

WESTERN NSW LOCAL HEALTH DISTRICT
IMPROVING ABORIGINAL HEALTH
STRATEGY

2018-2023



FOREWORD

Welcome to our Improving Aboriginal Health Strategy 2018 – 2023. Our strategy outlines the journey over the next five years for Aboriginal Health across the Western New South Wales Local Health District, for our key partners and most importantly for our Aboriginal communities. Our Strategy is strengthened by its alignment to WNSWLHD Strategic Plan 2016 – 2020 and with the 10 Year NSW Aboriginal Health Plan 2013 – 2023 and it is with confidence that we share our vision and direction for the future of Aboriginal Health across Western NSW.

The Strategy has been developed in partnership, via extensive consultation, with Aboriginal communities, Aboriginal Community Controlled Health Services, our Aboriginal Staff, our broader workforce as well as our Executive Leadership Team and Board. This process allowed us to ensure that we were able to incorporate the views of our stakeholders so we can ensure the strategy can reach its aim of *Improving Aboriginal Health* throughout our District.

Our aspirations for improving our cultural environments, creating stronger connections, empowering Aboriginal people and opening our region to further innovation are real commitments that have real actions, successes and learnings. This Strategy truly commits us to making meaningful steps towards sustainable solutions that will support our health services to become the safe havens they need to be for our Aboriginal patients, their families and communities.

We feel privileged to work with and share our journey with so many diverse and proud Aboriginal nations across our District and we are driven by our responsibility to make a real and lasting difference in the lives of all Aboriginal people.

Our District has made a real commitment to strengthening the Aboriginal leadership throughout our organisation and we acknowledge the efforts and insights of the Aboriginal Health Leadership Team in the development of this Strategy. The Team will proudly lead the implementation and reporting of the key priority areas and deliverables within this Strategy over the next five years.

We look forward to the next five years of *Improving Aboriginal Health* and we encourage you take this opportunity to come with us on this journey.

Mr Scott Griffiths

PSM Chair

WNSWLHD Board

Mr Scott McLachlan

Chief Executive

WNSWLHD

Brendon Cutmore

Executive Director

Aboriginal Health

& Wellbeing

ABOUT THE ARTWORK

There are many ways people view health, some see it as eating healthy, some see it as having better services and others may see it as keeping strong family ties. No matter how you look at it, health translates across all cultures and boundaries. This is what I hope to illustrate in my artwork. The animals and plants represent healthy tucker and being active is shown by the footprints which connect the 2 central figures. These figures symbolise those who are seeing health services and those providing health services. I used green to reflect revitalization and energy that comes with getting health and earthy colours to reflect the agricultural landscape of Western NSW.

ABOUT THE ARTIST

Jasmine Sarin is a proud Kamilaroi and Jerrinja woman from NSW. Jasmine grew up predominantly on the South Coast in Nowra (Jerinja and Yuin country) and Wollongong (Dharawal country) but has country influences from Coonabarabran in Central West NSW (Kamilaroi country). Jasmine is a self-taught visual artist and graphic designer whose artwork tells the story of her experiences growing up and her ongoing journey in this world. This allows Jasmine to bring contemporary methods and concepts to the oldest culture on earth.

"I pay my respects to my elders both past and present and acknowledge that the land on which I work and play on was, is and always will be Aboriginal Land." Jasmin Sarin

Cover photo provided by Thikkabilla Vibrations

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OUR LOCAL HEALTH DISTRICT (LHD)

Western NSW Local Health District (WNSWLHD) is located in western NSW. We have a population of 30,786 Aboriginal people, equating to 11% of our population which is significantly higher than the total NSW state Aboriginal population of 3.6%. While life expectancy of both men and women living in western NSW has increased to 76.3 years for men and 83.2 years for women, both life expectancy rates are lower than the state average. In addition to these lower rates, the life expectancy rate of Aboriginal people both men (70.5 years) and women (74.6 years) is significantly lower than the rest of our population.

Our District aims to provide the best possible experience for people using public health services by making sure these services are of high quality, appropriate, safe, available when and where needed, and coordinated to meet each individual's needs. Our health services include facilities in more than 40 geographical locations across western NSW. We have 38 hospitals, 50 primary and community health services and 23 community mental health facilities that offer an extensive range of services which include medical, mental health, dental, allied health, surgical, acute services and primary health services.

Our District has a strong commitment to improving the lives of Aboriginal people which is demonstrated through the implementation of key strategies that contribute to 'Closing the Aboriginal Health Gap' by influencing our environment and understanding of Aboriginal culture as well as improving our capacity to deliver services in partnership with Aboriginal communities and organisations. This commitment is supported by embedding achieving meaningful gains in Aboriginal health across all strategic level focus areas which include targeted programs that are monitored and reported against.

OUR COMMUNITIES

Despite our significant investment targeted at improving the lives of Aboriginal people in our communities, the Aboriginal population continues to show disadvantage across the entire social determinants of health. Our Aboriginal population are over represented across all chronic conditions with these conditions presenting much earlier in life than the rest of our population. Nationally, Aboriginal people are around 1.2 times more likely to have a long-term heart or related condition, the death rate from kidney disease is 2.7 times higher for Aboriginal people and Aboriginal people are more likely to have diabetes recorded as the principal cause of hospital admission contributing to Aboriginal people dying from diabetes at five times the rate of the rest of our population¹.

While the rest of our District has shown significant improvements in smoking cessation and increased physical activity our Aboriginal population smoking rates are still significantly high and our Aboriginal population are more likely to be obese. Aboriginal babies are twice as likely to be born with low birth weight increasing the risk of health problems through-out their lives and the suicide rate for Aboriginal people is twice the rate of the rest of our population².

We are committed to achieving meaningful gains in Aboriginal health which for our Aboriginal population means a measurable improvement in Aboriginal health outcomes; increased access to services; culturally welcoming physical environment and behaviours which will all equate to better experience when utilising the health services we provide.

We acknowledge that improving the health of our Aboriginal population will only occur if we ensure that the needs of Aboriginal people and strategies to address these needs are embedded across our whole District. Changes need to occur at all levels and improving the health of Aboriginal people needs to be at forefront for all the decision making. We need to continue to develop partnerships with our key Aboriginal stakeholders in our region to ensure health services are meeting the needs of the many Aboriginal nations in our District, as seen below.

Western NSW Aboriginal Nations



Disclaimer: This map indicates only the general location of larger groupings of people, which may include smaller groups such as clans, dialects, or individual languages in a group. The boundaries are not intended to be exact. This map is not suitable for use in native title or other land claims.

