

Received 4.4.08  
Social Issues

P08/165

Ms Rachel Simpson  
Committee Director  
Legislative Council  
Standing Committee on Social Issues  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

Dear Ms Simpson

### **Inquiry into Overcoming Indigenous Disadvantage**

I refer to your letter dated 19 February 2008 concerning evidence provided by Department of Health staff at the 12 February Hearing of the Inquiry into Overcoming Indigenous Disadvantage.

Please find attached responses to:

Tab A: The four questions you indicated in your letter as having been taken on notice during the Hearing. In addition, the Department has provided further information in relation to a question from the Hon Maria Ficarra regarding the HPV vaccination program, as indicated on page 29 of the Hansard.

Tab B: Further questions on notice lodged by members of the Committee.

Tab C: Draft Chair's Questions

With respect to the accuracy of the Hansard Transcript, the officers who attended the Hearing have reviewed the transcript 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.

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

Professor Debora Picone AM  
**Director-General**

3/4/08

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

*Dr John Kaye MLC to Professor Picone*

*I note that the statistics nationwide are that fewer health dollars are spent on Aboriginal people per head of population than are spent on the rest of the population—probably because Aboriginal people die younger, tragically, and hence there is a low opportunity, as it were, to spend money. Is that figure true in New South Wales? (Page 26)*

### ANSWER:

According to Australian Institute of Health and Welfare (AIHW) figures for 2004/05, more dollars were spent per Indigenous person than per non-Indigenous person on health services. The NSW State Government spent \$2,618 per Indigenous resident compared with \$1,456 per non-Indigenous resident.

In releasing the figures, the AIHW commented that Aboriginal and Torres Strait Islander people relied more heavily on public services than other Australians, particularly public hospitals and community health services. Consequentially government funding of services used by Indigenous persons was much higher than for other Australians. Aboriginal and Torres Strait Islander peoples used privately provided medical, pharmaceutical and other health practitioner services less than non-Indigenous people – particularly Medicare and the Pharmaceutical Benefits Scheme.

*[Source: Australian Institute of Health and Welfare 2008. Expenditures on health for Aboriginal and Torres Strait Islander peoples 2004-5. Health and welfare expenditure series no.32. Cat. no. HWE 40. Canberra: AIHW]*

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

*Dr ROBINSON: Under the Two Ways Together program, which has been funded by the Government for the past three years, one of the programs was otitis media screening—that is a middle ear hearing test—for Aboriginal children....*

*The Hon. TREVOR KHAN: Could I invite you to look in the Gunnedah area as to whether it has rolled out?*

*Dr ROBINSON: Absolutely.*

*The Hon. TREVOR KHAN: Certainly if I take the teachers on face value, they were frustrated and unhappy with outcomes for those children. (Page 32)*

### ANSWER:

I am advised by the Hunter New England Area Health Service that Otitis Media screenings have been undertaken across the Hunter New England Area Health Service, including towns such as Gunnedah for the past two and a quarter years. Many of the children that have been screened will be reaching primary school over the next few years, but at the moment most remain in the Infants sections of schools.

Hearing problems, including those related to Otitis Media screening at Gunnedah, and those that are picked up through normal Child and Family Health Nurse assessments, are referred in the first instance to the client's GP who would then routinely refer to the Nurse Audiometrist at Gunnedah. Complicated cases are referred to Australian Hearing.

All newborns at Gunnedah District Health Service (hospital) have routine Statewide Infant Screening – Hearing (SWISH) assessments, either while still an inpatient or followed up in the community if necessary. The Aboriginal antenatal clinic offers opportunistic screening up to 6 months and the Healthy for Life program from 6 months to 15 years.

In terms of the formal otitis media screening program, the following data summarises progress to-date:

- In 2006, screenings were conducted at three schools in Gunnedah - Gunnedah Public, St Xavier's and GS Kidd Schools. 49 Aboriginal kindergarten children were screened and no referrals to their GP or Ear Nose & Throat Specialist were necessary, although 3 children screened were already under the care of an Ear Nose & Throat Specialist.
- Training was undertaken in 2007 and staff assisted in conducting screenings in another cluster during late 2007, with other trained staff, an audiometrist and the Otitis Media Coordinator in attendance.
- In 2008 screening has commenced at Gunnedah Public School and Gunnedah South School and is still underway. School commenced on 29 January 2008 and one month later (on 29 February), 27 Aboriginal kindergarten children had been screened. Two referrals to the Audiometrist and one referral to a GP were made and four follow up re-screenings are scheduled for April.
- In addition, education for parents on "What is Otitis Media" 08 and an education program titled "The Mucus Monster", for children, teaching about the importance of blowing their nose correctly, have been conducted in February 2008.
- Two more schools, three pre-schools and a Daycare centre are in the process of planning and coordinating screening days and are due to be screened by December 2008.

It is anticipated that all Aboriginal children aged 0-6 attending a school, pre-school or day-care within the Gunnedah area will be screened for Otitis Media by the end of 2008.

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

***The Hon Greg Donnelly to Professor Picone:***

*My next question deals with the issue of drugs and alcohol. I will not repeat what you have covered in your detailed submission. But, specifically, I invite you to suggest particular programs that you believe have been most successful. I know it is a bit of a leading question but obviously various programs have been tried, refined and changed over time and new ones introduced. Are there any particular drug and alcohol programs that you think have worked quite well?*

*(Page 34)*

### **ANSWER:**

NSW Health provides funding to Aboriginal Community Controlled Health Services across NSW under the NGO Grant Program for culturally appropriate drug and alcohol prevention, early intervention and treatment services. Examples include:

- Aboriginal Medical Service (AMS), Redfern: This Service provides outpatient detoxification, pharmacotherapy maintenance, rehabilitation and outreach services to Aboriginal people living in the inner Sydney area. In the reporting period 1 July 2006 to 30 June 2007 the AMS recorded 6,861 occasions of service to 338 clients – 95% of whom identify as Aboriginal or Torres Strait Islander. The Service is highly regarded in the community. The majority of drug and alcohol clients 'self-refer' to the AMS.

- *The Glen Rehabilitation Centre, Chittaway Bay: The Glen Rehabilitation Centre is a residential rehabilitation service managed by the Ngaimpe Aboriginal Corporation on the Central Coast. The clients are men suffering from severe consequences of drug alcohol use (custodial sentences, family breakdown and violence). It offers an abstinence-based program and preference is given to Aboriginal clientele.*
- *Oolong House Nowra: Oolong House is a residential treatment service offering a 16 week culturally appropriate treatment program for men, 73% of whom identify as Aboriginal or Torres Strait Islander. In the 2006/07 reporting period the service had 72 admissions, with 22 clients completing the full 16 week program.*

The development of the Aboriginal Drug and Alcohol workforce is recognised by NSW Health as an important part of addressing substance misuse in the Aboriginal community. To that end, funding has been provided to the Aboriginal Health and Medical Research Council of NSW (AH&MRC) to coordinate the Aboriginal Drug and Alcohol Network (ADAN), a statewide forum of Aboriginal drug and alcohol workers from the Public Health, Aboriginal Community Controlled and Residential Rehabilitation sectors. The ADAN provides these workers with professional development, networking and leadership opportunities.

#### **RESPONSE TO QUESTION TAKEN ON NOTICE - No. 4**

*The Hon. MICHAEL VEITCH: I have a few questions. The first relates to the recruitment and retention of Aboriginal health workers. Is the department having problems recruiting and retaining Aboriginal health workers?....*

*Professor PICONE: Because I have read all of this to try to answer the retention question, I have not actually got that but common sense will tell you that because we have got ourselves up to 1.6 per cent that we are retaining—but if I could take that on notice. We do have some good programs, some of which I was actually involved in, particularly a good one in midwifery, which has been quite successful. There is a whole range of cadetship programs. I have to say that where the rubber hits the ground at the area health service level, there is an absolute commitment to get us to 2 per cent. But I will have to actually find the retention figure because I never thought to look at that.* (Page 35)

#### **ANSWER:**

NSW Health is committed to meeting the Government's policy of achieving a 2% representation for Aboriginal and Torres Strait Islander people across the public sector. Aboriginal employment within NSW Health is 1.6% (2006 Premier's Workforce Profile).

The category that represents Aboriginal Health Workers within the Premier's Workforce Profile is the Technicians and Associate Professionals. From the 2006 Premier's Workforce Profile, Aboriginal employment rates within this category is 3.6%. These figures show that NSW Health is achieving and enhancing the rate of employment in the category of Aboriginal Health Workers.

NSW Health through the Workforce Development and Leadership Branch is undertaking a project to assist and support Area Health Services to develop an implementation plan for delivery of the New Health Training Qualifications for Aboriginal Health Workers. These standards will ensure that NSW Health has a trained and skilled workforce that allows better recognition of skills across the Aboriginal Health Worker workforce. The aim of this initiative is to encourage retention of Aboriginal staff by acknowledging and valuing the unique role of an Aboriginal Health Worker and providing a career pathway within the Aboriginal Health Worker workforce.

