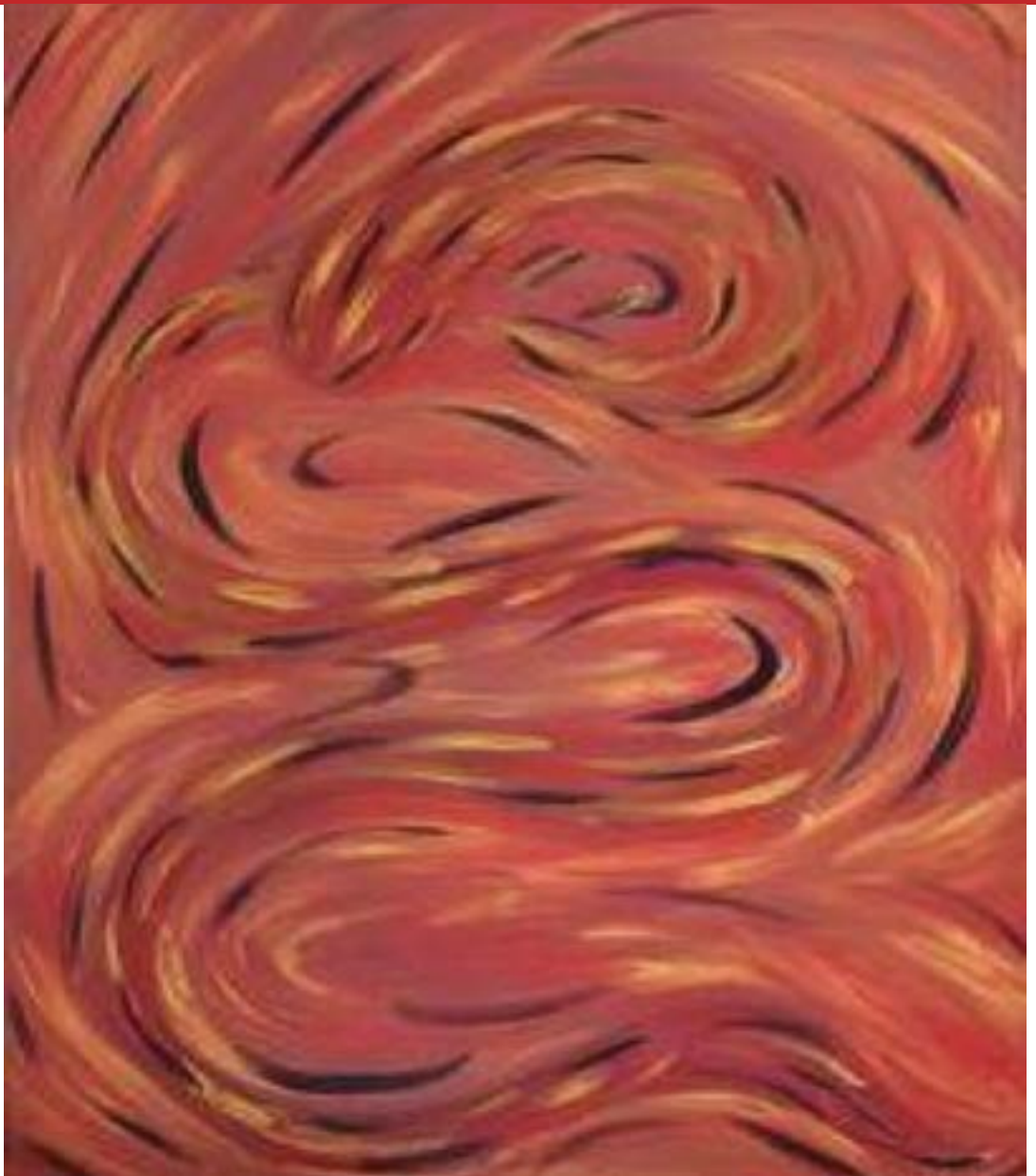


Aboriginal Health Service Needs Analysis



Health
Northern Sydney
Local Health District

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NSLHD Aboriginal Health Service, Service Needs Analysis.
 Northern Sydney Local Health District
 PO Box 4007, Royal North Shore LPO, St Leonards, NSW, 2065

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 Northern Sydney Local Health District intranet site.
www.intranet.nslhd.health.nsw.gov.au

AUGUST 2015

Version Control & Distribution

Version	Date	Key Changes & Issued to/for
1.0	20.11.2015	Andrew Montague



Foreword

It is with great pleasure that I present to you the Northern Sydney Local Health District's (NSLHD) Aboriginal Health Service (AHS) Needs Analysis.

The Needs Analysis has been developed in answer to community and organisational concerns about the gaps in health care provision within the NSLHD for Aboriginal and Torres Strait Islander peoples. It is one of many important resources developed by the Aboriginal Health Service NSLHD to assist staff working with Aboriginal and Torres Strait Islander people to provide culturally respectful and responsive health care.

NSLHD is committed to providing culturally proper, accessible services that will improve the health status of Aboriginal and Torres Strait Islander peoples in our communities. We recognise that responding to community and organisational concerns is a priority in order to achieve better health care outcomes for Aboriginal and Torres Strait Islander peoples in Northern Sydney. The Needs Analysis aligns with the NSLHD Clinical Services Plan 2015-2022.

We wish to remind staff to be aware of and acknowledge that Aboriginal and Torres Strait Islander peoples are diverse in their cultural beliefs and each Aboriginal and Torres Strait Islander person should be treated as an individual when accessing Health Services.

If you would like to make a comment please contact the Aboriginal Health Team on (02) 9462 9017.



Dr. Andrew Montague
Acting Chief Executive
Northern Sydney Local Health District

Abbreviations

AATSIHS	Australian Aboriginal and Torres Strait Islander Health Survey
AMIHS	Aboriginal Maternal and Infant Health Service
ABS	Australian Bureau of Statistics
ACON	Aids Council of NSW
AHS	Aboriginal Health Service
CDMP	Chronic Disease Management Program
ED	Emergency department
GLBTI	Gay, Lesbian, Bisexual, Transgendered and Intersex
GP	General practice / practitioner
HKH	Hornsby Kuring-gai Hospital
LGA	Local Government Area
LHD	Local Health District
ML	Medicare Local
NAIDOC	National Aboriginal and Islanders Day Observance Committee
NCIE	National Centre of Indigenous Excellence
NSLHD	Northern Sydney Local Health District
NSML	Northern Sydney Medicare Local
PHU	Public Health Unit
PIR	Partners In Recovery
RNSH	Royal North Shore Hospital
SDoH	Social Determinants of Health
SEWB	Social and Emotional Wellbeing
SNHN	Sydney North Health Network
SNSBML	Sydney North Shore and Beaches Medicare Local



Executive Summary

“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...”¹

This Needs Analysis has been undertaken by the Aboriginal Health Service Northern Sydney Local Health District (NSLHD). It is one of the strategic goals recommended by the Northern Sydney Local Health District Aboriginal Health Services Plan 2013-2016.² This Needs Analysis also aligns with the NSLHD Clinical Services Plan 2015-2022 recommendation which is to, “³Develop a plan to address the health needs of the Aboriginal community within NSLHD to the year 2021 building on the successes of the current plan and addressing identified gaps.”

The purpose of this Needs Analysis is to identify and assess the health needs and gaps in services for Aboriginal and Torres Strait Islander peoples across NSLHD. Aboriginal and Torres Strait Islander peoples experience poorer health and social emotional wellbeing (SEWB), compared to non-Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander peoples continue to suffer from preventable chronic diseases and other social, emotional and wellbeing issues at an extremely high rate compared to non-Aboriginal and Torres Strait Islander peoples. By addressing these issues NSLHD will create a positive impact on the health and SEWB for Aboriginal and Torres Strait Islander peoples in Northern Sydney.^{4 5}

Significant changes need to be made in order to improve the health and SEWB of Aboriginal and Torres Strait Islander peoples across NSLHD. This includes general cultural awareness and an understanding of the Aboriginal and Torres Strait Islander people’s health needs by practitioners and all other health services. This Needs Analysis identifies these gaps in order to achieve access and equity in health for all Aboriginal and Torres Strait Islander peoples residing in NSLHD.



Gaps identified and discussed in this document are:

Dental
Men’s Health
Transportation
Collection of Data of Aboriginal and Torres Strait Islander peoples
Culturally Appropriate Services
Community Engagement/Staff/Funding
Education
Lack of Culturally Appropriate Health Education
HIV and Sexual Health Education
Smoking Prevention and Intervention
Aboriginal Chronic Disease Transferral Program From Youth To Adult
Obesity In Aboriginal and Torres Strait Islander Youth (Culturally and Age Specific Programs)
Drug and Alcohol Health Promotion and Education
Men With Breast Cancer
Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI)
Maternal and Infant Health
Evaluation of Programs

NSLHD has an opportunity to address the health inequity by:

Increasing Aboriginal and Torres Strait Islander staff, not only in the NSLHD Aboriginal Health Service but across the NSLHD sector.
Designing health promotion and education campaigns for Aboriginal and Torres Strait Islander peoples.
Having Aboriginal and non-Aboriginal and Torres Strait Islander staff culturally educated so they have a better understanding of the health needs of Aboriginal and Torres Strait Islander peoples and how to provide services appropriately.
Provide a support network for Aboriginal and Torres Strait Islander peoples not just in NSLHD but also for those that travel away from their respective country for treatment.

¹ National Aboriginal and Islander Health Organisations [NAIHO] definition of Aboriginal Health, restated in the NSLHD Aboriginal Health Services Plan 2013-16

² Aboriginal Health Services Plan 2013-16. Retrieved from www.nslhd.health.nsw.gov.au

³ NSLHD Clinical Services Plan 2015-2022, (March 2015), Northern Sydney Local Health District. Retrieved from http://www.nslhd.health.nsw.gov.au/AboutUs/publications/Documents/ClinicalServicesPlan2015_2022.pdf

⁴ Australian Institute of Health and Welfare 2011. The health and welfare of Australia’s Aboriginal and Torres Strait Islander People, An overview 2011. Cat. No. IHW 42. Canberra

⁵ National Strategic Framework for Aboriginal and Torres Strait Islander Health.Context, NATSIHC, Canberra.



Acknowledgements

Acknowledgement of Country

The Aboriginal Health Service (AHS) of the Northern Sydney Local Health District would like to acknowledge the Cammeraygal people of the Guringai nations, the Wallemedegal peoples of the Dharug nations to the west the Darkinjung peoples of country to the north and the clans of the Eora nations whose country and borders surround us.

We acknowledge and pay our respects to the Ancestors and Elders, both men and women of those nations, and to all Aboriginal people past, present and future.

We acknowledge that past, current and future Aboriginal people from those nations are the traditional and continuing custodians of the country upon which we work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to work and meet on this ancient and sacred country.

The Director of Aboriginal Health NSLHD Peter Shine would like to acknowledge the work of Paul Weir Aboriginal and Torres Strait Islander Health Education Officer and the Aboriginal Health Team for their work on the production of this document.

Artworks

The paintings used throughout this report were painted by Peter Shine and reproduced with his permission. The painting of the Turtle (Waraba) has been adopted by the Aboriginal Health Service NSLHD as our logo. The turtle is representative of a long life, wisdom and resilience in the Aboriginal culture that Peter grew up with.



Expression of Thanks

The Director of the NSLHD Aboriginal Health Service, Peter Shine, would like to thank the following people for assistance in the preparation of this Needs Analysis:

- Northern Sydney LHD Executive, with particular appreciation of the support by Anthony Dombkins, Andrew Montague and Vicki Taylor.
- The Northern Sydney LHD Services Planning Unit for advice and support, in particular David Miles, David Small and Megan Page for layout of this report.
- Paul Weir Aboriginal and Torres Strait Islander Health Education Officer NSLHD for his research and compilation.



Introduction

The information in this Needs Analysis enables the NSLHD AHS to identify unmet health and health priority care needs of Aboriginal and Torres Strait Islander peoples across NSLHD. It also provides an opportunity to achieve best practice, at clinical, primary health care and health education services level.

Table 1⁶

Policy and planning	<ul style="list-style-type: none"> • overseeing Aboriginal Health Services Plan • implementation and development of partnerships • involvement in committees • support for policy areas, such as Aboriginal workforce • support for data quality, service agreement compliance
Education and support of mainstream service providers	<ul style="list-style-type: none"> • cultural awareness training (through Workforce) • advisory role with services • support for further education for Aboriginal trainees
Health promotion and community development	<ul style="list-style-type: none"> • health education programs • health information and resource provision
Direct service provision and client support	<ul style="list-style-type: none"> • chronic care liaison and 48-hour client follow up • liaison contact with hospital inpatients and outpatients • assistance to Aboriginal community members with health related concerns
Service development	<ul style="list-style-type: none"> • program design and evaluation • support for new programs with an Aboriginal Health focus • support for service-specific health workers

Poor social and economic circumstances have a profound effect on the health and SEWB of Aboriginal and Torres Strait Islander peoples⁷. This Needs Analysis clearly shows that the Social Determinants of Health are contributing factors to poorer health among Aboriginal and Torres Strait Islander peoples across NSLHD.