^{1,2} Australian Indigenous HealthInfoNet (2017) Overview of Aboriginal and Torres Strait Islander health status, 2016. Perth, WA: Australian Indigenous HealthInfoNet

OUR STRATEGY

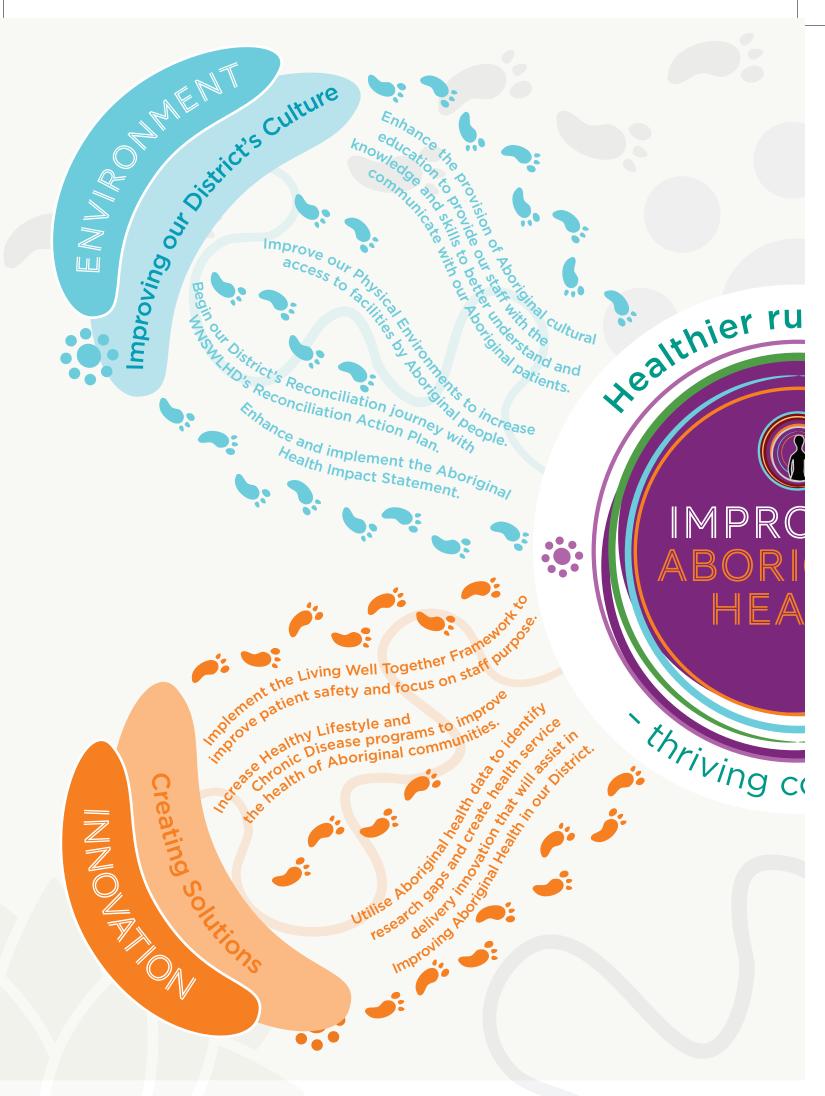
This Aboriginal Health Strategy focuses on improving the health and wellbeing of our Aboriginal population by setting realistic achieving goals that focus on improving the environments we deliver our services, the way we deliver these services and by strengthening our Aboriginal workforce.



OUR VISION

Our vision for Improving Aboriginal Health is aligned to the WNSWLHD Strategic Plan vision: *Healthier rural people - thriving communities* which means that together with communities and our partners in health care we are committed to improving the health of all people in Western NSW. We recognise the diversity of the population in Western NSW and strive to deliver high quality health care as close as possible to home to support the cultural, mental, social and physical wellbeing of our communities. We are aiming to be a highly respected, compassionate and responsive health service where isolation and culture are not barriers to providing excellent rural health care. Our vision for Aboriginal health is built on from this vision.

At the centre of our vision is our aim *Improving Aboriginal Health*, which is surrounded by four pillars that will assist us in achieving our aim. *Environment* supports us to improve our districts culture by enhancing cultural education and our physical environments so that we will be able to provide our Aboriginal communities with culturally safe accessible health services. *Empowerment* supports us to create a skilled and robust Aboriginal workforce by expanding employment opportunities and strengthening internal protocols so that we will be able to provide our communities with improved services that will increase the provision of health care. *Connection* supports us to strengthen our relationships by improving and formalising our partnerships so that we will be able to provide accountability to ensure we are all working towards Improving Aboriginal Health in our communities. *Innovation* supports us to create solutions by utilising data to identify gaps in health service delivery and working together in innovative ways to assist in achieving meaningful gains in Aboriginal health equality.







Environment supports us to improve our District's culture by enhancing education and our physical environments. This will mean we will be able to provide our Aboriginal communities with culturally safe accessible health services.

Improving the culture of our District can translate to an increase in access to our services by Aboriginal communities. The impact of colonisation still impacts on Aboriginal people today, this impact has translated into a history of institutional racism and discrimination which creates significant barriers in accessing our services. Aboriginal culture is the longest surviving culture in the world and we accept that we have a lot to learn from that. To be able to remove the barriers in accessing our health services we need to develop respect and trust with our Aboriginal communities within our District. Building this trust will take time but we are committed to taking steps together to Improve Aboriginal Health.

Through the implementation of this strategy we will focus on improving the cultural knowledge and understanding of our staff to assist in eliminating institutional barriers and patient dissatisfaction. We will strengthen our cultural awareness training package to ensure staff are provided with improved training options. We will develop opportunities for our staff to undertake cultural immersion opportunities to build our cultural awareness training and allow the richness of our local Aboriginal culture to be shared. This will further enhance our staffs ability to communicate better with our Aboriginal patients and allow everyone to develop strong interpersonal relationships. Additionally, we will partner with our Aboriginal communities to improve our physical environment so that we can assist in making Aboriginal people feel more comfortable while accessing our services. We will work with our communities to improve the look and feel of our health services so that Aboriginal people feel safe, welcomed and acknowledged when accessing our services.



WHAT WILL

Enhance the provision of Aboriginal cultural education to provide our staff with the knowledge and skills to better understand and communicate with our Aboriginal patients.

- Undertake a review and redevelop our cultural awareness training framework,
 Respecting the Difference.
- Develop a cultural immersion strategy to increase knowledge and understanding of culture, histories and achievements.

Improve our physical environments to increase access to those facilities by Aboriginal people.

- Ensure all facilities have Aboriginal flags flying at the front of the building.
- Implement an Aboriginal Arts & Signage Project to enhance the cultural and physical environment of our facilities which will contribute to an increase in access to those facilities by Aboriginal people.
- Ensure all facilities display Acknowledgement of Country guide, our District's statement of commitment and photographs of our Aboriginal Primary Health Workers.

Begin our District's Reconciliation journey with WNSWLHD's Reconciliation Action Plan.

- Develop and implement our Reconciliation Action Plan.
- Embed Aboriginal cultural protocols across our District.
- Develop and implement an Aboriginal procurement protocol to increase supplier diversity in our District.
- Celebrate National Reconciliation Week and NAIDOC events to strengthen relationships and provide opportunities for Aboriginal staff to engage with culture and community.

Enhance and implement the Aboriginal Health Impact Statement (AHIS) process to ensure the impacts of changes in our district are considered and implemented.

- Undertake a review of the current process and enhance the AHIS procedure.
- Ensure the AHIS procedure is implemented across our District.



Create a skilled and robust Aboriginal workforce by expanding employment opportunities and strengthening internal protocols, so that we will be able to provide our communities with improved services that will increase the provision of health care.

