



Health  
Northern NSW  
Local Health District

# NORTHERN NSW LOCAL HEALTH DISTRICT Aboriginal Health Action Plan 2021-2026





**Artwork title: ABORIGINAL COMMUNITY HEALTH & WELLBEING**

**Artist: JASON KING**

This artwork is my representation of Aboriginal communities and culture, supported by the various public and private organisations, health centres and specialist services collaborating to provide best practice integrated medical care, whilst listening to and respecting Aboriginal culture, sustaining community health, and supporting the physical, emotional and social wellbeing, and empowerment of each individual.

Being of Aboriginal descent, I have a close connection with the communities of the Northern Rivers. I am passionate in my respect of the Land (trees, forests, livelihood, food and shelter being central to wellbeing), Water (ocean and rivers with their creation stories, and being used as a resource), Fire (Renewal, rebirth, regeneration and reshaping of the natural environment), and Aboriginal culture. All of these (land, water, fire & culture) come together as one collective, not separate entities, as a combination of natural resources to sustain life, health and wellbeing.

**These concepts are characterised in the artwork (painting) by:**

Dotted representation of Aboriginal culture  
(Fire: yellow/orange, Land: green/brown, and Water: blue).

**Small dotted outer circles:** Colourful communities of Northern NSW, coming together and living as one with the environment, and being at one with culture and country.

**Four large circles:** public and private organisations, health centres and specialist services.

**Ring of Hands:** supportive Services, directing and moving the community forward, safe in knowing where they come from and how to co-exist in the current world.

**Centre colourful circle:** the outcome of Aboriginal health and wellbeing.



# CHIEF EXECUTIVE'S MESSAGE

I am proud to release the Northern NSW Local Health District Aboriginal Health Action Plan (the Plan). The five year Plan focuses on priority areas that support our Aboriginal patients, communities, staff, and partners.

The Plan builds on the Northern NSW Local Health District Strategic Plan 2019 to 2024 and the Innovate Reconciliation Action Plan September 2021 to September 2023.

We are committed to *Empowering Aboriginal Health Together* by continuing to work in collaboration with our staff and partners to deliver health care that is culturally respectful to Aboriginal and Torres Strait Islander patients.

It is important that we continue to support building trust, strength and confidence for Aboriginal and Torres Strait Islander people to feel empowered to confidently make decisions in their health care journey and access health services that our organisation offers.

How we aim to achieve this is through the four priority areas which focus on **strengthening and growing our Aboriginal workforce** through enhanced career development and increase participation to create a skilled and talented workforce; **enhancing our partnerships** by focusing on building on our existing relationships and creating new internal partnerships that will allow us to work better as an organisation; working towards **building culturally safe environments** to ensure we can provide safe considered care to our patients and provide opportunities to our staff to enhance their cultural knowledge to ensure improved services; **and ensuring seamless planning and service delivery** by delivering projects that are focused on empowering Aboriginal communities to achieve healthier lifestyles.

The Plan will be monitored by the Northern NSW LHD Aboriginal Health Steering Committee who will oversee the implementation of the Plan and provide reports to the Northern NSW Local Health District Board and myself.

## Wayne Jones

Chief Executive

Northern NSW Local Health District





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# OUR LHD, OUR COMMUNITIES

## Our LHD

NNSWLHD covers an area of 20,732km<sup>1</sup>, spanning from the Local Government Areas of the Clarence Valley in the south to Tweed Heads in the north. The western and southern borders of the District join the Hunter New England Local Health District and Mid North Coast Local Health District. The northern border of the District joins Queensland, with the city of Gold Coast located immediately north of the Tweed Heads Local Government Area.

Over 300,000 people live in the communities we service. Our services are provided across eight hospitals, four Multi-Purpose Services, one Drug and Alcohol Detoxification Unit, 17 Community Health Centres and three HealthOne services.

The District delivers a broad range of health services in state-of-the-art facilities, with access to general and specialist services. Staff are connected to best-practice medical care throughout Australia thanks to a growing network of training opportunities and relationships with local and metropolitan tertiary education providers.

As at January 2021, NNSW LHD employs approximately 6300 staff across its footprint, with Aboriginal staff equating to 3.77%.<sup>2</sup>

## Our Communities

Nationally it is estimated that the Aboriginal and Torres Strait Islander population, in 2020, was 864,206 with NSW having the highest number with 33% of Aboriginal and Torres Strait Islander people living in NSW (Australian Indigenous HealthInfoNet 2021,8). Locally, people identifying as Aboriginal and Torres Strait Islander make up approximately 4.5% of our population, which is higher than that of the NSW Aboriginal and/or Torres Strait Islander population. Life expectancy around 8-9 years less than that of the rest of the nation.