## RESPONSE TO QUESTION TAKEN ON NOTICE - No. 5

*The Hon. MARIE FICARRA: I want to touch on preventative health. You talked about the kidneys, heart disease, measuring blood pressure, blood lipids, eye health—all those preventative health programs. What are the rates for cervical cancer screening and the HPV vaccination program within the indigenous population?*

*Dr ROBINSON: The survival screening rates in Aboriginal women are somewhat lower than for the non-Aboriginal population. We are working on that by having nurse practitioners who are undertaking the pap smear rather than have a situation where the woman needs to go to see the local GP, because access often is a problem. We are sending our nurse practitioners out to undertake the cervical screening. There still is a gap. We are working progressively on that. I do not have any figures, I am sorry, on the uptake of the HPV vaccine in the Aboriginal population. I do not know whether we have those statistics. I will certainly look and see. I have not had any feedback from my staff who have been conducting the campaign in the schools to indicate that there has been a refusal rate in the Aboriginal population. I would work on the assumption that that coverage is occurring. I have no knowledge about the older age group who would be going to GPs. I will see if I can find out.* (Page 29)

### ANSWER:

#### Adolescent School-based Vaccination Program

The NSW Adolescent Vaccination Program provides a range of vaccines to adolescents attending high school, including HPV vaccine. Data on Indigenous status is not collected as part of the consent process for 12-18 year olds attending school.

In 2007, 75% of students in years 10, 11 and 12 completed a course of HPV vaccine.

#### GP Program

The National HPV Program is delivered to 18-26 year olds by General Practitioners (GPs).

GPs are advised to maintain accurate HPV vaccination records as the Australian Government will require this information at a later date in order to transfer the data to a National HPV Register that is currently being developed. Indigenous data may be collected as part of this process.

The Department is not aware of a reduction in uptake of HPV vaccine in Indigenous females.

**FURTHER QUESTIONS LODGED BY THE COMMITTEE**  
**- To NSW Health:**

**QUESTION 1:**

*How many recommendations made by previous inquiries, including previous social issues inquiries, have been implemented within your department? What were those recommendations and how did you implement them?*

**ANSWER:**

The Department of Health does not keep records in a form that easily identifies recommendations made from all previous inquiries. To provide the level of detail requested, particularly as the Committee has not specified a time period in this question, would be resource intensive and an unjustifiable diversion of resources.

Accordingly, I refer the Committee to my response to Question No. 12 (Draft Chair's Questions) which relates to previous Social Issues Committee recommendations.

**QUESTION 2:**

*Since 1997, identify (by name and date of commencement) the programmes that have been implemented or continued by the Department to advance the health and wellbeing of aboriginal peoples in New South Wales. In respect for each such programme, identify the costs of each such programme for each financial year in which the programme operated.*

**QUESTION 3:**

*Since 1997, identify (by name and date of commencement) the programmes that have been terminated or completed by the Department to advance the health and wellbeing of aboriginal peoples in New South Wales. In the case of each such programme terminated or completed, identify the reasons for each such termination or completion, and the date of such termination or completion.*

**ANSWER:**

The Department of Health does not keep records in a form that easily identifies when Aboriginal-specific health programs were commenced and terminated or by specific program dollar amounts. The diversion of public resources necessary to collate the level of detail requested is not justified.

However, the Department of Health's Annual Reports provide details in relation to the total expenditure figure for Program 1.2 (Aboriginal health-specific expenditure from across NSW Health) and the listing of non-government organisations funded to provide specific services to Aboriginal clients across the various program areas. An extract from the 2006/07 Annual Report is attached for the Committee's information [**Attachment 1**]. The information contained in this extract is additional to the information already provided in Health's submission that gave detail of the on-going state-wide initiatives and local programs.

**FURTHER QUESTIONS LODGED BY THE COMMITTEE**  
**- Questions for each Government Department**

**Question No. 1**

*How many aboriginal non-government organisations have applied for government contracts / licences / programmes in the past three years? How many of these have been successful in obtaining government contracts. How many have applied for "mainstream" funding and how many of these have been successful?*

**ANSWER:**

The Department of Health does not keep records in a form that easily identifies the total number of Aboriginal non-government organisations that apply for program funding. However, information on organisations that are funded, including the amount funded and the description of the program, is available in the Department of Health's Annual Report. Please see [**Attachment 1**].

The diversion of public resources to collate information on the number of unsuccessful applicants is not justified.

**Question No. 2**

*How does each government department ensure their minimum data collection sets and definitions are consistent with all other government departments? Do they have concerns that other government departments may be measuring, collecting and analysing data utilising different definitions and data collection processes? For example, what is the disability definitions utilised by each government department and how do they collect information regarding aboriginal people with disability.*

**ANSWER:**

NSW Health has a wide variety of data collection and reporting requirements and obligations – most unique to the Health portfolio. Consistent data definitions and business rules are an ongoing challenge. Where standardisation and alignment is required – either with other NSW government departments or more commonly with other State and Commonwealth Health entities – this is cooperatively undertaken. As an example, to align the many Commonwealth outputs from the Australian Institute of Health and Welfare and the Productivity Commission, common definitions and reporting regimes have to be structured and agreed. This is done via a variety of purpose designed forums, committees and workshops. The Statistical Information Management Committee is one such example.

NSW Health also has formed consistent definitions to meet its reporting responsibilities to the NSW State Plan which requires a mutually agreed set of Key Performance Indicators to measure performance.

# Program statement – expenses and revenues

## NSW Department of Health

for the year ended 30 June 2007

Supplementary Financial Statement

EXPENSES AND REVENUES	Program 1.1*		Program 1.2*		Program 1.3*		Program 2.1*		Program 2.2*		Program 2.3*		Program 3.1*		Program 4.1*		Program 5.1*		Program 6.1*		Not Attributable	Total	
	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006			
Operating Expenses	573,279	561,046	23,919	21,772	732,253	676,620	87,662	820,142	293,389	276,102	403,833	368,135	670,842	639,819	612,149	598,574	172,853	160,334	372,285	354,471	-----	7,391,428	6,961,015
Employee Related	189,039	179,915	14,205	11,391	396,287	372,587	304,202	279,852	1,477,707	1,431,582	267,731	237,129	193,465	172,133	228,274	202,292	174,915	145,561	122,248	91,753	-----	3,368,073	3,124,195
Other Operating Expenses	27,172	27,085	1,022	812	49,165	49,752	48,623	45,312	183,116	180,812	28,393	26,821	27,449	27,437	33,138	32,913	6,754	7,093	13,339	13,410	-----	418,171	411,447
Depreciation & Amortisation	106,259	98,780	13,987	13,343	89,001	77,896	26,840	27,214	274,406	177,406	16,817	14,738	72,508	71,894	154,893	141,548	48,035	50,974	53,018	94,932	-----	855,764	768,725
Grants and Subsidies	511	-----	5	-----	443	-----	319	-----	4,262	4,391	588	-----	176	499	498	-----	24	-----	44	-----	-----	6,870	4,890
Finance Costs	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total Expenses excluding losses	896,260	866,826	53,138	47,318	1,267,149	1,176,855	1,256,610	1,172,520	4,892,880	4,554,293	717,362	646,823	964,440	911,782	1,028,829	975,327	402,581	363,962	560,934	554,566	-----	12,040,306	11,270,272
Revenue	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Sale of Goods & Services	26,431	21,943	3,655	2,945	84,067	72,849	98,760	84,530	576,303	570,001	65,560	51,543	54,347	43,048	190,584	157,474	14,302	16,600	75,242	65,331	-----	1,189,251	1,086,264
Investment Income	4,577	3,952	134	136	6,053	3,931	3,631	3,211	24,857	24,804	4,730	3,052	2,629	2,125	6,832	5,538	2,332	1,938	15,742	13,449	-----	71,517	62,136
Grants and Contributions	36,167	32,297	6,699	1,234	14,756	8,827	7,123	10,582	60,231	49,697	13,938	6,385	10,003	8,081	56,799	38,313	25,843	21,798	98,886	83,999	-----	330,445	261,213
Other Revenue	14,696	7,084	401	505	7,435	6,746	11,793	13,422	29,129	30,339	5,488	5,064	4,192	3,210	10,646	10,087	8,502	4,141	18,250	14,983	-----	110,532	95,581
Total Revenue	81,871	65,226	10,889	4,820	112,311	92,353	121,307	111,745	690,520	674,841	89,716	66,044	71,171	56,464	264,861	211,412	50,979	44,477	208,120	177,762	-----	1,701,745	1,505,194
Gain/(Loss) on Disposal	620	(829)	35	3	869	(1,508)	1,003	153	4,225	(3,080)	799	162	684	541	1,133	76	118	6	832	(50)	-----	10,318	(4,526)
Other Gains/(Losses)	(313)	233	(14)	(8)	(522)	(256)	(13,206)	(9,810)	(7,163)	(9,589)	(931)	(391)	(124)	(365)	(651)	(225)	(99)	270	(280)	1,178	-----	(23,303)	(18,963)
Net Cost of Services	814,082	802,146	42,228	42,503	1,154,491	1,086,366	1,147,506	1,070,492	4,203,298	3,892,121	627,778	581,008	892,709	855,142	763,609	764,064	351,583	319,209	352,262	375,676	-----	10,351,546	9,788,567
Government Contributions **	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	10,333,399	9,657,598
RESULT FOR THE YEAR	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	18,156	65,031
Administered Revenues	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	640	614
Consolidated Fund	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	640	614
- Taxes, Fees and Fines	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	640	614
Total Administered Revenues	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	640	614

\* The name and purpose of each program is summarised in Note 17. The program statement uses statistical data to 31 December 2006 to allocate current year's financial information to each program.  
 \*\* Appropriations are made on an agency basis and not to individual programs. Consequently government contributions must be included in the "Not Attributable" column.



