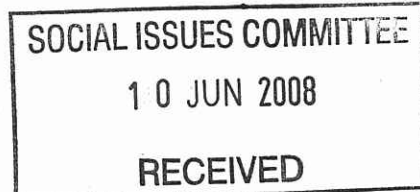


P08/574

Ms Victoria Pymm  
Principal Council Officer  
Legislative Council  
Standing Committee on Social Issues  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000



Dear Ms Pymm

**Inquiry into Overcoming Indigenous Disadvantage**

I refer to your letter dated 7 May 2008 concerning evidence provided by Department of Health staff at the 30 April 2008 Hearing of the Inquiry into Overcoming Indigenous Disadvantage.

Please find attached responses to:

Tab A: Questions taken on notice during the Hearing.

Tab B: Further questions on notice lodged by members of the Committee - "Possible questions for NSW Health".

With respect to the accuracy of the Hansard Transcript, the transcript has been reviewed and a copy is enclosed with the relevant alterations made in the margin. Please see Table 1 attached for a list of alterations required to correct the Hansard record. In addition, errors of fact that were inadvertently provided at the hearing have been identified and I wish to notify the Committee of these corrections. Table 2 provides a list of these corrections.

The person to contact at the NSW Department of Health for further information or assistance is Mr Matt Monahan, Parliament & Cabinet Unit on 9391 9328.

Yours sincerely

A handwritten signature in dark ink, appearing to be "Kerry Chant".

Dr Kerry Chant  
A/Chief Health Officer and  
Deputy Director-General Population Health

29/5/08

**RESPONSE TO QUESTION TAKEN ON NOTICE - No. 1**

**The Hon. MARIE FICARRA:**

I will put on notice now whether the New South Wales Health Department will look at the provision of liquid-based cytology, just in terms of the convenience for the cervical cancer screenings of patients and eliminating unnecessary return visits—just for the future. I am not going to ask too much about that. It is hard to get indigenous women and rural women tested in the first place, without having to recall them unnecessarily because unfortunately Medicare-funded technology is not the greatest. (pg 15)

**ANSWER:**

I refer the member to the Minister for Health's response to her previous question (Question No. 1631) in the Legislative Council, concerning this matter.

**RESPONSE TO QUESTION TAKEN ON NOTICE - No. 2**

**The Hon. GREG DONNELLY:** Earlier this afternoon we had witnesses here expressing concern about the needle exchange program here in Redfern. They were expressing serious concerns that some needles are being obtained in bulk and then being used by suppliers of drugs to people in the community. Is that something that you are aware of?.....

**The Hon. GREG DONNELLY:** It was put to us—and perhaps we could provide the *Hansard* record of it—that bags of syringes, I think up to 150, are being distributed, apparently to individuals. I presume the witnesses who said that know that first hand. It did surprise me. They said explicitly that those bags of syringes were being distributed to people who are selling drugs in the Redfern area. That obviously is a matter of serious concern, if it is the case. (pg 17)

**ANSWER:**

The Sydney South West Area Health Service has advised that that the Harm Minimisation Outreach Service is one component of the Area Health Service's comprehensive approach to managing HIV/AIDS and viral hepatitis at the community level.

The outreach service provides a core package of services that is central to the prevention of blood borne viruses and the reduction of drug related harm within the community. Such components of service include:

- provision of sterile injecting equipment with harm reduction advice;
- assessment and referral to primary health care and drug treatment programs;
- health education and brief interventions;
- first aid and primary care of acute health complaints; and
- clinical management of drug overdoses.

The operational policy of the outreach service to the Block, Redfern is to distribute up to 10 syringes per client presentation. Bulk equipment of 150 syringes is not provided from the outreach service.

The quota of 10 syringes per client presentation is premised on:

1. It is clinically appropriate to the needs of individuals who inject illicit substances;
2. It minimises the net number of discarded syringes in public places; and
3. It minimises the opportunity for unauthorised distribution within the community.

This service operates in close co-operation with the City of Sydney; Redfern Local Area Command; the Redfern Waterloo Authority; NSW Health and other key stakeholders and service partners.

**RESPONSE TO QUESTION TAKEN ON NOTICE - No. 3**

**CHAIR:** We will have to finish there because we have run out of time. If I could ask, on notice, questions 5, 6 and 7:

5. How are the 120 Aboriginal Health Worker positions funded?
6. In the NSW Health submission (p24) you note that an evaluation of the program will assess the effectiveness of this program. Will the results of the evaluation be made public?
7. Given this program is one of the first Two Ways Together funded initiatives, what lessons can be learnt about the implementation of programs specifically for indigenous people?