The benefits of having an Aboriginal workforce are easy to measure, we see improved health services provided to our Aboriginal patients which translates to better patient journeys, understanding and trust. We have highly skilled Aboriginal people that have chosen to work within our District and together we are all dedicated to Improving Aboriginal Health in our communities. With our large Aboriginal population we want to provide more employment opportunities throughout all areas of our District for Aboriginal people, we also want to support our existing staff. Our Aboriginal Health Workforce Leadership Team will develop an Aboriginal recruitment and retention strategy that will assist us to improve our recruitment and retention rates. We will look at how we can empower and support our workforce through mentorship and career pathway development. Additionally, we will look at how we can build the representation of Aboriginal leaders across our District. This doesn't just translate into creating opportunities in senior leadership roles but also building staff leadership capacity across all levels of our District. This will allow us to truly make an investment in building a highly skilled and robust Aboriginal workforce.



Increase our Aboriginal employment participation rate to 9.4% by 2023.

- Develop an internal Aboriginal Employment Targeting Procedure.
- Develop an entry level procedure for Aboriginal trainees, cadets and graduates that will enable long-term careers in our District.
- Develop recruitment advertising guidelines to increase our District's recruitment target.



- Develop opportunities for internal mentorship.
- Develop opportunities for career pathway development.
- Develop an Aboriginal leadership program to enhance leadership development across the District.
- Establish Aboriginal leadership groups to provide our District with strategic advice and guidance on Aboriginal health related issues.

Increase the number of Aboriginal people working in senior roles.

• Identify options to increase our ability to recruit Aboriginal people in senior leadership roles.

Undertake a review of our Aboriginal Health service delivery models to meet community needs and strengthen employment in our District.

- Review position descriptions and identify a clear scope of practice for our Aboriginal primary health workforce.
- Implement position competencies and supervision frameworks to contribute to a skilled clinically safe Aboriginal primary health workforce.





Connection supports us to strengthen our relationships by improving and formalising our partnerships, which means we will be able to develop accountability to ensure we are all working towards Improving Aboriginal Health in our communities.

To truly make a positive impact on the lives of our Aboriginal communities we need to ensure we are working together to Improve Aboriginal Health. The complexity and diverse nature of the challenges within health are so significant that our District cannot make improvements alone. We must ensure that our focus on opportunities for partnerships are at the centre of how we plan, deliver and evaluate our business now and into the future.

The development of sound relationships with our communities, our staff and our key stakeholders is critical to making an impact. We need to ensure that this investment we are making is not duplicated and that all parties are focused on improving our services in meaningful ways. Through the implementation of this strategy we will have a focus on developing respectful and equitable relationships with Aboriginal people, communities and organisations to support positive outcomes.

We will be working more closely with our internal leaders on the development of new initiatives and supporting all staff to improve health service delivery. Whilst externally we will continue to grow through our existing and new partnerships with Aboriginal Medical Services and Local Decision Making Groups.

We will explore avenues within our Aboriginal communities to build better relationships so that Aboriginal communities have a voice in the delivery of our services. We will formalise our partnerships with our stakeholders to ensure that they are meaningful, outcomes focused and have a positive impact. Importantly we will further invest in our relationship with our state government agencies to ensure we are contributing to improving the health of Aboriginal people across New South Wales.



WHAT WILL

Develop better internal working relationships to ensure we are all working towards Improving Aboriginal Health outcomes for our communities.

- Create opportunities for our Executive Leadership Team to work with our Aboriginal Health Leadership Team to lead initiatives targeted at Improving Aboriginal Health.
- Strengthen the relationship with our District's General Managers by working in partnership to improve the implementation of strategies developed for our Aboriginal patients.
- Foster relationships with our Health Service Managers to address the identifiable gaps in data to improve services to our Aboriginal patients.
- Strengthen the relationship with our Health Promotion Team by identifying strategies to work in partnership to improve targeted health promotion strategies delivered in our Aboriginal communities.

Increase our engagement with Aboriginal communities to improve our relationships so we can work together to provide better health services for our Aboriginal patients.

- Build respectful working relationships with Aboriginal Medical Services through
 effective governance principles that ensure we are actively focused on closing
 the Aboriginal health gap and improving health outcomes for Aboriginal people
 and communities in our region.
- Attend Local Elders Groups meetings to discuss the services we deliver and seek advice on how we can improve these services for our Elders and their families.

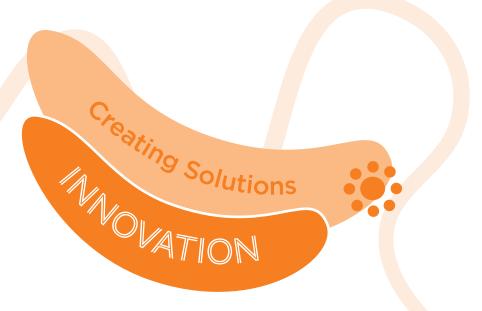
Formalise partnerships with the Local Aboriginal Decision Making Groups to improve the health service delivery in our District.

- Develop a partnership agreement with Murdi Paaki Regional Assembly that is focused on improving health outcomes for Aboriginal people and communities.
- * Develop a meaningful relationship with Three Rivers Regional Assembly that is focused on guiding service delivery to the Aboriginal communities they represent.
- * Build a respectful and meaningful relationship with Maranguka to include health in the accountability framework for addressing Aboriginal disadvantage.

Improve our relationship with our key stakeholders at a NSW State Government level to ensure we are sharing key learnings and innovation that will improve health outcomes for Aboriginal communities.

- Work in partnership with the Centre for Aboriginal Health to ensure we are meeting our reporting requirements and providing advice on innovative strategies to improve the services we provide to Aboriginal patients.
- Working in partnership with the Agency for Clinical Innovation to develop initiatives to improve the chronic disease outcomes for Aboriginal patients.





Innovation supports us to create solutions by utilising data to identify gaps in service delivery and working together in innovative ways to assist in Improving Aboriginal Health outcomes.

Our District has been committed to Improving Aboriginal Health for sometime now and despite significant investment we are still seeing our Aboriginal population show disadvantage across all health areas. While we are implementing health service practices that are proven to be effective, we need to look at how we can make a bigger impact on the services we deliver. We need to look at what is being done, why it isn't working and how we can do it better so we can address this disadvantage. We will be looking at what our evidence is telling us so that we can develop programs that are innovative, sustainable, transferable and have a positive impact on the lives of our Aboriginal communities. We will look to strengthen our District's Living Well Together framework by developing programs that will improve communication with our patients, we will also provide an opportunity for our staff across all disciplines to work with our Aboriginal Leaders so we can improve Aboriginal patient safety and outcomes. We will develop programs targeted at reducing the burden of chronic disease in our communities at all levels including strategies to give young Aboriginal people the best start in life. We will enhance our programs that aim to support positive changes in lifestyle habits and enable people to live healthier lives in their communities. Additionally, we will work with our partners to develop initiatives that address the gaps identified in our service delivery data and through research.



Develop and implement strategies under our District's Living Well Together Framework to improve patient safety outcomes and focuses on connecting our staff to their purpose, where we can truly make a difference.

- Develop and implement a nurse led Aboriginal Yarning Project to equip our nurses to be able to have more culturally appropriate conversations with our Aboriginal patients.
- Improve engagement of our Aboriginal Health Leadership Team with our Aboriginal staff and patients by increased communication through the leader rounding process.

Increase the number of healthy lifestyle and chronic disease programs in our region to assisting in improving the health outcomes of our Aboriginal communities.