The Social Determinants of Health (SDoH) that affect Aboriginal and Torres Strait Islander health are shown below in table 2.

⁶ NSLHD Aboriginal Health Services Plan 2013-16. Retrieved from <http://www.nslhd.health.nsw.gov.au/AboutUs/publications/Documents/Aboriginal%20Health%20Service%20Plan%202013-2016%20Final.pdf>

⁷ Carson, B., Dunbar, T., Chenhall, & Bailie, R. (2007). Social Determinants Of Indigenous Health. Australia. Allen & Unwin



Table 2⁸
Social Determinates of Health

Social Determinants of Health
The social gradient
Stress
Early life
Social exclusion
Work
Unemployment
Social support
Addiction
Food
Transport

The Aboriginal and Torres Strait Islander population in NSLHD is 2,463, (we believe this number to be underestimated and a closer estimate to be between five and six thousand); all of the above SDoH in some way affect Aboriginal and Torres Strait Islander peoples in NSLHD.^{9, 10}

Throughout this document the NSLHD AHS have used some national data which does not reflect data for the Local Health District. Throughout the process of compiling the Needs Analysis the NSLHD AHS found that certain data was not available. In this instance we believe that the national data can be used to compare health equity and equality between Aboriginal and Torres Strait Islander peoples and non-Aboriginal and Torres Strait Islander peoples in NSLHD.

Although Aboriginal and Torres Strait Islander peoples living in NSLHD may not be living in as much disadvantage as some communities in Sydney, Aboriginal and Torres Strait Islander peoples in NSLHD are still more disadvantaged compared to non-Aboriginal and Torres Strait Islander peoples.

Future Directions

Consult with Oral Health Services to see if existing services are appropriate for Aboriginal and Torres Strait Islander patients. Identify what the gaps are in service delivery.
Identify gaps in health promotion and education in regards to Aboriginal and Torres Strait Islander child and youth health issues.
Identify gaps in Aboriginal and Torres Strait Islander health with in NSLHD.
Look at Aboriginal and Torres Strait Islander men's health and implement targeted health promotion programs.
To work with and/or set up partnerships with local organisations who come into contact with Aboriginal and Torres Strait Islander peoples.
To educate non-Aboriginal and Torres Strait Islander peoples so they have a better understanding of the needs of Aboriginal and Torres Strait Islander peoples in NSLHD.
Direct funding to the correct areas where there are current gaps in service delivery.
Identify barriers that local Aboriginal and Torres Strait Islander peoples face, such as travel, location, money, racism and more.
Identify priority health issues of Aboriginal and Torres Strait Islander peoples in NSLHD.
To discover what organisations have identified as barriers to Aboriginal and Torres Strait Islander peoples using their services and how we can address those issues. ¹¹
Look at how the NSLHD collects data on Aboriginal and Torres Strait Islander peoples.
Build and strengthen the quality of health services for Aboriginal and Torres Strait Islander peoples.
Build on and strengthen partnerships with gay and lesbian community members and services.

⁸ Wilkinson, R., & Marmot, M. (2003). The Solid Facts Second Edition. Denmark: World Health Organization.

⁹ NSLHD Aboriginal Health Services Plan 2013-2016. Retrieved from <http://www.nslhd.health.nsw.gov.au/AboutUs/publications/Documents/Aboriginal%20Health%20Service%20Plan%202013-2016%20Final.pdf>

¹⁰ Carson, B., Dunbar, T., Chenhall, & Bailie, R. (2007). Social Determinants Of Indigenous Health. Australia. Allen & Unwin

¹¹ Shine, P. (2013). Working With Aboriginal Children, Adolescents Families and Communities. A CAMHS Service Delivery Model. Unpublished Raw Data.



Methodology

Two questionnaires were developed to collect the information for the Needs Analysis. One questionnaire was for Aboriginal and Torres Strait Islander community members and the other was for government and non-government organisations across NSLHD. A mixture of email, post, face to face interviewing and telephone was used to disseminate the questionnaires.

The sample of community members were selected from the Aboriginal Health Services Chronic Disease Management Program (CDMP) list as well as patients who had presented to NSLHD hospitals and community members who were involved in our Women's Health Check Days. Participants from government and non-government organisations were randomly selected across NSLHD, areas included: North Sydney, Mona Vale, Manly, Warringah, Hornsby, Ryde, Brooklyn, Normanhurst, Mosman, Narrabeen and Chatswood.

The face to face interviews were conducted during Home visits to our CDMP patients, at our Women's Health Check Days and on visits to different organisations.

Using the information collected the NSLHD AHS were able to identify areas of need in health and service delivery from a community member's point of view, and an organisational point of view. Subsequently the NSLHD AHS have used this information together with previous research undertaken to produce this document. All written questionnaires are attached to this document as Appendices:

Appendix 1: Aboriginal Community Questionnaire

Appendix 2: Organisation Questionnaire

Appendix 3: Face to face and telephone interviews

Geography and Demographics

The NSLHD Aboriginal Health Services Plan 2013-2016 identified 2463 Aboriginal and Torres Strait Islander peoples living in Northern Sydney but this figure is believed to be underestimated. The Aboriginal and Torres Strait Islander population of Northern Sydney have younger and fewer older people, compared to the non-Aboriginal and Torres Strait Islander population.¹²

The Aboriginal and Torres Strait Islander population in Northern Sydney comprises of scattered individuals and small groups of community. Regular community events such as the Guringai Festival and Christmas in the bush keeps community members linked together.

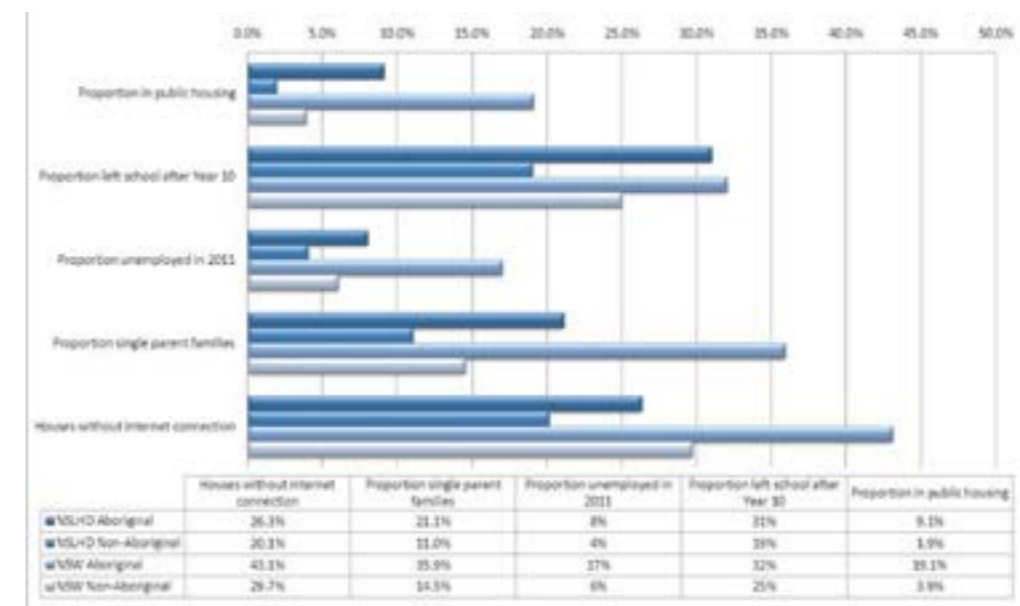
The NSLHD population also includes Aboriginal and Torres Strait Islander school students who board at various North Sydney facilities throughout the year, which include Stewart House and private schools such as Wenona Girls School and St Ignatius College Riverview.

There are approximately 470 Aboriginal and Torres Strait Islander school age students attending government schools in NSLHD. This information was extracted from a mid-year census in March 2015 by the Statistics Unit, Centre for Education Statistics and Evaluation.³ (2015)

Aboriginal residents of Northern Sydney have lower levels of education, a lower weekly income and are more likely to be living in low rent or public housing than non-Aboriginal residents. However, they are generally better off than Aboriginal residents of the remainder of NSW. For example, Aboriginal residents of Northern Sydney have a median weekly income that is two thirds that of non-Aboriginal residents but twice as high as Aboriginal residents in NSW overall.¹⁴

Table 3

Selected Census Characteristics Aboriginal and Non-Aboriginal, NSLHD and NSW



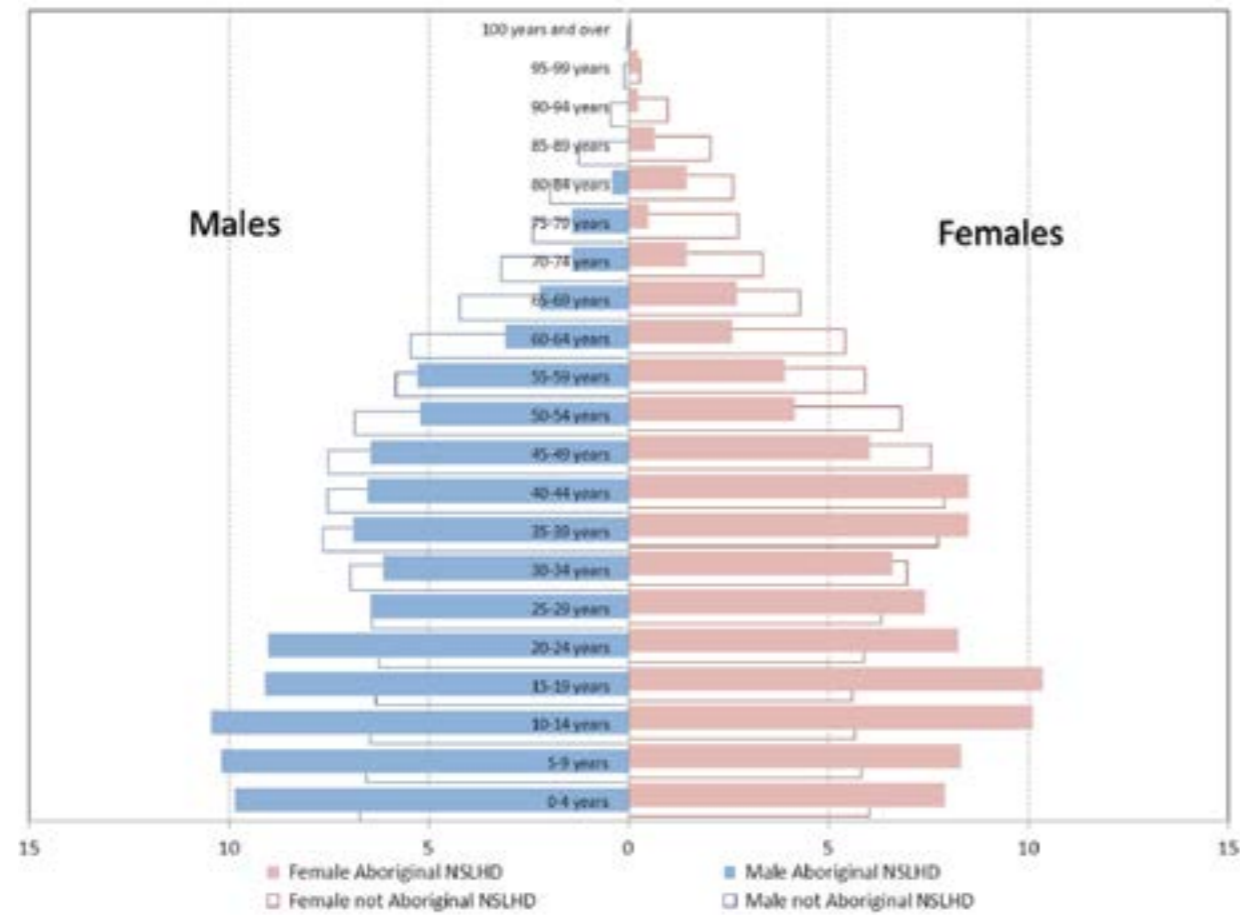
¹² NSLHD Aboriginal Health Services Plan 2013-2016. Retrieved from <http://www.nslhd.health.nsw.gov.au/AboutUs/publications/Documents/Aboriginal%20Health%20Service%20Plan%202013-2016%20Final.pdf>

¹³ S. Williams (personal communication), April 15, 2015

¹⁴ NSLHD Aboriginal Health Services Plan 2013-2016. Retrieved from <http://www.nslhd.health.nsw.gov.au/AboutUs/publications/Documents/Aboriginal%20Health%20Service%20Plan%202013-2016%20Final.pdf>