Despite sustainable focus and investment in targeted strategies development to improve the lives of Aboriginal people, the Aboriginal community still continues to show disadvantage across all areas of health and other social determinates such as education, employment and income. Aboriginal people within our footprint are still over represented across all the chronic conditions, with many of these chronic conditions developing in the earlier stages of life, resulting in the need for life-long management and care, and the development of complex co-morbidities. In 2019 the leading causes of death among Aboriginal and Torres Strait Islander people living in NSW were ischaemic heart disease with nearly one quarter of adults having high blood pressure and around 15% reported having cardiovascular disease; diabetes, type 2 in particular, still presents as one of the main reasons for hospitalisation. In 2018–2019 diabetes was the third leading cause of death for Aboriginal and Torres Strait Islander people; long-term chronic respiratory diseases and conditions are reported in up to 29% of the population; and cancer with the most common diagnosed in NSW being lung, bowel, breast and prostate cancer. Of those diagnosed it is estimated that they had a 50% chance of surviving five years after diagnosis (Australian Indigenous HealthInfoNet 2021).

NNSWLHD is committed to ensuring we are continually moving forward in our commitment to improve the health status of Aboriginal people accessing our services. For our LHD *Empowering Aboriginal Health* is at the forefront of our commitment as identified in our LHD's Strategic Plan. We acknowledge that the only way we can ensure we are continually moving forward is to embed the needs of Aboriginal people in the initiatives we develop and that they are embedded across our whole District.

1 Australian Indigenous HealthInfoNet (2021). *Overview of Aboriginal and Torres Strait Islander health status 2020*. Perth: Australian Indigenous HealthInfoNet. [getContent.php](http://getContent.php) (ecu.edu.au)

2 As at November 2021, NNSW LHD employs approximately 6300 staff across its footprint, with Aboriginal staff equating to 3.77%.



**OUR**

**Strengthening & growing  
the Aboriginal workforce**

**Enhancing our partnerships**



# VISION





# OUR PRIORITIES & OUR VISION

Our commitment to *Empowering Aboriginal Health* focuses on working together to assist our Aboriginal patients and clients, communities and staff to become stronger and more confident in having control over their own health and feeling comfortable to access all of the services our organisation delivers. While we acknowledge that this will take time, partnerships with our Aboriginal workforce and peers have identified four main focus areas that are supported by an increase of reporting to ensure we are monitoring our performance. Our identified focus areas will assist us to improve the health and wellbeing of the Aboriginal population across the lands of our District by setting realistic goals that focus on: strengthening and growing the Aboriginal workforce; enhancing partnerships; providing culturally safe work environments; ensuring seamless planning and service delivery; and improved reporting.

At the centre of our vision is our aim **Empowering Aboriginal Health Together**, which is surrounded by our four focus areas that will assist us in achieving our aim. **Strengthening and growing our Aboriginal workforce** through enhanced career development supports and increasing workforce participation that will allow us to create a skilled talented workforce; **enhancing our partnerships** by focusing on building on our existing relationships and creating new internal partnerships that will allow us to work better as an organisation; **providing culturally safe environments** to ensure we can deliver safe considered care to our patients and clients and provide opportunities to our staff to enhance their cultural knowledge to ensure improved services; and **ensuring seamless planning and service delivery** by delivering projects that are focused on empowering Aboriginal communities to achieve healthier lifestyles. Improving reporting systems and processes is essential as it provides information which will allow us to concentrate our efforts in relevant areas and monitor the organisations progress ensuring we are continually moving forward.

## Strengthening and growing the Aboriginal Workforce through enhanced career development supports and increasing workforce participation that will allow us to create a skilled talented workforce

### Statement:

- a. Grow our Aboriginal workforce to 4%
  - i. Provide opportunities for Aboriginal people to commence a career with NNSWLHD.
  - ii. Review barriers to Aboriginal participation in our workforce.
  - iii. Review Aboriginal staff data to identify areas where Aboriginal staff are underrepresented.
- b. Support capability development for Aboriginal staff
  - i. Create opportunities for internal mentoring.
  - ii. Support Aboriginal staff to develop skills that enhance career opportunities with NNSWLHD.
- c. Support Aboriginal staff to grow their careers with NNSWLHD
  - i. Understand and address the reasons why Aboriginal staff leave NNSWLHD.
  - ii. Improve communication and opportunities for networking.
  - iii. Develop a workforce model which reflects program service models and provides rewarding and clear roles for Aboriginal staff.



