup>97</sup>.

**“There’s all these services that are there, but there’s so many accessibility issues, whether it’s transport, travel, cost, cultural competency –and they’re sort of the barriers that are prohibiting people from even accessing care”.**

#### **Youth (urban) consultation participant**

Effective collaboration and partnership between ACCHOs, NSW Health services and private healthcare providers will be critical to ensuring healthcare is delivered in an integrated fashion that minimises silos and gaps. As noted in Priority Reform Area two, ACCHSs are preferred by many Aboriginal people, but are not always easily accessible across NSW. In 2018-19, National Aboriginal and Torres Strait Islander Health Survey results indicated that around two-thirds (67 per cent) of Aboriginal people in NSW attended a mainstream primary healthcare service<sup>98</sup>, meaning LHDs and SHNs are also primary providers of care for many Aboriginal people. Accordingly, where an ACCHO is not available to an Aboriginal community, it will be important for mainstream primary care providers to build their capacity to deliver culturally safe and responsive care to Aboriginal people, potentially through partnerships with Aboriginal community governance structures and/or peak bodies across NSW.

### What does success look like?

Aboriginal people experience well-coordinated health care journeys, with smooth transitions within, and continuity of care between primary, secondary and tertiary health journeys.

### How success will be achieved

- Investigate, identify and prioritise opportunities for enhancing service linkages and care integration across the health system in partnership with Aboriginal people and organisations, including priority population groups.
- Design and implement prioritised service linkage and care integration enhancement initiatives in partnership with Aboriginal people and organisations, including priority population groups.
- Establish and implement co-creation opportunities for monitoring and evaluating service linkage and care integration enhancement initiatives, including with priority population groups.
- Identify and address coordinated care, transfer of care and discharge planning issues through existing or new partnerships between LHDs/ Specialty Health Networks and ACCHOs and other primary care providers.



## Strategic Priority 2.3

### Person-centred care

**To increase the availability of flexible, culturally safe, place-based and person-centred health care at any stage of life across primary, secondary and tertiary care settings.**

Person-centred care refers to care that is tailored to a person according to their own needs and priorities. This includes accounting for differing health literacy, language, living/lived experience, cultural background, sexual and gender identification, age, and ability. The development of trust, relationships, and clear and responsive communication is vital for determining person-centred and family-centred care pathways.

#### What does success look like?

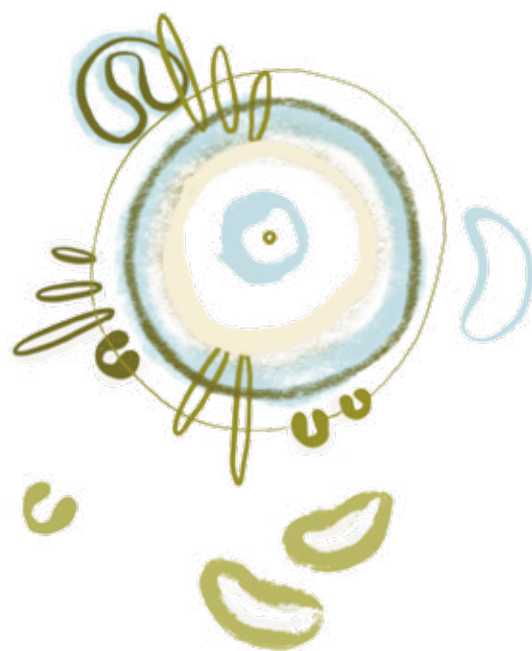
Easy access to culturally safe, place-based and person-centred health care for Aboriginal people is standard practice across primary, secondary and tertiary health care settings in NSW.

#### How success will be achieved

- Investigate and address any barriers to Aboriginal people easily accessing and using their health records at any point in their health journey.
- Identify, implement and embed opportunities for Aboriginal people to be involved in determining their own health priorities and care pathways.
- Investigate and implement options for expanding investment in policies, practices and positions that support health system navigation and access for Aboriginal people.
- Recognise, identify and implement opportunities for integrating culturally embedded models of care across NSW Health.

“Health navigators are vital to help people navigate through the health system and out into the social care system, whether that’s helping support to get to GP’s, look at peer support workers that work in the mental health space, those with lived experiences, you know. That’s who people can resonate and associate with and they’re on the same level”.

**Health staff (regional) consultation participant**



# Enhancing health promotion, prevention and early intervention

## Outcome statement

NSW Health resources health promotion, prevention and early intervention initiatives that address Aboriginal-determined priorities and are delivered by or in partnership with the ACCH sector.

### Strategic Priority 3.1 Health promotion, prevention and early intervention

To increase investment in health promotion, prevention and early intervention Aboriginal health initiatives.

### Strategic Priority 3.2 Social and emotional wellbeing and trauma-informed approaches

To strengthen how social and emotional wellbeing promotion and care systems respect cultural determinants of health, lived experience expertise and community-driven trauma informed solutions.

### Strategic Priority 3.3 Environmental health

To strengthen collaboration in the co-creation and delivery of environmental health responses focused on Aboriginal determined needs.

## Why is this important?

Preventing illness and injury where possible and detecting and treating illnesses and injuries early in their progression, both protects the wellbeing of Aboriginal families and communities and reduces pressure on healthcare services. The higher burden of chronic disease experienced by Aboriginal people means there is a critical need to acknowledge the links between how Aboriginal people experience healthcare settings, learn about health and wellbeing, and make decisions about their own health. This will support proactive approaches to health promotion, prevention, and early intervention.

Effective approaches to health promotion, prevention and early intervention take a holistic approach to people, processes, activities, settings and structures, and the dynamic relationships that operate between them. Initiatives, or their customisation, are best determined locally through partnerships between Aboriginal communities, healthcare providers, and policymakers.

Social and emotional wellbeing is a strengths-based and holistic concept that centres upon the indivisible relationships between individuals, family, community, land, culture, spirituality and ancestry.

This is the foundation of health for Aboriginal people<sup>99</sup> and is itself a crucial element of health promotion, prevention, and early intervention.

As the historical and ongoing impacts of colonisation have fractured these connections for many Aboriginal people, initiatives to support improved social and emotional wellbeing through a trauma-informed and healing-centred lens are therefore critical to preventing and effectively treating illness and injury<sup>100</sup>.

As climate change and natural disasters accelerate in speed and severity, environmental health – the ways in which our physical, chemical and biological environments affect our health and wellbeing – is becoming a more prominent policy focus. Aboriginal peoples' deep cultural connections to Country, including both lands and waters, means environmental health is particularly vital to the prevention of illness and injuries.



## Strategic Priority 3.1

# Health promotion, prevention and early intervention

## To increase investment in health promotion, prevention and early intervention Aboriginal health initiatives.

Health promotion, prevention and early intervention approaches to public health collectively aim to reduce the incidence and severity of all types of illness and injury –including mental ill-health, social and emotional wellbeing challenges, communicable diseases, chronic diseases, and accidental injury –with the ultimate goal being to reduce the mortality associated with any given condition.