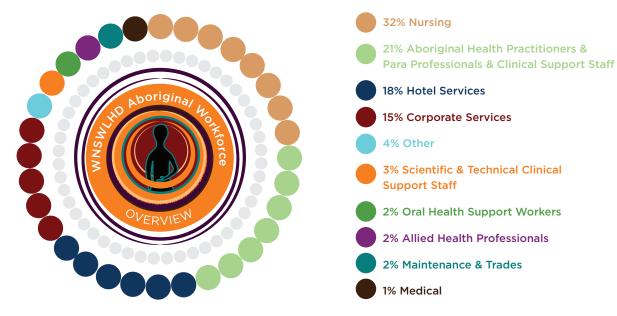
- Reinvigorate the Marang Dhali Food and Cooking Program.
- Develop and implement chronic disease projects that will contribute to improved health outcomes for our Aboriginal communities.

Utilise Aboriginal health data to identify research gaps and create health service delivery innovation that will assist in Improving Aboriginal Health in our District.

- Produce the Aboriginal Health Scorecard that reports Aboriginal performance data from across our District.
- Undertake the Career Pathways for Aboriginal and Torres Strait Islander Health Professionals Project, in partnership with key stakeholders, to provide insights and guidance to enhance the capacity of the health system to retain and support the development and careers of Aboriginal and Torres Strait Islander people.
- Develop and implement the BreastScreen Aboriginal Engagement Project to increase the participation rates of Aboriginal women through the implementation of culturally appropriate yarning circles to promote the importance of breast screening.
- Utilise information collected from our Aboriginal staff and patients to identify innovative services and projects.

OUR DEDICATED ABORIGINAL WORKFORCE

The WNSWLHD employs approximately 5824 people of which 293 identified as being Aboriginal, equating to 4.72% across our District³. A key component of our District's strategic direction is our commitment to the recruitment and retention of Aboriginal people. Our Aboriginal staff are dedicated to improving the lives of all people living in our District. We acknowledge that having a skilled and robust Aboriginal workforce helps us to develop trust and better engagement with our Aboriginal communities. Employing Aboriginal people will further support our district to better understand the significance of culture, impacts of colonisation and the importance of reconciliation in the delivery of our services to Aboriginal people, their families and communities. Our Aboriginal workforce includes:



COMMUNICATIONS AND MARKETING

The way in which we reach our communities plays a critical role in engaging our Aboriginal communities to use our health services. The Aboriginal Health Leadership Team has developed a positive practical relationship with our Communications and Marketing Directorate. Together we are able to ensure our district's marketing strategies include targeted campaigns for our Aboriginal communications. This means we can ensure cultural sensitivities are taken into consideration and that we work in collaboration to actively reach our Aboriginal communities through social media mediums and maintaining internal and external Aboriginal Health web pages.

GOVERNANCE, PERFORMANCE REPORTING AND MONITORING

The Governance of this strategy will be provided by the establishment of a strategic Aboriginal Health Governance Committee, which will consist of senior Aboriginal leaders in our district and supported by our Chief Executive Officer. In addition to monitoring our strategy's progress, this committee will be responsible for addressing the identifiable gaps or barriers in the provision of health care. Implementation of solutions will then be undertaken alongside our Executive Leadership Team and Health Services Managers. This will allow us to ensure we are moving forward and improving our services for our Aboriginal communities.

To demonstrate that we are working towards Improving Aboriginal Health through meaningful gains, our strategy will be supported by a Planning and Performance Dashboard. This Dashboard will include a qualitative planning report that will document the progress of projects developed to ensure we are working towards meeting our targets. Additionally, this framework will include a performance scorecard that will track the quantitative data indicators for each of our health services. The Dashboard will be reported quarterly to ensure accountability and to inform future decision making.

³ Workforce data correct as at September 30th 2017

WNSWLHD ABORIGINAL HEALTH LEADERSHIP TEAM

Our District's Aboriginal Health Leadership Team (AHLT) was formalised in October 2017 on recommendations from an internal review into the Aboriginal Health governance structure and function within our district. The AHLT is responsible for leading the implementation of Aboriginal health strategies and specific projects associated with the WNSWLHD Strategic Plan across our District.

The team have a strong emphasis on, improving the cultural environment of our facilities, building the cultural capacity of the district, supporting the growth and development of our Aboriginal Workforce, empowering Aboriginal people as leaders in health, developing and maintaining partnerships with internal and external stakeholders and monitoring, reporting on key Aboriginal health deliverables

EXECUTIVE DIRECTOR Aboriginal Health & Wellbeing

> EXECUTIVE ASSISTANT Executive Director Aboriginal Health & Wellbeing

MANAGER
Aboriginal
Health Project
Delivery,
Strategy &
Engagement

PROJECT
OFFICER

Project Delivery, Strategy & Engagement MANAGER
Aboriginal Health
Southern
Sector

MANAGER
Aboriginal Health
Northern
Sector

MANAGERS

Aboriginal

Health

Workforce

SENIOR ADMINI -STRATION OFFICER

DISTRICT
COORDINATOR,
ABORIGINAL
MENTAL HEALTH,
DRUG & ALCOHOL
SERVICES

ABORIGINAL MENTAL HEALTH, DRUG & ALCOHOL

Our AHLT works alongside the District Coordinator for Aboriginal Mental Health, Drug & Alcohol Services. This Aboriginal leader provides strategic advice and supports the delivery of mental health, drug & alcohol services provided to our Aboriginal patients across our District.

GLOSSARY OF TERMS

Aboriginal: is the term use when referring to the first nation's people of Australia. In recognition that Aboriginal people are the original inhabitant of NSW. NSW Health have developed a guide to Aboriginal terminology which has been applied through-out our strategy.

Aboriginal Health Impact Statement (AHIS):

supports our staff to improve the health and well-being of Aboriginal people by systematically applying an 'Aboriginal health view' to all policies, programs, strategies, projects, guidelines and/or initiatives.

Aboriginal Health Leadership Team (AHLT): is responsible for leading the implementation of Aboriginal Health Strategies and specific projects associated with the WNSWLHD Strategic Plan across our District.

Aboriginal Medical Services (AMS): are a health services funded primarily to provide culturally appropriate health care and health services to Aboriginal and Torres Strait Islander communities in NSW. They deliver a broad range of health services and community programs.

Aboriginal Primary Health Workforce: consist of all Aboriginal Health workers (AHW), Aboriginal Hospital Liaison Officer (AHLO), Aboriginal Health Education Officer (AHEO) and Aboriginal Health Practitioners (AHP).

Centre for Aboriginal Health (CAH): sits within the NSW Ministry of Health and aims to work in partnership to build a culturally safe and responsive health system, where Aboriginal people have the same health outcomes as non-Aboriginal people.

Executive Leadership Team (ELT): are the governing leadership team for our District. They are responsible for the corporate, clinical, financial, planning, governance and workforce systems of the District.

Local Decision Making Groups (LDMs): are established to facilitate partnerships between Aboriginal communities and government agencies. It allow for communities to have more control in the delivery and coordination of government services and for government to support community identified priorities.

Maranguka: translates to 'Caring for Others' and was developed as a vision for improving outcomes and creating better coordinated support for vulnerable families and children. They aim to establish community-led, multi-disciplinary teams to work in partnership with relevant government and non-government organisation and/or agencies.