## **Enhancing our partnerships by focusing on building on our existing relationships and creating new internal partnerships that will allow us to work better as an organisation**

- a. Continue to support the Northern NSW Aboriginal Health Partnership
  - i. Continue to provide a forum where the partners may consult, provide advice and negotiate on matters relevant to Aboriginal health.
- b. Support the NNSWLHD Community Engagement Framework by embedding Aboriginal voices into our business
  - i. Form the Ngayundi Aboriginal Health Council Executive.
  - ii. Support Aboriginal participation on the NNSWLHD Community Partnership Advisory Council.
- c. Enhance internal relationships to work towards culturally safe and respectful workplaces for Aboriginal patients, clients and staff
  - i. LHD facilities to complete the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool.
  - ii. Support governance structures to drive change to improve health outcomes for Aboriginal people.
  - iii. Strengthen internal relationships by working in collaboration to empower Aboriginal health outcomes.
- d. Work closely with external government agencies to enhance health relationships
  - i. Work collaboratively to support the implementation of relevant initiatives at a NSW Health state level to ensure our LHD is working to strengthen our ability to empower Aboriginal health.
- e. Include Aboriginal people in consumer consultation to ensure cultural needs are met in LHD initiatives
  - i. Continue to facilitate Aboriginal Health Impact Statement (AHIS) process
  - ii. Review and adapt the current local AHIS Policy and Procedure to align with the MoH Centre for Aboriginal Health Policy Directive
  - iii. Provide ongoing education to LHD staff of process to complete AHIS documentation.

## **Providing culturally safe environments to ensure we can provide safe considered care to our patients and provide opportunities to our staff to enhance their cultural knowledge to ensure improved services**

- a. Support the delivery of cultural education to staff to enhance culturally safe work environments and health services
  - i. Promote and implement the Respecting the Difference Framework both on-line and face to face training across the District.
- b. Build Culturally Safe Services and initiatives
  - i. Build culturally safe environments through policy development and improving our physical environments.
- c. Work alongside Aboriginal communities, Aboriginal Medical Services and other service partners to promote and drive reconciliation
  - i. Under the guidance of Reconciliation Australia develop, implement and review the NNSWLHD Reconciliation Action Plan (RAP).



- d. Improve health literacy messaging
  - i. Adapt and develop Aboriginal specific health information to ensure our communities are informed and supported.
- e. Enhance Reporting of Aboriginality
  - i. Review current Aboriginal patient identification practices.
  - ii. Provide education to staff on identification of Aboriginal patients.

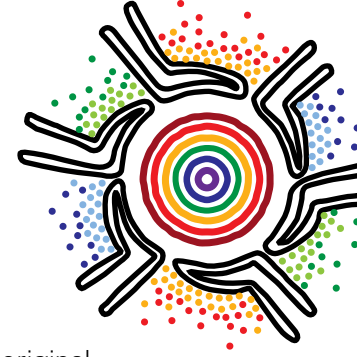
### **Ensuring seamless planning and service delivery by delivering projects that are focused on empowering Aboriginal communities to achieve healthier lifestyles**

- a. Develop and implement healthy lifestyle programs across the District
  - i. Further develop and implement population-based targeted programs including Men's health, Women's health, older persons and early engagement with children.
  - ii. Implement with service partners, exercise, healthy eating and health education programs.
- b. Improve chronic disease management for Aboriginal patients and clients
  - i. Continue to provide health education, health promotion, early intervention and chronic disease management giving focus to chronic renal, cardiac and respiratory disease, and diabetes by implementation of Aboriginal specific services.
  - ii. Work effectively in partnership with Aboriginal specific services to reduce duplication and burden on patients and clients.
  - iii. Establish Culturally Safe Palliative and End of Life Care service to advocate and support Aboriginal families.
- c. Develop innovative health initiatives through research
  - i. Conduct research activities to identify health trends, service gaps and models of care for Aboriginal people.

### **Improved reporting so we can monitor our organisations progress ensuring we are moving forward in supporting our commitment to *Empowering Aboriginal Health Together* by developing the Aboriginal Health Dashboard (refer to Appendix A)**

It is important to improve on our reporting systems and processes so we are able to report against our priorities in a timely manner, this will allow qualitative information and quantitative data to be analysed; so we can identify areas for improvement and develop strategies to support Aboriginal Health and LHD units to improve outcomes for Aboriginal and Torres Strait Islander patients.