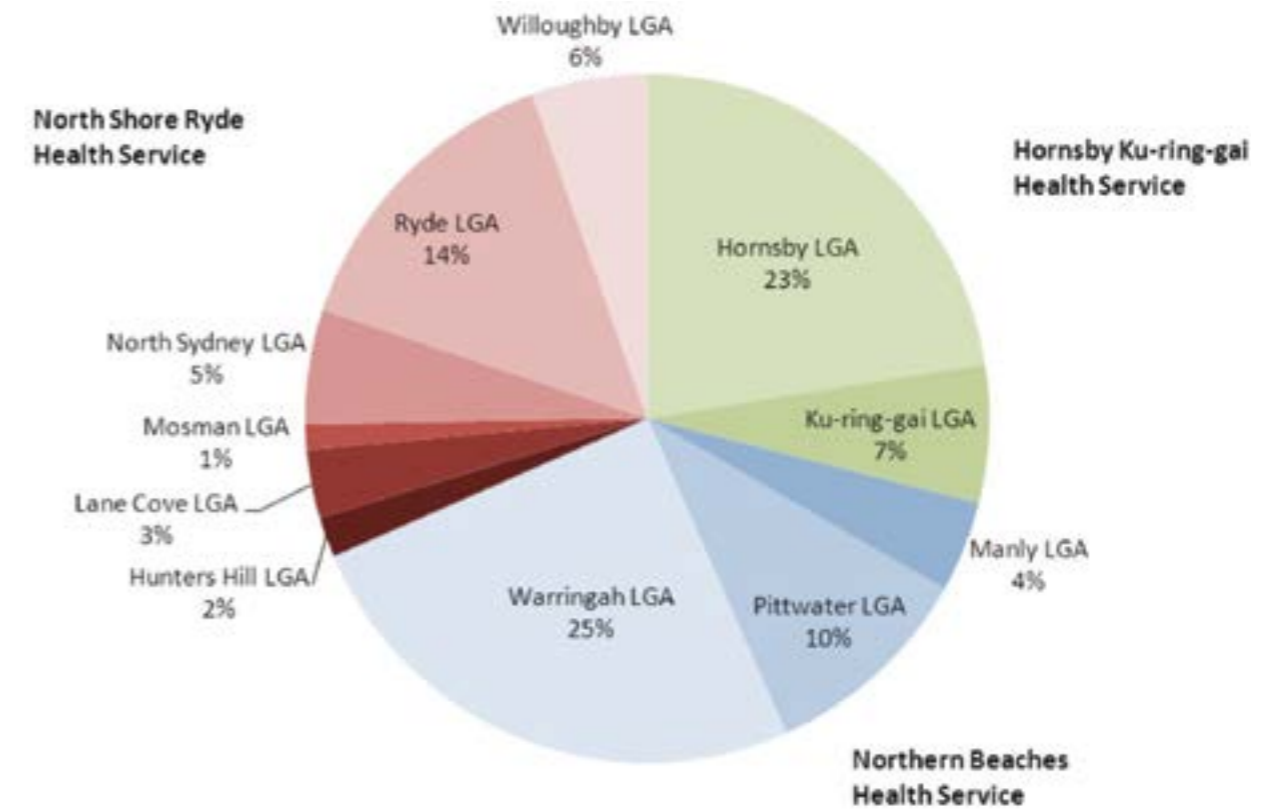


Table 4
 Census 2011 Population Pyramid for the Aboriginal population of NSLHD and the not
 Aboriginal population of NSLHD



The majority of the Aboriginal and Torres Strait Islander peoples live in Warringah, Hornsby, Ryde and Pittwater. There are also a transient population of Aboriginal and Torres Strait Islander peoples moving through NSLHD that often require medical or other health treatment.

Table 5
 Proportion of Aboriginal population by LGA in Northern Sydney LHD



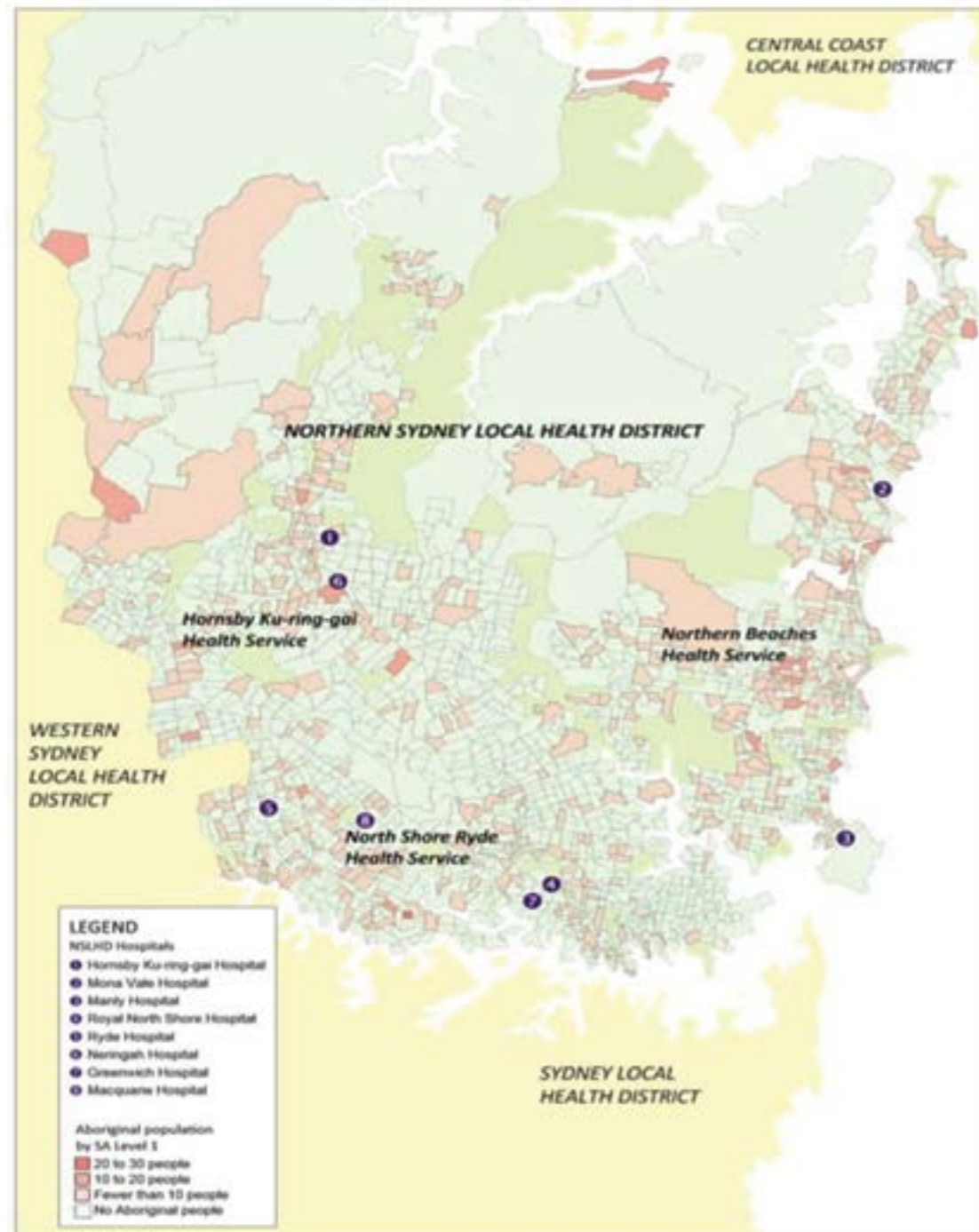
The Aboriginal and Torres Strait Islander population across NSLHD is relatively small and quite dispersed, meaning that any specialist services established in a particular location would require community members to take travel into consideration.

Alarmingly there is a significant population of people whose light-skinned appearance leads to questioning by service providers of their Aboriginal identity, despite such proof not being required under the Closing the Gap scheme. A proportion of the community are members of the Stolen Generations with ongoing SEWB concerns, often combined with other chronic illnesses. Significant numbers of Aboriginal people from outside the NSLHD use services in Northern Sydney.¹⁵



¹⁵ NSLHD Aboriginal Health Services Plan 2013-2016. Retrieved from <http://www.nslhd.health.nsw.gov.au/AboutUs/publications/Documents/Aboriginal%20Health%20Service%20Plan%202013-2016%20Final.pdf>

Source 1
Population of Aboriginal and Torres Strait Islander peoples in Northern Sydney.



Aboriginal and Torres Strait Islander peoples view health as an holistic methodology. Health in Aboriginal and Torres Strait Islander communities includes the physical well-being of an individual but also the social, emotional and cultural well-being of the whole community. It is important when treating Aboriginal and Torres Strait Islander peoples that this is kept in the forefront of all medical and health interventions. There is a strong and deeply cultural view that health means “if I’m sick my community is sick and if my community is sick I’m sick”¹⁷. Simply put, illness in Aboriginal and Torres Strait Islander communities affects all in some way.

¹⁶ Andrology Australia. Engaging Aboriginal and Torres Strait Islander Men in Primary Care Settings. Clinical Summary Guide No.12, Retrieved from <https://www.andrologyaustralia.org/wp-content/uploads/clinical-summary-guide-12.pdf>

¹⁷ Shine, P. (2010)

Gaps Identified

1.1 Dental

Providing dental services for Aboriginal and Torres Strait Islander peoples must play an integral role in providing health care services for Aboriginal and Torres Strait Islander peoples.

NSLHD Oral Health Service has identified gaps in service delivery for Aboriginal and Torres Strait Islander peoples. There is no specific oral health program for Aboriginal and Torres Strait Islander peoples. NSLHD Oral Health and the NSLHD AHS have begun discussions regarding pathways for Aboriginal and Torres Strait Islander peoples to access dental care and treatment.

Developing dental program pathways specifically for Aboriginal and Torres Strait Islander peoples would benefit the NSLHD Aboriginal and Torres Strait Islander peoples by treating them holistically. NSLHD will continue to be the leaders in healthcare by collaboratively leading the way in planning and developing an Aboriginal and Torres Strait Islander peoples dental plan, which other LHD’s may wish to replicate and implement.

Studies (below) show a link to poor oral health and chronic disease.

<https://www.dhsv.org.au/news/news-stories/archive-news/dental-decay-linked-to-chronic-diseases-the-case-for-action>

<http://www.everydayhealth.com/dental-health/oral-conditions/oral-health-and-other-diseases.aspx>

<http://www.ucsf.edu/news/2013/06/106406/there-link-between-oral-health-and-kidney-function>

The World Oral Health Report (2003) states¹⁸

“...the interrelationship between oral and general health is proven. Severe periodontal disease, for example, is associated with diabetes. The strong correlation between several oral diseases and non-communicable chronic diseases is primarily a result of common risk factors. Many general disease conditions also have oral manifestations that increase the risk of oral disease which, in turn, is a risk factor for a number of general health conditions”.

Since that report, Dental Health Services Victoria (2011) states¹⁹ further evidence has emerged strengthening the case that oral health and general health are related in four major ways.

1. Poor oral health is significantly associated with major chronic diseases
2. Poor oral health causes disability
3. Oral health issues and major diseases share common risk factors
4. General health problems may cause or worsen oral health conditions.

¹⁸ Poul Erik Petersen (2003). Continuous Improvement of Oral Health In The 21st Century - The Approach of The WHO Global Oral Health Programme. Denmark: World Health Organisation

¹⁹ Dental Health Services Victoria. (November 2011). Links between oral health and general health the case for action. Retrieved from https://www.dhsv.org.au/__data/assets/pdf_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf



To attempt to reduce oral health problems and prevent major chronic diseases faced by Aboriginal and Torres Strait Islander peoples, we must look at periodontal disease in the same way as we look at nutrition, obesity and diabetes in community health programs, from a Primary Health Care perspective including health promotion activities that combat chronic dental issues.

Many of the risk factors for gum disease are the same as those for heart disease, such as tobacco use, poor nutrition and diabetes. Overall, people who have chronic gum disease are at higher risk for a heart attack.²⁰

Compared to the overall Australian population of similar age, Aboriginal and Torres Strait Islander peoples experience significantly more oral disease.

Among Aboriginal and Torres Strait Islander peoples:
Children generally have more than twice the caries experience and a greater proportion of untreated caries
Adults have more missing teeth
Children and adults have worse periodontal health, with poor periodontal health evident in younger populations. ²¹

Specific dental care could lead to a reduction in the progression or recurrence of periodontal disease, which may reduce the likelihood of developing a chronic disease such as diabetes, cardiovascular disease or kidney disease. Dental disease may be a symptom of chronic disease or a co-morbidity of chronic disease.



1.2 Aboriginal and Torres Strait Islander Men's Health

Aboriginal and Torres Strait Islander men have the worst health outcomes of any group in Australia. They die earlier from chronic diseases, such as cardiovascular disease, respiratory disease, cancer and endocrine disease. Aboriginal and Torres Strait Islander men have higher rates of alcohol misuse, mental health and SEWB. Aboriginal and Torres Strait Islander men also have higher rates of suicide than non-Aboriginal and Torres Strait Islander men.²²

The lack of culturally appropriate Aboriginal and Torres Strait Islander men's health services in NSLHD was identified as a concern in consultation with Aboriginal and Torres Strait Islander men. Early detection of chronic diseases for Aboriginal and Torres Strait Islander men is critical for their health and wellbeing. Addressing other social, emotional and cultural issues may prevent Aboriginal and Torres Strait Islander men from developing further serious health complications including diabetes, cardiovascular disease, renal impairment, cancer, hypertension and SEWB issues.

