

## Aboriginal Health Impact Statement

**Summary** The Aboriginal Health Impact Statement aims to ensure NSW Health staff incorporate the health needs and interests of Aboriginal people in the development of new and revised health policies, programs and strategies.

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**Author branch**

**Branch contact**

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**Policy manual** Not applicable

**File number** H17/1958

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**Functional group** Clinical/Patient Services - Governance and Service Delivery  
Population Health - Health Promotion

**Applies to** Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Local Health Districts, Ministry of Health, NSW Ambulance Service, Public Health System Support Division, Public Hospitals, Specialty Network Governed Statutory Health Corporations

**Distributed to** Ministry of Health, NSW Ambulance Service, Public Health System

**Audience** All staff

## ABORIGINAL HEALTH IMPACT STATEMENT

### PURPOSE

The purpose of the Aboriginal Health Impact Statement is to support NSW Health staff and organisations to improve the health and well-being of Aboriginal people by systematically applying an 'Aboriginal health lens' to all policies and programs.

Specifically, the Aboriginal Health Impact Statement aims to:

- Embed careful consideration of the health needs of Aboriginal people at an early stage in the process of revision or development of policies, programs and strategies
- Guide the systematic examination and assessment of health system barriers, enablers and linkages in relation to Aboriginal health to identify opportunities to improve access to healthcare as well as potential adverse impacts to be mitigated
- Reduce disparities for Aboriginal people by ensuring that policies and programs strive to achieve equity for Aboriginal people, and actively monitor and evaluate outcomes
- Support NSW Health staff and organisations to develop effective partnerships and strategies to meaningfully engage with Aboriginal stakeholders and communities.

### MANDATORY REQUIREMENTS

All parts of the NSW Health system (including the NSW Ministry of Health (the Ministry), local health districts, specialty networks and pillars) are required to undertake an Aboriginal Health Impact Statement at the start of the process to develop or revise any NSW Health policies, initiatives and programs. Once approval has been received from the applicant's organisation, a copy of the finalised Aboriginal Health Impact Statement should be forwarded to the Centre for Aboriginal Health by email: [CAH@moh.health.nsw.gov.au](mailto:CAH@moh.health.nsw.gov.au).

### IMPLEMENTATION

Depending on the initiative, the Aboriginal Health Impact Statement will be applied at the local, regional or state-wide level.

The Ministry's Centre for Aboriginal Health has an enabling role and is able to support NSW Health staff and organisations as they undertake an Aboriginal Health Impact Statement.

The Ministry will facilitate an annual audit of Aboriginal Health Impact Statements to ensure Aboriginal health issues are comprehensively and systematically considered in policy and program development.

## REVISION HISTORY

Version	Approved by	Amendment notes
September 2017 (PD2017_034)	Executive Director Centre for Aboriginal Health	Update to template functionality. Replaces PD2017_004.
February 2017 (PD2017_004)	Chief Health Officer and Deputy Secretary, Population and Public Health	Revisions to ensure the policy aligns with the <i>NSW Aboriginal Health Plan 2013-2023</i> . Replaces PD2007_082.
November 2007 (PD2007_082)	Deputy Director- General, Population and Public Health	New policy

## ATTACHMENTS

1. NSW Health Aboriginal Health Impact Statement



NSW Aboriginal Health  
Impact Statement



Health



## Aboriginal people are the first peoples of Australia and have strong cultures and communities. NSW Health is committed to Closing the Gap in health outcomes between Aboriginal and non-Aboriginal people.

The Aboriginal Health Impact Statement forms part of a broader set of strategies to achieve this. A culturally respectful and responsive health system is essential to improve health outcomes for Aboriginal people and every employee of the NSW Health system has a valuable role to play.

The goal of the *NSW Aboriginal Health Plan 2013-2023*, developed in partnership with the Aboriginal Health and Medical Research Council of NSW, is to work partnership with Aboriginal people to achieve the highest level of health possible for individuals, families and communities.<sup>1</sup>

*“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”.*

Multiple inter-related factors contribute to the poorer health status of Aboriginal people. An appreciation of the social determinants of Aboriginal health, including dispossession, interruption of culture, intergenerational trauma, education, employment, housing, environmental factors, social and cultural capital and racism is critically important to closing the health gap between Aboriginal and non-Aboriginal people.<sup>2</sup> The resilience of Aboriginal people provides the foundation upon which to build further efforts to improve Aboriginal health.