Health promotion focuses on enabling people to be in control of their health by ensuring they have access to the knowledge and tools required to lead long and healthy lives. Specifically, health promotion aims to foster protective factors and provide the information and opportunities to make healthy choices that can help prevent ill health before it occurs, aid in the early identification of risk factors or symptoms, and/or reduce the long-term impacts of illness or injury by seeking effective treatment pathways as early as possible<sup>101</sup>. Strategies to foster good social and emotional wellbeing are examples of health promotion, as they can aid in early identification and support for individuals at risk, thereby preventing the escalation of mental health issues. Health promotion is a critical element of preventing and effectively managing chronic diseases, given chronic illness is so closely interlinked with the social determinants of health<sup>102</sup>.

Prevention –or preventive health –focuses on detecting and responding to risk factors and promoting protective factors that prevent the development of health concerns, including through an early life approach where children access preventive care to avoid disease progression and comorbidities later in life.

Early intervention focuses on identifying, diagnosing, treating and managing health and wellbeing issues to reduce their severity and/or slow their progression over time.

Creating trust is key to engagement of Aboriginal people in health promotion, prevention and early intervention initiatives. Initiatives will be more effective when the following are considered, understood and reflected in initiative design: the social and historical context of colonisation, systemic racism and intergenerational trauma; the ongoing social, political, economic and environmental factors that impact Aboriginal people; the protective role of culture; and the importance of communities being able to self-determine their health and wellbeing priorities<sup>103</sup>.

“To achieve outcomes, we need to shift focus from sickness, illness and disease, to an intervention and prevention focus”

ACCHO representative, Advisory Committee member

“For young people, knowing what’s out there to access, what NSW Health can offer us, is really important”

Youth (urban) consultation participant

### What does success look like?

Health promotion, prevention and early intervention initiatives are resourced commensurate with need and reflect priorities and implementation approaches that are determined by Aboriginal people.

### How success will be achieved

- Identify priority health promotion, prevention and early intervention initiatives in partnership with Aboriginal people and organisations, including priority population groups.
- Establish and implement co-creation opportunities for commissioning, developing and delivering health promotion, prevention and early intervention initiatives for individuals, families and communities, including with priority population groups.
- Establish and implement co-creation opportunities for monitoring and evaluating health promotion, prevention and early intervention initiatives, including with priority population groups.

## Strategic Priority 3.2

# Social and emotional wellbeing and trauma-informed approaches

**To strengthen how social and emotional wellbeing promotion and care systems respect cultural determinants of health, lived experience expertise and community-driven trauma informed solutions.**

Culture acts as a protective factor for Aboriginal peoples' social and emotional wellbeing and has done so for thousands of generations. However, many Aboriginal people carry deep and lasting experiences of personal and intergenerational trauma, including disconnection from culture and kinship networks, as an ongoing legacy of colonisation and the fight against systemic oppression<sup>104</sup>. Nationwide, surveys indicate Aboriginal people experience both self-reported psychological distress and diagnosed mental health conditions more frequently than non-Indigenous people<sup>105</sup>, and racial discrimination continues to play a significant causal role in these figures<sup>106</sup>.

The health system, along with broader wraparound services and supports, therefore needs to embed trauma-informed and culturally grounded approaches to mental health and social and emotional wellbeing, which support Aboriginal people and communities to heal. In NSW, the relevant overarching policy framework is the Aboriginal Mental Health and Wellbeing Strategy 2020–2025, which aims for all Aboriginal people in NSW to have access to support services that provide the best opportunity for proactive promotion of social and emotional wellbeing and effective, timely treatment of mental health conditions. In directing NSW Health organisations on planning and delivering culturally safe, accessible, responsive and flexible mental health and wellbeing care for Aboriginal people and communities, it is designed to support non-Indigenous organisations, teams and people to work respectfully in partnership with Aboriginal services and communities<sup>107</sup>.

“We have a facility here specifically for Aboriginal and Torres Strait Islander people. Their success rate is astronomical. It’s fantastic and it’s so good to see people completing this program. It’s set away out in the bush... and they have a weaving course and connecting and doing those cultural things that we’ve lost. I think everyone could really benefit from having that, but having that as a specific rehabilitation centre has been really wonderful for our community”

**Youth (regional) consultation participant**

For support services to most accurately reflect Aboriginal lifeways, wellbeing models and healing methodologies, it is important that services are designed and implemented by Aboriginal people with personal experience of living with mental ill-health and psychological distress. The numerous benefits that embedding lived experience can have on service delivery and client outcomes are well known: ‘needs are better met when people with lived experience are involved in designing and evaluating policies and services’<sup>108</sup>. Aboriginal people will, therefore, feel safer and more engaged if social and emotional wellbeing services are designed with rather than for them.

### What does success look like?

Aboriginal cultural determinants of health and lived experience expertise are institutionally embedded in social and emotional wellbeing promotion and care systems, which deliver community-driven trauma informed solutions in responding to social and emotional wellbeing priorities determined by Aboriginal people.

### How success will be achieved

- Review if and how social and emotional wellbeing programs and services reflect Aboriginal concepts of health and wellbeing, lived experience expertise and community-driven trauma informed solutions.
- Engage with Aboriginal people and organisations in co-creation processes that address social and emotional wellbeing gaps or priorities through program and service re-design, including with priority population groups.
- Establish and implement co-creation opportunities for monitoring and evaluating re-designed social and emotional wellbeing programs and services, including with priority population groups.

## Strategic Priority 3.3

# Environmental health

### To strengthen collaboration in the co-creation and delivery of environmental health responses focused on Aboriginal determined needs.

Environmental factors that create disproportionate health risks to Aboriginal people and communities include extreme weather events, poor air and water quality, housing that functions poorly and/or does not adequately meet the needs of larger family structures, and food insecurity<sup>109</sup>. These risks must be tackled with effective, cohesive and culturally safe responses that empower communities to create health-supportive environments and reduce risk factors for illness, social or mental ill-health, or injuries. Therefore, Aboriginal peoples' priorities, needs, and cultural and environmental knowledges must be centred, and decisions made in genuine partnership between communities, health services and other relevant public sector organisations.

### What does success look like?

Involvement of Aboriginal people and organisations in the co-creation and delivery of environmental health responses focused on priorities that are determined by Aboriginal people is standard practice across the health system.

### How success will be achieved

- Utilise mapping of current and future environmental health needs and prioritise for action in partnership with Aboriginal people and organisations, and non-health sectors.
- Establish and implement co-creation opportunities for commissioning, developing and delivering environmental health initiatives.
- Establish and implement co-creation opportunities for monitoring and evaluating solutions that address environmental health needs.



# Addressing the social, cultural, economic, political, commercial and planetary determinants of health



## Outcome statement

NSW Health is a leader in the elevation and application of social, cultural, economic, political, commercial and planetary determinants of Aboriginal health in the pursuit of improved health and wellbeing outcomes.

<p><b>Strategic Priority 4.1 Social and cultural determinants of health</b></p> <p>To increase knowledge, understanding and application of the social and cultural determinants of health in health policy and services that involve and/or impact Aboriginal people.</p>	<p><b>Strategic Priority 4.2 Economic, political and commercial determinants of health</b></p> <p>To increase knowledge, understanding and application of the economic, political and commercial determinants of health in health policy and services that involve and/or impact Aboriginal people.</p>	<p><b>Strategic Priority 4.3 Planetary determinants of health and climate change</b></p> <p>To increase knowledge, understanding and application of the planetary determinants of health and climate change in health policy and services that involve and/or impact Aboriginal people.</p>
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## Why is this important?