Aboriginal and Torres Strait Islander men do not often talk about their health issues or seek medical advice and treatment, because it is considered a sign of weakness and shame and also they think sickness will go away. They don't deal with the stress of being sick. They may not be aware of the Closing the Gap scheme, or other medical interventions available to them. Aboriginal and Torres Strait Islander men's problems are not noticed until the problem or problems become too serious to ignore, at critical or end stage.

There are multiple factors that contribute to Aboriginal and Torres Strait Islander men accessing health services. The need to further introduce and improve the health literacy of Aboriginal and Torres Strait Islander men is an essential. A men's health check day will provide space for Aboriginal and Torres Strait Islander men to yarn and relax and talk about any problems they have in a safe and culturally appropriate environment. At the health check day, tests and screening procedures for the following can take place.

Testicular cancer
Skin cancers such as melanoma
Diabetes
Sexual health
Bowel and prostate cancer
Heart disease
High blood pressure
Drug and alcohol issues

Research^{23, 24} shows that there are a range of risk factors that contribute to excess Aboriginal and Torres Strait Islander men's mortality, which includes smoking, excessive alcohol, high levels of obesity, poor nutrition and lower utilisation of health services.

NB: More comprehensive information for Aboriginal and Torres Strait Islander men's health can be found in the NSLHD Aboriginal and Torres Strait Islander Men's Health Plan 2015-2020

²⁰ Dental Health Services Victoria. (November 2011). Links between oral health and general health the case for action. Retrieved from https://www.dhsv.org.au/__data/assets/pdf_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf

²¹ NSW Health Oral Health 2020: A Strategic Framework for Dental Health in NSW. Retrieved from <http://www.health.nsw.gov.au/oralhealth/Publications/Oral-Health-2020.pdf>

²² National Aboriginal and Torres Strait Islander Health Plan 2012-2023 Retrieved from. [http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)

²³ Australian Health Ministers' Advisory Council, 2011, Aboriginal and Torres Strait Islander Health Performance Framework Report 2010, AHMAC, Canberra. Retrieved from [http://www.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-framereport-toc/\\$FILE/HPF%20Report%202010august2011.pdf](http://www.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-framereport-toc/$FILE/HPF%20Report%202010august2011.pdf)

²⁴ National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context, NATSIHC, Canberra. Retrieved from <http://www.naccho.org.au/download/naccho-historical/nfsatihcont.pdf>

1.3 Social and Emotional Wellbeing (SEWB)

One of the objectives from the strategic goals for the Aboriginal Health Services Plan 2013-2016 states that, the social and emotional wellbeing of Aboriginal people will be taken into account in all interventions with Aboriginal people.

Cultural understanding can shape the provision of health services and can improve Aboriginal and Torres Strait Islander peoples health outcomes in relation to SEWB issues.

Using the term social and emotional wellbeing in preference to mental health, “SEWB refers to the ability of Individuals or groups to grow and develop, to be able to live in harmony with others and with the environment and to affect change”.²⁵

The Director Aboriginal Health has stated “Many communities, including Indigenous Australians, prefer the term ‘social and emotional wellbeing’ to ‘mental health’ because it is perceived as reflecting a more positive approach to health.” (2010).²⁶

Understanding Aboriginal and Torres Strait Islander peoples and intergenerational trauma will help assist non- Aboriginal and Torres Strait Islander peoples begin to understand how intergenerational trauma impacts on Aboriginal and Torres Strait Islander peoples, their lives and SEWB.

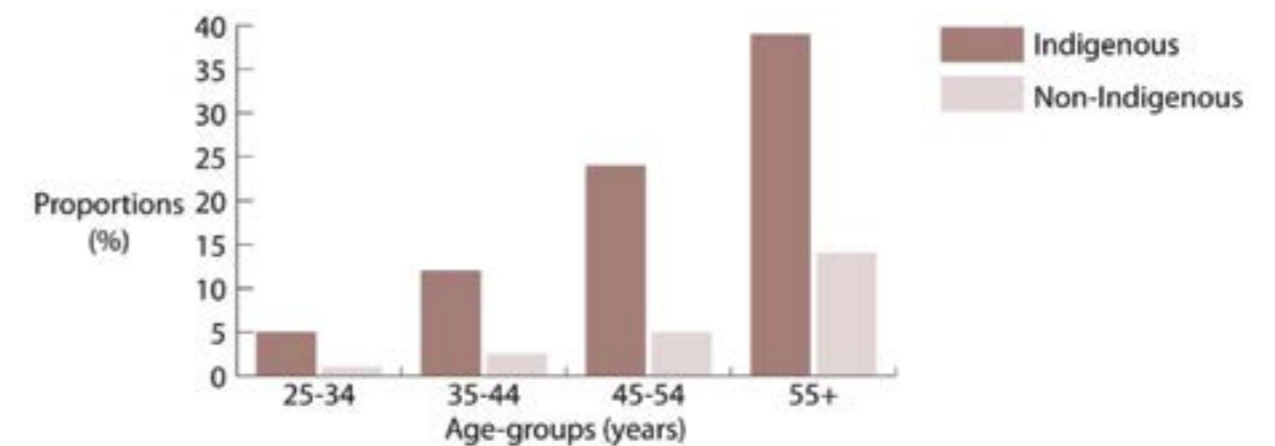
Aboriginal and Torres Strait Islander peoples focus on social and emotional wellbeing with a strong connection to land/sea, community and family. Aboriginal and Torres Strait Islander peoples have survived for over 60,000 years and have proven to be resilient and survive even after facing much cruelty, social injustices, violence, the forced removal of children and dispossession of land. The experiences mentioned above play an important role with Aboriginal and Torres Strait Islander peoples and their SEWB. The acknowledgement and action to address these issues will play an important role in improving Aboriginal and Torres Strait Islander peoples health. This is imperative to keep Aboriginal and Torres Strait Islander peoples healthy and in the bigger picture our communities healthier.

The first generation: Since 1788 Aboriginal and Torres Strait Islander peoples have been dispossessed of land, culture, language and human rights. They have been massacred, enslaved, imprisoned and deprived of the ability to look after their families ²⁷ .
The second generation: Many Aboriginal and Torres Strait Islander peoples overused alcohol and or other drugs to cope with the loss of cultural identity and sense of worth.
The third generation: The intergenerational effects of violence and the increased prevalence of domestic violence from their past means the breakdown of families which the government removed Aboriginal and Torres Strait Islander children and placed them in the care of non-Aboriginal and Torres Strait Islander peoples.
The fourth generation: Trauma transferred causing more violence in families and communities creating social norms of accepted behaviour.
The fifth generation: The cycle continues and increases trauma.

1.4 Diabetes

For Aboriginal and Torres Strait Islander people diabetes is a major health problem. Aboriginal and Torres Strait Islander peoples levels of diabetes and /or high sugar levels is three times higher than non- Aboriginal and Torres Strait Islander peoples.²⁸

Table 6
Proportions (%) of people reporting diabetes/high sugar levels as a long-term health condition, by Indigenous status, and age-group, Australia, 2012-2013



Source: ABS 2013

Diabetes was a leading cause of death for Aboriginal and Torres Strait Islander peoples. The overall death rate was seven times higher for Aboriginal and Torres Strait Islander peoples than that for non-Aboriginal and Torres Strait Islander peoples.

At the Aboriginal and Torres Strait Islander health check days we can screen Aboriginal and Torres Strait Islander peoples for diabetes and provide health promotion materials and advice on nutrition and diabetes management and/or prevention.

Regular clinics for Aboriginal and Torres Strait Islander peoples will give us the ability to facilitate several health promotion and education programs centred around smoking, sexual health, prostate cancer, bowel cancer, testicular cancer, drug and alcohol issues and SEWB. The AHS can target prevention and education programs to Aboriginal and Torres Strait Islander youth aged 12 to 18 and include them in a young person’s program.

²⁵ Working with Aboriginal people in NSW – Mental Health Coordinating Council - Resource Booklet

²⁶ Shine, P (2010)

²⁷ Atkinson, J, Nelson, J, Atkinson, C. Trauma, Transgenerational Transfer and Effects on Community Wellbeing. Available from <http://aboriginal.telethonkids.org.au/media/54889/chapter10.pdf>

²⁸ Australian Indigenous HealthInfoNet (2014) Summary of Australian Indigenous health, 2013. Retrieved 04/03/2015 from <http://www.healthinfonet.ecu.edu.au/health-facts/summary>

1.5 Transport

Lack of transport is a barrier for Aboriginal and Torres Strait Islander peoples accessing health services or attending follow up appointments. This leads to social isolation and an increase in the severity of chronic disease. Patients with a chronic disease, disability or mobility issues find it harder to access public transport. Sydney North Shore and Beaches Medicare Local (SNSBML)* has previously looked at this issue and have identified the following.²⁹

1.5.1 Public and private transport gaps

No railway service provided to the Northern Beaches areas.
Reported gaps in taxi services (e.g. taxis refusing short fares and reluctant/refusing to travel north of certain points on the Northern Beaches as they risk not obtaining a return fare; Dee Why and Newport mentioned as key cut-off points).
High number of dwellings with no motor vehicle (need to rely on public transport).

1.5.2 Physical barriers and population demographics/characteristics

Lack of proximity of major population centres to key health services (e.g. Warringah, being the most populous LGA within SNSBML region, is a long distance to RNSH, especially for those with chronic/complex illness, disability, poor mobility).
SNSBML demographic comprised of high proportion of older persons for whom standard transport options (e.g. bus, rail, and taxi) are not appropriate or accessible.
SNSBML demographic comprised of persons with disabilities, persons with chronic and complex illness, culturally and linguistically diverse persons who may face language or communication barriers, for which standard transport options are not appropriate or accessible. Hilly, uneven topography of certain local areas making it difficult for people to walk to and from public transport to health services.
Lack of appropriate and accessible parking at health facilities, making it especially difficult for patients who drive and are elderly, or have poor mobility, or people with disabilities.
Parking costs prevent patients from driving to appointments; this is often their only option for transport and in particular affects pensioners.
Aboriginal population without cars living in the Northern Beaches; many need to access specialist services and attend ongoing appointments which are a long distance away but have no means to get there.
Lack of adequate and safe bicycle lanes in region.
Concerns regarding the planned move of Mona Vale Hospital to Frenchs Forest with potential for increased transport barriers/issues for certain groups.
Patient transport directly impacts continuity of care and runs the gamut from high needs (e.g. severely or profoundly disabled or those who require medical monitoring or treatment en route) to low needs (e.g. relatively ambulant, or minor mobility issues). Patients and providers have difficulty accessing the right service for the unique needs of the patient.
Lack of volunteers to staff community based transport services.
Lack of capacity, lack of flexibility (i.e. with regard to timing as well as cross-border service provision) and lack of extended operating hours of community transport services places undue burden on carers and community-based social service providers who often must provide patient transport where there is no other option.

²⁹ SNSBML Population Health Needs Assessment Report May 2013

Community based as well as public transport options are disparate across the various Council areas, making it difficult for both primary health care providers and patients to know which options are available at which times in order to attend appointments and access key health services. It was reported that certain transport services often compete with one another, as their rates of uptake are often linked to funding, making the services even more fragmented.

Community transport does not always cater for people with disabilities.

Lack of weekend community transport.

Transport service providers do not communicate well across catchment borders and do not share resources effectively. There is a lack of coordination across different transport providers which may contribute to certain services being undersubscribed.³⁰

*SNSBML now operating as Sydney North Health Network

Many Aboriginal and Torres Strait Islander patients are relying on public transport or transport services from outside NSLHD to access services, Wangary from Penrith is an example. Wangary provides/assists people with personal care, housekeeping, respite care, meal preparation, shopping and travel. An Aboriginal and Torres Strait Islander transport service would be a valuable resource for Aboriginal and Torres Strait Islander peoples and the Aboriginal Health Unit at NSLHD. This was identified by several community members and key stakeholders. NSLHD current hospital transport service only assists with transportation for the following:

Transfer of in-patients from Northern Sydney & Central Coast Public Hospitals to another public hospital or facility.

Transportation of patients from Northern Sydney & Central Coast Public Hospitals to medical appointments at either another hospital or a private service provider.

Transport to and from health appointments for patients is a tiring and exhausting experience, especially for those patients requiring transport home after treatments such as dialysis, chemotherapy and radiotherapy. Having to wait until transport finally arrives and then waiting until other passengers are dropped off can often make the patient upset as they are already feeling drained of energy. Traveling comfortably to and from appointments is another step to achieving overall positive health outcomes for Aboriginal and Torres Strait Islander peoples.

An Aboriginal and Torres Strait Islander NSLHD transport service can be utilised not only for attending follow up appointments and treatments for chronic disease and for other illness. It can also be used to help transport community members that may wish to attend several health events throughout the year such as the women's health check day's and in the foreseeable future the men's health check days, Bungee Bidgel health clinic which is located at Hornsby Kuring-gai Hospital, NAIDOC events and transport home for patients discharged from hospital. The Transport service can be used in partnership with key stakeholders such as Medicare Local, Partners In Recovery (PIR) and other services who work closely with NSLHD AHS.