# Non-government organisations funded

Program:

36.1 Ambulatory, primary and (General) community based services

36.1.2 Aboriginal health services

Aboriginal		
Aboriginal Health and Medical Research Council of NSW	\$799,300	Peak body advising State and Federal Governments on Aboriginal health matters and provide advocacy and support for Aboriginal community controlled health services.
Aboriginal Medical Service Co-op Ltd	\$263,800	Preventative healthcare and drug and alcohol services and family health (maternal health) services for Aboriginal community in the Sydney inner city area.
Aboriginal Medical Service Western Sydney Co-op Ltd	\$174,800	Preventative health care and drug and alcohol services for Aboriginal community in the Sydney Western metropolitan area and a deceased person van service.
Albury Wodonga Aboriginal Health Service Inc	\$23,815	Two-year Aboriginal health promotion funding for oral health promotion program for Koori school aged children.
Australian College of Health Service Executives	\$40,000	Coordination of Aboriginal health management trainees in the ACHSE Management Training Program.
Awabakal Newcastle Aboriginal Co-op Ltd	\$292,500	Preventative health care, drug and alcohol, Otitis Media program and family health services for Aboriginal community in the Newcastle area.
Biripi Aboriginal Corporation Medical Centre	\$203,800	Preventative health care, drug and alcohol, family health services and vascular health program for the Aboriginal community in the Taree area.
Bourke Aboriginal Health Service Ltd	\$63,650	Preventative and primary health care, health screening and education programs, drug and alcohol services for the Aboriginal community in Bourke and surrounding areas.
Bulgarr Ngaru Medical Aboriginal Corporation	\$8,905	Aboriginal health promotion – Lets Get Fittical project to support children in understanding the importance of a positive approach to nutrition and physical activity.
Centacare Wilcannia-Forbes	\$128,300	Family health services grant for the prevention of violence and supporting positive family relationships in Narromine and Bourke.
Condoblin Aboriginal Health Service	\$25,000	Two-year funding for various health promotion programs.
Coomealla Health Aboriginal Corporation	\$25,000	Two-year funding for children's nutritional breakfast program.
Cummeragunja Housing and Development Aboriginal Corporation	\$111,605	Preventative health services for Aboriginal community in the Cummeragunja, Moama and surrounding areas.
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	\$106,632	Two-year funding for safe motherhood program, for healthy smiles project and for Otitis Media screening project.
Durri Aboriginal Corporation Medical Service	\$235,540	Preventative health, drug and alcohol service and vascular health program (Durri/Galambila) for the Aboriginal communities in the area.
Forster Local Aboriginal Lands Council	\$35,000	Family health services for the prevention and management of violence within Aboriginal families.
Gallambilla Aboriginal Corporation C/- Durri ACMS	\$33,212	Two-year funding for Spring Into Shape Project.
Goorie Galbans Aboriginal Corporation	\$108,300	Family health services to reduce family violence, sexual assault and child abuse.
Grace Cottage Inc	\$79,000	Family health services involving individual and group support, educational workshops and training to reduce family violence, sexual assault and child abuse in Dubbo.

Griffith Aboriginal Medical Service	\$23,250	Funding to develop awareness and knowledge regarding good nutritional and physical activity practices in a supportive and culturally safe environment.
Illaroo Cooperative Aboriginal Corporation	\$45,400	Personal care worker for the Rose Mumbler retirement village.
Illawarra Aboriginal Medical Service	\$233,600	Preventative health care, drug and alcohol services, youth health and welfare services and a childhood nurse for Aboriginal community in the Illawarra area.
Katungul Aboriginal Corporation Community and Medical Services	\$125,400	Otitis Media coordinator for Aboriginal communities in the far South Coast region.
MDEA and Nureen Aboriginal Women's Cooperative	\$45,600	Counselling and support service for Koori women and children in stress from domestic violence.
Menindee Aboriginal Health Service	\$11,950	Two-year funding for taking care of self and family project.
Ngadri Ngalli (My Mother's Way) Inc	\$35,000	Family health services providing emotional and practical support to families with dependent children who are experiencing difficulty in their lives.
Ngaimpe Aboriginal Corporation	\$141,900	Residential drug and alcohol treatment centre for men in the Central Coast area and NSW.
Oolong Aboriginal Corporation Inc	\$155,700	A residential drug and alcohol treatment and referral service for Aboriginal people.
Orana Haven Aboriginal Corporation (Drug and Alcohol Rehabilitation Centre)	\$118,600	Residential drug and alcohol rehabilitation service for Aboriginal and non-Aboriginal people.
Peak Hill Aboriginal Medical Service	\$12,442	Two-year funding for Walan Mali Migay (young women) project.
Pius X Aboriginal Corporation	\$48,692	Two-year funding for alcohol and drug education and the Community Kitchens Projects.
Regional Social Development Group Inc	\$77,600	A family health best-practice model to increase access by the Aboriginal community to services specifically dealing with family violence, child protection and sexual assault services and preventative health projects.
Riverina Medical and Dental Aboriginal Corporation	\$390,500	Preventative health care, drug and alcohol, Otitis Media program and coordinator and family health services to develop and implement family health education programs for Aboriginal community in the Riverina region.
South Coast Medical Service Aboriginal Corporation	\$156,500	Preventative health care and drug and alcohol services for Aboriginal community in the Nowra area.
Tharawal Aboriginal Corporation	\$45,688	Preventative health care and drug and alcohol services for Aboriginal community in the Campbelltown area.
Dubbo Aboriginal Medical Cooperative	\$17,677	Anti smoking project – Butt Out for Aboriginal community in the Dubbo area.
Walgett Aboriginal Medical Service Co-op Ltd	\$296,385	Preventative health care and drug and alcohol services and family health services for Aboriginal community in Walgett and surrounding areas.
WAMINDA (South Coast Women's Health and Welfare Aboriginal Corp)	\$72,300	Family health services grant to develop an education and training program for Aboriginal community workers covering family violence, sexual assault and child abuse issues.
Weigelli Centre Aboriginal Corporation	\$64,300	Residential drug and alcohol counselling, retraining and education programs for Aboriginal people in the Cowra area.
Wellington Aboriginal Corporation Health Service	\$85,700	Drug and alcohol services, youth and family health services for the Aboriginal community in Wellington.
Yerin Aboriginal Health Services Inc	\$304,500	Health and medical services both at the centre and on an outreach basis, administration support, Otitis Media program and family health services for Aboriginal people in the Wyong area.
Yoorana Gunya Aboriginal Family Violence Healing Centre Aboriginal Corporation	\$138,000	Family health services for the Aboriginal community in Forbes and surrounding areas.
<b>TOTAL</b>	<b>\$5,359,155</b>	