For Aboriginal people and communities, health is a more complex concept than the absence of physical disease, injury or illness experienced by individuals. It includes the physical, social, emotional and cultural wellbeing of the entire community in which each individual exists. Health is, therefore, the state in which individuals can achieve their full potential as a human being, thereby bringing about the total wellbeing of their community<sup>110</sup>.

All the factors affecting an Aboriginal person's social, cultural, economic, political, commercial and planetary circumstances are ultimately 'determinants of health', as they directly shape a person's wellbeing – whether positively or negatively. While these determinants are closely interlinked for all peoples, they are central to Aboriginal communities' holistic approaches to health.

Not all policy levers affecting the determinants of health are within the remit of NSW Health, pointing to the need for strong cross-sector collaboration, as noted in *Reform Priority 1.5: Cross-Sector Collaboration*. Place-based and strengths-based approaches that privilege Aboriginal ways of knowing, being and doing are also critical in effectively addressing the determinants of health.

By improving health system organisations' understanding of the different determinants of health, they are more likely to be consistently considered in the design, planning, implementation, monitoring and evaluation of health services. This Strategic Direction also has strong parallels with Strategic Priorities Three and Six of the Future Health Strategic Framework, which have committed NSW Health to, respectively, 'addressing the social determinants of ill health in our communities' and '[managing the health system] with an outcomes-focused lens to deliver a financially and environmentally sustainable future'<sup>111</sup>.

## Strategic Priority 4.1

# Social and cultural determinants of health

**To increase knowledge, understanding and application of the social and cultural determinants of health in health policy and services that involve and/or impact Aboriginal people.**

The World Health Organization defines the **social determinants of health** as ‘the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems’<sup>112 113 114</sup>. The social determinants are well-understood to have a powerful influence on health inequities.

For Aboriginal people and communities, major social determinants include areas of public policy in which Aboriginal people have historically been excluded or under-served, such as education, employment, housing/land tenure, social inclusion, and interactions with legal systems<sup>115</sup>.

The **cultural determinants of health** are anchored in Aboriginal ways of knowing, being and doing, centred upon the relationship of self to Country, kin, community, and spirituality. They are rights-based, as they hinge upon the inherent right to practice one’s Aboriginal culture, including through: connection to Country, family, kin and community; Aboriginal beliefs and knowledge; cultural expression and continuity; Aboriginal language; and self-determination and leadership<sup>116</sup>. They are interrelated to the social determinants of health.

“We should be using allies to help carry the load”

“...non-Aboriginal champions who understand social determinants of health to ensure cut-through”

**Aboriginal NSW Health staff consultation participants**

Policymaking does not occur in the absence of culture. It is informed and shaped by the culture of predominantly non-Aboriginal policymakers<sup>117</sup>. For this reason, cultural safety in health systems, whereby Aboriginal staff, patients, families, organisations and policymakers see their cultural identities and practices validated and upheld, is essential to supporting the cultural determinants of health. The National Health Plan acknowledges the role of the cultural determinants of health and commits to centring them in policy and practice<sup>118</sup>.

### What does success look like?

Consideration and application of the social and cultural determinants of health are institutionally embedded in health policy and services that involve and/or impact Aboriginal people across the health system.

### How success will be achieved

- Develop and/or source and provide capability strengthening initiatives for the health workforce on social and cultural determinants and how they relate to health impacts.
- Identify social and cultural determinants priorities in partnership with Aboriginal people and organisations, including priority population groups.
- Establish and implement co-creation opportunities for commissioning, developing and delivering social and cultural determinant initiatives, involving relevant non-health services and sectors.
- Establish and implement co-creation opportunities for monitoring and evaluating social and cultural determinant initiatives, including with priority population groups.

## Strategic Priority 4.2

# Economic, political and commercial determinants of health

**To increase knowledge, understanding and application of the economic, political and commercial determinants of health in health policy and services that involve and/or impact Aboriginal people.**

The **economic determinants of health**, while inextricably linked to social determinants, focus on the effects of government policies on social norms of Aboriginal peoples' and communities' ability to gain employment, advance in the workforce, access capital, establish and expand businesses, accumulate and protect wealth, manage financial risk, and pass wealth on intergenerationally<sup>119</sup>. All these elements affect Aboriginal peoples' overall wellbeing, including the ability to access quality healthcare.

The **political determinants of health** refer to Aboriginal communities' ability to practice collective self-determination by deciding and implementing their own policy agendas, through their own governance structures, and according to their own systems of law and lore<sup>120</sup>. Colonial practices have wrought significant damage to the political determinants of health, however, many Aboriginal nations across Australia are working to restore and revitalise their self-determining systems of governance through nation-building<sup>121</sup>. This is explicitly acknowledged as a right of Indigenous peoples in the UNDRIP<sup>122</sup> and the National Health Plan highlights nation-building as a critical element for genuine partnerships<sup>123</sup>.

The **commercial determinants of health** are private sector activities affecting people's health, directly or indirectly, positively or negatively. Product manufacturing impacts the natural and built environment. Workplace conditions affect employee physical and mental health. Pricing, marketing and distribution determines access and availability of products and services. These types of commercial activities by private sector organisations shape the physical and social environments in which people live and work and are a key determinant of Aboriginal peoples' and communities' health and wellbeing. While the commercial determinants of health affect everyone, young people are especially at risk, and some commercial activities disproportionately affect some populations, worsening pre-existing economic, social and racial inequities<sup>124</sup>.

Australia's federated system of government means the economic, political and commercial determinants of health are strongly influenced by Australian Government policy, funding decisions and legislation. Some determinants will therefore be out of scope for the NSW Government; accordingly, the below strategies focus on activities that fall within the remit of NSW Health, but will also be important sites of cross-portfolio and intergovernmental cooperation. Therefore, these approaches are complementary to the work outlined in *Reform Priority 1.5: Cross-Sector Collaboration* and *Priority Reform Area 5: Employment, business growth and economic prosperity*.

### What does success look like?

Consideration and application of the economic, political and commercial determinants of health are institutionally embedded in health policy and services that involve and/or impact Aboriginal people across the health system.

### How success will be achieved

- Develop and/or source and provide capability strengthening initiatives for the health workforce on economic, political and commercial determinants and how they relate to health impacts.
- Identify economic, political and commercial determinants priorities in partnership with Aboriginal people and organisations, including priority population groups.
- Establish and implement co-creation opportunities for commissioning, developing and delivering economic, political and commercial determinant initiatives, involving relevant non-health services and sectors.
- Establish and implement co-creation opportunities for monitoring and evaluating economic, political and commercial determinant initiatives, including with priority population groups.

## Strategic Priority 4.3

# Planetary determinants of health and climate change

To increase knowledge, understanding and application of the planetary determinants of health and climate change in health policy and services that involve and/or impact Aboriginal people.

As the effects of climate change upon human wellbeing reach greater severity and prominence in health policy, health organisations internationally have recognised a need to move from the concept of environmental to a broader concept of planetary health. Environmental health is the way the immediate physical, chemical and biological environments we live in can affect our health and wellbeing<sup>125</sup>. Planetary health, meanwhile, refers to the health of human civilisation in terms of 'the state of the natural systems on which it depends'<sup>126 127</sup>. As global human health is dependent on natural systems, planetary health acknowledges the potential harm that comes from human-caused disturbances of these systems.