<sup>1</sup> *NSW Health Aboriginal Health Plan 2013-2023*

<sup>2</sup> Centre for Epidemiology and Evidence, 2012, *The health of Aboriginal people of NSW: Report of the Chief Health Officer*, 2012. Sydney: NSW Ministry of Health.

The artwork on the cover is called 'Baalee'. It is inspired by the original artwork of Aboriginal artist Tanya Taylor and designed by the National Aboriginal Design Agency. This artwork symbolises the Centre for Aboriginal Health working in partnership with Aboriginal people to support wholistic health and wellbeing and its role in the health system to build culturally safe and responsive health services.

# 1 Purpose

The purpose of the **Aboriginal Health Impact Statement** is to support NSW Health organisations and staff to improve the health and well-being of Aboriginal people by systematically applying an 'Aboriginal health lens' to all policies, programs and strategies. Specifically, the **Aboriginal Health Impact Statement** aims to:

- 1 Embed careful consideration of the health needs of Aboriginal people at an early stage in the process of revision or development of policies, programs and strategies.
- 2 Guide the systematic examination and assessment of health system barriers, enablers and linkages in relation to Aboriginal health to identify opportunities to improve access to healthcare as well as potential adverse impacts to be mitigated.
- 3 Reduce disparities for Aboriginal people by ensuring that policies and programs strive to achieve equity for Aboriginal people, and actively monitor and evaluate outcomes.
- 4 Support NSW Health staff and organisations to develop effective partnerships and strategies to meaningfully engage with Aboriginal stakeholders and communities.

# 2 Principles

The **Aboriginal Health Impact Statement** is underpinned by the following principles in line with the *NSW Aboriginal Health Plan 2013-2023*. These principles are essential if improvements in Aboriginal health are to be achieved:

- Trust and cultural respect
- Recognition of the cultural values and traditions of Aboriginal communities
- Holistic approaches to the health of Aboriginal people
- The valuable and unique role of Aboriginal Community Controlled Health Services (ACCHSs)
- The participation of Aboriginal people at all levels of health service delivery and management
- Partnership with Aboriginal communities through ACCHSs and the Aboriginal Health and Medical Research Council of NSW.<sup>3</sup>

## 3 Roles and Responsibilities

Each part of NSW Health is responsible for undertaking Aboriginal Health Impact Statements. Depending on the initiative, the **Aboriginal Health Impact Statement** will be applied at the local, regional or state-wide level.

The **Aboriginal Health Impact Statement** should be considered at the outset of policy, program or strategy development and if engagement with Aboriginal people is appropriate, this should be done early. The Ministry, local health districts, specialty networks and pillars are responsible for developing their own processes for executives to assess and approve Aboriginal Health Impact Statements. The Ministry's Centre for Aboriginal Health has an enabling role and is able to support NSW Health staff and organisations as they undertake an **Aboriginal Health Impact Statement**.

## 4 Reporting

Each part of NSW Health is responsible for maintaining its own records in relation to the number and quality of Aboriginal Health Impact Statements completed. The Ministry will facilitate an annual audit of Aboriginal Health Impact Statements to ensure Aboriginal health issues are comprehensively and systematically considered in policy and program development. *Please provide a copy of the finalised Aboriginal Health Impact Statement to the Centre for Aboriginal Health, once approval has been received from your Organisation.*

## 5 Completing an Aboriginal Health Impact Statement

The **Aboriginal Health Impact Statement** requires NSW Health staff to consider three key components in detail and provide a brief overall summary using the attached template (Attachment 1).