AIDS		
Aboriginal Health and Medical Research Council of NSW	\$699,800	Advice on HIV/AIDS, Hepatitis C and sexual health strategies for Aboriginal communities in NSW. Implementation of an HIV/AIDS Aboriginal health worker education kit. Development of additional support material for the Diploma of Community Services (Case Management) with a focus on Aboriginal sexual health distance learning package. Includes project funding for harm minimisation officer and a joint Aboriginal sexual health research project with the National Centre in HIV Social Research.
Aboriginal Medical Service Co-operative Ltd	\$148,384	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities. Statewide distribution of condoms via Aboriginal community controlled health organisations.
AIDS Council of NSW Inc (ACON)	\$7,692,896	ACON is the peak statewide community based organisation providing HIV/AIDS prevention, education, and support services to people at risk of and living with HIV/AIDS. Services and programs include: HIV prevention, education and community development programs for gay and other homosexually active men; treatments information, health promotion and support programs for people with HIV/AIDS; education and outreach programs for commercial sex workers through the sex workers outreach project; individual and group counselling; enhanced primary care and GP liaison and HIV/AIDS information provision.
Australian Council on Healthcare Standards (ACHS)	\$200,000	Coordination of collection, analysis and reporting of healthcare associated infections data in all NSW public facilities.
Australasian Society for HIV Medicine Inc	\$630,600	Provision of training for accreditation of general practitioners prescribing HIV treatments under s100 of the National Health Act and training, education and support for general practitioners involved in the management of HIV and HCV infection.
Awabakal Newcastle Aboriginal Co-op Ltd	\$55,500	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
Biripi Aboriginal Corporation Medical Centre	\$55,500	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
Bourke Aboriginal Health Service Ltd	\$26,850	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
Bulgarr Ngaru Medical Aboriginal Corporation	\$55,500	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
Coomo Health Aboriginal Corporation	\$55,500	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
Aboriginal Medical Service Western Sydney Co-op Ltd	\$55,500	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
Diabetes Australia – NSW	\$1,632,815	Provision of free needles and syringes to registrants of the National Diabetic Services Scheme resident in NSW.
Durri Aboriginal Corporation Medical Service	\$55,500	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
Hepatitis C Council of NSW	\$1,232,800	Provision of information, support, referral, education, prevention and advocacy services for all people in NSW affected by Hepatitis C. The Council works actively in partnership with other organisations and the affected communities to bring about improvement in the quality of life, information, support and treatment for the affected communities and to prevent Hepatitis C transmission.
Katungul Aboriginal Corporation Community and Medical Services	\$66,244	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
National Centre in HIV Epidemiology and Clinical Research	\$388,136	Monitoring of prevalence, incidence and risk factors for sexually transmissible infections among gay men in Sydney. Demographic and socio-economic and behavioural risk factors for AIDS in the Highly Active Anti Retroviral Therapy (HAART) era.
National Centre in HIV Social Research	\$654,124	Contribution towards the costs of the Sydney gay community periodic survey, the positive health cohort study, a number of time limited projects and a NSW HIV/AIDS and Hepatitis C research coordination project.
NSW Users and AIDS Association Inc	\$1,309,200	Community based HIV/AIDS and Hepatitis C education, prevention, harm reduction information, referral and support services for illicit drug users.
Pharmacy Guild of Australia (NSW Branch)	\$885,100	Coordination of needle and syringe exchange scheme in retail pharmacies throughout NSW.

Pius X Aboriginal Corporation	\$48,726	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
People Living With HIV and AIDS (PLWHA) NSW Inc	\$546,800	Statewide community based education, information and referral support services for people living with HIV/AIDS.
South Coast Medical Service Aboriginal Corporation	\$55,500	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
Tharawal Aboriginal Corporation	\$45,688	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
Walgett Aboriginal Medical Service Co-op Ltd	\$55,500	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
Wellington Aboriginal Corporation Health Service	\$55,500	Provision of HIV/AIDS, Hepatitis C and sexual health education and prevention programs for local Aboriginal communities.
<b>TOTAL</b>	<b>\$16,707,663</b>	
<b>Alternative birthing</b>		
Durri Aboriginal Corporation Medical Service	\$163,200	Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area.
Walgett Aboriginal Medical Service Co-op Ltd	\$163,200	Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area.
<b>TOTAL</b>	<b>\$326,400</b>	
<b>Carers</b>		
Association of Genetic Support of Australasia (AGSA)	\$100,000	'Filling the Void' providing practical and emotional support to carers of people with rare genetic disorders where no support is available.
Australian Huntington's Disease Association (NSW) Inc	\$55,000	Caring for carers program supporting family and carers of people with Huntington's disease.
Autism Spectrum Aged Australia	\$200,000	Behaviour intervention service, parent carer training programs and support service. Early support and education for parents and carers of newly diagnosed children with autism spectrum disorder.
Carers NSW Inc	\$334,300	Grant for peak body role including health professional training, biennial conference and carer training.
Disability and Information Service Inc	\$100,000	Working carers support gateway providing internet based information and support service for low income employed carers.
Down Syndrome Association of NSW Inc	\$97,600	All the Way program supporting carers of people with down syndrome via information and peer support.
Multiple Sclerosis Society Ltd	\$30,000	MS Family Matters information, education and support program providing tailored information and education workshops and resources to carers and family of people with MS.
Muscular Dystrophy Association of NSW (MDANSW)	\$77,800	Care for carers program providing information and support to carers of people with muscular dystrophy and other neuromuscular disorders.
The Cancer Council NSW	\$75,900	Support skills for cancer carers providing a statewide education program using facilitator-led online delivery and telegroup support.
The Spastic Centre	\$100,000	Carers link program supporting parent and carers of people with cerebral palsy and other significant physical disability via mutual support and education initiatives.
<b>TOTAL</b>	<b>\$1,170,600</b>	
<b>Community Services</b>		
Association for the Wellbeing of Children in Healthcare	\$139,100	Information and advice on the non-medical needs of children and adolescents in the health care system for families, parents and health professionals.
Council of Social Service NSW	\$185,260	Grant to support the development of the management support unit with the aim of developing management capacity of health funded non-government organisations and to employ a health policy officer to address effective policy development, communication, coordination and advocacy work.
NSW Association for Adolescent Health Inc	\$99,000	Peak body committed to working with and advocating for the youth health sector in NSW to promote the health and wellbeing of young people aged 15 to 25 years.
Quality Management Services Inc (QMS)	\$596,000	Coordination and implementation of non-government organisations quality improvement program for health non-government organisations funded under the non-government organisation grant program.
United Hospital Auxiliaries of NSW Inc	\$154,000	Coordination and central administration of the United Hospital Auxiliaries located in NSW Area Health Services.
<b>TOTAL</b>	<b>\$1,173,360</b>	

Drug and alcohol		
Aboriginal Health and Medical Research Council of NSW	\$215,000	Grant of \$130,000 to continue the policy/project officer position and Aboriginal drug and alcohol network projects and \$85,000 to develop a best practice model to better engage Aboriginal offenders in the Merit program.
Aboriginal Medical Service Co-op Ltd	\$227,900	Multi purpose drug and alcohol centre.
Drug and Alcohol Multicultural Education Centre (DAMEC)	\$264,450	Statewide program targeting health and related professionals to assist them to appropriately service non English speaking customers.
Department of Psychology Macquarie University	\$55,100	Project funding for a drug and alcohol education curriculum content in the Master of Social Health course.
Life Education NSW Ltd	\$1,634,000	A registered training organisation providing health oriented educational program for primary school children.
National Centre in HIV Epidemiology and Clinical Research	\$143,600	Project funding for the evaluation of the medically supervised injecting centre trial.
Network of Alcohol and Other Drugs Agencies Inc	\$918,109	Peak body for non-government organisations providing alcohol and other drug services.
Oolong Aboriginal Corporation Inc	\$260,755	A residential drug and alcohol treatment and referral service for Aboriginal people.
Pharmacy Guild of Australia (NSW Branch)	\$1,248,080	NSW Pharmacy Incentive Scheme that involves the payment of incentives to pharmacists to encourage them to participate in the State's methadone/buprenorphine program.
Quality Management Services Inc (QMS)	\$197,000	Three year project funding from 2004/05 for the review and accreditation of drug and alcohol non-government organisations providing residential rehabilitation services in NSW.
Uniting Care NSW ACT	\$2,663,300	Medically supervised injecting centre trial.
Waverley Action for Youth Services	\$56,775	Youth orientated psychostimulant prevention and education initiatives.
<b>TOTAL</b>	<b>\$7,884,069</b>	
Health promotion		
National Heart Foundation of Australia (NSW Division)	\$361,600	The Hearth Foundation Prevention in Practice Program aims to increase awareness of the benefits of addressing lifestyle risk factors and support effective intervention within general practice.
<b>TOTAL</b>	<b>\$361,600</b>	
Innovative services for homeless youth		
CHAIN – Community Health for Adolescents in Need, Inc	\$142,900	Preventative, early intervention and primary healthcare to young homeless people and young people at risk of homelessness.
The Settlement Neighbourhood Centre (Muralappi Program)	\$64,950	A program providing culturally appropriate camps and living skills activities for young Aboriginal people in and around Redfern.
<b>TOTAL</b>	<b>\$207,850</b>	
Mental health		
Aboriginal Medical Service Co-op Ltd	\$302,400	Mental health workers project and mental health youth project for Aboriginal community in the Sydney inner city area.
Association of Relatives and Friends of the Mentally Ill (ARAFMI) NSW Inc	\$308,750	Five-year family and carer mental health projects.
Awabakal Newcastle Aboriginal Co-op Ltd	\$79,600	Mental health worker project for Aboriginal community in the Newcastle area.
Black Dog Institute	\$1,139,700	Programs to advance the understanding, diagnosis and management of mood disorders through research, education, training and population health approaches.
Bulgarr Ngaru Medical Aboriginal Corporation	\$81,200	Mental health worker project for Aboriginal community.
Carers NSW Inc	\$926,250	Three five-year family and carer mental health projects.
Coomealla Health Aboriginal Corporation	\$79,600	Mental health worker project for Aboriginal community.
Cummeragunja Housing and Development Aboriginal Corporation	\$79,600	Mental health worker project for Aboriginal community.
Mental Health Coordinating Council NSW	\$1,877,771	Peak organisation funded to support non-government organisation sector efforts to provide efficient and effective delivery of mental health services. Plus three-year project funding for the non-government organisation Development Officers Strategy project and a one-off grant for non-government organisation infrastructure.