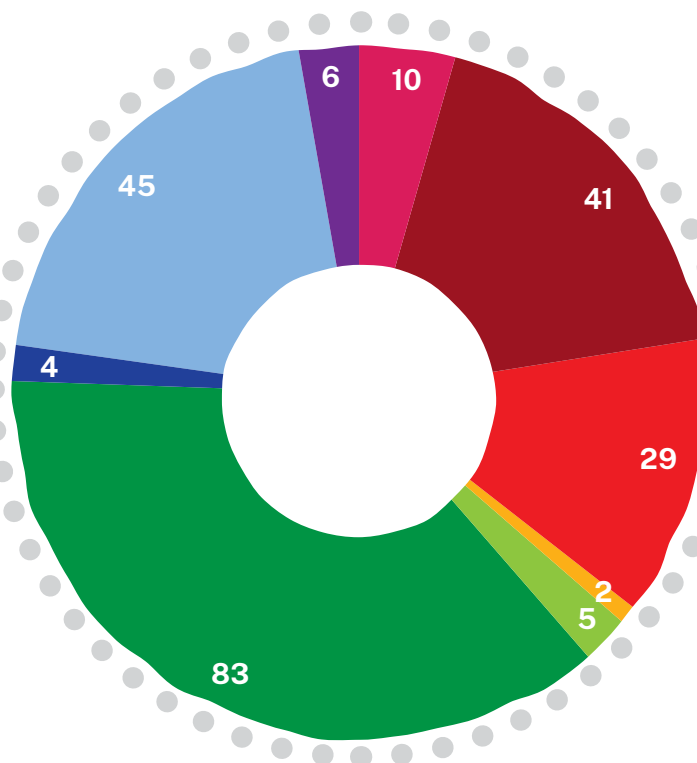


# OUR WORKFORCE PROFILE

The NNSWLHD employs approximately 6300 staff of which 3.77% identified as being Aboriginal. Aboriginal staff are employed in different sections of the LHD ranging from Allied Health Professionals, Maintenance and Trades, Nursing and Medical, refer to Chart 1 below for the breakdown in number of staff in the sections they are employed.

We believe in order to have a positive effect on meeting the health needs of Aboriginal people within the District that growing and strengthening the Aboriginal workforce is such an important area to invest in; the Plan has incorporated a variety of specific strategies to achieve this.

**CHART 1 - ABORIGINAL WORKFORCE CATEGORIES**



- Allied Health Professionals
- Hospital Support/Corporate Services
- Hotel Services
- Maintenance
- Medical
- Nursing
- Oral Health Practitioners and Support Workers
- Aboriginal Health Workers, Para-professionals and Clinical Support Staff
- Scientific and Technical Support Staff

# ACTION PLAN

## Theme 1 Strengthening and growing the Aboriginal Workforce

WHAT WILL WE DO	HOW	WHO	TIMING	MEASURES
1.1 <b>Grow our Aboriginal workforce to 4%</b>	Provide opportunities for Aboriginal people to commence a career with NNSWLHD	Associate Director Aboriginal Health Manager Aboriginal Workforce LHD Managers	June 2023	% of Aboriginal trainee, cadet and graduate programs implemented across the District  Establish the Indigenous Allied Health Academy and provide learning and employment opportunities to participants
	Review barriers to Aboriginal participation in our workforce	Manager Aboriginal Workforce	June 2022	Review recruitment procedures and policies and implement actions to address any identified barriers  Review 'Stepping Up' resources and implement actions to address any gaps in support for Aboriginal jobseekers
	Review Aboriginal staff data to identify areas where Aboriginal staff are underrepresented	Manager Aboriginal Workforce	June 2024	Develop and implement specific strategies to attract Aboriginal staff into underrepresented areas  Identify and implement opportunities to recruit Aboriginal people into leadership roles
1.2 <b>Support capability development for Aboriginal staff</b>	Create opportunities for internal mentoring	Associate Director Aboriginal Health Manager Aboriginal Workforce	June 2022	Develop, implement and review an Aboriginal mentoring program for NNSWLHD staff
	Support Aboriginal staff to develop skills that enhance career opportunities with NNSWLHD	Associate Director Aboriginal Health Manager Aboriginal Workforce	December 2022	Undertake a career pathway mapping exercise and implement strategies that support the skills development of Aboriginal staff  Support Aboriginal staff participation in leadership development programs where relevant  Engage with managers across the NNSWLHD to support Aboriginal staff development  Provide education and training opportunities that enhance skills development