Murdi Paaki: means "Blackmans River" and refers to the Murdi Paaki Region. This region consists of Murdi Paaki communities across Western NSW including Bourke, Brewarrina, Broken Hill, Cobar, Collarenebri, Coonamble, Enngonia, Goodooga, Gulargambone, Ivanhoe, Lightening Ridge, Menindee, Walgett, Weilmoringle, Wentworth and Wilcannia. Murdi Paaki are a peak service provider for Aboriginal Communities in Western NSW.

National Aborigines and Islanders Day
Observance Committee (NAIDOC): is a week
of celebrations that are held across Australia
each July to celebrate the history, culture and
achievements of Aboriginal and Torres Strait
Islander peoples.

National Reconciliation Week: celebrations are held across Australia to commemorate our countries reconciliation journey. The week is a time for all Australians to learn about our shared histories, cultures and achievements and to explore how each of us can join the national reconciliation effort.

Reconciliation Action Plan (RAP): is a framework for our organisation to develop its vision for reconciliation. It is a business plan that documents what we commit to do to contribute to reconciliation in Australia.

Three Rivers Regional Assembly (TRRA): is the regional Aboriginal governance body and represents Aboriginal peoples across Western NSW. TRRA work towards ensuring Aboriginal communities have a voice in negotiations and/or discussions when determining what services are being developed and implemented within Western NSW. TRRA has representation from 12 communities: Dubbo, Bathurst, Gilgandra, Mudgee, Narromine, Nyngan, Orange, Parkes, Trangie, Peak Hill, Warren and Wellington.



WESTERN NSW LOCAL HEALTH DISTRICT

IMPROVING ABORIGINAL HEALTH

PLANNING and PERFORMANCE DASHBOARD

APPENDIX



ENVIRONMENT - ENHANCING OUR CULTURE

| WHAT WILL WE DO | ном | wно | TIMING |
|---|---|--|-----------------------------|
| | | | Mach 2018 |
| Enhance the provision of Aboriginal cultural education to provide our staff with the knowledge and skills to better understand and communicate with our Aboriginal patients so we | | Executive Director Aboriginal Health & Wellbeing Executive Director Workforce & Culture | June 2018 |
| | Undertake a review and redevelop our cultural awareness training framework, Respecting the Difference. | | June 2018 - 2023, Quarterly |
| | | | Annually - 2023 |
| | | | Annually - 2023 |
| | | | Annually - 2023 |
| can provide our patients with improved services and | Develop a cultural immersion strategy to increase knowledge and understanding of culture, histories and achievements. | Executive Director Aboriginal Health & Wellbeing Executive Director Workforce & Culture | Annually |
| environments. | | | Annually |
| | | | Annually |
| | | | Annually |
| | Ensure all facilities have Aboriginal Flags flying at the front of the building. | | December 2018 |
| | | | June, Annually |
| | | | Annually |
| Improve our Physical Environment to encourage | Implement an Aboriginal Arts & Signage Project to enhance the cultural and physical environment | Executive Director | June 2020 |
| an increase in access to those facilities by Aboriginal people. | of our facilities which will contribute to an increase in access to those facilities by Aboriginal people. | Aboriginal Health & Wellbeing | June 2020 |
| | Ensure all facilities display Acknowledgement | | Annually |
| | of Country guide, our District's statement of commitment and photographs of our Aboriginal | | September 2018 |
| | Health Workers. | | September 2018 |
| | Develop and implement our Reconciliation Action Plan. | Executive Director Clinical Governance Executive Director Aboriginal Health & Wellbeing | January 2018 |
| | | | January 2018 |
| | | | Quarterly |
| | | | Annually |
| | Embed Aboriginal cultural protocols across our District. | | March 2018 |
| | | | March 2018 |
| Begin our Districts | | | June 2018 |
| Reconciliation journey by the development | | | Annually |
| and implementation of WNSWLHD's Reconciliation Action Plan. | Develop and implement an Aboriginal procurement strategy to increase supplier diversity in our District. | | June 2018 |
| | | | June 2018 |
| | | | June 2018 |
| | | | June 2018 |
| | Celebrate National Reconciliation Week (NRW) and NAIDOC events to strengthen relationships and provide opportunities for Aboriginal staff to engage with culture and community. | | May and July, Annually |
| | | | May, Annually |
| | | | June |
| | | | May and July, Annually |
| | Undertake a review of the current process and enhance the AHIS protocol. Ensure the AHIS protocol is implemented across our District. | Executive Director Aboriginal Health & Wellbeing | June 2018 |
| Enhance and implement the Aboriginal Health Impact | | | Feb 2018 |
| Statement (AHIS) process to ensure the impacts of | | | June 2018 |
| changes in our District are considered and included. | | | April 2018 |
| | | | Quarterly |

Environment supports us to improve our Districts culture by enhancing cultural education and our physical environments. This will mean we are able to provide our Aboriginal communities with culturally safe accessible health services.

DELIVERABLES

85% of staff, Board and the Executive Leadership Team to undertake online cultural learning activities.

Redevelop Respecting the Difference training to deliver enhanced cultural education to our staff.

Include quarterly monitoring of staff attendance to Respecting the Difference training in managers MAMS.

85% of staff to undertake face to face cultural workshop learning activities.

100% of all RAP Working Group members to undertake cultural learning activities.

100% of Board members and the Executive Leadership team undertake face to face cultural workshop learning activities.

Develop a strategy that identifies options for staff members to undertake immersion opportunities.

Redevelop our Aboriginal Health intranet page to promote culture immersion opportunities to all staff members.

50% of DLT members to undertake at least one cultural immersion activity annually.

100% of ELT to undertake at least one cultural immersion activity annually.

Undertake a site audit of all facilities across the District to determine where flags need to be provided or replaced.

Conduct flag raising ceremonies at remaining sites identified in the site audit.

Implement the project to all District Health Services by 2020.

Undertake an evaluation of the project to show learnings and outcomes of implementation.

Provide the District with a project report on finalisation of the implementation.

Undertake a site audit of all facilities across the District to ensure guides, statement of commitment and photographs are displayed.

Provide acknowledgement of country guides for every meeting room in all our facilities.

Provide all facilities with a framed copy of the District's statement of commitment.

Form a RWG that is operational to support the development of our RAP, comprising of Aboriginal people and decision-making staff from across our District.

AHLT to provide support to RWG in the development, endorsement and launch of the RAP.

RWG to meet at least four times per year to monitor and report on RAP implementation.

Provide a progress report for Reconciliation Australia that maps - RAP achievements, challenges and learning annually to reconciliation Australia and our District.

Undertake a review of HR policies and procedures to ensure there are no barriers to staff participating in NAIDOC Week.

Recognise and promote dates of cultural significance to District staff via event emails and information on Aboriginal health intranet page.

Implement and communicate a cultural protocol document for Welcome to Country and Acknowledgement of Country.

Invite a local Traditional Owner to provide a Welcome to Country at five senior leadership meetings per annum.

Develop and implement a supplier diversity protocol that sets procurement targets for goods and services from Aboriginal owned businesses by reviewing state procurement contracts for Health to understand Aboriginal businesses that are prequalified.

 $Develop\ and\ monitor\ at\ least\ one\ ongoing\ commercial\ relationship\ with\ an\ Aboriginal\ business\ guided\ by\ the\ supplier\ diversity\ protocol.$

Utilise Aboriginal suppliers to develop and implement an Aboriginal Signage and Art Project across the District.