³⁰ SNSBML Population Health Needs Assessment Report May 2013



1.6 Collection of data of Aboriginal and Torres Strait Islander peoples

The collection of data on Aboriginal and Torres Strait Islander peoples is a concern in NSLHD. NSLHD service providers are not identifying Aboriginal and Torres Strait Islander patients. Aboriginal & Torres Strait Islander peoples are not being asked “Are you Aboriginal and/or Torres Strait Islander person?”

Over the past few months I have visited several medical practices in NSLHD and upon asking if they had any Aboriginal and Torres Strait Islander patients their responses were no. This response led me to ask them how do they know they do not have any Aboriginal and Torres Strait Islander patients, to which some medical practices replied,

“Because we don’t have any Aboriginal or Torres Strait Islander peoples living in this area”

“We don’t have any Aboriginal or Torres Strait Islander patients attending our service”

“Why ask someone that question if they don’t look Aboriginal or Torres Strait Islander”

An Aboriginal person is a person who:
Is a member of the Aboriginal race of Australia
Identifies as an Aboriginal person
Is accepted by their Aboriginal community as being an Aboriginal person

Aboriginal and Torres Strait Islander peoples both individually and collectively as a community define themselves by their culture and not by the colour of their skin.

An investigation into incorrectly identified patients is being undertaken by the NSLHD AHS. Information will be collected and a report is to follow. Information we are collecting enables us to identify the following. See table 7.

HINT:

When unsure of a person’s Aboriginality

ASK THEM!

Most Aboriginal people will tell you if they are Aboriginal or Torres Strait Islander.

They are not afraid of their heritage, quite the contrary.

You WILL NOT breach any politically correct rule if you respectfully ask the question.

NSW Health mandates that at the first point of contact with health services, all people need to be asked the following question: “Are you of Aboriginal or Torres Strait Islander origin?” This question should be asked of all clients irrespective of appearance, country of birth, or if the staff knows the client or their family background. There is nothing discriminatory about asking this question.³¹

Incorrectly identifying Aboriginal and Torres Strait Islander patients within hospitals in NSLHD is a concern. Multiple cases of incorrect identification or unknown Aboriginality continues to grow, in some cases the same patient has been identified incorrectly at one hospital despite the fact that they have been correctly identified at the facility that they first presented to. Continual collection of data is being recorded by the AHS.

Table 7
Patient Data

Facility	MRN	Patient First Name	Patient Last Name	Aboriginal Status	Correct Identification	Admission Date	Discharge Date
RNS	###	####	####	Neither	Aboriginal	13/09/2014	7/10/2014
RNS	###	####	####	Torres Strait	Neither	12/10/2014	####
MANLY	###	####	####	Torres Strait	Neither	7/10/2014	####
MONA VALE	###	####	####	Aboriginal	Neither	3/10/2014	7/10/2014
MONA VALE	###	####	####	Neither	Aboriginal	27/04/2014	####
MANLY	###	####	####	Neither	Aboriginal	1/04/2014	1/04/2014
RNS	###	####	####	Both Aboriginal and Torres Strait	Neither	28/10/2014	####
RYDE	###	####	####	Both Aboriginal and Torres Strait	Neither	24/10/2014	####
RNS	###	####	####	Both Aboriginal and Torres Strait	Neither	29/10/2014	####

There are over 500 staff in NSLHD that are responsible for recording and entering data on patients, some of the 500 staff are not asking the patient if they are Aboriginal and Torres Strait Islander, and are assuming the patient is or is not Aboriginal or Torres Strait Islander based on the patients appearance. Staff that make that assumption are recording incorrect information leaving the Aboriginality status as unknown.

Recording patient Aboriginality & Torres Strait Islander details is mandatory but is in some cases this is not being complied with. This needs to be addressed immediately. Correctly

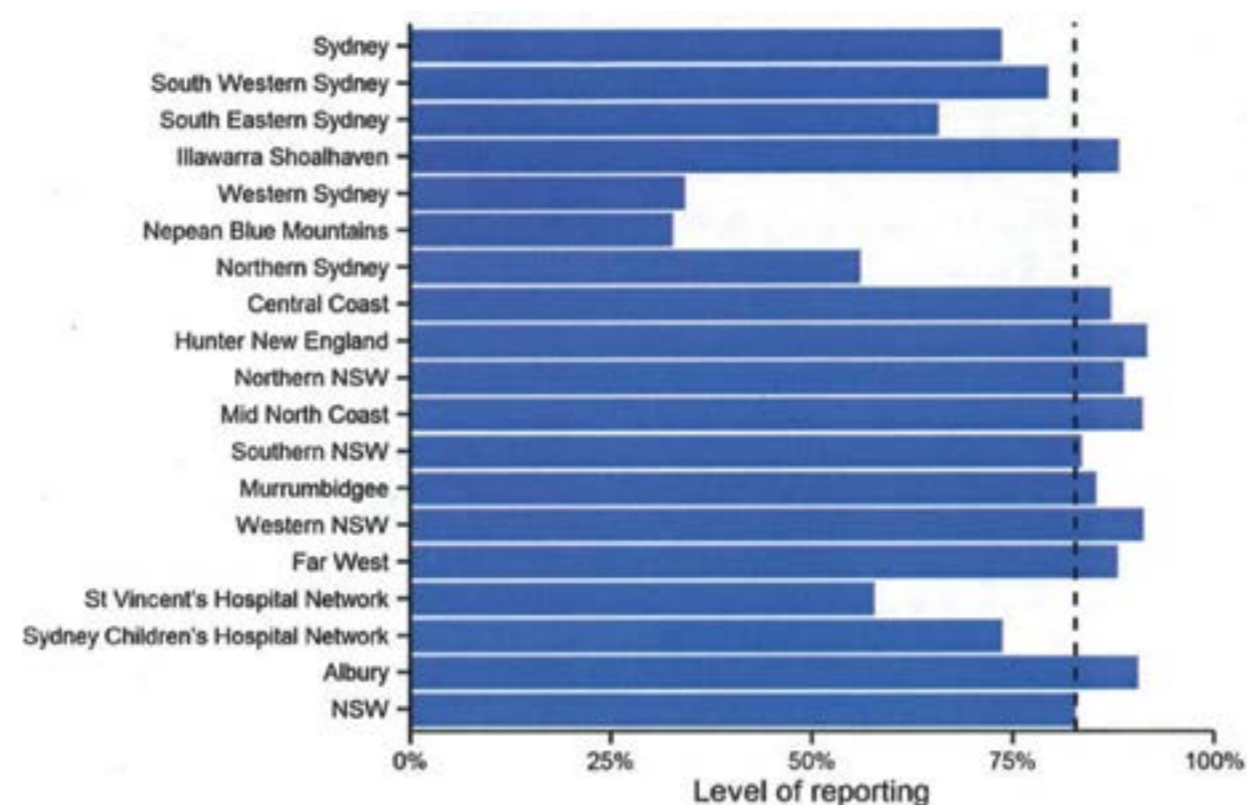
³¹ Didja Know Cultural Information & Communication Guide. Retrieved from. <http://intranet.nslhd.health.nsw.gov.au/ClinicalNet/AboriginalHealth/Documents/Didja%20Know%204.pdf>



recorded data on Aboriginality will provide us with the data to achieve equity in health for Aboriginal and Torres Strait Islander peoples, identify chronic disease prevalence and allow us to determine vital statistics such as, age, gender, and other health issues. This information enables us to target health education, health promotion/prevention programs and health service delivery for Aboriginal and Torres Strait Islander peoples across NSLHD.

The representation of the Aboriginal Health Unit at new staff orientation will allow us to address this issue and educate new staff about the importance of asking one simple question, are you Aboriginal or Torres Strait Islander?

Source 2
Level of reporting of Aboriginal people in the Emergency Department Data Collection by Local Health District



The Ministry Of Health has found that data collection on Aboriginal and Torres Strait Islander peoples is known to be under-reported especially in emergency departments as shown in the following graph. NSLHD rates poorly in the collection of data of Aboriginal and Torres Strait Islander peoples.

1.7 Culturally appropriate services

The lack of cultural education of Aboriginal and non-Aboriginal and Torres Strait Islander staff has been identified as a gap in NSLHD. Whilst Work Force has conducted mandatory Aboriginal and Torres Strait Islander cultural awareness program there are still a large number of staff who have not completed this program. This has a negative impact on the way in which Aboriginal and Torres Strait Islander peoples access health services.

By understanding Aboriginal and Torres Strait Islander health and culture, an understanding of how to interact with Aboriginal and Torres Strait Islander peoples increases the likelihood of achieving a culturally appropriate service.

Other ways services can provide a culturally appropriate/sensitive health service for Aboriginal and Torres Strait Islander peoples can be as easy as making some small changes. The change could be as small as putting up an Aboriginal and Torres Strait Islander flag in the waiting area or an Aboriginal painting. Its small things like this that Aboriginal and Torres Strait Islander peoples may look for and once they notice , it can put them at ease.

When an Aboriginal or Torres Strait Islander person presents for care, the room becomes a cultural meeting ground and clinicians need to be mindful that while they are examining Aboriginal people they too are being examined. Good health practice advises that all observation begins in the waiting room observing many things about a client. Aboriginal people may also be checking for an Aboriginal face, poster, book or other cultural information as a sign of welcome. These things form a simple bridge to acceptance.³²



Face to face interviews were conducted with several Aboriginal and Torres Strait Islander women at the Aboriginal women's health check day, and gaps identified stated by the Aboriginal and Torres Strait Islander women was the understanding of culture and effective communication within mainstream services. This is one of the reasons why Aboriginal and Torres Strait Islander women sometimes do not attend appointments with non-Aboriginal services.

The Aboriginal women's health check day continues to be a success due to the culturally inclusive atmosphere and having non-Aboriginal and Torres Strait Islander staff who have been educated in Aboriginal and Torres Strait Islander cultural appropriateness and who understand the importance of cultural, emotional and social wellbeing.

1.8 Community engagement/staff/funding

Currently the NSLHD AHS consists of five employees and one student. NSLHD covers a large area of Northern Sydney and with six hospitals in our district we sometimes have to make a judgement of which of our patients, meetings or work tasks are of priority. Increasing the number of staff in the AHS will enable us to better service the NSLHD, it will give us the ability to work closely with all our clients, community members and other key organisations on a regular basis and reduce the amount of prioritising that we currently have to do.

³² Didja Know Cultural Information & Communication Guide. Retrieved from <http://intranet.nslhd.health.nsw.gov.au/ClinicalNet/AboriginalHealth/Documents/Didja%20Know%204.pdf>



We will be able to service Aboriginal and Torres Strait Islander peoples professionally, clinical and non- clinically. There are many occasions when staff is undertaking other projects that are imperative to addressing the health of Aboriginal and Torres Strait Islander peoples in NSLHD, stretching our staff and resources to the limit.

Having contact with local Aboriginal and Torres Strait Islander community organisations and community members on a regular basis is something the NSLHD AHS will continue to do.

Engaging regularly with local Aboriginal and Torres Strait Islander community organisations will allow the NSLHD AHS to interact with community on a grass roots level. Interaction with local Aboriginal and Torres Strait Islander peoples in community settings such as support groups, community meetings and community events can enable us to build rapport with local community members and set up new partnerships with organisations. This interaction will provide the chance to inform Aboriginal and Torres Strait Islander peoples about upcoming projects we have and also gives the community a chance to voice any views or concerns they may have.

Having the opportunity to attend Aboriginal and Torres Strait Islander community events in NSLHD and other LHDs will prove to be a valuable resource for the success of any new or existing health programs we develop. This will give the NSLHD AHS the opportunity to personally invite local Aboriginal and Torres Strait Islander peoples to current health education, promotion/prevention programs and also allow the NSLHD AHS to listen to any concerns or recommendations that the community may have.

When an Aboriginal or Torres Strait Islander patient comes from out of county into NSLHD there are usually other family members accompanying them. When Aboriginal and Torres Strait Islander peoples learn that there is an Aboriginal Health Service in NSLHD they have certain expectations from us with regard to providing support not just for emotional and social issues but also financial assistance.

Attending hospitals out of country for Aboriginal and Torres Strait Islander peoples can be a distressing situation. The Aboriginal Health Service is contacted for support and we have to let them know we do not have funding to provide financial assistance. This impacts greatly on the family as we have to inform them we will contact the Social Work Department to see if they can be of assistance. This waiting period adds to the stress of patient and family. Hospitals are a stressful place for many Aboriginal and Torres Strait Islander peoples especially those from rural and remote NSW and Australia.

An emergency fund for such contingencies would assist the NSLHD AHS to assist families and individuals in their time of need and provide the support they require and eliminate stress as we can provide financial support for some patients immediately. In some cases the Social Work Department comes back with an answer that they cannot provide assistance. Having an emergency accommodation, food and travel budget for the NSLHD AHS for people that live out of area will assist us in providing support at a time when people should not have to be worrying about basic needs such as food, accommodation and travel.