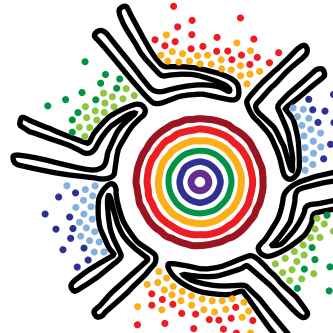


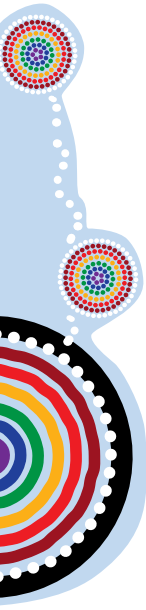
WHAT WILL WE DO	HOW	WHO	TIMING	MEASURES
<b>1.3 Support Aboriginal staff to grow their careers with NNSWLHD</b>	Understand and address the reasons why Aboriginal staff leave NNSWLHD	Director Workforce  Manager Aboriginal Workforce	June 2022	Review survey results to gain a better understanding of trends in Aboriginal staff departures from the NNSWLHD  Review HR policies and procedures to identify any cultural barriers for Aboriginal staff
	Improve communication and opportunities for networking	Manager Aboriginal Workforce	Ongoing	Implement actions to address any barriers  Develop an Aboriginal Health Unit newsletter
	Develop a workforce model which reflects program service models and provides rewarding and clear roles for Aboriginal staff	Associate Director Aboriginal Health  Manager Aboriginal Workforce	June 2023	Develop Aboriginal staff networks across the LHD  Develop and implement a workforce model/s which support service models  Provide staff with education and training to reflect required skills to support the revised workforce model/s

## Theme 2 Enhancing our partnerships

WHAT WILL WE DO	HOW	WHO	TIMING	MEASURES
<b>2.1 Continue to support the Northern NSW Aboriginal Health Partnership</b>	Continue to provide a forum where the partners may consult, provide advice and negotiate on matters relevant to Aboriginal health	CE NNSWLHD	Ongoing to 2021  December 2021  Ongoing	Ensure the Northern NSW Aboriginal Health Partnership meetings are held  Continue to review and update the Partnership Agreement during the life of this document  Continue to seek to undertake work in partnership to improve outcomes for Aboriginal Communities
<b>2.2 Support the NNSWLHD Community Engagement Framework by embedding Aboriginal voices into our business</b>	Form the Ngayundi Aboriginal Health Council Executive  Support Aboriginal participation on the NNSWLHD Community Partnership Advisory Council	Aboriginal Health Unit Office of the Chief Executive  Aboriginal Health Unit Office of the Chief Executive	February 2021  Ongoing  Ongoing	Aboriginal Community representation and participation on each of the CAGs and participation in the meetings  Ngayundi Aboriginal Health Council Executive meetings held  Ngayundi Aboriginal Health Council Executive participation on the NNSWLHD Community Partnership Advisory Council meetings
<b>2.3 Enhance internal relationships to work towards culturally safe and respectful workplaces for Aboriginal patients, clients and staff</b>	LHD facilities to complete the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool  Support governance structures to drive change to improve health outcomes for Aboriginal people  Strengthen internal relationships by working in collaboration to empower Aboriginal health outcomes	Aboriginal Health Unit NNSWLHD General Managers, EODONs, Community Health Managers, Quality and Safety Coordinators  Aboriginal Health Unit  Aboriginal Health Unit and internal health units	September annually  November annually  End of February each year  February 2021  Ongoing	100% of Facilities to complete the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool  Report outcomes to the Centre of Aboriginal Health  All Site Level Action Plans developed, implemented and evaluated each year  Establish the NNSWLHD Aboriginal Health Steering Committee  Joint planning meetings conducted, programs developed, implemented and evaluated  Ensure the Aboriginal Health Dashboard report is utilised to extract areas to improve and build on

WHAT WILL WE DO	HOW	WHO	TIMING	MEASURES
<b>2.4 Work closely with external government agencies to enhance health relationships</b>	Work collaboratively to support the implementation of relevant initiatives at a NSW Health state level to ensure our LHD is working to strengthen our ability to empower Aboriginal Health	Aboriginal Health Unit, Agency for Clinical Information, Centre for Aboriginal Health, Workforce Division MoH	Ongoing	Joint planning meetings conducted, programs developed, implemented and evaluated
<b>2.5 Include Aboriginal people in consumer consultation to ensure cultural needs are met in LHD initiatives</b>	<p>Continue to facilitate Aboriginal Health Impact Statement (AHIS) process</p> <p>Review and adapt the current local AHIS Policy and Procedure to align with the MoH Centre for Aboriginal Health Policy Directive</p> <p>Provide ongoing education to LHD staff of process to complete AHIS documentation</p>	Aboriginal Health Unit	Ongoing  June 2022	<p>Number of initiatives registered with an AHIS number</p> <p>Number of initiatives that have considered Aboriginal patients/clients</p> <p>Undertake a staff education program on the purpose and process of AHIS</p>