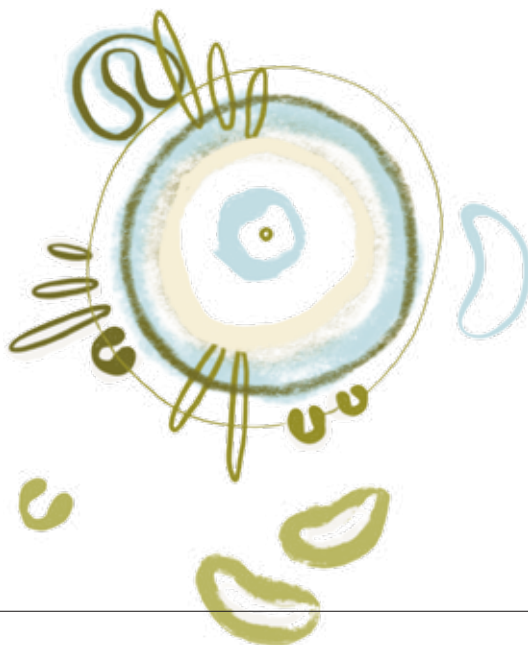
The **planetary determinants of health** extend on environmental health as described in *Strategic Priority 3.3*. Climate change, and the technological, industrial and policy changes needed to mitigate and adapt to it, are a central focus of planetary determinants-led approaches to health. The implications for the health and wellbeing of Aboriginal peoples – who contribute the least to climate change yet experience its most severe consequences – are profound<sup>128 129 130 131</sup>. Given Aboriginal peoples' history of caring for Country for more than 65,000 years, centring Aboriginal knowledges in approaches to the planetary determinants of health is vital.

## What does success look like?

Consideration and application of the planetary determinants of health and implications of climate change are institutionally embedded in health policy and services that involve and/or impact Aboriginal people across the health system.

## How success will be achieved

- Develop and/or source and provide capability strengthening initiatives for the health workforce on planetary determinants and climate change and how this relates to health impacts.
- Identify planetary determinants and climate change priorities in partnership with Aboriginal people and organisations, including priority population groups.
- Establish and implement co-creation opportunities for commissioning, developing and delivering planetary determinants of health and climate change initiatives, involving relevant non-health services and sectors.
- Establish and implement co-creation opportunities for monitoring and evaluating planetary determinants of health and climate change initiatives, including with priority population groups.
- Implement disaster planning and preparedness initiatives that address current and future needs in partnership with Aboriginal people and organisations.



# Strengthening monitoring, evaluation, research and knowledge translation

## Outcome statement

Aboriginal health monitoring, evaluation and research activities reflect Aboriginal identified priorities, align with good practice in Indigenous Data Governance and Sovereignty, and inform policy and program funding decisions through effective knowledge translation.

### Strategic Priority 5.1 Monitoring, evaluation and research

To embed Aboriginal leadership and participation in all elements of Aboriginal health monitoring, evaluation and research undertaken or supported by NSW Health.

### Strategic Priority 5.2 Knowledge translation

To increase the quality and consistency of knowledge translation for Aboriginal health monitoring, evaluation and research across the NSW health system.

## Why is this important?

A robust evidence base of data through regular monitoring, evaluation and research is critical in enabling policymakers to drive quality policies and programs. Monitoring, evaluation and research support continuous quality improvement, transparency, and accountability of health systems to Aboriginal people and communities. Yet health inequities extend into evaluation and research, as non-Aboriginal people and organisations have controlled the agendas, methodologies and uses of evaluation and research<sup>132</sup>.

Consequently, Aboriginal peoples nationwide have been subjected to an enormous volume of scientific and medical research that has not matched their priorities and has rarely been conducted in a culturally safe way or benefited Aboriginal people. In contrast, research findings have for decades been used to validate and perpetuate systemic and interpersonal racism<sup>133</sup> and the deficit-focused presumption that Aboriginal people are a problem that requires fixing<sup>134</sup>. This led to significant distrust of researchers and research institutions by Aboriginal peoples and communities<sup>135</sup>.

In recent decades, Aboriginal communities have advocated powerfully and persistently to both universities and government research institutions on the basis that research about Aboriginal health and

wellbeing must be governed by Aboriginal people and practices, including where ethical review is concerned<sup>136</sup>. This has resulted in significant improvements to research ethics processes in many jurisdictions, including in NSW, where the AH&MRC Human Research Ethics Committee (HREC) has since 1996 played a critical role in ensuring health research with Aboriginal people is conducted in line with community expectations. The AH&MRC HREC is a vital mechanism for ensuring Aboriginal and Torres Strait Islander research ethical standards are met, but by itself cannot carry responsibility to shift an entire State's health research sector to a strengths-based narrative and achieve culturally safe Aboriginal health monitoring, evaluation and research. Ongoing and expanded efforts are needed, where Aboriginal knowledges are centred and Aboriginal leadership is elevated to ensure the priorities of Aboriginal communities are met<sup>137 138</sup>. Aboriginal leadership and decision-making are required at all stages of the process, from planning and data collection, through to interpretation, dissemination and knowledge translation. This establishes a clear line of accountability to Aboriginal communities so that project outputs are credible, useful and relevant to Aboriginal people.



## Strategic Priority 5.1

# Monitoring, evaluation and research

## To embed Aboriginal leadership and participation in all elements of Aboriginal health monitoring, evaluation and research undertaken or supported by NSW Health.

In recent decades, more Aboriginal people have become experts and leaders in their fields of research, undertaking culturally safe monitoring, evaluation and research that reflects the priorities and needs of Aboriginal communities. NSW health system organisations can accelerate and scale up this intellectual leadership by supporting Aboriginal organisations, communities and researchers to advance their evaluation and research priorities and translate their research outputs into practice<sup>139</sup>.

This work can be complemented by strengthening the capability of non-Aboriginal evaluators and researchers to engage in ethical and culturally safe practices that benefit Aboriginal communities, by working in partnership with Aboriginal organisations and communities<sup>140</sup>.

Given NSW Health organisations are already subject to a comprehensive system of monitoring and accountability under the Ministry of Health's oversight – which includes the NSW Health Performance Framework<sup>141</sup> and various governance and accountability mechanisms<sup>142 143 144</sup> – there are efficiencies to be gained from integrating Aboriginal knowledges and governance practices into this system, rather than duplicating those arrangements separately.

“If you want to consult with Aboriginal people about research, they need to own and inform research from the very beginning. You also need to credit the use of Aboriginal knowledge & respect their participation”

**Aboriginal NSW Health staff (regional) consultation participant**

### What does success look like?

Aboriginal health monitoring, evaluation and research is led, governed and undertaken by Aboriginal people, with the involvement of non-Aboriginal people as determined by Aboriginal people, and is experienced as culturally safe.

### How success will be achieved

- Identify and implement collaborative opportunities across the health system for Aboriginal people and organisations, including priority population groups, to determine:
  - priorities for monitoring, evaluation and research
  - the design of monitoring, evaluation and research
  - who is funded to undertake monitoring, evaluation and research.
- Develop and/or source and provide capability strengthening initiatives for the Aboriginal health workforce on monitoring, evaluation and research.
- Develop and/or source and provide capability strengthening initiatives for the health workforce on what is culturally safe monitoring, evaluation and research.
- Identify and provide opportunities for Aboriginal staff across the health workforce, and Aboriginal organisations, to lead and/or participate in monitoring, evaluation and research teams.