The three key components that must be considered are:

- ① **The health context for Aboriginal people**
- ② **The potential impact of the policy, program or strategy on Aboriginal people including approaches to mitigate any potential undesired effects**
- ③ **Engagement with Aboriginal people**

*Guidance on the recommended approach to undertaking an Aboriginal Health Impact Statement is summarised overleaf.*

## COMPONENT 1

# The health context for Aboriginal people

Consider available information about Aboriginal people and their health to build an understanding of the needs of Aboriginal people in relation to the initiative. While detailed local data may not be available, there is a large amount of state-wide and national data that can be relevant to apply. Quantitative as well as qualitative data may be informative. Key questions to consider are:

- ① Who are the Aboriginal people that will likely be affected by the initiative?
- ① What is the burden of ill health and/or health priorities for this group of Aboriginal people?
- ① What issues may potentially affect access to services for this group of Aboriginal people?
- ① How does the initiative link to existing Aboriginal health policies, programs or strategies?

In depth assessment of the following specific factors will guide response to these questions.



## 5.1.1 Demographic profile of the Aboriginal population

### Key statistics:

- ④ In 2014, an estimated 220,902 Aboriginal people were living in NSW, comprising 2.9 per cent of the total NSW population and 31 per cent of the total Aboriginal population in Australia.
- ④ The majority of Aboriginal people in NSW live in major cities, inner and outer regional areas.
- ④ While smaller numbers of Aboriginal people in NSW reside in remote and very remote areas, they represent a higher proportion of the population in these areas. For example, in Western NSW and Far West local health districts, Aboriginal people make up an estimated 11.6 per cent and 12.3 per cent of the population (respectively).<sup>4</sup>
- ④ The age structure of the Aboriginal population is significantly younger than that of the non-Aboriginal people.

## 5.1.2 Burden of ill health among Aboriginal people

### Key statistics:

- ④ **In NSW, Aboriginal people experience a higher prevalence of most chronic diseases, and chronic disease risk factors compared with non-Aboriginal people, and at younger ages.** This has a major impact on the wellbeing of families and communities<sup>5</sup>.
- ④ **Cardiovascular disease is the main cause of death for Aboriginal people in NSW.** Cardiovascular disease is estimated to contribute 23 per cent of the excess burden of disease for Aboriginal people compared with non-Aboriginal people<sup>5</sup>.
- ④ **Diabetes is a major contributor to the disparity in health between Aboriginal and non-Aboriginal people.** The prevalence of diabetes among Aboriginal people aged 18 years and over is 1.2 times higher than the general population<sup>5</sup>.
- ④ **Aboriginal people have a higher prevalence of renal disease when compared to non-Aboriginal people.** In NSW, Aboriginal people are 5 times more likely than non-Aboriginal people to be hospitalised for chronic kidney disease and 1.9 times more likely to be receiving dialysis for end-stage renal disease<sup>5</sup>.
- ④ **Aboriginal people experience higher levels of psychological distress compared to non-Aboriginal people.** Aboriginal people in NSW are 2.2 times more likely to experience high/very high levels of psychological distress than non-Aboriginal people and 2.9 times more likely to be hospitalised for intentional self-harm than other Australians<sup>5</sup>.

4 Health Statistics NSW Centre for Epidemiology and Evidence, NSW Ministry of Health

5 The health of Aboriginal people of NSW: Report of the Chief Health Officer 2012

### 5.1.3 Access and utilisation of health services by Aboriginal people

#### Key points:

- ③ Due to the higher prevalence of disease among Aboriginal people, they are expected to utilise health services at a much higher rate than non-Aboriginal people. However, **data suggests that Aboriginal people's overall utilisation of health services is only marginally higher**<sup>6</sup>.
- ③ **Barriers to accessing health care contribute to the poor health status of Aboriginal people.** They include discrimination, lack of cultural safety, distance from home and out of pocket health care costs.<sup>7</sup>
- ③ **ACCHSs play a key role in providing wholistic care to Aboriginal people.** They offer comprehensive, culturally safe primary care services to a large proportion of Aboriginal people in NSW and play a valuable and unique role in improving Aboriginal health. NSW Health funds a large number of ACCHSs across NSW.
- ③ **Accessible services are those that address cultural competence, acceptability and appropriateness**<sup>8</sup>. Strategies to achieve this may include flexible service delivery, no out of pocket costs and presence of Aboriginal staff.