## Theme 3 Providing culturally safe environments

WHAT WILL WE DO	HOW	WHO	TIMING	MEASURES
<b>3.1 Support the delivery of cultural education to staff to enhance culturally safe work environments and health services</b>	Promote and implement the Respecting the Difference Framework both on-line and face to face training across the District	Aboriginal Health Unit  All NNSWLHD Managers	Ongoing	10% increase per annum of LHD staff undertaking Respecting the Difference face to face training per year  Maintain Respecting the Difference online training at 70% or above
<b>3.2 Build Culturally Safe Services and initiatives</b>	Build culturally safe environments through policy development and improving our physical environments	Aboriginal Health Unit  NNSWLHD General Managers  EODONs and Community Health Managers	Ongoing	Identify and implement cultural activities of key special events and initiatives across the District  Increase staff education on the impact of 'take own leave' measures  Undertake a project to gain a better understanding of why Aboriginal patients discharge against medical advice, leave at their own risk and did not wait  Develop and implement programs to support facilities to decrease Aboriginal patients 'taking own leave'
<b>3.3 Work alongside Aboriginal communities, Aboriginal Medical Services and other service partners to promote and drive reconciliation</b>	Under the guidance of Reconciliation Australia develop, implement and review the NNSWLHD Reconciliation Action Plan (RAP)	NNSWLHD RAP Working Group	June 2021	Establish the NNSW LHD Reconciliation Action Plan Working Group  Implement a NNSWLHD Reconciliation Action Plan, endorsed by Reconciliation Australia  Implement, monitor and evaluate the actions from the Reconciliation Action Plan  Implement a subsequent Reconciliation Action Plan, embedded with learnings from the initial RAP





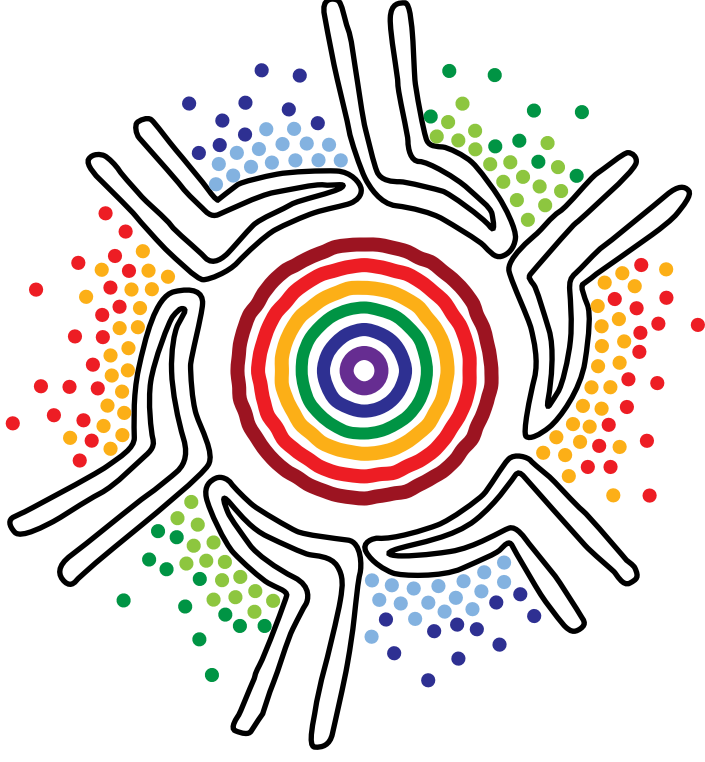


WHAT WILL WE DO	HOW	WHO	TIMING	MEASURES
<b>3.4 Improve health literacy messaging</b>	Adapt and develop Aboriginal specific health information to ensure our communities are informed and supported	Aboriginal Health Unit LHD Health Literacy Team LHD Media Unit	Ongoing	Health literacy information and brochures developed to ensure they are culturally appropriate for Aboriginal people and their families
<b>3.5 Enhance Reporting of Aboriginality</b>	Review current Aboriginal patient identification practices Provide education to staff on identification of Aboriginal patients	Aboriginal Health Unit	Ongoing	PAS identification of Aboriginal people – target <1% unknown Develop and implement a staff education program to ensure there is an understanding of the importance of 'asking the question' every time