## Strategic Priority 5.2

### Knowledge translation

#### To increase the quality and consistency of knowledge translation for Aboriginal health monitoring, evaluation and research across the NSW health system.

The lack of progress against several Closing the Gap targets, despite an abundance of Aboriginal-led research and evaluation highlighting solutions, signals a substantial gap between research evidence, policymaking, and practice<sup>145</sup>. Aboriginal health and wellbeing improvements are not limited by lack of evidence or knowledge, but by failure to apply this knowledge to practice – in other words by not undertaking, or ineffective, knowledge translation<sup>146</sup>. Knowledge translation refers to a complex and reciprocal series of interactions between knowledge holders, knowledge producers, and knowledge users, with the goal of achieving research impact – positive and sustainable long-term benefit for Aboriginal people, beyond the realm of academia<sup>147</sup>. Effective knowledge translation centres Aboriginal communities and their wisdoms, minimises power dynamics, and responds to community needs to maximise research impact.

“Let’s listen to ideas and innovative ways of learning and engaging, not just from people in senior positions but more broadly and widely.”

**Aboriginal NSW Health staff consultation participant**

#### What does success look like?

Knowledge translation of Aboriginal health monitoring, evaluation and research outcomes occurs regularly, reflects priorities determined by Aboriginal people and contributes to improved health policy and services that involve or impact Aboriginal people.

#### How success will be achieved

- Review existing and recent knowledge translation activity and identify how knowledge translation strategies are funded, developed and implemented and with whom.
- Co-develop and implement practice standards about knowledge translation of monitoring, evaluation and research outcomes into policy and services, in partnership with Aboriginal people and organisations, including priority population groups.
- Establish and implement co-creation opportunities for reviewing whether and how Aboriginal people benefit from knowledge translation of monitoring, evaluation and research outcomes, and what actions are required to ensure benefit occurs.



# Glossary

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## Co-creation

Co-creation differs from co-design, as it allows people to collaboratively identify problems, which extends on co-design where issues are already pre-defined and on co-production where both problems and solutions are pre-defined<sup>148</sup>.

## Commercial determinants of health

The commercial determinants of health are private sector activities affecting people's health, directly or indirectly, positively or negatively. Commercial activities by private sector organisations shape the physical and social environments in which people live and work, and are a key determinant of Aboriginal peoples' and communities' health and wellbeing<sup>149</sup>.

## Cultural determinants of health

The cultural determinants of health are anchored in Aboriginal ways of knowing, being and doing, centred upon the relationship of self to Country, kin, community, and spirituality. They are rights-based, as they hinge upon the inherent right to practice one's Aboriginal culture, including through: connection to Country, family, kin and community; Aboriginal beliefs and knowledge; cultural expression and continuity; Aboriginal language; and self-determination and leadership<sup>150</sup>.

## Cultural safety

Cultural safety is an Aboriginal and Torres Strait Islander specific concept in Australia. It is an experience that Aboriginal and Torres Strait Islander peoples have and its presence or absence can only be determined by them<sup>151 152 153 154</sup>. A culturally safe environment for First Nations people is when their presence is welcomed and respected, experiences are believed and validated, cultures are centred and valued, knowledges and skills are recognised and supported, advice is listened to and acted upon and they do not experience racism in any form<sup>155</sup>. Culturally safe care and services do not discriminate, are respectful, safe and enable meaningful communication and shared decision making. Cultural safety is defined by the individual interacting with the system and receiving care.

## Economic determinants of health

The economic determinants of health focus on the effects of government policies and social norms on Aboriginal peoples' and communities' ability to gain employment, advance in the workforce, access capital, establish and expand businesses, accumulate and protect wealth, manage financial risk, and pass wealth on intergenerationally<sup>156</sup>.

## Environmental health

NACCHO describes environmental health as 'a science-based, action-oriented technical practice that addresses disease risk arising from environmental conditions'<sup>157</sup>. A sustained focus on environmental health reduces rates of preventable illness.

## Health justice

Health justice is the process of advancing health equity<sup>158</sup> through breaking down the structural and systemic barriers that lead to health inequities.

## Health equity

Health equity is 'the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation)' and can be achieved when everyone can attain their full potential for health and wellbeing<sup>159</sup>.

## Health literacy

'Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it'<sup>160</sup>. Individual health literacy means what individuals know and understand about health and the health system so they can make decisions about their own healthcare and how to navigate the health system. Health systems have a responsibility to create environments that support individuals to develop good health literacy.

## Health system in NSW

The health system in NSW refers to all health organisations across the state combined. This includes the public health services of NSW Health, private Health Services (primary care, hospitals, medical specialists and allied health), Aboriginal Community Controlled Health Services and mainstream primary care services.

## Knowledge translation

Knowledge translation is ‘the series of interactions we have with people to connect research outcomes to making needed changes in policy, programs and practice’<sup>161</sup>.

## NSW Health

NSW Health organisations consist of:

- the Ministry of Health
- Local Health Districts (LHDs)
- Specialty Health Networks (SHNs)
- five state-wide ‘pillar’ organisations focusing on research, data, innovation, clinical excellence, education and training
- six state-wide or specialist health services that deliver specific types of healthcare, such as emergency ambulance services or pathology, and health system supports, such as infrastructure investment and digital/information technology capabilities<sup>162</sup>.

## Planetary health

This refers to the health of human civilisation in terms of the state of the natural systems on which it depends<sup>163</sup>. By acknowledging the dependence of global human health on natural systems, including in terms of averted cases of disease, planetary health explicitly accounts for the potential harm that comes from human-caused perturbations (disturbances) of these systems<sup>164</sup>.

## Planetary determinants of health

The planetary determinants of health refer to climate change, and the technological, industrial and policy changes needed to mitigate and adapt to it, are a central focus of planetary determinants-led approaches to health.

## Political determinants of health

The political determinants of health refer to Aboriginal communities’ ability to practice collective self-determination by deciding and implementing their own policy agendas, through their own governance structures, and according to their own systems of law and lore<sup>165</sup>.

## Priority population groups

The priority population groups in this Plan include young people, Stolen Generations survivors and their descendants, people living with disabilities, people living in regional and remote areas of NSW, LGBTQI+ people, incarcerated people, older people and Elders.

## Research impact

The positive and sustainable long-term benefit for Aboriginal peoples, which is gained from research outside of any academic benefits for individual researchers and research organisations<sup>166</sup>.

## Social determinants of health

Social determinants of health refer to the material conditions of people’s lives that are shaped by structures beyond their personal control<sup>167</sup>. They are non-medical factors that influence health outcomes. For Aboriginal peoples, racism is a social determinant of health in addition to those commonly acknowledged by the World Health Organization, such as income, education, employment, job security, housing, food security, early childhood development, transport and social support and exclusion.