### 5.1.4 Links to existing policies, programs or strategies

#### Key points:

- ③ **Alignment with key NSW strategic plans is important.** This includes the *NSW Health Plan Towards 2021*, the *NSW Rural Health Plan Towards 2021* and the *NSW Aboriginal Health Plan 2013-2023*.
- ③ **Aboriginal health has many intersecting stakeholders who fund or deliver programs.** This may include the federal, state and local governments, non-government organisations and primary health networks. Ensuring that initiatives are linked or integrated and not 'siloed' is a key element of success. Pathways between mainstream health services and ACCHSs are particularly important.

6 Australian Institute of Health and Welfare, *Australia's Health 2014- Indigenous Health* <http://www.aihw.gov.au/australias-health/2014/indigenous-health/>

7 Ware Vicki-Anne. Closing the Gap Clearinghouse, *Improving the accessibility of health services in urban and regional settings for Indigenous people 2013*

8 Australian Institute of Health and Welfare, *Improving the accessibility of health services in urban and regional settings for Indigenous people*, <http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-rs27.pdf>

## COMPONENT 2

# The potential impact of the policy, program or strategy on Aboriginal people

When a policy, program or strategy is developed the potential impacts of the initiative on the health of Aboriginal people must be considered. This process should include the identification of both positive and negative impacts, steps to address or mitigate any negative impacts and processes for ongoing monitoring throughout the initiative. Key questions to consider are:

- ① How will this initiative impact on Aboriginal people and will the impact be different for Aboriginal people compared to non-Aboriginal people?
- ① How can the initiative be designed to reach Aboriginal people?
- ① What might be the unintended impacts (including potential negative impacts) for Aboriginal people and what are the actions that will be taken to mitigate or prevent them?
- ① How will the impact of the initiative on Aboriginal people be actively monitored and evaluated?

## Hypothetical examples of initiatives with positive impacts for Aboriginal people:

- A **local health district cardiology outreach service** was designed with input from the local Aboriginal community. The program involves the cardiologist and cardiac nursing staff visiting Aboriginal patients at the local ACCHS on a regular basis. This arrangement contributes to building trust between patients, the ACCHS and local health district staff and increasing Aboriginal peoples' access to cardiac services.
- **The plans for the refurbishment of a hospital Emergency Department** include a specific requirement that cultural safety considerations for Aboriginal people are included. The plan is developed in partnership with the local ACCHS and includes creating a welcoming environment for Aboriginal people by including Aboriginal artwork and flags, statements of reconciliation and acknowledgement of traditional custodians as well as other reflections of local culture.

## Hypothetical examples of initiatives with negative impacts on Aboriginal people:

- A **hospital introduces a visitor policy** restricting visiting hours and the number of visitors. Noting that Aboriginal people and communities may have large or extended family structures and relationships such a policy may have unintended negative impacts on Aboriginal people and their families.
- A **local campaign** called 'Smoking is deadly' is implemented to highlight the impact of cigarettes on health. The initiative has not considered that 'deadly' is an Aboriginal English word for 'fantastic', inadvertently promoting smoking to Aboriginal people.

## COMPONENT 3

# Engagement with Aboriginal people

Engagement with Aboriginal stakeholders should be considered in the development or revision of policies, programs or strategies. The level and nature of engagement with Aboriginal people will be guided by the type of initiative and should be determined on a case by case basis in consideration of a number of factors including: the health issue, the geographical area and whether Aboriginal people are a specific target population of the policy or program. Where engagement is undertaken, planning the engagement, including identification of possible barriers to participation, will ensure that culturally respectful methods are incorporated from the earliest stages. Key questions to consider are:

- ① Based on the anticipated impact of the initiative on Aboriginal people, what level and nature of engagement with Aboriginal stakeholders is appropriate?
- ① Are there potential barriers that might impact the ability of Aboriginal people to be meaningfully engaged?
- ① To ensure coordination and avoidance of duplication, what existing governance mechanisms such as committees, networks or partnerships exist that could be used to support engagement with Aboriginal people?
- ① What information will be provided back to Aboriginal stakeholders and how will continued engagement through the implementation and evaluation of the initiative be facilitated?