## Theme 4 Ensuring seamless planning and service delivery

WHAT WILL WE DO	HOW	WHO	TIMING	MEASURES
<b>4.1 Develop and implement healthy lifestyle programs across the District</b>	<p>Further develop and implement population-based targeted programs including Men's health, Women's health, older persons and early engagement with children</p> <p>Implement with service partners, exercise, healthy eating and health education programs</p>	<p>Associate Director Aboriginal Health</p> <p>Aboriginal Health Unit</p>	Ongoing	<p>Number of healthy lifestyle programs delivered across the District that focus on:</p> <ul style="list-style-type: none"> <li>• Early Intervention</li> <li>• Youth</li> <li>• Healthy Lifestyle (exercise and nutrition)</li> <li>• Tobacco Cessation</li> <li>• Chronic disease</li> </ul>
<b>4.2 Improve chronic disease management for Aboriginal patients and clients</b>	<p>Continue to provide health education, health promotion, early intervention and chronic disease management giving focus to chronic renal, cardiac and respiratory disease and diabetes by implementation of Aboriginal specific services</p> <p>Work effectively in partnership with Aboriginal specific services to reduce duplication and burden on patients and clients</p> <p>Establish Culturally Safe Palliative and End of Life Care service to advocate and support Aboriginal families</p>	<p>Associate Director Aboriginal Health</p> <p>Clinical Nurse Consultant Aboriginal Chronic Disease</p> <p>Aboriginal Health Unit</p> <p>LHD Allied Health Services</p>	December 2025	<p>Provide comprehensive chronic disease management support for registered CCAP clients with, or at risk of developing Diabetes, Chronic Heart Disease, Chronic Lung Disease and Chronic Kidney Disease (pre-dialysis)</p> <p>Engage CCAP clients with chronic disease specific services, programs and groups within the LHD (DCAC, Cardiac and Pulmonary Rehabilitation, Healthy Lifestyle Program, Helping U2 Quit smoking cessation)</p> <p>Active clinical collaboration, participation and sharing of relevant information to health care partners, including LHD, AMS and NGO services, resulting in coordinated and integrated health outcomes</p> <p>Educate and facilitate eligible CCAP clients to receive vaccination for relevant communicable diseases (Influenza, COVID-19)</p> <p>Provide culturally safe Palliative Care pathways in partnership with Palliative Care Services currently within the LHD</p>
<b>4.3 Develop innovative health initiatives through research</b>	<p>Conduct research activities to identify health trends, service gaps and models of care for Aboriginal people</p>	<p>Aboriginal Health Unit</p> <p>Educational organisations</p>	Ongoing	<p>Actively participate and support research projects to explore strategies that influence change to systems, processes, service development and models of care to improve health care to Aboriginal people</p>



# Empowering Aboriginal Health Together



# APPENDIX A

## Improved Reporting

This Plan will be monitored by the Northern NSW LHD Aboriginal Health Steering Committee who will oversee the implementation of the Plan and provide reports every four months (November, March and July).

The Aboriginal Health Unit will develop the NNSWLHD Aboriginal Health Dashboard (the Dashboard) and report annually against the state targets (included in the table below) and the local targets within this plan.

Both reporting mechanisms will provide reports to the Northern NSW Local Health District Board and Chief Executive.

We will monitor our organisations progress ensuring we are moving forward in supporting our commitment to *Empowering Aboriginal Health Together*.

### THE STATE TARGETS INCLUDE:

- Aboriginal population (% of total population)
- Patient reported 'good' or 'very good' care in hospital (BHI report)
- 1. Reporting of Aboriginality in admitted patients
- 2. Discharge against medical advice
- 3. Unplanned/ unexpected hospital readmission within 28 days
- 4. Unplanned acute mental health readmission within 28 days
- 5. Mental health patients followed up within 7 days of acute discharge
- 6. Incomplete emergency department attendances ('Did not wait' or 'left at own risk')
- 7. Unplanned emergency department representations within 48 hours to same ED
- 8. % of all public dental visits by Aboriginal patients
- 9. Biennial BreastScreen participation rate for women 50 -74 years old
- 10. First ante-natal care <14 weeks
- 11. Smoking cessation recorded in the second half of pregnancy
- 12. Low birth weight babies
- 13. Full breastfeeding on discharge from hospital
- 14. Fully immunised at 1 year
- 15. Fully immunised at 5 years
- 16. Influenza vaccination under 5 years of age
- 17. Aboriginal workforce
- 18. *Respecting the Difference compliance face-to-face*



# OUR ABORIGINAL HEALTH LEADERSHIP TEAM

Our Local Health District (LHD) conducted an internal review of the Aboriginal Health structure in 2018. The findings from the review identified that changes to the Aboriginal Health structure model were needed. With input from the Associate Director Aboriginal Health came the formation of our new Aboriginal Health Leadership governance team and the operational service and program model.

The AHLT at the strategic level consist of an Associate Director Aboriginal Health, Senior Support Services Officer, Aboriginal Workforce Manager, Aboriginal Programs Manager, and Chronic Care for Aboriginal People Manager/ Clinical Nurse Consultant Aboriginal Chronic Disease.