Question 9 is a dental health question. One of the recommendations regarding Redfern-Waterloo social issues that came from the last Social Issues Committee inquiry was that the Government appoint an Aboriginal Oral Health Co-ordinator to oversight administration of the \$3.3 million allocated to Aboriginal oral health.

**Dr ROBINSON:** I should have responded to that question before. That appointment has been made. It was made in August 2006. We have a person of Aboriginal heritage who is responsible for co-ordinating those programs across the Aboriginal Medical Services. She is particularly busy at the present time, because we will be relying to a large extent on the Aboriginal Medical Services gearing up their services to meet our obligations under the Commonwealth dental program. They have also identified a Koori reference group that will provide her with overarching advice and support in terms of what the needs of the Aboriginal communities will be, and I understand that they will be meeting again shortly.

**CHAIR:** We will be looking to get some very detailed feedback on how they are going and what is happening there in terms of the whole concept of our inquiry.

**Dr ROBINSON:** Yes.

**CHAIR:** Because one of the two issues out of the Two Ways Together report is being monitored, there is a need for us to get much more detailed information as to the specific method of monitoring the roll-out of that program. Could you take on notice that we will want to get back to you about that.

**Dr ROBINSON:** Yes.

**ANSWER:**

Responses to questions 5, 6, 7 and 9 are provided at Tab B.

## Possible questions for NSW Health

### Question 1:

How is breast screening offered to Indigenous women in rural areas?

### ANSWER:

BreastScreen NSW is part of the national BreastScreen Australia program and provides free breast cancer screening for all women over 40 years of age. BreastScreen services are located across all rural Area Health Services and provide access to mammography screening services to rural and regional Aboriginal communities at both fixed and mobile screening sites.

The NSW Government is committed to improving health services for people living across NSW and this means engaging specific strategies to deal with the challenges of service provision in some rural and remote areas and communities. To encourage participation by the Aboriginal communities in breast cancer screening, BreastScreen NSW services liaise with and coordinate specific activities across an extensive health promotion network including Area Health Service Aboriginal Health Workers, Aboriginal Medical Services, community and health centres, local Aboriginal community groups and media outlets. Block and group bookings for screening appointments are also arranged to enable indigenous women to attend together

### Question 2:

The Two Ways Together Report identifies the goal of testing of 65,000 children for middle ear infections. How many children have been tested so far?

- a) Will NSW Health meet the target by the end of the program?
- b) If not, will the program be extended to meet the quota?
- c) If so, will otitis media testing programs continue to be delivered to Indigenous children from 0-6?

### ANSWER:

(a)

The number of individual children screened is not possible to determine. It is estimated that by the end of 2007/08 there will have been 61,000 screenings of 0-6 year old Aboriginal children for otitis media under the *Two Ways Together* Otitis Media Screening Program.

The 65,000 children target was a cumulative figure set for the four year funding period between 2004/05 and 2007/08. The target was based on a set percentage of the cohort population for each financial year.

Total population of 0-6 year old Aboriginal children: 22,817 <sup>1</sup>	
2004/05 target of 50% =	11,409 children
2005/06 target of 70% =	15,972 children
2006/07 target of 85% =	19,394 children
2007/08 target of 85% =	19,394 children
Total	= 66,169 children

The actual screening performances to-date are:	
2004/05 :	9,620 screens (84% of target)
2005/06 :	12,971 screens (81% of target)
2006/07 :	19,403 screens (100% of target)
2007/08 :	19,000 screens (estimate)
Total :	61,000 screens (estimate)

(b) and (c) inclusive

The program will not be extended, however, the Department will continue to provide an ongoing evidence-based response to otitis media in Aboriginal children, consistent with the findings and recommendations of the independent evaluation of the *Two Ways Together* Program it has commissioned. The draft report of the independent evaluation is currently being considered. The report highlights the limited scientific evidence supporting near-universal screening for otitis media (85% of cohort) as was required via *Two Ways Together*. The evidence base for an effective response to otitis media supports prevention education, and targeted identification and treatment of children with acute and chronic otitis media.

The draft report suggests that the Department look to integrate screening with existing early childhood health surveillance initiatives, including the Medicare funded Aboriginal Child Health Check (MBS Item 708), the use of the Personal Health Record (The Blue Book), new mother home visiting under *Families NSW*, and opportunistic screening in the primary health care setting.