## Hypothetical examples of appropriate engagement with Aboriginal people:

- In developing a new state-wide policy related to end of life care, the policy leads are unsure about how to best incorporate the perspectives of Aboriginal people. The Centre for Aboriginal Health was approached to provide guidance as to how to go about this process.
- A local project to develop an exercise program for Aboriginal men invites local Aboriginal health workers, staff from local ACCHSs and Aboriginal consumers to participate in interviews or focus groups to inform a culturally appropriate model.

## Hypothetical examples of inappropriate engagement with Aboriginal people:

- A local program developed to specifically address high rates of chlamydia among young women has first approached Aboriginal people 2 years into the program for advice on why participation rates from young Aboriginal women are low.
- A health service is keen to include Aboriginal perspectives in the range of services they provide. They call on an Aboriginal staff member to sit on 6 different committees as the Aboriginal 'voice'. The Aboriginal staff member feels overburdened and uncomfortable with the expectation that they can solely represent an Aboriginal perspective.

The Centre for Aboriginal Health (Ministry) or the Director of Aboriginal Health (local health districts) can provide guidance and support if there is uncertainty about whether engagement with Aboriginal stakeholders is appropriate, in contacting Aboriginal stakeholders and providing information about local partnerships and existing governance mechanisms.

### Examples of Aboriginal stakeholders:

- 🎯 Centre for Aboriginal Health, NSW Ministry of Health
- 🎯 Local health district Director of Aboriginal Health
- 🎯 Aboriginal staff working in the NSW Health system
- 🎯 Aboriginal Community Controlled Health Services
- 🎯 Aboriginal Health and Medical Research Council
- 🎯 Aboriginal health researchers and academics
- 🎯 Aboriginal community members

## 6 Further information

For further information about undertaking the Aboriginal Health Impact Statement please contact:

The Centre for Aboriginal Health, NSW Ministry of Health on (02) 9391 9502 or 73 Miller Street North Sydney NSW 2060 **OR** Local health district or Specialist Health Network District Manager/Director of Aboriginal Health.

# 7 Resources

NSW Aboriginal Health Plan 2013–2023	<a href="http://www.health.nsw.gov.au/aboriginal/Publications/aboriginal-health-plan-2013-2023.pdf">www.health.nsw.gov.au/aboriginal/Publications/aboriginal-health-plan-2013-2023.pdf</a>
NSW Office of Aboriginal Affairs	<a href="http://www.aboriginalaffairs.nsw.gov.au/">www.aboriginalaffairs.nsw.gov.au/</a>
Health Statistics NSW	<a href="http://www.healthstats.nsw.gov.au">www.healthstats.nsw.gov.au</a>
Australian Bureau of Statistics (e.g. Australian Aboriginal and Torres Strait Islander Health Survey)	<a href="http://www.abs.gov.au/">www.abs.gov.au/</a>
Australian Institute of Health and Welfare (e.g. Closing the Gap Clearinghouse reports and papers)	<a href="http://www.aihw.gov.au/">www.aihw.gov.au/</a>
Aboriginal and Torres Strait Islander Health Performance Report	<a href="http://www.pmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report_0.pdf">www.pmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report_0.pdf</a>
Australian Indigenous HealthInfoNet	<a href="http://www.healthinfonet.ecu.edu.au">www.healthinfonet.ecu.edu.au</a>
Productivity Commission (e.g. Overcoming Indigenous Disadvantage Report)	<a href="http://www.pc.gov.au/">www.pc.gov.au/</a>
Working with Aboriginal People and Communities: A Practical Resource, NSW Department of Community Services	<a href="http://www.community.nsw.gov.au/_data/assets/pdf_file/0017/321308/working_with_aboriginal.pdf">www.community.nsw.gov.au/_data/assets/pdf_file/0017/321308/working_with_aboriginal.pdf</a>
Communicating Positively: A Guide to Appropriate Aboriginal Terminology	<a href="http://www.health.nsw.gov.au/aboriginal/Publications/pub-terminology.pdf">www.health.nsw.gov.au/aboriginal/Publications/pub-terminology.pdf</a>
Respecting the Difference: An Aboriginal Cultural Training Framework	<a href="http://www.health.nsw.gov.au/workforce/aboriginal/Publications/respecting-difference-evaluation.pdf">www.health.nsw.gov.au/workforce/aboriginal/Publications/respecting-difference-evaluation.pdf</a>
<u>Additional contextual information</u>	<p><u>The Aboriginal Health &amp; Medical Research Council of NSW</u>  <a href="http://www.ahmrc.org.au/">www.ahmrc.org.au/</a></p> <p>Rural, Remote and Indigenous Access Branch, Department of Health <a href="http://www.health.gov.au">www.health.gov.au</a></p> <p>Office of Communities Aboriginal Affairs NSW</p> <p>NSW local health districts may have information specific to the Aboriginal population in their area. This information is often included in strategic plans, service plans or community profiles.</p>