Mental Illness Education – Aust (NSW) Inc	\$159,200	Mental health awareness program, Insight in Secondary Schools.
NSW Consumer Advisory Group – Mental Health Inc	\$438,800	Contribution to consumer and carer input into mental health policy making process and one-off for MH Copes project.
Parramatta Mission	\$308,750	Five-year family and carer mental health projects
Schizophrenia Fellowship of NSW Inc	\$926,250	Three five-year family and carer mental health projects.
South Coast Medical Service Aboriginal Corporation	\$81,200	Mental health worker for local Aboriginal community.
Matthew Talbot Homeless Service – Vincentian Village	\$88,100	Funding for mental health workers at Vincentian Village, a service for homeless people in the inner city area.
St Vincent de Paul Society Aged and Special Care Services Ltd – Frederick House	\$159,200	Project grant for mental health services at aged care facility.
Peer Support Foundation Ltd	\$207,300	Social skills development program, providing education and training for youth, parents, teachers, undertaken in schools across NSW.
Wellington Aboriginal Corporation Health Service	\$77,500	Project grant for the employment of a clinical team leader (psychologist) – Aboriginal mental health focus.
<b>TOTAL</b>	<b>\$7,321,171</b>	
<b>Oral health</b>		
Aboriginal Medical Service Co-op Ltd	\$100,000	Aboriginal oral health services.
Aboriginal Medical Service Western Sydney Co-op Ltd	\$354,600	Aboriginal oral health services and computer with Information System for Oral Health (ISOH) software and vouchers for relief of pain and emergency dental care.
Armidale Aboriginal Health Services Inc	\$376,200	Dental services and education for Aboriginal communities in the New England and north-west NSW areas.
Awabakal Newcastle Aboriginal Co-op Ltd	\$141,100	Aboriginal oral health services.
Biripi Aboriginal Corporation Medical Centre	\$141,100	Aboriginal oral health services.
Bulgarr Ngaru Medical Aboriginal Corporation	\$341,400	Aboriginal oral health services.
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	\$247,750	Aboriginal oral health services.
Durri Aboriginal Corporation Medical Service	\$341,400	Aboriginal oral health services.
Illawarra Aboriginal Medical Service	\$246,400	Dental services for Aboriginal community in the Illawarra area.
Katungul Aboriginal Corporation Community and Medical Services	\$501,300	Aboriginal oral health services.
Pius X Aboriginal Corporation	\$140,700	Aboriginal oral health services.
Riverina Medical and Dental Aboriginal Corporation	\$371,800	Aboriginal oral health services.
South Coast Medical Service Aboriginal Corporation	\$212,100	Aboriginal oral health services.
Tharawal Aboriginal Corporation	\$257,406	Aboriginal oral health services.
<b>TOTAL</b>	<b>\$3,773,256</b>	
<b>Rural Doctors services</b>		
NSW Rural Doctors Network Ltd	\$1,110,200	The Rural Doctors Network core funding is applied to a variety of programs aimed at ensuring sufficient numbers of suitably trained and experienced general practitioners are available to meet the health care needs of rural NSW communities. Funding is also provided for the NSW Rural Medical Undergraduates Initiatives program focussed on providing financial and other support to medical students undertaking rural NSW placements; and the Rural Resident Medical Officer cadetship program supporting selected medical students in their final two years of study who commit to completing two of their first three postgraduate years in a NSW rural allocation centre.
<b>TOTAL</b>	<b>\$1,110,200</b>	

Vascular health		
Aboriginal Medical Service Co-op Ltd	\$69,000	Preventative vascular health program for Aboriginal community in the Sydney inner city area.
Biripi Aboriginal Corporation Medical Centre	\$63,700	Preventative vascular health program for Aboriginal community in the Taree area.
Durri Aboriginal Corporation Medical Service	\$127,500	Preventative vascular health program for Aboriginal community in the Kempsey area.
<b>TOTAL</b>	<b>\$260,200</b>	
Victims of crime support		
Dubbo Women's Housing Programme Inc	\$46,400	Provision of counselling and support services for women and children who have experienced domestic violence.
Enough is Enough	\$51,400	Provision of support services to victims of crime, including victims of road trauma, with a focus on violence, cooperative justice and community education.
Lismore Neighbourhood Centre Inc	\$21,300	Provision of counselling to adult victims of child sexual assault.
Mission Australia	\$44,450	Provision of court preparation and support to adult victims of crime.
Nambucca/Bellingen Family Support Service	\$25,750	Provision of court support and other support services including counselling to victims of crime particularly, victims of domestic violence.
Wagga Wagga Women's Health Centre	\$27,150	Provision of individual and group counselling to adult victims of child sexual assault.
<b>TOTAL</b>	<b>\$216,450</b>	
Women's health		
Women's Health NSW	\$155,700	Peak body for the coordination of policy, planning, service delivery, staff development, training, education and consultation between non-government women's health services, the Department and other government and non-government services.
<b>TOTAL</b>	<b>\$155,700</b>	

## **DRAFT CHAIR'S QUESTIONS – DEPARTMENT OF HEALTH**

### **QUESTION 1:**

***What is the role of NSW Health in the National Strategic Framework for Aboriginal and Torres Strait Islander Health?***

### **ANSWER:**

The *National Strategic Framework for Aboriginal and Torres Strait Islander Health* guides government responses to Aboriginal health issues nationally.

Each jurisdiction, via the Australian Health Minister's Advisory Council (AHMAC), has endorsed it and reports regularly on progress against the indicators, which have been established to monitor progress in Aboriginal health.

The priorities identified in the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* are consistent with those that are being addressed by NSW Health.

### **QUESTION 2:**

***What is the key health issue for Aboriginal and Torres Strait Islander people?***

### **ANSWER:**

I refer the Committee to the Director-General's opening statement during the Hearing of 12 February 2008 (pg 23 of the Hansard).

### **QUESTION 3:**

***Please outline the preventative health programs run by the Department.***

### **ANSWER:**

Each of the specific programs for Aboriginal people has a preventive component to it. These are:

- The *Aboriginal Chronic Care Program* which includes the *Aboriginal Vascular Health Program* and the *Renal Vascular Disease Program*
- The *Aboriginal Drug and Alcohol Program*
- The *NSW Aboriginal Mental Health and Well Being Policy 2006-2010*
- The *Aboriginal Maternal and Infant Health Strategy (AMIHS)*
- NSW Health's specific programs and services in place to support implementation of the *Government Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011*.
- Otitis Media Screening for children aged 0-6 years
- The *Aboriginal Family Health Strategy*
- The *Aboriginal Oral Health Program*



- The *Housing for Health* program
- The *NSW HIV, STI and Hepatitis C Strategies: Implementation Plan for Aboriginal People 2006 – 2009* will be formally evaluated.

We also have programs targeting the reduction of smoking in the NSW Aboriginal population.

The higher smoking prevalence rates in the Aboriginal community are being addressed by the following initiatives, in collaboration with partners such as the Cancer Institute NSW, The Cancer Council NSW and Sydney University:

- The *SmokeCheck* Training Project that aims to train Aboriginal health workers and other health workers who work with Aboriginal communities in NSW, in the delivery of an evidence-based brief intervention for smoking cessation;
- The *Imparja* Project, a planned social marketing campaign that will adapt the existing National Tobacco Campaign material by making it culturally relevant to Aboriginal people; and
- The Environmental Tobacco Smoke (ETS) and Children Campaign, components of which target Aboriginal parents and carers to reduce the exposure of their children (aged 0-6 years) to ETS in homes and cars.

Preliminary data from the NSW Population Health Survey suggest that current (daily or occasional) smoking rates for Aboriginal persons aged 16 years and over have significantly reduced in the period 2006-2007, when compared with the period 2002-2005. The results of this survey will be released in the near future when the analysis has been completed.

**QUESTION 4:**

***How do the two agencies (Health and Housing) coordinate programs such as the Housing for Health inter-agency program?***

**ANSWER:**

All interagency projects are coordinated via the establishment of a specific group, which includes representatives of all relevant agencies.