An emergency budget can also provide us with the means to provide transport for patients that live out of area to get back home safely and comfortably, on many occasions Aboriginal and Torres Strait Islander patients have been discharged from hospital only to have to find their own transportation home.

There are occasions when an admitted Aboriginal and Torres Strait Islander patient has his or her partner with them as an only connection to country. It is essential that this partner be accommodated in the patient's room for the wellbeing of the patient. The precedent for this has been set by the NSLHD AHS on more than one occasion.

1.9 Education

A population health workshop conducted by SNSBML** looked at three main issues, patient education, health practitioner education and the links between institutional education (e.g. primary, secondary and tertiary education) and health literacy and access to primary health care services. There were several issues identified from the population health workshops.

** SNSBML now operating as Sydney North Health Network

Gaps in education services regarding primary health care and social risk factors:

Workshop participants cited gaps in local institutional education, especially the importance of the need for more health education in primary and secondary schools, the critical need to continue the GPs in Schools Program aimed at youth health and help-seeking knowledge, the importance of educating youth through social media outlets, and the need for youth outreach regarding risky behaviour, binge drinking, social support and cyber safety. Regarding gaps in patient education around primary health care, wellbeing, and prevention, participants mentioned that there is a lack of patient education services for certain cultural and hard to reach groups as well as for those with disabilities.

Discussion on critical education gaps included:

Lack of education and resources for older people, people with disabilities, and non-English speaking people;

Lack of pre and post-natal education, and education regarding childhood immunisation for expecting and new parents, especially on the Northern Beaches;

The need for additional lifestyle modification programs and education targeting obesity and other risk factors;

Lack of education on sexual health and sexually transmitted infections, especially on the Northern Beaches; and

The need for more targeted education for older people (e.g. health promotion, basic skills such as computer literacy, falls prevention) and education for older people and families/carers on dementia.

Effectiveness of patient education on health outcomes:

Workshop participants across the board agreed that patient education is extremely beneficial in improving patient adherence to treatment regimes, especially for allied health services such as physiotherapy, and is effective in equipping patients with the skills and confidence to be more proactive and self-manage their condition. Although patients can sometimes be resistant to receiving education as part of their treatment, participants agreed that continued reinforcement, affordability, and continuity were all crucial in delivering effective patient education and they stressed the importance of specific education programs that are currently working well including falls prevention, medication education, mature age patient education, lifestyle modification programs, and education on chronic disease management.



Primary health care workforce education:

Workshop participants cited gaps in local institutional education, especially the importance of the need for more health education in primary and secondary schools, the critical need to continue the GPs in Schools Program aimed at youth health and help-seeking knowledge, the importance of educating youth through social media outlets, and the need for youth outreach regarding risky behaviour, binge drinking, social support and cyber safety. Regarding gaps in patient education around primary health care, wellbeing, and prevention, participants mentioned that there is a lack of patient education services for certain cultural and hard to reach groups as well as for those with disabilities.

School attendance and service access:

Workshop participants across the six sub-groups concurred that there is a direct link between primary and secondary school attendance and the ability and knowledge of children and youth to access health and social services and to seek help when they need it. Youth workers noted high truancy rates, especially in the Willoughby area and expressed concern that when children and youth do not attend school, not only does it impact negatively on their health literacy but it also precludes them from accessing key services, as youth often receive important information or can get referred to certain services via their local school. Other practitioners such as social and community workers expressed concern around the high cost of education and the overpopulation of schools in the SNSBML region.³³

1.10 Lack of culturally appropriate health education

The development of other cultural and age appropriate health promotion and education programs specifically designed for, drug and alcohol, smoking and obesity can have a positive effect on young Aboriginal and Torres Strait Islander peoples if we follow the same delivery method. Cultural and age appropriate education programs delivered by their peers can aim to achieve the following:

Reduce misinformation
Increase knowledge
Provide positive values and attitudes
Increase people's skills in making informed decisions and acting upon them
Improve perceptions about peer groups and social norms

It has been well documented in several conversations with government and non-government organisations and community members that there is a gap in culturally appropriate health promotion and education programs for young Aboriginal and Torres Strait Islander peoples in the age group of 12 to 25. Several areas where this is lacking are as follows:

HIV and sexual health education
Smoking intervention health promotion and education
Aboriginal Chronic disease transferral program, from youth to adult.
Obesity in Aboriginal and Torres Strait Islander youth
Drug and alcohol health promotion and education

³³ SNSBML Population Health Needs Assessment Report May 2013

“Indigenous youth are at the forefront of Aboriginal and Torres Strait Islander health. They represent more than half of the Indigenous population in Australia, are within the age bracket where death from diseases such as cardiovascular disease and diabetes is still avoidable, and importantly, have a passion for improving health outcomes.”³⁴

1.10.1 HIV and sexual health education

HIV and sexual health education for young Aboriginal and Torres Strait Islander peoples is an acknowledged gap. There have been multiple campaigns to address HIV and sexual health but these have been targeted to an adult population. A culturally appropriate program developed especially for young Aboriginal and Torres Strait Islander peoples will be for NSLHD.

Mainstream HIV and sexual education programs do not always reach or influence decisions made by young Aboriginal and Torres Strait Islander peoples. Programs aimed at young Aboriginal and Torres Strait Islander peoples also need to be delivered in a community and a school based setting.

“Peer education works very well for students and young people. Sharing a conversation with people of the same age or social group you can be more relaxed, and, for example, you can ask questions that would be difficult to ask to an adult.”³⁵

NSLHD AHS is collaborating with the Aids Council of NSW (ACON) this will be beneficial in developing and implementing culturally appropriate and age specific HIV and sexual health education and other activities.

1.10.2 Smoking prevention and intervention

Tobacco use is the most preventable cause of ill health and early death among Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander peoples generally start to smoke at an earlier age, they smoke more cigarettes and quit at a later age than most other Australians.³⁶

The National Centre of Indigenous Excellence (NCIE) has a range of resources which have been developed, including five video commercials and an interactive app to get people thinking and talking about tobacco use in their community. The formation of a regional group to take action on Aboriginal and Torres Strait Islander peoples tobacco use for NSLHD in partnership with the NCIE may prove to be a useful partnership to try and work out ways to help Aboriginal and Torres Strait Islander youth and adults to quit smoking and deter our youth from taking up the habit.

In 2012–13, two in five (41%) Aboriginal and Torres Strait Islander peoples aged 15 years and over reported smoking on a daily basis. A further 2% of Aboriginal and Torres Strait Islander peoples smoked, but not on a daily basis, around one in five people (20%) were ex-smokers, and 37% had never smoked.³⁷

³⁴ National Aboriginal And Torres Strait Islander Health Plan 2013-2023. Retrieved from [http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)

³⁵ AVERT HIV & AIDS Education for Young People 1986- 2014. Retrieved from <http://www.avert.org/hiv-aids-education-young-people.htm>

³⁶ Australian Bureau of Statistics. (2014). Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012-13. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.006-2012%E2%80%93Main%20Features-Tobacco%20smoking-13>

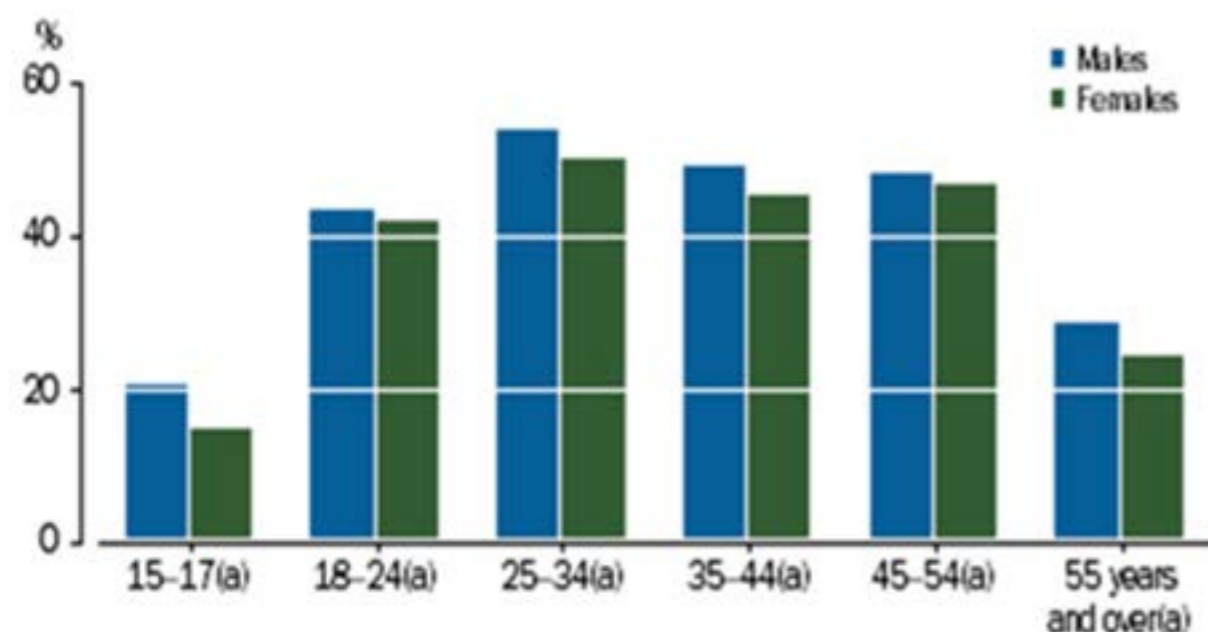
³⁷ Australian Bureau of Statistics. (2014). Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012-13. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.006-2012%E2%80%93Main%20Features-Tobacco%20smoking-13>



Source 3³⁸

Current daily smokers by sex and age, Aboriginal and Torres Strait Islander peoples—2012–13
Age group (years)

(a) Difference between male and female rate is not statistically significant.



1.10.3 Aboriginal chronic disease transferral program from youth to adult

There is a lack of support for Aboriginal and Torres Strait Islander young people who have a chronic disease and are transitioning from adolescence to adulthood.

The development of a program which can help young Aboriginal and Torres Strait Islander youth with a chronic disease transition into adulthood and manage their chronic disease on their own is an important element in them managing their chronic disease. Young Aboriginal and Torres Strait Islander peoples that have a chronic disease have some support in managing and living with their chronic disease as youths but as soon as they reach adulthood (18 years of age) they then find that they are trying to manage their chronic disease as a young adult with no knowledge of supplementary services. Losing the support they had as a young person they are now expected to live with and manage their chronic disease as an adult and in many cases unaware of what services are available to them.

This transitional phase has major effects on SEWB and can be a daunting experience. Having a support program that assists young Aboriginal and Torres Strait Islander peoples transitioning with a chronic disease into adulthood can be of benefit. Collaboration with The Sydney Children’s Hospital Network program Trapeze will be the starting point to develop and implement this program. There is no objective data for this gap but it has been well documented through several conversations with members from The Sydney Children’s Hospital Network and Trapeze program.

1.10.4 Obesity in Aboriginal and Torres Strait Islander youth

The lack of culturally appropriate and age specific programs for Young Aboriginal and Torres Strait Islander peoples (12 to 25) in NSW are limited. The Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) showed that by early adolescence, nearly one in eight (11.8%) Aboriginal and Torres Strait Islander children aged 10 to 14 were obese. This was nearly double the rate for non-Indigenous children of the same age (6.3%). In fact, the rate for 10 to 14 year olds was more on par with those aged 18–24 years in the non-Indigenous population (14.4%). Likewise, the rate of obesity among young Aboriginal and Torres Strait Islander peoples aged 18–24 was equivalent to that for non-Indigenous adults aged 35–44 years (both 28%).³⁹

Source 4

Persons aged 5 years & over – Proportion who were obese by age & Indigenous Status, 2011-13



For this program to be a success, a whole of family approach needs to be taken. Education for the parents and other family members can assist by allowing the parents to gain important knowledge about healthy choices and lifestyle changes that the whole family can put into place.

1.10.5 Drug and alcohol health promotion and education

Drug and alcohol health promotion and education programs also need to be age specific and culturally appropriate. There is also a need for programs to be delivered and assessed and not just rolled out and forgotten about.

A primary health prevention program can be used so we can try to prevent young people from using alcohol and drugs. By doing this we can provide young people with the

³⁸ Source: 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey

³⁹ Australian Bureau of Statistics. (2014). Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012-13. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.003-2012-13-Main%20Features-Feature%20article:%20%20Chronic%20disease%20results%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20and%20non-Indigenous%20Australians-134>

knowledge of what the effects of risky alcohol and drug use are and give young Aboriginal and Torres Strait Islander peoples the knowledge to make informed decisions about the choices they make.

An example of programs the NSLHD AHS can implement may include school and parent education programs, by involving parents and young people and providing alternatives to alcohol and drug use such as sport or cultural activities. A program like this may improve family relationships and help develop young people's self-esteem.