Organise an internal NRW & NAIDOC event at each of our base hospitals per annum

Register our NRW events via Reconciliation Australia's NRW website.

Encourage District staff to participate in internal and external events to recognise and celebrate NRW and NAIDOC week by promoting events via email and other internal communication.

Support our health services to host NRW and NAIDOC events locally by providing opportunities for funding and supporting local partnerships that could include in kind support and/or partnering with community organisations.

Create opportunities for all Aboriginal staff to participate in local NAIDOC Week events by promoting local events.

Undertake a review of the AHIS process to understand what improvements need to be undertaken.

Develop an enhanced formalise AHIS process by establishing a governance committee and publishing a revised procedure.

Implement the AHIS process, as a mandatory procedure, across our District.

Undertake a communications and engagement process to promote the AHIS process.

Report the number of AHIS undertaken every quarter through the Improving Aboriginal Health Dashboard.

EMPOWER - STRENGTHENING OUR WORKFORCE

| WHAT WILL WE DO | ном | WHO | TIMING |
|--|---|---|--------------------|
| | Develop an internal Aboriginal Employment Targeting Procedure that will contribute to increasing our Aboriginal workforce. | | December 2018 |
| | | | December, Annually |
| | | | June 2018 |
| Increase our Aboriginal | Develop an entry level Procedure for Aboriginal trainees, cadets and new graduates that will enable them for a long-term careers in our District. | Executive Director Aboriginal Health & Wellbeing Executive Director Workforce & Culture | December 2018 |
| employment participation rates to 9.4% of total workforce by 2023. | | | December 2018 |
| WORKING BY 2023. | Develop recruitment advertising guidelines to increase our District's Aboriginal recruitment target. | | December, Annually |
| | | | December, Annually |
| | | | December 2018 |
| | | | December 2018 |
| | | | December 2018 |
| | | Executive Director Aboriginal Health & Wellbeing Executive Director Workforce & Culture | December 2018 |
| | Develop opportunities for internal mentorship. | | August 2018 |
| | | | December 2018 |
| | Develop opportunities for career pathway development. | | July 2019 |
| | | | Annually |
| Empower our Aboriginal | | | Annually |
| workforce by increasing opportunities for capability | | | Annually |
| development | Develop an Aboriginal leadership program to enhance leadership development across the District. | | Annually |
| | | | Annually |
| | | | Annually |
| | | | July 2018 |
| | Establish Aboriginal leadership groups to provide our organisation with strategic advice and guidance on Aboriginal Health related issues. | | March 2018 |
| | | | March 2018 |
| | | | April 2018 |
| | Identify options to increase our ability to recruit Aboriginal people in senior leadership roles | Executive Director Aboriginal Health & Wellbeing Executive Director Workforce & Culture | July 2018 |
| Increase the number of Aboriginal people working in | | | Annually |
| senior leadership roles. | | | Annually |
| | Review position descriptions and identify a clear scopes of practise for our Aboriginal primary health workforce. Implement position competencies and supervision frameworks to contribute to a skilled workforce and clinically safe Aboriginal primary health workforce. | Executive Director Aboriginal Health & Wellbeing Executive Director Workforce & Culture | December 2018 |
| Undertake a review of | | | July 2018 |
| Aboriginal Health service delivery models to meet community needs and | | | January - Annually |
| strengthen Aboriginal employment in our District. | | | June - Annually |
| | | | June - Annually |
| | | | |

Create a skilled and robust Aboriginal workforce by expanding employment opportunities and strengthening internal protocols, so that we will be able to provide our communities with improved services that will increase the provision of health care.

DELIVERABLES

Develop a District Aboriginal Employment Targeting Procedure that will enable Aboriginal people to have opportunities for employment across our District.

Implement the Aboriginal Employment Targeting Procedure across our District by assisting facilities and directorates throughout the initial implementation.

Engage with all of our workforce to ensure health employees information is up to date so that we can ensure Aboriginal employment data is captured correctly.

Undertake a mapping exercise to confirm Aboriginal workforce data, identify gaps and work with our HSMs to improve these gaps.

Develop and implement the 'Growing our Own' procedure to target/create entry level positions across all disciplines in our organisation.

Engage with local schools, Tafe's and job expositions to target and promote our District to year 10-12 Aboriginal Students considering a career in health.

Develop a communications plan that includes increasing awareness of all Health scholarships identified for Aboriginal people and promote these internally and externally to contribute to an increase in employment.

Review the current job advertising procedure and ensure it includes all job vacancies are advertised in at least 3 Aboriginal media outlets.

Undertake a mapping exercise to identify, with our partners, opportunities to attract Aboriginal employees to our District.

Develop and implement a formalised mentor program, that targets Aboriginal employees, to assist our staff in capacity development.

Develop a District pool of mentors for Aboriginal staff to access when choosing a mentor to assist in capability development.

Provide a list of Aboriginal Leaders that staff can access for cultural advice in the development and delivery of Aboriginal health promotion activities.

Develop, implement and review an Aboriginal Health Recruitment and Retention Strategy, which includes recruitment, retention and professional development.

Develop individual professional development plans for all Aboriginal staff to utilise with their managers for career development and performance tracking.

Provide opportunities for Aboriginal Primary Health staff to enhance health promotion skills by providing opportunities to work in partnership with health promotion staff on community based projects.

Develop opportunities for staff to undertake education and training opportunities to enhance the skills of our Aboriginal staff.

Develop a leadership training program, that targets Aboriginal staff, to increase the leadership capacity of our District.

Provide a minimum of three leader shadowing opportunities annually for high performing Aboriginal staff.

Offer leadership and capacity development opportunities for Aboriginal employees who demonstrate consistent high performance.

Work with our key stakeholders to explore opportunities for short-term secondment opportunities for high performing Aboriginal staff.

Establish an Aboriginal senior leaders group that will provide cultural governance and advice to our District.

Establish a Northern and Southern Advisory Group to support Sectoral Managers to provide support and guidance to our Aboriginal staff and our Health Service Managers.

Establish Regional Leadership Groups to provide Aboriginal staff with peer support opportunities.

Establish an Aboriginal Youth Committee to contribute to shaping the future of our District that supports developmental opportunities for young Aboriginal staff.

Include targets to increase the number of Aboriginal people in senior leadership roles in the Aboriginal Recruitment and Retention Strategy.

Engage senior leadership across the District to provide formal leadership mentorship to consistent high performing Aboriginal employees.

Explore our capacity to provide stepping up secondments opportunities for high performing Aboriginal staff.

Identify clear scopes of practice and statement of duties with reporting accountabilities for all our Aboriginal Primary Health Workforce to enable consistency of role responsibilities across our District.

Implement the scopes of practice and statement of duties with reporting accountability across the District ensuring all roles have clear direction and are adaptable to their community needs.

Establish position competencies and supervision frameworks among our Aboriginal Primary Health clinical staff ensuring they are working within their scope of practice.

Develop a Portfolio of Practice document for the Aboriginal Primary Health Workforce that will support position competencies, by ensuring they are of best practise with audits conducted on a yearly basis ensuring strict compliance to patient safety is maintained at all times.