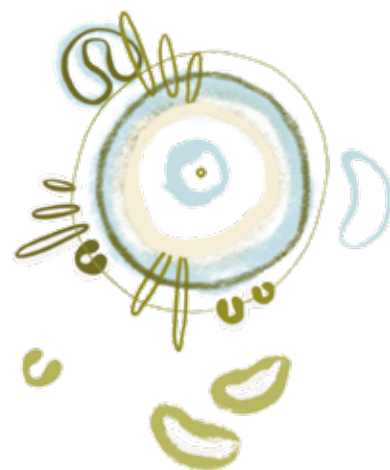
## Shared decision making

Decision-making is shared between government and Aboriginal and Torres Strait Islander people. Shared decision-making is:

1. by consensus, where the voices of Aboriginal and Torres Strait Islander parties hold as much weight as the governments
2. transparent, where matters for decision are in terms that are easily understood by all parties and where there is enough information and time to understand the implications of the decision
3. where Aboriginal and Torres Strait Islander representatives can speak without fear of reprisals or repercussions
4. where a wide variety of groups of Aboriginal and Torres Strait Islander people, including women, young people, Elders, and Aboriginal and Torres Strait Islander people with a disability can have their voice heard
5. where self-determination is supported, and Aboriginal and Torres Strait Islander lived experience is understood and respected
6. where relevant funding for programs and services align with jointly agreed community priorities, noting governments retain responsibility for funding decisions
7. where partnership parties have access to the same data and information, in an easily accessible format, on which any decisions are made<sup>168</sup>.

## Strategic workforce planning

Strategic workforce planning is the process of identifying and bridging gaps between current and required future workforce needs to meet strategic goals and objectives. It enables organisations to proactively understand and plan for changes that may impact their work and workforce whilst mitigating risks and embracing opportunities. Strategic workforce planning is about understanding and proactively preparing for changes that may impact the workforce. Strategic workforce planning identifies actions that address workforce challenges, risks, and opportunities. Strategic workforce planning is longer term planning – often covering a 3 to 5 year period. Strategic workforce planning is separate from operational and tactical workforce planning, although strategic workforce planning informs the other two processes<sup>169</sup>.



# Case studies

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## Learning Circles at Nepean Blue Mountains Local Health District (LHD)

Illustrating the importance of building strong partnerships with community, the Aboriginal Health Unit at Nepean Blue Mountains LHD successfully developed an initiative called Sharing and Learning Circles in collaboration with Aboriginal community members in each of the local government areas (LGAs) within the catchment of the LHD.

Conversations identified local health needs, the level of access to healthcare services and how priorities for local people could be progressed.

Each LGA 'Learning Circle' also developed recommendations for further consideration by the LHD Chief Executive and Aboriginal Health Governance Committee.

Penrith Council also supports partnerships with local health and community service providers through its Village Café community website and monthly meetings at Kingswood, North St Marys and Llandilo, where people come together to share ideas on wellbeing and strengthening community connections over a cup of coffee.

## Working with Aboriginal People: Birthing on Country – a partnership between Waminda and Illawarra Shoalhaven Local Health District

The Waminda Aboriginal Corporation's Birthing on Country model offers wrap-around maternity support in the community and in hospital settings by providing intrapartum birth care and postnatal care for up to six weeks.

The first stand-alone Aboriginal midwifery model in Australia, the program has been running at Waminda, a women's health and welfare service on the NSW South Coast on Yuin Country, since 2018. It is an example of the "continuation of thousands of years of knowledge and practice, which provides holistic maternal, child and family health care that embeds cultural integrity and safety during pregnancy, labour, birth and postnatal care"<sup>170</sup>.

Co-designed by Waminda, Illawarra Shoalhaven Local Health District (ISLHD) and local community members, the strong relationships were critical to ensure the model was sustainable and met safety and quality standards.

The NSW Government has provided complementary funding, while the Australian Federal Government committed to support Waminda to build the Gudjaga Gunyahlamai Birth Centre and Community Hub in Nowra, and for employment of six midwives in the start-up years. Waminda applied through the Indigenous Land and Sea Corporation for a grant to acquire land for the Birth Centre.

## Working with Aboriginal People: Enhancing Clinical Practice in Mental Health Care

Recognising **cultural safety** plays a key role in Aboriginal peoples' decision-making around mental health care and treatment, the Ministry of Health's Mental Health Branch developed a [video and discussion guide](#) to assist service providers working with Aboriginal people better support their mental health and wellbeing needs.

These resources were created with assistance from a statewide advisory committee made up of approximately 20 Aboriginal and non-Aboriginal professionals, local Elders, cultural ambassadors, youth and Aboriginal service providers. The resources provide a strong visual presentation combined with a structured approach to guide staff in considering the value of cultural identity in emotional and social wellbeing, as well as providing practical tips to improve engagement with Aboriginal people.

The resources complement the Respecting the Difference training and provide a further opportunity for services and staff to review and improve the quality of service delivery, reflect on clinical practices, and increase knowledge and skills in working with Aboriginal people and their families. The resources are also relevant to many government and non-government services who work with Aboriginal people.

## Aboriginal health data sharing

The NSW government has committed to sharing more data, including health data, with Aboriginal communities in a streamlined way. NSW Health has implemented a number of key data-sharing projects:

**HealthStats NSW** is the publicly accessible website which includes an Aboriginal Health topic page, featuring almost 100 indicators disaggregated by Aboriginality. HealthStats NSW is a tool for exploring changes in data based on demographic and geographic characteristics in an interactive way. Users can view and download data and select indicators to produce tailored reports that provide insights into a wide range of health determinants and outcomes.

**The NSW Health Aboriginal Dashboard for Local Health Districts and Specialty Health Networks** (LHDs/SHNs) provides a snapshot of measures that reflect the response of LHDs/SHNs to the needs of local Aboriginal communities. Areas of progress and suggested areas of improvement for twenty measures are presented, based on a comparison of the two most recent years of data for Aboriginal and non-Aboriginal populations for each LHD and statewide, with selected measures presented in time series charts over 7 years. The Dashboard is shared with the AH&MRC of NSW, and individual ACCHSs to drive improved performance on measures of access and equity, as well as collaborative efforts to improve Aboriginal health outcomes.

## NSW Health Aboriginal Procurement Participation Strategy and NSW Aboriginal Procurement Policy

NSW Health has a strong commitment to working with and supporting Aboriginal people and communities. This includes working with Aboriginal owned businesses to grow the First Economy of NSW.

The NSW Health Aboriginal Procurement Participation Strategy was published in March 2022. The Strategy sets priorities for NSW Health to support the objectives of the NSW Aboriginal Procurement Policy, as well as a focus on specific Aboriginal health improvement targets, the NSW State Health Plan, and the Aboriginal Workforce Strategy.

The NSW Health Aboriginal Procurement Participation Strategy sets three key priorities:

1. Supporting Aboriginal businesses through improved access to information and support, developing knowledge, skills, and trust to effectively identify, connect with and support Aboriginal businesses.
2. Central leadership to create greater awareness and capability of staff, sharing activity, initiatives, and outcomes across NSW Health; and
3. Enabling systems and reporting by identifying and reporting on Aboriginal owned businesses that have been contracted or engaged by NSW Health, and having reliable data to identify and manage opportunities for Aboriginal owned businesses.

These efforts will continue to support Aboriginal people and communities to enhance their economic prosperity now and into the future.

## Strengthening the Aboriginal workforce – Mid North Coast LHD

In recent years, the Mid North Coast LHD has implemented a number of strategies to increase employment of Aboriginal staff.

Key actions have included implementing employment strategies and frameworks to accelerate appointment of Aboriginal people. These have included:

- greater use of Targeted and Aboriginal Identified positions
- providing regular reports on Aboriginal employment to LHD governing bodies
- supporting clinical and non-clinical traineeship opportunities; and
- engaging with career expos and career information sessions.