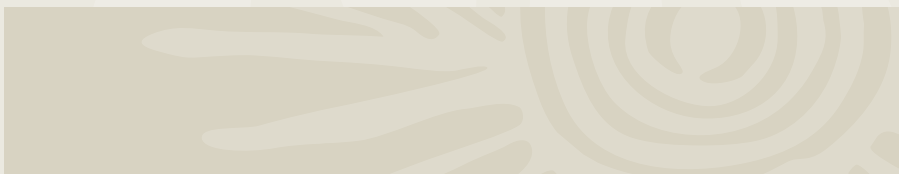
## Attachment 1:

# Aboriginal Health Impact Statement – Question Template

Title of the initiative:	
Organisation/Department/Centre:	
Contact name and title:	
Contact phone number:	
Date completed:	

Once approval has been received from your Organisation please provide a copy of the finalised Aboriginal Health Impact Statement and related policy document to the Centre for Aboriginal Health by email: [CAH@moh.health.nsw.gov.au](mailto:CAH@moh.health.nsw.gov.au).

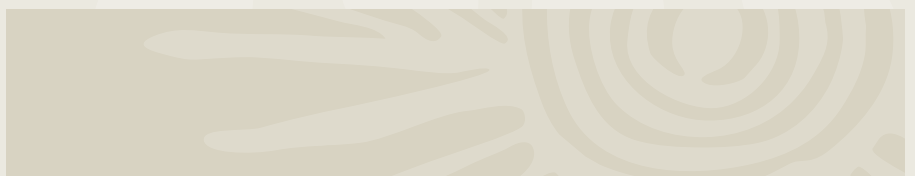
If your Organisation assesses that the initiative has no impact on Aboriginal people you are still required to provide a rationale for how this decision was reached by completing the summary section and questions 1 and 2 of the template.