Provide clinical practice to our Aboriginal workforce by implementing a procedure for clinical supervision so that our Aboriginal workforce maintain their clinical skills. Develop a District procedure that enables and governs the clinical practise of the Aboriginal Primary Health workforce by establishing a clinical supervision and support framework.

CONNECTION - STRENGTHENING PARTNERSHIPS

| WHAT WILL WE DO | ном | wно | TIMING |
|--|--|--|-----------------------------------|
| | Create opportunities for our ELT to work with our AHLT to led initiatives targeted at improving Aboriginal Health. | | Quarterly |
| Develop better internal working relationships to | Strengthen the relationship with our District General Managers by working in partnership to improve the implementation of strategies developed for our Aboriginal patients. | Executive Director | Quarterly |
| ensure we are all working towards Improving Aboriginal Health outcomes for our communities. | Foster relationships with our Health Service Manager to address the identified gaps in data to improve services to our Aboriginal patients. | Aboriginal Health & Wellbeing | Quarterly |
| | Strengthen the relationship with our Health Promotion Team by identifying strategies to work in partnership to improve targeted health promotion strategies delivered in our Aboriginal communities. | | Quarterly |
| | Build respectful working relationships with Aboriginal community controlled medical services through effective governance principles that ensure we are actively focused on closing the Aboriginal health gap and improving health outcomes for Aboriginal people and communities in our region. | | Annually |
| Increase our engagement with Aboriginal Communities | | | Annually |
| to improve our relationships so we can work together to provide better health | | Executive Director Aboriginal Health & Wellbeing | Quarterly |
| services for our Aboriginal patients. | Attend Local Elders Groups meetings to discuss improvements in service delivery and seek advice on how we can improve these services for our Elders and their families. | & Wellbeilig | Quarterly |
| patients. | | | Annually |
| | s to Develop a meaningful relationship with Three | Executive Director Aboriginal Health & Wellbeing | Annually |
| | | | Twice a year June and December |
| | | | Quarterly |
| Formalise partnerships with the Local Aboriginal | | | Annually |
| Decision making groups to improve the health service delivery in our District. | | | Quarterly |
| | | | Annually |
| | Build a respectful and meaningful relationship with Maranguka to include health in the accountability framework for addressing Aboriginal disadvantage. | | Annually |
| | innovative strategies to improve the services we provide to Aboriginal patients. re sharing ind innovation we the health innovation where the services we provide to Aboriginal patients. Working in partnership with the Agency for | Executive Director Aboriginal Health & Wellbeing | January 2018 |
| Improve our relationship with our key stakeholder at a NSW State Government level | | | Quarterly |
| to ensure we are sharing key learnings and innovation that will improve the health | | | Annually |
| outcomes for Aboriginal communities. | - | | Twice a year June and December |
| | | | |

Connection supports us to strengthen our relationships by improving and formalising our partnerships, which means we will be able to develop accountability to ensure we are all working towards Improving Aboriginal Health in our communities.

DELIVERABLES

Table the Improving Aboriginal Health Dashboard report at the ELT meetings and discuss areas for improvement.

Table the Improving Aboriginal Health Dashboard report at the Clinical Operation meeting to develop initiatives in partnership with the General Managers based on identifiable gaps.

Utilise the Improving Aboriginal Health Dashboard to develop initiatives in partnership with Health Service Managers.

Table the Improving Aboriginal Health Dashboard report at the Aboriginal Health and Wellbeing Directorate meeting to develop health promotion initiatives in partnership.

Develop and apply functional systems of consultation between the parties in relation to the planning and implementation of projects for Aboriginal health.

Reach agreed positions in relation to Aboriginal health policy, service planning, enhancement, development and collaboration in the allocation of local and regional resources.

Ensure an action approach at all levels within our District by the development of agreed Local Action Plans.

Implement, monitor and report on Local Aboriginal Health Action Plans between all parties.

Undertake a mapping exercise to capture existing Aboriginal Elders Groups in our communities.

Attend Elders Group meetings at least once per annum to provide an update of achievements and seek advice on improvements.

Develop and formalise a partnership agreement with Murdi Paaki Regional Alliance.

Establish regular meetings with the Chief Executive and Director of Aboriginal Health & Wellbeing (WNSWLHD), Chief Executive of (FWLHD) and Chairperson of MPRA to ensure openness and accountability.

Ensure data is regularly reviewed and strategies jointly acted on by partners.

Develop and formalise the Three Rivers Regional Assembly Accord.

Ensure the Committee meets regularly with our Chief Executive and Director of Aboriginal Health & Wellbeing to ensure openness and accountability.

Ensure data is regularly reviewed and strategies jointly acted on by partners of the Accord.

Establish regular meetings with the Director of Aboriginal Health & Wellbeing and CEO of Maranguka to ensure openness and accountability.

Ensure our District has a voice at the state level by having a representative on the State Aboriginal Health Peak Body.

Undertake quarterly governance reporting meetings with the Centre for Aboriginal Health to discuss our performance meetings and to facilitate exploration of additional funding and joint projects.

Have a representative on the ACI Executive Committee Aboriginal Chronic Care to guide the implementation of Aboriginal chronic care programs in our District.

Actively explore opportunities to develop joint projects and funding opportunities that will enhance the implementation of chronic care programs for our Aboriginal communities.

INNOVATION - CREATING SOLUTIONS

| WHAT WILL WE DO | ном | wно | TIMING |
|---|---|--|-----------------|
| | gies under our Yarning Project to equip our nurses to be able to | Executive Director Aboriginal Health & | January 2018 |
| Develop and implement strategies under our District's Living Well | | | January 2018 |
| Together strategy to improve patient safety and | with our Aboriginal patients. | Wellbeing | January 2018 |
| outcomes and focuses on connecting our staff to their | Improve engagement of our the AHLT with our Aboriginal staff and patient's by increasing communication through the leader rounding process. | Executive Director Nursing & Midwifery | March 2018 |
| purpose, where we can truly make a difference. | | | Annually - June |
| | | | Annually - June |
| | Reinvigorate the Marang Dhali Food and Cooking program. | | June 2018 |
| | | | June 2018 |
| Increase the number | | | June 2018 |
| of healthy lifestyle and chronic disease programs in our District to assist | Develop and implement chronic disease projects that will contribute to improved health outcomes for our Aboriginal communities. | Executive Director Aboriginal Health & Wellbeing | December 2018 |
| in improving the health outcomes of our Aboriginal communities. | | | December 2018 |
| | | | December 2018 |
| | | | June 2018 |
| | Produce the Aboriginal Health Scorecard that reports Aboriginal performance data from across our District. | Executive Director Aboriginal Health & Wellbeing | April 2018 |
| | | | Quarterly |
| | | | Quarterly |
| | Undertake the Career Pathways for Aboriginal and Torres Strait Islander Health Professionals Project, in partnership with key stakeholders, | | February 2018 |
| Utilise Aboriginal health | | | March 2018 |
| data to identify research gaps and create health service delivery innovation that will assist in Improving | to provide insights and guidance to enhance the capacity of the health system to retain and support the development and careers of Aboriginal and Torres Strait Islander people. | | September 2019 |
| Aboriginal Health in our District. | Develop and implement that Breast Screen | Executive Director | Quarterly |
| | Aboriginal Engagement Project to increase the screening activity and participation rate of Aboriginal women through the implementation | Aboriginal Health & Wellbeing | Quarterly |
| | of culturally appropriate yarning circles to promote the importance of breast screening. | General Manager Imaging Services | Quarterly |
| | Utilise information collected from our Aboriginal staff and patients to identify innovative services and projects. | Executive Director Aboriginal Health & Wellbeing | June- Annually |

Innovation supports us to create solutions by utilising data to identify gaps in service delivery and working together in innovation by utilising data to identify gaps in service delivery and by working together in innovative ways to assist in closing the gap in Aboriginal health equality.