**Question 3:**

Will otitis media coordinator positions continue to be funded?

**ANSWER:**

11 of the 15 current otitis media positions across the State were funded by the Department prior to the commencement of the *Two Ways Together* Program. The draft program evaluation report recommends that the Department continue to support one Otitis Media Coordinator in each Area Health Service.

**Question 4:**

Which eight Area Health Services currently screen children?

**ANSWER:**

All Area Health Services provide screening for 0-6 year old Aboriginal children under this program.

<sup>1</sup> Based on 2001 Census Data; current Census Data not available to level of Statistical Local Area (SLA) which is required to determine individual Area Health Service targets.

**Question 5:**

How did NSW Health recruit and train the 120 additional Aboriginal Health Workers to run this program?

(a) How long did this process take?

**ANSWER:**

121 existing health workers were provided training, enhancing their skills to be able to undertake screening as part of this program. 75 of these were Area Health Service staff members, and 46 from the Community Controlled Sector.

Training courses were provided in the first three years of the *Two Ways Together Program* funding. Approximately 10 separate courses were run, consisting of two one-week residential blocks with two weeks of coursework between each block.

Participants were taught Otoscopy, Tympanometry, Audiometry, Infection Control, Referral Pathways and Senior First Aid.

The coursework component placed great importance on the mapping of local service providers and developing local partnerships.

**Question 6:**

How are the 120 Aboriginal Health Worker positions funded?

**ANSWER:**

These are existing positions which are funded by the respective Area Health Service or Aboriginal Medical Service.

**Question 7:**

In the NSW Health submission (p24) you note that an evaluation of the program will assess the effectiveness of this program. Will the results of the evaluation be made public?

**ANSWER:**

It is the intention of the Department to release the results of the evaluation to all key stakeholders.

**Question 8:**

Given this program is one of the first Two Ways Together funded initiatives, what lessons can be learnt about the implementation of programs specifically for Indigenous people?

**ANSWER:**

A great deal of effort has been expended by many dedicated staff across the State from both the Government and non-Government sectors. The importance of the contribution from the Aboriginal Community Controlled Sector cannot be understated.

NSW Health is proud of the fact that the profile of otitis media has been significantly raised in the minds of many. Workforce capacity was increased and thousands of young Aboriginal children were screened, many for the first time in their lives.

Organisations that may not ordinarily be exposed to the challenges of working in Aboriginal health now are<sup>2</sup>, and there is a broader acceptance across NSW Health that Aboriginal health is everyone's business.

With the benefit of hindsight, it appears that the screening targets set for the Program at its outset were too resource intensive to be sustainable in the long term, and that activity targets were not necessarily an appropriate measure of success for responding to otitis media in Aboriginal children. Despite the Program's success, the independent evaluation indicates that some of the resources devoted to screening may have been better directed to enhance prevention strategies and program integration with existing services.

The findings and recommendations of the evaluation will inform the future direction of this Program, and will serve as a guide to implementation of subsequent programs specifically for Aboriginal people.

**Question 9:**

Has NSW Health considered expanding screening programs to include screening for oral health and/or trachoma?

**ANSWER:**

Oral Health

The Aboriginal and Torres Strait Islander Child Health Check (Medicare Item 708) has been in place since May 2006. This check includes an oral health assessment. A dentist has been employed under this scheme to conduct these assessments.

Trachoma

There is significant literature and evidence base on the circumstances in which it is appropriate to establish screening programs for specific health problems. I refer the Committee to page 20 of the Hansard relating to papers on the topic which were tabled on 30 April 2008. There is no plan to establish trachoma screening in NSW, as it is unlikely that such an approach would meet the criteria for establishing a screening program given the limited data on the occurrence of trachoma in NSW. Existing eye health services and primary care services should have the capacity to identify and treat trachoma, should a patient present with it.

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<sup>2</sup> Eg. Audiology School at Macquarie University; Masters students were partnered with Aboriginal Health Workers screening in rural areas of the state.

**Question 10: *Dental Health question***

Can you advise the Committee on the status of the implementation of the Government Response to the Social Issues Committee recommendation 23 from the Dental Health Report (concerning the employment of a state wide Aboriginal Oral Health Coordinator who is to have oversight of \$3.3 million allocated to Aboriginal oral health)?

**ANSWER:**

I refer the Member to the Department of Health's response to Question No. 13 placed on notice by the Committee following the 12 February 2008 Hearing.