1.11 Men with breast cancer

In Australia,⁴⁰ around 125 men are diagnosed with breast cancer every year. Most men survive breast cancer. In Australia, 85 per cent of men diagnosed are alive five years later. The majority of men recover and the breast cancer does not return.

Providing information to the community and raising awareness of breast cancer in Aboriginal and Torres Strait Islander men can start the discussion and save a person's life.

Being diagnosed and living with breast cancer can take its toll, not only on a person's physical health but also on emotional health⁴¹. It is important to start the process of taking about breast cancer in men so it can be dealt with culturally. Other issues in turn may well arise from men being diagnosed with breast cancer such as depression and anxiety.

1.12 Gay Lesbian Bisexual Transgender and Intersex (GLBTI)

The inclusion and acceptance of GLBTI Aboriginal and Torres Strait Islander peoples (also known as sister girls and brother boys) not only in the broader community but also within our own community is an important step to achieving overall health for Aboriginal and Torres Strait Islander GLBTI peoples. Being an Aboriginal or Torres Strait Islander gay, lesbian, bisexual, transgendered and intersex (GLBTI) person can often have a negative impact on a person's life. Many Aboriginal and Torres Strait Islander GLBTI people are often excluded and pushed out from their families and communities which often leads to social isolation and exclusion, which in turn can lead to alcohol and drug abuse, mental illness, depression and suicide.

The involvement of missionaries in Aboriginal and Torres Strait Island communities has played a huge role in the exclusion of Aboriginal and Torres Strait Islander GLBTI peoples from their communities. Even in the city acceptance and refuge can be hard to find. The involvement and participation of GLBTI peoples and GLBTI services at community events is a stepping stone to a wider acceptance of Aboriginal and Torres Strait Islander sister girls and brother boys.

All though there is no objective data for these issues, it has been well documented in communication with several people identifying as GLBTI as well as service providers here in NSLHD and other areas across Sydney that social exclusion and isolation is a major problem for many Aboriginal and Torres Strait Islander GLBTI peoples.

⁴⁰ Men Get Breast Cancer Too, Breast Cancer Network Australia. Retrieved from https://www.bcna.org.au/sites/default/files/men_get_breast_cancer_too_booklet.pdf

⁴¹ Men Get Breast Cancer Too, Breast Cancer Network Australia. Retrieved from https://www.bcna.org.au/sites/default/files/men_get_breast_cancer_too_booklet.pdf

1.13 Immunisation

A partnership between the NSLHD AHS and the Public Health Unit (PHU) at Hornsby Kuring-gai Hospital (HKH) will play an important role in ensuring all Aboriginal and Torres Strait Islander children are fully immunised and that they also continue to stay updated with future vaccinations. It is important to educate Aboriginal and Torres Strait Islander peoples on keeping our children vaccinated and up to date with their vaccinations so it secures Aboriginal and Torres Strait Islander children's health for the future and ultimately the survival of the next generation of Aboriginal and Torres Strait Islander peoples. A greater involvement and participation of families at hospital and community events will allow the NSLHD AHS to engage with Aboriginal and Torres Strait Islander families and promote and educate in a culturally safe and appropriate environment.

1.14 Maternal and Infant Health

There is no active Aboriginal and Torres Strait Islander Maternal and Infant Health Service (AMIHS) in NSLHD. This is a gap which needs attention. A Maternal and Infant Health service in the NSLHD will be to increase the proportion of Aboriginal and Torres Strait Islander women who present before 20 weeks gestation for antenatal care, increase the total number of antenatal visits Aboriginal and Torres Strait Islander women receive during pregnancy, decrease the proportion of low birth weight, decrease the proportion of Aboriginal and Torres Strait Islander babies born prematurely, decrease the proportion of Aboriginal and Torres Strait Islander prenatal deaths, increase breastfeeding initiation rates and breast feeding rates at 6 weeks and decrease the rates of smoking and use of alcohol and other drugs during pregnancy.⁴²

Providing an AMIHS in NSLHD will also provide families with health promotion and education during post natal period, such as immunisation, nutrition and it will also help to build strong families and ultimately aim to decrease the rates of chronic disease of Aboriginal and Torres Strait Islander peoples in the later stages of life.

After consultation with community, hospitals and other service providers in NSLHD, it was brought to the NSLHD Aboriginal Health Services attention that birthing facilities in the area are not culturally safe or appropriate. The need to provide culturally appropriate Maternal and Infant health facilities in NSLHD was of high importance.

The development and implementation of the Aboriginal Cultural Inclusion Checklist for Maternity Services for NSLHD has addressed gaps in the following areas:

Physical environment: Is the Maternity Service a welcoming environment for Aboriginal and Torres Strait Islander families

Antenatal: How are Aboriginal and Torres Strait Islander families supported antenatally

Intrapartum: How culturally inclusive are the birthing environments

⁴² Aboriginal Maternal and Infant Health Strategy, New South Wales 128 New South Wales Health (2005). NSW Aboriginal Maternal and Infant Health Strategy Evaluation. N. Health, University of Technology Sydney (2006). NSW Aboriginal Maternal and Infant Health Strategy Evaluation: Final Report. Centre for Midwifery Child and Family Health. Sydney, NSW Health. Retrieved from : <http://www.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-linkphc-health-oatsih-pubs-linkphc-local-casestudies-case3>



Post Natal: How culturally inclusive is the maternity ward environments

Communication and organisational characteristics: How does the Maternity Unit support staff to work effectively with Aboriginal and Torres Strait Islander families

By developing and implementing a Maternity service that is culturally safe and culturally appropriate the NSLHD AHS has ensured that Aboriginal and Torres Strait Islander women, their babies and family are provided with the best possible health care which in turn will provide the best possible health outcomes for Aboriginal and Torres Strait Islander mothers and their children.

1.15 Evaluation of programs

Previously youth, men’s and women’s health promotion and education programs have been implemented by other agencies and LHDs, but in order for us to continue or develop programs that work for Aboriginal and Torres Strait Islander peoples we need to evaluate past and present programs for their effectiveness.

Formative evaluation methods including impact and outcomes evaluation methods will monitor programs once they are developed and in progress. Other evaluative methodologies will be implemented as necessary.

During the implementation of new programs we can undertake a process evaluation. This can be done with participants in programs and allow us to collect information at the early stages of each program. This evaluation process will give us information about quality and appropriateness and also give us the chance to see how satisfied participants are.

We can validate proposed strategies by implementing culturally appropriate interventions across NSLHD facilities as well as improving Aboriginal and Torres Strait Islander peoples access to mainstream services such as GP’s and other specialist services as listed in the NSLHD Aboriginal Health Services Plan 2013-2016 strategies.

This Needs Analysis will be a document that we can continue to make additions and evaluate on an ongoing basis.



1.16 Health needs/gaps and strategies

Health needs/gaps	Strategies
Providing dental services for Aboriginal and Torres Strait Islander peoples	<p>The NSLHD AHS to work in partnership with NSLHD Oral Health to develop a dental plan that can assist all Aboriginal and Torres Strait Islander peoples in NSLHD pay for oral health care.</p> <p>Evaluate existing oral health education programs in other LHDs for their success and look at implementing them to fit in with NSLHD.</p> <p>Build a stronger partnership with NSLHD Oral Health so we can develop programs that benefit Aboriginal and Torres Strait Islander peoples and help us remain the “Leaders In Healthcare”.</p>
Men’s Health (culturally appropriate services)	<p>The NSLHD AHS to Develop and implement a men’s health check day, set up a partnership with several key departments, Cancer Council, Clinic 16, Mental Health, Drug and Alcohol, Diabetes, Medicare Locals, Headspace and Primary and Community Health to assist us in screening procedures for:</p> <ul style="list-style-type: none"> - Testicular cancer - Skin cancers such as melanoma - Sexual health - Mental health (SEWB) - Diabetes - Bowel and prostate cancer - Heart disease - Hypertension - Drug and alcohol issues <p>Develop culturally appropriate health education programs specifically for Aboriginal and Torres Strait Islander men’s health issues.</p> <p>The development and implementation of a culturally appropriate and sensitive SEWB assessment tool.</p>
Transportation	<p>The AHS to implement a NSLHD Aboriginal and Torres Strait Islander transport service. Work with other key stakeholders such as Medicare Locals, Wangary, Community Wheels and Lower North Shore Community transport.</p> <p>Discuss options of volunteer transport driver which may lead to part time position.</p> <p>Work with key stakeholders to discuss plan for set appointments so the transport driver can work to a basic time/date system, this will ensure a streamline transport service.</p>
Collection of data of Aboriginal and Torres Strait Islander peoples	<p>NSLHD AHS to work with key stakeholders to address the issue of medical practices and other health services to correctly identify Aboriginal and Torres Strait Islander patients.</p> <p>NSLHD AHS to work with each hospital department in NSLHD to help educate on the importance of correctly identifying Aboriginal and Torres Strait Islander patients.</p> <p>Develop an education resource that the NSLHD AHS can distribute at orientation programs for NSLHD.</p> <p>NSLHD AHS to design a presentation for orientation highlighting the importance of collecting data on Aboriginal and Torres Strait Islander peoples.</p>

Health needs/gaps	Strategies
Culturally appropriate services	<p>Continue to develop culturally appropriate services for Aboriginal and Torres Strait Islander peoples in NSLHD.</p> <p>Work with each department at NSLHD hospitals to hold regular in-services about the importance of collecting data on Aboriginal and Torres Strait Islander peoples and also education on related programs such as Closing The Gap and understanding how to interact with Aboriginal and Torres Strait Islander peoples.</p> <p>Liaise with St Ignatius College students and other schools in the district and have eligible students attend Bungee Bidgel to undertake health assessments.</p>
Community Engagement/Funding/Staff	<p>NSLHD AHS to increase staff numbers.</p> <p>An increase of staff will enable us to have more flexibility to interact with community at a grass roots level and also attend meetings. This will allow us to build on or set up new partnerships.</p> <p>Implement new or existing programs at community events and interact with community members.</p> <p>To make an emergency fund available to the NSLHD AHS which will assist us in providing financial support to patients from out of area to help with basic needs such as travel, accommodation and food whilst attending hospital in NSLHD.</p>
Education	<p>The NSLHD AHS to work with local primary and secondary schools to address the lack of health education.</p> <p>Implement youth health projects with St Ignatius College and other schools in the district with Aboriginal and Torres Strait Islander students, evaluate programs once implemented and delivered.</p> <p>The NSLHD AHS to provide targeted patient education on several health issues and chronic disease to assist Aboriginal and Torres Strait Islander patients understand and manage chronic disease and other health related issues.</p>
Immunisation	The employment of an Aboriginal Immunisation Worker in NSLHD in partnership with Hornsby Kuring-gai Hospital.
HIV and sexual health education	<p>The NSLHD AHS to work in partnership with ACON and Clinic 16 to develop HIV and sexual health education programs specifically for young Aboriginal and Torres Strait Islander peoples (12 to 25).</p> <p>Look at current education programs to see how we can adapt to a younger demographic.</p> <p>The NSLHD AHS to work in partnership with ACON and Clinic 16 to look at HIV/STI screening for Aboriginal and Torres Strait Islander peoples.</p> <p>Work with St Ignatius College and other LHD schools to deliver appropriate education programs.</p>

Health needs/gaps	Strategies
Smoking prevention and intervention	The NSLHD AHS to work in partnership with the National Centre Of Indigenous Excellence the Cancer Council and St Ignatius College and other LHD schools to address the problems of young Aboriginal and Torres Strait Islander peoples smoking and also develop targeted education programs for young Aboriginal and Torres Strait Islander peoples (12 to 25).
Chronic disease transferral program from youth to adult	The AHS to work with The Sydney Children's Hospital Network, Trapeze, Medicare Local and Child and Adolescent Health to develop a program that ensures young Aboriginal and Torres Strait Islander peoples living with a chronic disease transition to adulthood with minimal stress and are armed with knowledge and education on how to live with and manage their chronic disease. Provide assistance and support during the transition phase of adolescence to adult.
Obesity in Aboriginal and Torres Strait Islander youth	The NSLHD AHS to work with several departments, Child and Adolescent Health, Nutrition and Dietetics and Australian Child and Adolescent Obesity Research Network to develop culturally and age specific health promotion and education programs, which include a whole of family approach.
Drug and alcohol promotion and education	The NSLHD AHS to work with Drug and Alcohol to develop culturally and age specific programs that use a primary prevention method, provide young Aboriginal and Torres Strait Islander peoples with knowledge of what the effects of risky alcohol and drug use are and give them the knowledge to make informed decisions about choices they make.
Maternal and Infant Health	<p>Work with several facilities within NSLHD to ensure they are culturally safe and appropriate.</p> <p>Provide in-services to all employees working in Maternal and Infant health.</p>
Evaluation of programs	<p>The NSLHD AHS to work with other LHDs and evaluate past and present health promotion and education programs for effectiveness.</p> <p>Build on or adapt education/health promotion programs to use for NSLHD.</p>



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Appendices

Aboriginal Health Impact Statement Checklist

This Checklist should be used when preparing an Aboriginal Health Impact Statement for new health policies, as well as major health strategies and programs. To complete the checklist and to fully understand the meaning of each checklist item, it is essential to refer to *How to Use the checklist* in Part 3 of the Aboriginal Health Impact Statement.