The Housing for Health process aims to assess, repair or replace health hardware (such as fixing a leaking toilet, electrical repairs, having sufficient hot water, having somewhere to wash a baby or child etc.) so that houses are safe and the occupants have the ability to carry out healthy living practices.

Housing for Health projects are currently funded under the NSW governments' Aboriginal Communities Development Program, Two Ways Together Initiative and the Commonwealth Government Fixing Houses for Better Health Program.

Each year Aboriginal communities are selected for the Housing for Health program through an interagency selection process.

NSW Health runs the program and administers the funds.

NSW Health, in consultation with the Aboriginal Housing Office, the Department of Commerce and the Department of Aboriginal Affairs and the Commonwealth Department of Families, Community Services and Indigenous Affairs coordinates the selection process.

In particular, it draws on input from regional offices in each of these departments.

The aim of this inter-agency process is to ensure the roll out of programs run by each department is complementary.

Housing for Health projects have dovetailed a number of other programs. In these instances, Housing for Health addresses the immediate health and safety issues and the capital upgrade projects follow on behind to address broader/larger issues.

Progress on this program is monitored through regular meetings of the Aboriginal Communities Development Program Steering Committee, the To Ways Together reporting process and activity performance information reporting to Families, Community Services and Indigenous Affairs.

**QUESTION 5:**

***Does the Department of Health undertake the training and employment of Indigenous people to provide services such those provided under the Universal Health Home visiting and Sustained Health Home visiting programs outlined in your submission?***

**ANSWER:**

The NSW Health submission refers to initiatives of Sydney South West and Hunter New England Area Health Services.

Every effort is made to recruit Aboriginal people to the services. Recruitment of Aboriginal people to clinical positions – such as the midwives and child health nurses who support the programs - is not always possible because of the limited numbers of Aboriginal people with relevant qualifications.

The Aboriginal Cadetship Program, which NSW Health runs in partnership with the NSW Premier's Department, is currently employing 37 Aboriginal Undergraduate Nursing and Midwifery Cadets across NSW.

Graduates of the Program will contribute to the skilled workforce for programs such as Home Health Visiting in time, along with recipients of the Nursing and Midwifery Scholarships, which have been offered by NSW Health in the past.

Staff who are recruited to the programs are offered training to support them to perform effectively in their roles.

Sydney South West Area Health Service has advised that it offers a Family and Child Health Certificate course in which staff are encouraged to enrol.

Other training options include the Family Partnership Training (supporting Universal Health Home Visiting), Core of Life and training offered through the Education Centre Against Violence (ECAV).

**QUESTION 6:**

***What do the Aboriginal Environmental Tobacco smoke projects in Dubbo and the Far North Coast involve?***

- a. Has the Department measured the programs efficacy?***  
***b. If so, what was the outcome?***

**ANSWER:**

Dubbo and the Far North Coast were successful in obtaining community grants to carry out Environmental Tobacco Smoke related projects. The community grants were administered through the NSW Cancer Council.

The Aboriginal Environmental Tobacco Smoke Project based in Dubbo  
'Smoke near me & I smoke too'... was jointly funded by the Environmental Tobacco Smoke and Children Taskforce and Macquarie Area Health Service, Health Improvement Team.

The Taskforce provided a \$10,000 grant for project resources.

The aims of this project were:

- Increase knowledge and understanding of the health effects associated with exposing children aged six years and under to environmental tobacco smoke; and
- Provide the community with simple strategies to reduce children's exposure to environmental tobacco smoke in the car and home.

The project was designed for a rural setting but specifically intended for:

- Aboriginal and Non-Aboriginal parents and carers of children aged 0-6 years;
- Nursing staff as they delivered the 'smoke free zone' message to parents and families; and
- Children 0-6 years who received the educational resources.

Three components made up the overall campaign; however component 3 focused on educating the Aboriginal community in Dubbo regarding the importance of smoke free environments.

A radio commercial featuring Aboriginal people formed part of this component as well as the distribution of educational resources to Aboriginal children.

Overall, the "Smoke near me & I smoke too" project demonstrated that the educational message of the campaign reached the intended target audience. It raised awareness of the health effects associated with exposure to environmental tobacco smoke and promoted practical strategies that parents and carers could adopt to make their car and home smoke free environments.

Aboriginal Environmental Tobacco Smoke Project based in the Far North Coast  
PROTECT (Policy and Resources for Organisations Tackling Exposure of Children to Tobacco) took the experience gained from implementing a local Smoke Free Community Visits Policy into working with non-government organisations with responsibilities for the health and welfare of children.

Components of this policy were adapted to assist Aboriginal Medical Services and non-government organisations delivering programs through the Families First Network.

The PROTECT project, sought to:

- raise awareness of the dangers posed by Secondhand Smoke to children and adults;
- encourage the targeted organisations to address occupational health and safety issues posed by tobacco smoke;
- increase delivery of a congruent message about tobacco harm via these organisations; and
- increase advocacy for the Car and Home Smoke Free Zone message.

As a result of this project key organisations on the far north coast that provide support to disadvantaged families adopted a commitment to smoking restrictions and to promoting Car and Home Smoke Free Zone.

In addition, a communication campaign raised awareness about the importance of creating Smoke Free Zones, and supporting the Car and Home Smoke Free Zone message amongst Aboriginal communities.

**QUESTION 7:**

*Please expand on:*

- a. The Mental Distress and Well Being in Aboriginal young people course provided by the Department of Health and DET;***
- b. the Aboriginal Mental Health NSW program outlined in your submission.***

**ANSWER:**

The course *Mental Distress and Well Being in Aboriginal Young People: Strength in Culture*, is intended to provide a range of staff who work with young Aboriginal people the skills to support those with mental health and well being problems.

It has been attended by over 2,000 school counsellors, case counsellors, adolescent mental health workers, drug and alcohol workers, Department of Juvenile Justice psychologists and Department of Community Services psychologists.

The module has been highly evaluated by participants, with over 90 per cent saying that the course will enable them to deliver better services to young Aboriginal people.

The course has resulted in enhanced collaboration between the Departments of Health and Education and Training and also improved development of local initiatives and working parties.

Course participants have reported increased confidence and skills in supporting young Aboriginal people with mental health and well being problems.

The ***NSW Aboriginal Mental Health and Well Being Policy 2006-2010*** was launched on 5 July 2007. This Policy sets out a detailed framework to address Aboriginal mental health and well-being issues in NSW in a culturally sensitive and appropriate manner.

The Policy is supported by significant funding from the NSW Government.

Over \$21M will be spent on Aboriginal Mental Health and Well Being Programs and Projects in NSW over the five years of the Policy, in addition to core funding received by Area Health Services.

A hallmark of this Policy is the Aboriginal Mental Health Workforce Program which takes local Aboriginal people from the community and trains them to become qualified Aboriginal mental health workers.

The NSW Government will invest approximately \$12.7 million into this Program comprising \$6.56 million for the traineeships Program, \$3.18 million for the Aboriginal Clinical Leadership Program and \$3 million to place an additional 10 Aboriginal Mental Health Workers into Aboriginal Community Controlled Health Services.

Under the Program the Aboriginal mental health worker trainees become full time employees of the Area Health Service whilst also undertaking a Bachelor of Health Science (Mental Health) from Charles Sturt University taking part in placements and gaining valuable on the job training, mentoring and supervision.

By employing and training Aboriginal people who know the community and who are likely to stay in the community the Aboriginal Mental Health Workforce Program seeks to:

- break down barriers and increase the accessibility of mental health services for Aboriginal communities;
- address health workforce shortages in remote areas;
- enhance cultural appropriateness of mental health services;
- improve workforce retention;
- increase awareness of local issues affecting the local community;
- build communities' capacity to respond to their mental health needs;
- provide role models and mentors for local youth ... and
- create cultural awareness throughout NSW health services.

In 2007, 17 trainees completed their first year of the Workforce Program. Another 10 are scheduled to start in the 2008/09 financial year.

In addition \$684,400 over five years will be paid to the Aboriginal Health and Medical Research Council to employ a coordinator for Aboriginal mental health.

It will be the role of the coordinator to advise and represent the Aboriginal Health and Medical Research Council, the Aboriginal Community Controlled Health Services and the NSW Aboriginal Health Partnership on issues related to the mental health and social and emotional well being of Aboriginal people in NSW.

In another critical link underlying the roll out of the Policy Aboriginal clinical leadership positions will be rolled out into key Area Health Services to help coordinate and prioritise Aboriginal mental health and well being services to NSW Aboriginal communities in 2007/08.

Funds of \$250,000 will be provided to the Aboriginal Health and Medical Research Council to develop a mental health assessment package that is relevant to the needs of the Aboriginal population of NSW.

Also an Aboriginal mental health worker forum will be held annually at a cost of \$275,000 over five years.