DELIVERABLES

Refine the Aboriginal Yarning project tools based on the feedback from the pilot project to enhance the delivery of the project.

Develop a staged roll-out of the Aboriginal Yarning Project across our District so that the project is implemented to at least eight health services per annum.

Track the implementation of the Aboriginal Yarning Project by undertaking collection of data and development of a project report.

Set agreed monthly leader rounding targets for the Managers of Aboriginal Health.

Report leader rounding feedback to Executive Director of Aboriginal Health & Wellbeing through the monthly accountability meetings.

Feedback key learnings from leader rounding process to the Aboriginal Leadership Group to improve governance decisions.

Undertake a site review of where the Marang Dhali Food and Cooking program has been implemented.

Identify new communities to undertake the roll-out of the Marang Dhali Food and Cooking program.

Review program promotional products to reinvigorate community interest and participation through an enhanced communications strategy.

Identify, implement and evaluate a chronic disease early intervention project targeted at school aged children in at least three Aboriginal communities in our District.

Implement the Get Healthy Knock Out Health Challenge or a similar program in our District to promote increased physical activity and healthy lifestyle behaviours in our Aboriginal communities.

Participate in the leading better value care steering committee meetings to identify opportunities to increase services for Aboriginal people.

Undertake a mapping exercise to identify localised chronic disease projects that are currently being undertaken in our District and identify opportunities for increasing Aboriginal participation.

In partnership with the HIU develop a comprehensive Improving Aboriginal Health ScoreCard to monitor clinical service delivery in our District

Ensure the Improving Aboriginal Health Scorecard is published quarterly for reporting purposes.

Undertake regular analysis of the data outcomes from the Improving Aboriginal Health Scorecard to assist HSMS to address identifiable gaps.

Develop the project proposal and seek ethics approval in partnership with key stakeholders.

Assist the project partners to undertake the project by providing guidance and support during the implementation in our District.

Provide a project report and apply relevant learnings for our District.

Complete at least four Yarning Circles at each Breast Screen fixed sites in a 24-month period.

Complete 1-2 Yarning Circles in each town, where the Aboriginal population reasonably exceeds the target number of eligible women, attended by the Breast Screen Van in a 24-month period.

Screen >50% of the Aboriginal women eligible to be screened who attend the Yarning Circles.

Collect and analyse AHLT leader rounding documents to inform the development of innovation for Aboriginal health across our District.

IMPROVING ABORIGINAL HEALTH SCORECARD

The Improving Aboriginal Health Scorecard incorporates the Ministry of Health and Centre for Aboriginal Health Aboriginal quantitative performance measures and specific KPIs/targets that are relevant to Aboriginal Health in our District. The Scorecard is currently been developed in partnership with the Health Intelligence Unit. Below outlines the KPIs/targets that will be captured once this work is completed. It is anticipated that overtime additional KPIs/targets will be added. Where possible these KPIs/targets will report both current status and comparison between Aboriginal and non-Aboriginal status to measure if we are working towards closing the Aboriginal health gap.

- · Reporting of Aboriginality.
- · Reduce Aboriginal inpatients who were discharged against medical advice.
- Reduce unplanned/unexpected hospital readmission for Aboriginal patients within 28 days (target 5.1%).
- Reduce unplanned acute mental health readmission for Aboriginal patients within 28 days.
- Reduce unplanned emergency department representations for Aboriginal patients within 48 hours to same ED (target 6%).
- Reduce Aboriginal patients that 'Did not wait' or 'left at own risk in the ED (target 3.5%).
- Eligible Aboriginal Patients followed up post separation within 48hrs (target 90%).
- · % of all public dental activity.
- Reduction of Sexually Transmitted Infections (STIs) in Aboriginal patients.
- · Improve that biennial Breast Screen participation rate for Aboriginal women 50-69 years old.
- Improve the biennial Breast Screen participation rate for women 70-74 years old.
- Increase that rate of mothers of Aboriginal babies first ante-natal care <14 weeks.
- Reduce the rate of mothers of Aboriginal babies smoking in pregnancy.
- Reduce the number of mother of Aboriginal babies born with low birth weight (<2,500gms).
- Improve the rate of Aboriginal babies fully immunised at 1 year.
- Improve the rate of Aboriginal children fully immunised at 5 years.
- Increase the Aboriginal workforce participation rate (target 9.4%).
- Increase the Respecting the Difference online compliance rate (target 85%).
- Increase the Respecting the Difference face to face compliance (target 85%).

WNSWLHD ABORIGINAL HEALTH LEADERSHIP TEAM

Our District's Aboriginal Health Leadership Team (AHLT) have a strong emphasis on developing and maintaining partnerships with internal and external stakeholders, building the cultural capacity of the district, monitoring and reporting on key Aboriginal health deliverables, supporting the growth and development of our Aboriginal workforce, improving the cultural environment or our facilities and empowering Aboriginal people as leaders in health.

Executive Director of Aboriginal Health & Wellbeing

The Executive Director is a member of the WNSWLHD Executive Leadership Team, the governing leadership team for our district. The role is responsible for transforming our services to improve the lives of Aboriginal people through building strong partnerships and designing more culturally inviting services for communities across our region. Additionally, this role is responsible for leading a whole of system health promotion and prevention strategy to make a difference in the lives of all people in our region.

Manager Aboriginal Health - Project Delivery, Strategy & Engagement

The Manager of Aboriginal Health, Project Delivery, Strategy and Engagement is responsible for the coordination, monitoring and reporting on Aboriginal Health projects led by the AHLT, developing a wide range of Aboriginal health strategies and strengthening key internal and external partnerships that support our district's strategic direction.

Managers Aboriginal Health - Southern and Northern Sectors

These two positions are responsible for leading a wide range of Aboriginal health initiatives and projects that are aligned to support our district's strategic direction within health services based in the Northern and Southern sectors. A key component of these roles is the relationships they develop within each of our health services to ensure everyone is working in partnership to achieve the best results for our Aboriginal communities.

Managers Aboriginal Health Workforce

Our Aboriginal Health Workforce Managers are responsible for the development and implementation of strategies aimed at the recruitment and retention of our Aboriginal workforce.

Project Officer - Project Delivery, Strategy & Engagement

The Project Officer, Project Delivery, Strategy & Engagement is responsible for assisting in the planning, monitoring and reporting associated with the implementation of the Aboriginal Health Strategy.

Executive Assistant

The Executive Assistant is responsible for providing executive level support to the Executive Director of Aboriginal Health & Wellbeing. This role supports the Executive Director on a day to day basis by undertaking both secretariat and administrative functions and as the senior member of the administration team this position is responsible for overseeing all the administrative functions of the AHLT.

Senior Administration Officer

The Senior Administration Officer plays a crucial role in providing comprehensive and confidential administrative support to the AHLT.

Contact Details

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