Development of the policy, program or strategy

1. Has there been appropriate representation of Aboriginal stakeholders in the development of the policy, program or strategy? Yes No
2. Have Aboriginal stakeholders been involved from the early stages of policy, program or strategy development? Yes No

Please provide a brief description

Aboriginal Health Workers from across Northern Sydney Local Health District (NSLHD) and non-government organisations and key stakeholders were involved in the research and development of the Aboriginal Health Service Needs Analysis.

3. Have consultation/negotiation processes occurred with Aboriginal stakeholders? Yes No N/A
4. Have these processes been effective? Yes No

Explain

Consultations with limited Aboriginal organisations in Northern Sydney have occurred and have been productive.

5. Have links been made with relevant existing mainstream and/or Aboriginal-specific policies, programs and/or strategies? Yes No N/A

Explain

The Aboriginal Health Service Needs Analysis aligns with the NSLHD Strategic Plan 2012-2016, NSLHD Clinical Services Plan 2012-2016 and the Aboriginal Health Services Plan 2013-2016.

Contents of the policy, program or strategy

6. Does the policy, program or strategy clearly identify the effects it will have on Aboriginal health outcomes and health services? Yes No

Comments

Employing effective strategies that address environmental, economic and social inequalities which are pivotal to achieving health equity for Aboriginal and Torres Strait Islander health, housing, education, employment, transport, access to and equity of service, the alignment of programs goals across sector of government and the development of collaborative cross-sectoral programs at a local level in collaboration with local Aboriginal and Torres Strait Islander community members and agencies.

7. Have these effects been adequately addressed in the policy, program or strategy? Yes No

Explain

The Aboriginal Health Needs Analysis is important for those providing service to Aboriginal and Torres Strait Islander peoples and communities to maintain professional standards including actions that are respectful, courteous and that comply with cultural norms.



8. Are the identified effects on Aboriginal health outcomes and health services sufficiently different for Aboriginal people (compared to the general population) to warrant the development of a separate policy, program or strategy? Yes No N/A

Explain

The complexity of needs for Aboriginal and Torres Strait Islander peoples and communities presents a significant challenge to health services. Aboriginal and Torres Strait Islander peoples continue to experience levels of chronic disease and distress that are too high. Aboriginal and Torres Strait Islander peoples have poor physical health and Social and Emotional Wellbeing compared with non-Aboriginal and Torres Strait Islander peoples. The Aboriginal Health Service Needs Analysis will address gaps in health and service delivery.

Implementation and evaluation of the policy, program or strategy

9. Will implementation of the policy, program or strategy be supported by an adequate allocation of resources specifically for its Aboriginal health aspects? Yes No N/A
 To be advised

Describe

The Aboriginal Health Service Needs Analysis will be evaluated for its impact and outcomes and aligns with the Aboriginal Health Services Plan 2013-2016

10. Will the initiative build the capacity of Aboriginal people/organisations through participation? Yes No N/A

In what way will capacity be built?

Designing and implementing health promotion and education programs that meet the identified needs of Aboriginal and Torres Strait Islander peoples in NSLHD, which will include collaborative planning, development, implementation and evaluation of health promotion policies and projects using a variety of strategies which include, health education, mass media, community engagement, advocacy, health policy and structural and environmental strategies.

11. Will the policy, program or strategy be implemented in partnership with Aboriginal stakeholders? Yes No N/A

Briefly describe the intended implementation process

Utilising the above initiative it will be possible to enable Aboriginal ownership of all targeted Aboriginal and Torres Strait Islander health promotion projects over time.

12. Does an evaluation plan exist for this policy, program or strategy? Yes No N/A

13. Has it been developed in conjunction with Aboriginal stakeholders? Yes No N/A

Briefly describe Aboriginal stakeholder involvement in the evaluation plan

The evaluation of any/all Aboriginal Health and health promotion projects will determine the success of the projects, provide evidence for continued projects and influence funding bodies for future investment in Aboriginal and Torres Strait Islander health projects. The Aboriginal Health Service will design impact, outcome and meta-analysis evaluation strategies to evaluate new and/or existing projects and programs.



Aboriginal Health Impact Statement Declaration

An Aboriginal Health Impact Statement Declaration (and a completed Checklist where necessary) will accompany new policies and proposals for major health strategies and programs submitted for Executive or Ministerial approval. This will ensure that the health needs and interests of Aboriginal people have been considered, and where relevant, appropriately incorporated into health policies.

THE ABORIGINAL HEALTH IMPACT STATEMENT DECLARATION

Title of the policy/initiative:

Please complete the Declaration below and the Checklist if required.

Please tick relevant boxes:

The health* needs and interests of Aboriginal people have been considered, and appropriately addressed in the development of this initiative.

Appropriate engagement and collaboration with Aboriginal people has occurred in the development and implementation of this initiative.

Completed Checklist attached.

OR

The health* needs and interests of Aboriginal people have been considered, in the development of this initiative.

The Aboriginal Health Impact Statement Checklist does not require completion because there is no direct or indirect impact on Aboriginal people. (Please provide explanation.)

Head of Unit Name and Title:

Unit Name:

Area Health Service/NSW Health Branch:


Signature: **Date:** / /

Contact phone no: **Email address:**

*For Aboriginal people, health is defined as not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community.



Appendix 1: Needs Analysis Questions for the Community



My Name is Paul Weir, I am a proud Torres Strait Islander man, I work for the Aboriginal Health Service Northern Sydney Local Health District (NSLHD) and I am undertaking a health needs analysis of Aboriginal and Torres Strait Islander People across NSLHD.

By answering the questions below you will help us identify major health issues as you see them and allow us together to address the gaps in health service delivery for Aboriginal and Torres Strait Islander people in NSLHD.

Please send this back to us in the pre-paid envelope provided. By 15th November 2014


- Have you accessed any health services, if yes can you tell me about your experience?
 YES NO

- What do you know about Close The Gap Scheme? Did you know you are entitled to
 - A free Indigenous health check
 - Reduced medications under the Close the Gap (CTG) prescriptions from your pharmacist (available from a GP registered under the CTG scheme)

- Has your GP or health facility/hospital asked if you identify being Aboriginal and/or Torres Strait Islander?
 YES NO

- Do you find health services in your district meet your cultural needs? If not why?

NSLHD Needs Analysis Community Questionnaire Paul Weir Page 1




- What are gaps in services for Aboriginal and Torres Strait Islander people in NSLHD?

- How can we improve services for Aboriginal and Torres Strait Islander people in NSLHD?

- When was the last time you visited a dentist?

- Do you have any other comments you would like to add?

NSLHD Needs Analysis Community Questionnaire Paul Weir Page 2



Do you have any of the following? Please circle

Fittings	Chipped or broken teeth	Gum problems	Loose or decayed teeth	Missing Teeth
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Other:

Do you have any of the following? Please circle

Diabetes	High Blood Pressure	Coronary Artery Disease	Cognitive Heart Failure	Cancer	Poor Oral Health	Kidney Disease	Asthma
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Other:
 Please feel free to add any relevant comments

Thank you for taking the time to complete this survey.

Paul Weir: Aboriginal (Indigenous Primary Health Care)
 Aboriginal Health Liaison Officer Northern Sydney Local Health District
 Aboriginal Health Unit (RHS)
 Ground Floor Community Health Building
 2C Herbert Street St Leonards 2055
 9462 2016 (Direct)
 9462 2083 (Fax)
 0434 602 264 Mobile
 paul.weir1@health.nsw.gov.au

NSLHD Needs Analysis Community Questionnaire Paul Weir Page 3

Appendix 2: Needs Analysis Questions for Local Organisations





Health
Northern Sydney
Local Health District

My name is Paul Weir, I am a proud Torres Strait Islander man. I work for the Aboriginal Health Service Northern Sydney Local Health District (NSLHD) and I am undertaking a health needs analysis of Aboriginal and Torres Strait Islander People across NSLHD. The needs analysis will identify the health needs and gaps in service for Aboriginal and Torres Strait Islander people across NSLHD.

By answering the questions below you will help us identify gaps as you see them and allow us to collaboratively address those gaps for better health service delivery for Aboriginal and Torres Strait Islander people in NSLHD.


Organisation: _____


- Do you ask ALL your clients if they identify as being Aboriginal and/or Torres Strait Islander?

YES NO

If no, why don't you ask?
- What services do you provide?
- What's working well?

NSLHD Needs Analysis Local Organisations Questionnaire Paul Weir Page 1







Health
Northern Sydney
Local Health District

- What's not working well?
- What are the gaps?
- How can programs be better targeted to achieve equity in health for Aboriginal and Torres Strait Islander people?
- What are the barriers to Aboriginal and Torres Strait Islander people accessing your service?

NSLHD Needs Analysis Local Organisations Questionnaire Paul Weir Page 2





Health
Northern Sydney
Local Health District

- Are there any Aboriginal and Torres Strait Islander people currently working for your organisation?

YES NO

Do you have any other comments you would like to add?

Thank you for taking the time to complete this survey.

Paul Weir: Aboriginal (Indigenous Primary Health Care)
Aboriginal Health Liaison Officer Northern Sydney Local Health District
Aboriginal Health Unit RNS (Ground Floor Community Health Building)
2C Herbert Street St Leonards, 2055
9442 9036 (Direct)
9442 9083 (Fax)
0434 602 264 Mobile
paul.weir1@health.nsw.gov.au

NSLHD Needs Analysis Local Organisations Questionnaire Paul Weir Page 3

Appendix 3: Face to face and telephone interviews

Person Interviewed	Organisation/Community Member	Summarised Interview
Aboriginal Health Care coordinator	Northern Sydney Medicare Local	Not enough community consultation. Aboriginal and Torres Strait Islander patients are not asking questions when they visit the GP.
Aboriginal Health Officer	Sydney North Shore and Beaches Medicare Local	Transport is the biggest need in this area, North Sydney is a very large area. More Aboriginal and Torres Strait Islander staff on the ground. Sometimes people are isolated and they don't have access to transport to get to appointments. Aboriginal and Torres Strait Islander workers should communicate with community more.
Female Community Member	Aboriginal Support Group	Did Not mention much on health issues; just spoke about their group and how they meet once a month to talk about things happening in the district.
Aboriginal Child Youth and Family Community Facilitator	Hornsby Council	This Person stated she works with nine families. The problems that they face are transport to and from local doctors in the North Sydney area. If the doctors are full and they don't bulk bill then they travel to AMS Redfern. That takes a whole day travel on the train, waiting to see doctor and then back on the train. Travelling with small children adds to the ordeal of the train journey into the city.
Aboriginal Heritage Manager	Aboriginal Heritage North Sydney	Housing was talked about and the area of travelling and the fact many families do not have a car.
Case Manager	Community Aged Care Services Sydney North Uniting Aged Care	Not many Aboriginal Patients in Nursing home. Stated that there is a question on their forms to ask if patients are Aboriginal or Torres Strait Islander.
Male Community Member	Community Member	When need to see a doctor his family go to local GP but have to pay fee. Dentist is a problem as there is a long waiting list. Would like to be involved in more community events.

Person Interviewed	Organisation/Community Member	Summarised Interview
Female Community Member	Community Member	Doesn't like to rely on anyone, likes to be independent. Finds most transport services a failure because they are late or lose her belongings.
Female Community Member	Community Member	Lack of transport to get to appointments. This person stated that there is a problem with some services accepting her Aboriginality because she does not have any proof.
Program Manager	Fairlight Centre Manly	Does not get many Aboriginal and Torres Strait islander clients. When they do they have to try and convince them to see a GP. Some clients have just been released from detention and have trouble dealing with everyday life.
Aboriginal Community Project Worker	Fairlight Centre Manly	This person is keen to work in partnership with Aboriginal and Torres Strait Islander services. This person stated that Aboriginal and Torres Strait Islander clients are supported and linked in with appropriate services.
Aboriginal Worker	Manly Far West	This service deals with the health of children.
Executive Officer	Burkekin Association Youth Refuge	This person stated they have 1 Aboriginal and Torres Strait Islander Resident. Not much trust with Non Aboriginal and Torres Strait Islander staff.
Female Community Member	Community Member	When Patient goes to hospital at Hornsby, she feels intimidated by certain staff.
Senior Welfare Domestic Violence Worker	Manly Community Centre	The gap here is the amount of funding and the fact that people don't think that there are any Aboriginal and Torres Strait Islander people living here.
Northern Sydney Koori Interagency	Community Meeting	This is a group of Aboriginal people who work for Aboriginal services. They share upcoming events at the meetings and they feel that there is not enough of these sessions due to work commitments.



Person Interviewed	Organisation/Community Member	Summarised Interview
Manager	Partners In Recovery (PIR)	PIR will better support Aboriginal and Torres Strait Islander peoples with mental illness and who have complex needs. Building stronger partnerships and developing more coordinated and integrated approach is the key to providing service to sustain and support their SEWB.