The Workforce Program is one of the first of its kind in Australia. As a result NSW is leading the way in the provision of a skilled and competent Aboriginal mental health workforce.

Other key initiatives in the *Aboriginal Mental Health and Wellbeing Policy* include:

- Entering into cooperative working agreements to improve the coordination of care for Aboriginal people;

- Supporting child, adolescent and young people's programs focusing on Aboriginal communities such as Integrated Perinatal Care;
- Implementing joint drug and alcohol and mental health training, screening and assessments;
- Developing programs specific to families, older Aboriginal people, Aboriginal people in Forensic Mental Health Services and Aboriginal people at risk of suicide;
- Supporting community owned and controlled grief/loss programs;
- Developing rehabilitation and accommodation support options for Aboriginal people ... such as the Housing and Accommodation Support Initiative;
- Developing culturally appropriate and applicable assessment and outcome measurement tools;
- Improving the effectiveness of prevention, early detection, intervention and treatment services for Aboriginal people and communities;
- Delivering Aboriginal Mental Health First Aid courses to Aboriginal communities; and
- Ensuring each Area Health Service develops and implements an Area Aboriginal Mental Health and Well Being Strategic Plan.

The Policy was developed by the Department in consultation with a wide range of stakeholders including:

- the Aboriginal Health and Medical Research Council;
- Aboriginal mental health workers from both public sector mental health services and Aboriginal medical services; and
- senior staff from the mental health services and other Area Health Service staff.

The *NSW Aboriginal Mental Health and Well Being Policy* reflects the sustained efforts of many individuals to improve the mental health and social and emotional well being of Aboriginal people. It demonstrates a significant commitment by the NSW Government to improve the mental health and social and emotional well being of all Aboriginal people in NSW.

**QUESTION 8:**

***Can you elaborate on the partnership between Maari Ma Health Aboriginal Corporation and the Greater Western Area Health Service?***

- a. Has the Department considered replicating this partnership with other Indigenous groups?***

**ANSWER:**

Partnerships with Aboriginal Community Controlled Health Services are critical to achieving improved health outcomes for Aboriginal populations. Given the heterogeneity of the NSW Aboriginal population, it is essential that such partnerships are formed between local communities and service providers, and that they accommodate unique local characteristics.

There is no "one size fits all" model.

The Greater Western Area Health Service partnership with Maari Ma Health Aboriginal Corporation accommodates the unique characteristics of the local communities that require health services. Communities within the Remote Cluster (lower western sector of the Greater Western Area Health Service) have a significant and sometimes predominant Aboriginal population and suffer poorer health status than their Eastern counterparts.

The unique management structure ensures that an Aboriginal perspective is embedded into all management decisions and those are reflective of community need.

There is an increased focus on primary health care and prevention. An example of this is the Maari Ma Chronic Disease Strategy, which focuses on starting well and staying healthy.

This Strategy is being systematically implemented across all services in Remote Cluster to address and control Chronic Disease amongst Aboriginal communities.

A recent review of the partnership arrangement found, in relation to health outcomes, significant improvements had been achieved both in access to antenatal care in the first 20 weeks of pregnancy and for vaccine preventable hospitalisations for the Aboriginal population covered by the Agreement. The Review also noted encouraging trends for premature and low birth weights and falling rates of hospitalisations for ambulatory care preventable health conditions.

#### QUESTION 9

*Please outline the programs provided by Justice Health, particularly those relating to mental distress and drug and alcohol abuse among ATSI inmates?*

#### ANSWER:

Justice Health provides a range of programs that address the health needs of Aboriginal inmates.

#### Chronic Disease programs include:

The Aboriginal Vascular Health Program Tick on .... Kick on  
Aboriginal Chronic Condition – Health Education  
Screening for and management of chronic renal disease project will commence in 2008/09  
A Health and Fitness Program to reduce chronic disease risk factors

#### Mental Health and Drug and Alcohol programs include:

**The Connections Project**, which is a state-wide post release care planning project for clients with a Drug and Alcohol health concern that was developed with Drug Summit 3 funding.

The project, which commenced in September 2007, combines two very successful health initiatives:

- Correctional Centre Release Treatment Scheme Project (CCRTS), which assessed clients prior to release to determine their eligibility and suitability for the program and developed case plans for post release; and
- the In reach Project which facilitated post release care to pharmacotherapy treatment providers based in the community.

It is anticipated that as with the two original projects, Aboriginal clients will form a sizeable percentage of participants in the Connections project.

**The Juvenile Justice Centre Release Treatment Scheme** is a project being implemented in Dubbo at Orana Juvenile Justice Centre.

The project aims to assist young people in the transition from custody to the community and improve continuity of care and access to health and other support services. It also aims to improve involvement of families and carers in young people's healthcare needs, increase times between incarcerations, improve employment prospects and reduce recidivism.

Eighty-three per cent of the young people involved in the trial to-date are Aboriginal.

This project was awarded the 2007 NSW Health Award for 'Strengthening primary health and continuing care in the community'.

**The Adolescent Court and Community Forensic Team** aims to provide a Court Diversion Program to the Children's Court in targeted areas in New South Wales and specialised community mental health and risk assessments for adolescents identified as having complex needs, and who are at risk of becoming involved in the Juvenile Justice system due their behaviour or emerging mental health problems.

**Aboriginal Mental Health Worker Trainee** – As part of the *Aboriginal Mental Health Workforce Program*, aims to improve access to mental health services for young Aboriginal people and the wider adolescent communities within Justice Health.

The position is focused on activities to prevent and intervene in the development of mental health and drug and alcohol problems for young people within the Aboriginal community. This position has a strong link to the Western Sydney Aboriginal Medical Services and assists in the facilitation of the continuation of care for Aboriginal young people from custody to appropriate community services.

**The Aboriginal Court Diversion Project** is being developed to assist with culturally-specific services being directed towards the improvement of the health of incarcerated Aboriginal patients.

Justice Health is exploring models for an Aboriginal Court Diversion Program within the Central Western area of NSW.

The project will involve collaborative partnerships with the Department of Corrective Services, Department of Juvenile Justice, Attorney General's Department of NSW Courts Administration, Police, Aboriginal Community Controlled Health Services and Greater Western Area Health Service, to explore the creation of a case-management model to assist Aboriginal people to better access bail and successfully complete bail conditions.

The program aims to address needs in the domains of primary health care, social and emotional wellbeing, mental health, alcohol and other drugs, family health and other related health care services to increase the number of Aboriginal people diverted from incarceration.

**An Aboriginal Clinical Leadership Position** commenced in October 2007. The position will develop a proposal for a pilot clinical leadership program in Youth Aboriginal Mental Health in Justice Health.

The project will review current delivery of mental health and well-being services to Aboriginal young people in Justice Health and make recommendations for providing and developing clinical leadership in Aboriginal Mental Health.

**The Aboriginal Sexual Health Project** - An Aboriginal Sexual Health Worker has been recruited to enhance the capacity of Justice Health to provide services to Aboriginal people in custody regarding the prevention and management of blood borne and sexually transmissible infections. This position is Sydney metropolitan based and covers both adult and adolescent centres. The position provides health promotion / harm minimisation information, history taking and referral to the health services for screening for patients with or at risk of acquiring a blood borne virus or sexually transmitted infection.

**Aboriginal Health Workers** - At Wellington Correctional Centre, Justice Health has established two Aboriginal Health Worker positions. The positions will work within the Health Team providing direct clinical care and health promotion programs to Aboriginal patients. The Aboriginal Health Workers will also play a significant role in undertaking liaison between



patients and mainstream health services provided at the centre. Services they will be involved in include assessment of chronic diseases and ongoing management of Aboriginal patients with Chronic Disease, release (discharge) planning and linking of patients to health services back into the community, health promotion education and increasing the awareness of Health Centre staff regarding facilitating access to health services for Aboriginal patients.

**QUESTION 10:**

***What has been the overall effect of the Aboriginal Employment Strategy?***

**ANSWER:**

The ***NSW Health Aboriginal Employment Strategy For the Year 2000 & Beyond*** was endorsed in 1998 and continues to be the working document for NSW Health. It was developed in response to state initiatives consultation with Aboriginal and non- Aboriginal staff, Aboriginal community members and key stakeholders in the field of Aboriginal employment.

The Strategy was designed to provide a framework for NSW Health Services to meet the Government's policy of achieving a 2% representation for Aboriginal and Torres Strait Islander people across the public sector.

The effect of the Strategy has encouraged individual Area Health Services within NSW Health to develop their localised Aboriginal Employment Strategy, reinforcing the importance of Aboriginal employment throughout all Area Health Services. This has also ensured that all Area Health Services establish a numerical target within their workforce and view Aboriginal employment as integral to the operation of mainstream health services.