Our AHLT is passionate about implementing our Aboriginal Health strategies and projects across the District as outlined in this Plan which aligns with the District's Strategic Plan. It is exciting times for our AHLT to lead the way in delivering on our four strategic priority areas; **strengthening and growing the Aboriginal workforce, enhancing our partnerships, providing culturally safe work environments, ensuring seamless planning and service delivery.**

Improving reporting systems and processes is essential as it provides information which will allow us to concentrate our efforts in relevant areas and monitor the organisations progress ensuring we are continually moving forward.

## OUR STAFF

We have a team of Aboriginal Health Workers, Chronic Care for Aboriginal People staff, Aboriginal Palliative Care Worker and a Respecting the Difference Educator in the service, program and education delivery area that contribute to the implementation of the Plan's operational strategies across the District.

Our community based Aboriginal Health Workers (AHWs) are located in health facilities across the District provide culturally appropriate healthy lifestyle programs and services that proactively address health issues, bring mob together, get us moving, learn new skills and encourage healthy lifestyle choices. The programs being offered are unique to each community and change often.

Our Chronic Care for Aboriginal People (CCAP) program has Aboriginal Chronic Care Workers, Diabetes Educator/ Clinical Nurse Specialist/ Registered Nurse and Registered Nurse located across the District. CCAP is for Aboriginal and Torres Strait Islander people with certain chronic health conditions which include heart, lungs, kidneys (before dialysis) and diabetes.

Our Aboriginal Palliative Care Service has an Aboriginal Palliative Care Worker who covers the district and assists with case management, helps with social, emotional, cultural and spiritual concerns as well as physical problems. Palliative care services will assist you to develop a plan that may include you staying in community or returning to country. Palliative care services also extend support to family members, carers and other mob to learn how to support you.

Our Respecting the Difference Educator delivers cultural education across the district to LHD staff through Respecting the Difference face to face training to enhance culturally safe work environments and health services.



# Notes



# NORTHERN NSW LOCAL HEALTH DISTRICT ABORIGINAL HEALTH UNIT CONTACT INFORMATION

## HEALTHY LIFESTYLE PROGRAMS & ADVOCACY

### Clarence

E: NNSWLHD-ClarenceAboriginalHealth-Referrals@health.nsw.gov.au

P: 02 6641 8724

P: 02 6640 0123

### Ballina

E: NNSWLHD-RichmondAboriginalHealth-Referrals@health.nsw.gov.au

P: 02 6620 6243

P: 02 6620 6125

### Tweed Heads & Byron Region

E: NNSWLHD-TweedByronAboriginalHealth@health.nsw.gov.au

P: 07 5506 7597

### Lismore

E: NNSWLHD-RichmondAboriginalHealth-Referrals@health.nsw.gov.au

P: 02 6620 7557

P: 02 6620 2740

### Casino

E: NNSWLHD-RichmondAboriginalHealth-Referrals@health.nsw.gov.au

P: 02 6660 0695

### Coraki

E: NNSWLHD-RichmondAboriginalHealth-Referrals@health.nsw.gov.au

P: 02 6683 9157

## CHRONIC & PALLIATIVE CARE

### Clarence Region

Registered Nurse – Chronic Care

E: NNSWLHD-CCAP-Referrals@health.nsw.gov.au

### Lismore, Goonellabah & Coraki

Aboriginal Chronic Care Worker

E: NNSWLHD-CCAP-Referrals@health.nsw.gov.au

### Tweed Heads & Byron Bay Region

Aboriginal Chronic Care Worker

E: NNSWLHD-CCAP-Referrals@health.nsw.gov.au

### Tweed Heads & Byron Bay Region

CNS Diabetes Educator / Registered Nurse

E: NNSWLHD-CCAP-Referrals@health.nsw.gov.au

### Kyogle, Casino

Aboriginal Chronic Care Worker

E: NNSWLHD-CCAP-Referrals@health.nsw.gov.au

### Aboriginal Palliative Care Service

E: NNSWLHD-AHWPalliativeCare@health.nsw.gov.au

## ABORIGINAL HEALTH LEADERSHIP TEAM

### Kirsty Glanville

Associate Director Aboriginal Health

E: Kirsty.Glanville@health.nsw.gov.au

P: 02 6621 1957

### Cameron Johnson

Aboriginal Workforce Manager

E: Cameron.Johnson@health.nsw.gov.au

P: 02 6629 4383

### Nicholas Coulter

CNC Chronic Care for Aboriginal People Manager

E: Nicholas.Coulter@health.nsw.gov.au

P: 02 6640 0170

### Lyndal Smith

Program Manager Aboriginal Health

E: Lyndal.Smith@health.nsw.gov.au

P: 07 5506 7767

### Rose King

Senior Support Services Officer Aboriginal Health

E: Cynthia.King@health.nsw.gov.au

P: 02 6629 4875



Health  
Northern NSW  
Local Health District