Numerous engagement and retention strategies have also been used to create a sense of belonging and community for Aboriginal employees. These have included:

- regular in-house Aboriginal Workforce Forums
- establishing programs to support emerging Aboriginal leaders in the workforce and facilitate professional development opportunities
- mentoring and networking opportunities for Aboriginal employees; and
- ensuring Aboriginal staff are represented across a broad range of planning and implementation committees.

The LHD has also developed an Aboriginal Health Worker/Practitioner Framework to support greater clinical employment opportunities for Aboriginal people, with an equal focus on clinical and cultural supervision.

Having met their Aboriginal workforce stretch-target in 2019, the LHD's Aboriginal workforce has consistently been higher than the statewide average<sup>171</sup>.

The LHD attribute their successful scale-up of Aboriginal recruitment to the early establishment of ambitious Aboriginal employment KPIs, continuous messaging about the importance of recruiting and retaining Aboriginal employees, and strong support from Executive Champions.

### **Towards Zero Suicides in Custody program**

The Towards Zero Suicides in Custody program supports the statewide suicide prevention health initiative. The program is tailored to be effective and accessible for people in adult correctional settings.

The Aboriginal adult prison population experiences higher rates of self-harm and attempted suicide. One in four deaths in custody are unnatural (suicide or self-inflicted causes). In addition, patients generally have little contact with health services in the community.

The program was created to address this need, and features layered interventions to create a suicide prevention safety net.

Implementation began in the middle of 2022 and is underpinned by five key themes. These themes are then broken down into 14 separate interventions that targets patients, staff, and stakeholders.

One intervention, the Suicide Prevention Outreach Team, has received over 100 referrals since February 2023. This supports safety planning with at-risk patients.

In collaboration with Healing Works, they have developed a video series called, 'Supporting Mob in Custody', which targets families and carers who have an incarcerated loved one by providing support for their mental health needs.

This sophisticated approach to suicide prevention increases the accessibility of health services and effectively targets at-risk patients.

### **Improving BreastScreen attendance in Mid North Coast Local Health District**

The BreastScreen services delivered by the Mid North Coast Local Health District work with local ACCHSs and the Primary Health Network (PHN) to identify and implement strategies to increase the number of Aboriginal women aged 50-74 years access the screening program.

Training and education are provided to staff who work with ACCHSs and PHNs, focussing primarily on the importance of regular screening. This ensures Aboriginal women can access timely and accurate information about the program to make informed decisions about screening.

The effective strategies to support improved participation in the program include:

- sending invitation letters to women in the BreastScreen target age range
- sending reminders to women due for a follow-up two-yearly mammogram
- providing transport to attend the screening appointment
- providing refreshments to improve the client experience with the program
- taking the mobile BreastScreen unit to ACCHSs to improve access
- providing back-to-back appointments to facilitate several Aboriginal women attending the program as a group. This enables the women to support each other as they attend their appointment. These appointments are made available for the mobile screening unit and at the permanent BreastScreen sites at Coffs Harbour and Port Macquarie.

These efforts have proven to be successful in increasing participation rates.



## Aboriginal Health Housing Pathway – South Western Sydney Local Health District

Approximately 18% of Aboriginal people residing in the South Western Sydney Local Health District (SWSLHD) catchment live in social housing, with many having complex health needs exacerbated by their sub-optimal living conditions.

The LHD's Aboriginal Health Service, and the Department of Communities and Justice (DCJ) Housing Team established the Aboriginal Health Escalated Housing Pathway to address this.

The Pathway initiative is a coordinated approach to support clients, whose social housing issues were making their health, safety or social and emotional wellbeing worse.

Once clients have been identified, the LHD staff work with the DCJ Housing Team, to ensure clients receive expedited interventions to resolve their housing issues.

Some of the more common issues addressed through the Pathway initiative have included:

- homelessness
- domestic violence
- child protection; and
- essential home modifications to ensure properties are liveable for clients with chronic conditions or disability needs.

The initiative is also able to make priority referrals for clients to complementary services as needed. Staff from the Aboriginal Health Service and DCJ meet regularly to review progress of their clients with complex needs and determine coordinated responses to address health and housing concerns.

Executive sponsorship of the Pathway program is provided by the District Director for Housing, while the Director, Aboriginal Health at the LHD ensures timely interventions are actioned through to completion.

The Pathway has been a great success, enabling more than 100 clients with complex needs to have their housing issues resolved, supporting improved health outcomes.

## Aboriginal Peoples' Experiences of Hospital Care: An Interview Study

The Aboriginal Patient Experience Survey Program Advisory Committee, established to oversee the program of work which oversampled all adult admitted and maternity patients in 2019, highlighted the limitations of survey quantitative data for describing Aboriginal patients' experiences of care and requested a nested interview study be conducted to explore experience and cultural safety in more depth.

The Aboriginal Patient Experience Survey explores the experiences and cultural safety of admitted and maternity patients in depth. CAH and CEE collaborated with the Sax Institute to manage and implement the project, and the Advisory Committee, which included broad representation from the Aboriginal community, was involved in all aspects of the study design.

The study investigated patients' perceptions of the quality and safety of their care and how it impacts their health, including help-seeking and self-management behaviours. It also looked at experiences of reporting discrimination and receiving support, as well as views on the facility's response to the issue.

The study involved 20–25 general admitted patients and 20–25 maternity patients from three LHDs and four ACCHSs, who were interviewed by Aboriginal Hospital Liaison Officers and Aboriginal Health Workers using yarning guides to conduct semi-structured interviews. ACCHS staff also participated in focus groups.

The findings will be analysed alongside the NSW Adult Admitted Patient Survey and a literature review to inform improvements in hospital services to better meet the needs of Aboriginal patients.

# Policy context

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The *National Agreement on Closing the Gap* commits all governments to a fundamentally new way of developing and implementing policies and programs that impact on the lives of Aboriginal peoples, characterised by working in genuine partnership with Aboriginal communities and transforming the way government agencies operate<sup>172</sup>.

The *NSW Implementation Plan for Closing the Gap* outlines the holistic approach being taken to achieve the commitments of the National Agreement in this State<sup>173</sup>. The Plan sets out the NSW Government's approach to working in partnership with Aboriginal organisations and communities, and strategies for delivering progress against the National Agreement's Priority Reforms and Socio-Economic Outcomes.

The *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*<sup>174</sup> aligns closely with the National Agreement. The National Health Plan priorities strive towards a vision of Aboriginal and Torres Strait Islander people enjoying long, healthy lives that are centred in culture, with access to services that are prevention-focused, culturally safe and responsive, equitable and free of racism.

The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*<sup>175</sup> has a target for First Nations people to be fully represented in the health workforce by 2031. It includes actions to attract, recruit and retain workers across all roles, levels and locations within the health sector.

*Future Health: Guiding the next decade of care in NSW 2022–2032* is a roadmap to work towards achieving a sustainable health system in NSW that delivers outcomes that matter most to patients<sup>176</sup>.

The *NSW Regional Health Strategic Plan 2022–2032* guides NSW Health's strategic focus in regional, rural and remote communities<sup>177</sup>. Its vision is for a sustainable, equitable and integrated health system that delivers outcomes for patients and communities in regional, rural and remote NSW.