The NSW Health Aboriginal Employment Strategy has ensured priority is given to recruitment and training of Aboriginal and Torres Strait Islander peoples to allow career development into senior management positions.

Endorsement of the Strategy within NSW Health is supported through implementation of the NSW Premier's Department *Making It Our Business Improving Aboriginal Employment in the NSW Public Sector Strategic Framework and Resource Guide 2006-2008 (MIOB)*.

This document provides strategies for Chief Executive Officers to enhance their agency's Aboriginal employment, professional learning and career development initiatives.

A range of other actions are in play which contribute to increasing employment of Aboriginal people.

**The NSW Workforce Action Plan** translates the 7 principles of the National Health Strategic Framework (endorsed by COAG in July 2006) into a comprehensive range of strategies and actions designed to address state health workforce issues.

For example, to upskill and promote professionalism in our Aboriginal Health Worker workforce and support the Strategy, NSW Health developed and is implementing the Aboriginal and Torres Strait Islander Health Worker Competency Standards.

We are developing better information systems, this includes ensuring that questions about Aboriginality are completed on entry to employment, as well as collecting data on the entire

Aboriginal workforce throughout NSW Health to assist in identifying the education levels and skill levels to enable greater planning for the future of the NSW Health Aboriginal workforce.

Results of this collection are expected by July 2008.

NSW health has developed a policy, The Aboriginal Health Impact Statement (PD2007\_082) with the purpose of ensuring the needs and interests of Aboriginal people are embedded into the development, implementation and evaluation of all NSW Health policies and initiatives.

**QUESTION 11:**

***What changes, if any have been made as a result of this Strategy and what effect has it had on Aboriginal employment levels?***

- a. What effect has it had on Aboriginal well-being?***
- b. Has the ongoing evaluation of this strategy led to changes in how NSW Health approaches Indigenous issues?***

**ANSWER:**

NSW Health is making steady progress towards the Government's target of 2% representation of Aboriginal and Torres Strait Islander people across the public sector with an increase in Aboriginal staff from 1.5% in 2004/05 to 1.6% in 2006/07.

As at April 2007, there was a total of 1,367 Aboriginal and Torres Strait Islander staff within NSW Health.

Of these 250 were in Identified Aboriginal positions and 1,017 were in Non-identified positions.

This has been reflected by a growth in the number of Aboriginal staff in most salary ranges... for example, staff have increased from 110 staff in 2004/05 to 164 in 2005/06 or 0.2% in the salary range between \$42,825 - \$47,876.

Increases are also seen in the other salary ranges with the \$60,584 to \$78,344 salary range increasing by 0.1% and a 0.3% increase for those Aboriginal staff receiving a salary in the \$97,000 range.

Additionally our Aboriginal clinical staff has increased.

The number of Aboriginal doctors increased by 23% from 22 in 2005 to 27 in 2006 and there has been an increase of 8% in the number of Aboriginal nurses from 264 in 2005 to 285 in 2006.

**QUESTION 12:**

***One of the terms of reference of this Inquiry requires the Committee to assess the implementation of previous Social Issues Committee recommendations. Can you provide details on how your Department has responded to these recommendations?***

**ANSWER:**

It is noted that there were close to 40 Committee Reports listed under this Term of Reference (1c), with about 130 recommendations relating to Aboriginal issues, dating as far back as

1989, and there are a number for which the Government of the day did not request a response.

Nevertheless, NSW Health has in place policies and programs which address the intent of many of the recommendations of those reports which are within its jurisdiction.

For example, the mental health and social and emotional well-being of Aboriginal people is a priority under the State Plan, and the associated State Health Plan.

NSW Health has released its NSW Aboriginal Mental Health and Well Being Policy 2006-2010 to build on the directions of the earlier policy Aboriginal Mental Health Policy (1997) – this includes addressing suicide in rural NSW, contributing to public education programs and activities regarding community awareness of mental health risk factors and reducing the stigma of mental illness.

The Policy was developed in consultation with a range of Aboriginal community stakeholders and mental health experts.

NSW Health has a range of policies and programs in place to address sexual violence in Aboriginal communities.

The Education Centre Against Violence is funded to provide a range of specialised training and to develop targeted resources for Aboriginal health workers and their communities. Recurrent funding has been provided for implementation of the Aboriginal Family Health Strategy since 1998 and the Strategy is currently being revised to incorporate State Plan and State Health Plan priorities.

The health of Aboriginal children is addressed via the highly successful Aboriginal Maternal and Infant Health Strategy – which has been enhanced from 2007/08 on the basis of positive health outcomes for Aboriginal women and their babies; and dedicated otitis media and oral health programs for Aboriginal children.

Further, Sydney South West Area Health Service has been an active partner in the process led by the Redfern Waterloo Authority to improve community health and alcohol and other drug services in that location.

As outlined in Health's submission, we have implemented programs, via allocation of funds to both Area Health Services and non-government organisations that support children and families; address mental health, substance use, otitis media, sexual assault and other forms of violence, oral health, housing needs and chronic disease; and contribute to improving the general health and well-being of Aboriginal people.

**QUESTION 13:**

***In 2006 the Standing Committee on Social Issues reported on an Inquiry into Dental Services in NSW. In the Government Response to recommendation 23 of that Report, it is stated that NSW Health was committed to providing a number of services, including a state wide Aboriginal Oral Health Coordinator. What is the current status of these initiatives?***

**ANSWER:**

A Statewide Aboriginal Oral Health Manager was employed at the Centre for Oral Health Strategy in August 2006.

In 2008 a Koori Oral Health Committee will be established to ensure consultation with the Aboriginal Medical Services and their communities and to provide advice to the Chief Dental Officer and the Statewide Aboriginal Oral Health Manager.

Two further oral health programs for Aboriginal communities were instituted during the 2006/2007 period.

- The first, with Bila Muuji Aboriginal Health Service Incorporated, involves the appointment of a regional dentist and regional oral health promotion coordinator to improve access to primary dental care services and focus on the prevention and early intervention of dental diseases especially for children and those with greatest oral health needs.
- The second project supports the development of the Maari Ma Aboriginal Health Cooperation dental health program which focuses on school and community based prevention and early intervention. This will be through the addition of a dental therapy team to provide an evidence-based minimal intervention and prevention based program to local communities.

The State government has demonstrated its commitment to improving the oral health services for Aboriginal children through two major projects.

**Koori Kids Koori Smiles** (Central Coast) provided four hundred and ninety eight Aboriginal children with dental treatment between March 2006 and February 2007.

Koori Kids Koori Smiles in-service training was provided to 10 Aboriginal Health Workers as at December 2006. Training for 2007 is provided by a qualified Aboriginal Dental Assistant.

**Clean Teeth Wicked Smiles** aims to improve oral health of school aged children in non-fluoridated communities in far west NSW by giving primary school aged children an understanding of the importance of looking after their teeth while providing the knowledge, equipment and opportunity to do so.

The program has so far resulted in a marked improvement in children's awareness of the importance of caring for their own teeth and a marked increase in children brushing regularly.

Clean Teeth Wicked Smiles was a winner in the NSW Aboriginal Health Awards 2007 for Innovation in Aboriginal Health.

Both of these projects have been incorporated into the core business of the relevant Area Health Service in 2008.

In 2008 four Area Oral Health Promotion Demonstration Projects involving Indigenous communities are underway in Greater Western Area Health Service, Sydney South West Area Health Service, North Coast Area Health Service and the Greater Southern Area Health Service. These are being supported by the Centre for Oral Health Strategy with oral health resources and products.

In addition, service utilisation patterns within Aboriginal Medical Service oral health services and Area oral health services are being examined to provide a benchmark for the new Commonwealth Dental Health Program.

The NSW Child Dental Health Survey 2007 also sampled a substantial number of Aboriginal and Torres Strait Islander children. Data is currently being analysed as a baseline for oral health promotion activity and new models of care.

**QUESTION 14:**

**In response to recommendation 24 of this report, the Committee was advised that the Government was expected to conduct a review of access to dental services by persons with special needs in 2006/2007.**

- a. Did this review take place?**
- b. If so, what were the outcomes of the review?**

**ANSWER:**

In 2007 the Centre for Oral Health Strategy established an Oral Health Special Needs and Specialist Services Advisory Group.

This group provides advice to the Chief Dental Officer on potential programmatic responses to the oral health needs of persons with special needs, including Aboriginal and Torres Strait Islanders. Such responses will include the development of appropriately targeted oral health promotion resources in collaboration with the Oral Health Promotion Network, and ensuring appropriate training of oral health professionals, general health professionals and carers of people with special needs.

The review of access to dental services by people with special needs was undertaken informally by stakeholders represented on the Oral Health Special Needs and Specialist Services Advisory Group.

This group has also provided feedback to the Centre for Oral Health Strategy NSW on eligibility policy issues and the development of the new Priority Oral Health Program (POHP) Policy Directive.