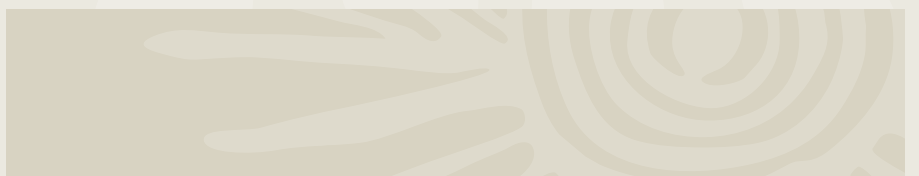
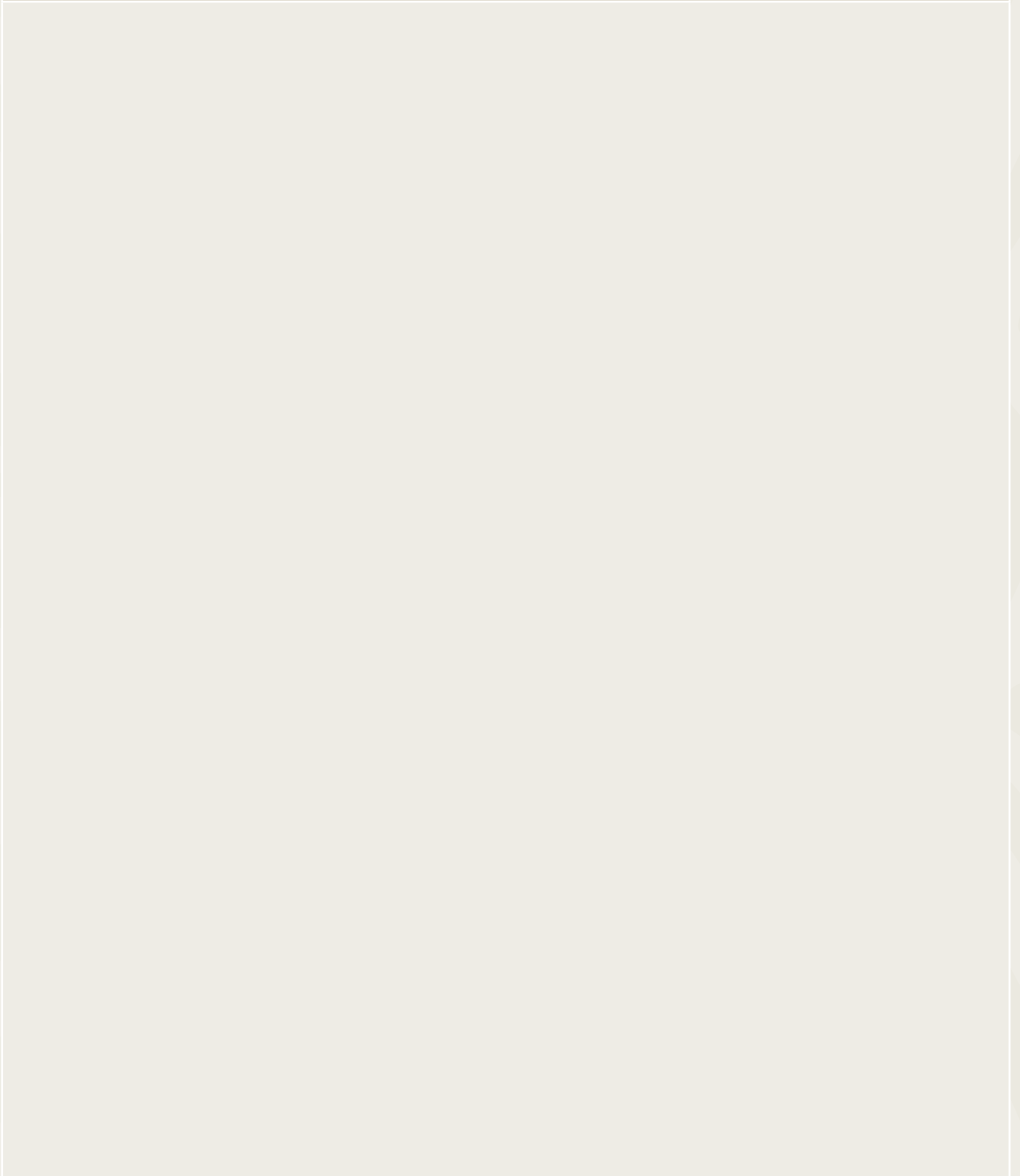


## Summary

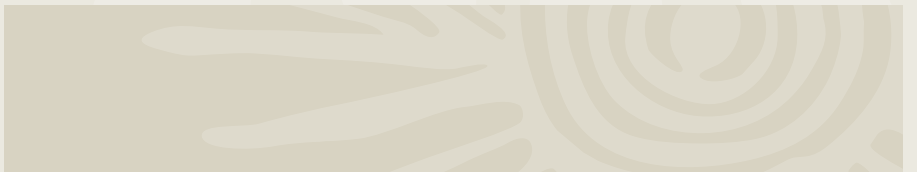
Provide a 200-300 word summary that demonstrates how the Aboriginal Health Impact Statement has been considered. This summary is required in addition to a more detailed response to the three components below



## 1. The health context for Aboriginal people



2. The potential impact of the policy, program or strategy on Aboriginal people including approaches to mitigate any potential undesired **effects**



3. Engagement with Aboriginal people

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**Approved by:**

**Date:**

**Title/position:**

**Organisation/Department/Centre:**

**Contact phone number:**

**Signature:**

By signing this document you agree that the initiative satisfactorily meets the three key components of the Aboriginal Health Impact Statement.

Note: Must be approved by the relevant Executive Director or Director of the local health district, pillar organisation or Centre within the NSW Ministry of Health