The *NSW Health Workforce Plan 2022–2032* provides a framework to guide the implementation of Future Health's workforce-related strategies across NSW Health<sup>178</sup>. The plan outlines priorities, outcomes and activities that will help ensure the NSW health system can continue to deliver high quality care to those in need.

**Other NSW State-level health strategies** that may interface with this NSW Aboriginal Health Plan include:

The *Aboriginal Workforce Composition Policy Directive*, published in December 2023, provides direction to Local Health Districts, Specialty Health Networks and other NSW Health organisations on growing and developing their Aboriginal workforces<sup>179</sup>. It replaces the previous Aboriginal health workforce policy initiative, *NSW Health Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020*<sup>180</sup>.

The *NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025* directs NSW Health organisations on planning and delivering culturally safe, accessible, responsive and flexible mental health and wellbeing care for Aboriginal people and communities<sup>181</sup>. The Strategy's vision is for all Aboriginal people in NSW to have access to holistic and culturally safe services that provide the best opportunity for improved mental health and social and emotional wellbeing. It is also designed to support and assist NSW Health services in working respectfully in partnership with Aboriginal services, people and communities.

The *NSW LGBTIQ+ Health Strategy 2022–2027* marked a significant commitment in the history of the NSW Health system. It sets a clear path for NSW Health, LGBTIQ+ people and organisations to work together to address the health needs of LGBTIQ+ people, with a vision that LGBTIQ+ people in NSW receive high quality, safe, inclusive and responsive healthcare that delivers the outcomes that matter to them<sup>182</sup>. The Strategy acknowledges that Aboriginal LGBTIQ+ individuals experience compounded stigma and discrimination and require healthcare that recognises and responds to their specific needs.

*NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021–2026* – this aims to strengthen the public health system’s role in preventing and responding to domestic and family violence<sup>183</sup>.

*NSW Healthy Eating and Active Living Strategy 2022–2032* – this guides overweight and obesity prevention efforts in NSW through public health and clinical care initiatives that support better nutrition and increased physical activity and reduce the incidence and impact of chronic conditions such as Type 2 Diabetes and cardiovascular disease<sup>184</sup>.

*The NSW Virtual Care Strategy 2021–2026* aims to achieve key outcomes focused on patient centeredness, equity of access to care, and building the confidence of consumers and virtual care providers<sup>185</sup>. The Strategy outlines the steps NSW Health will take to further integrate virtual care as a safe, effective, accessible option for health care delivery in NSW. The Strategy’s Implementation Plan recommends supporting Aboriginal populations to use virtual care through identification of current gaps in services and engaging with Aboriginal people to better understand how virtual care can be considered culturally safe.

*NSW Health Child Safe Action Plan (2023–2027)* – The Child Safe Action Plan (CSAP) outlines the actions NSW Health will undertake to promote and support the safety of children in NSW Health services<sup>186</sup>. One of the key outcomes across the strategic objectives within the Plan is to ensure cultural safety for Aboriginal children and young people accessing NSW Health services.

*NSW Aboriginal Nursing and Midwifery Strategy* aims to increase the number of Aboriginal and Torres Strait Islander nurses and midwives working in NSW; improve career development opportunities for Aboriginal and Torres Strait Islander employees working in the public health system; provide better health services to Aboriginal and Torres Strait Islander peoples through the delivery of culturally safe and competent nursing and midwifery services<sup>187</sup>.

*NSW Health First 2000 Days Framework and Implementation Strategy* is a strategic policy document which outlines the importance of the first 2000 days of a child’s life (from conception to age 5) and what action people within the NSW health system need to take to ensure that all children have the best possible start in life<sup>188</sup>. The framework incorporates a range of policies, programs, services and models of care to make sure that the right health services are available for everyone.

*NSW Health Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW* aims to strengthen maternity care services to ensure they are collaborative, equitable and woman-centred, while acknowledging and striving to address the contemporary organisational challenges for maternity care in NSW<sup>189</sup>.

*NSW Health Strategic Framework for Integrating Care* sets an overarching vision for how NSW Health approaches care integration. It guides activities to support better outcomes for individuals, families, health professionals, community health workers, and the broader health system<sup>190</sup>. The framework describes a system-wide approach to integration that encompasses population health, acute, non-acute and community services. It will support and guide health services in moving towards closer systems integration.

*NSW Health Net Zero Roadmap 2024–2030* will provide a blueprint for NSW Health to achieve the NSW Government’s net zero targets of 50% emissions reduction by 2030 and net zero by 2050<sup>191</sup>.

The development of *A Roadmap for Aboriginal and Torres Strait Islander Adolescent Health*<sup>192</sup> has recently been funded by the National Health and Medical Research Council. This will identify the most important health issues for Aboriginal and Torres Strait Islander young people (aged 10–24 years), ascertain what is needed to support young people and improve their health and wellbeing, and set out strategies and timeframes for doing so. When completed, this Roadmap will be another important initiative to inform NSW Health’s work and investment in the health of young Aboriginal people.

# Symbolism in artwork



Figure 1

This figure represents ACCO's, Aboriginal peoples and communities across NSW. The figure is situated at the top of the artwork and is a larger figure, to empower Aboriginal people, ACCO's and the Aboriginal health workforce. It symbolise that Aboriginal people know what is best for them, and are best placed to provide holistic care for our people.



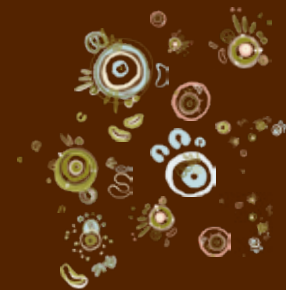
Figure 2

This figure represents NSW Health and the role they have to ensure that the vision for Closing the Gap is achieved through the Aboriginal Health Plan. It acts as a symbol for truth telling, healing and equity. It is a reminder for NSW Health to place Aboriginal culture and culturally safety practices at the centre of all health care across the sector.



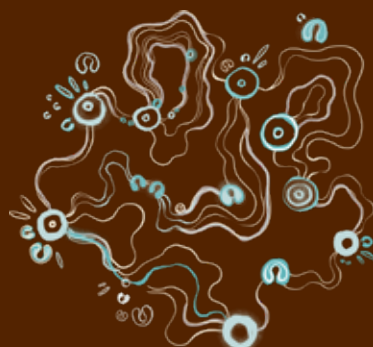
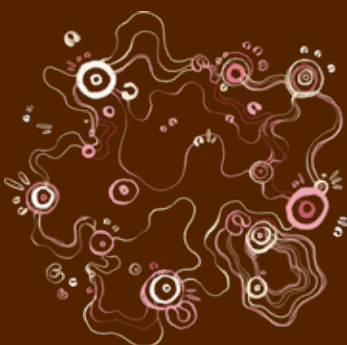
Figure 3

These sticks symbolise NSW Health empowering ACCO's to provide culturally safe environments, health practices and holistic healing for Aboriginal communities. The tools are situated in between the blue and pink figures to visually communicate this exchange in power, in return creating a transformative shift.



Figures 4

Our Elders and elements of Country are symbolised around the artwork, to acknowledge our old people and Country. Their teachings and ways of being are the foundations of healthcare and has sustained our health and cultural teachings for thousands of years. They are also included in the pink, green and blue figures to symbolise that their knowledge and attributes live within us.



Figures 5 and 6

These figures relate to all the moving parts of the Aboriginal Health Plan, how they are all interconnected.

*lappkari art*

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