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Aboriginal Health Impact Statement

This statement and the following checklist will accompany new policies submitted for approval to the NSW Department of Health's Policy Development Committee and/or the relevant committees at local level. This statement and checklist aims to ensure that the health needs and interests of Aboriginal

people have been considered, and where relevant, appropriately incorporated into health policies. Note that as well as health policy initiatives, this statement should be used in relation to major health strategies and programs.

Title of policy, program or strategy

Please complete:

Have all items of the checklist been reviewed and answered?

☒ Yes ☐ No

If not, give reasons:

Will this policy, program or strategy significantly affect the health* of Aboriginal people? (the checklist may assist you to answer this question)

☒ Yes ☐ No

If so, how: By improving access and friendliness of the environment for Aboriginal people.

Is this policy, program or strategy likely to lead to a change in the nature or level of resources or health services available for Aboriginal health?

☒ Yes ☐ No

If so, specify: It preshadows an increase in Aboriginal Health Worker resources. The Paediatric Inpatient and Ambulatory Care (mainstream) models also provide for services to be delivered closer to the community.

(i.e. Outpatients for paediatric emergency patients deemed to fit clinical criteria and in an ambulatory

Statement

The health needs and interests of Aboriginal people have been considered, and where relevant, incorporated and appropriately addressed in the development of this health policy, program or strategy.

Head of Unit name Jacinta George

Unit name Planning Unit, Southern Area Health Service

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

Checklist for the statement

This checklist should be used when preparing an Aboriginal Health Impact Statement for new health policies, as well as major health strategies and

programs. To complete the checklist and to fully understand the meaning of each checklist item, it is essential to refer to *How to use the checklist* in Part 3 of this document.

Development of the policy, program or strategy

1. Has there been appropriate representation of Aboriginal stakeholders in the development of the policy, program or strategy?

☒ Yes ☐ No ☐ N/A

2. Have Aboriginal stakeholders been involved from the early stages of policy, program or strategy development?

☒ Yes ☐ No ☐ N/A

Please provide a brief description ATSIC region nominee on Steering Committee

and Reference Group received all papers was able to attend few meetings

Aboriginal Health Manager on Reference Group but attended one meeting. *conf: 1. on attachment*

3. Have consultation/negotiation processes occurred with Aboriginal stakeholders?

☒ Yes ☐ No ☐ N/A

4. Have these processes been effective?

☐ Yes ☒ No ☐ N/A

Explain See attachment.

5. Have links been made with relevant existing mainstream and/or Aboriginal-specific policies, programs and/or strategies?

☒ Yes ☐ No ☐ N/A

Explain SANS Aboriginal Health Plan and Population Health Plan

6. Has the policy, program or strategy been endorsed by the NSW Aboriginal Health Partnership/Local Aboriginal Health Partnership where required?

☐ Yes ☐ No ☒ N/A

Comments

Contents of the policy, program or strategy

7. Does the policy, program or strategy clearly identify the effects it will have on Aboriginal health outcomes and health services?

☒ Yes ☐ No ☐ N/A

Comments The Aboriginal Health Plan strategies to develop

friendly facility environment and improve access and

also strengthen partnerships in the delivery of services are identified as
strategies to improve health by improving access.

8. Have these effects been adequately addressed in the policy, program or strategy?

☒ Yes ☐ No ☐ N/A

Explain See response to Q7.

9. Are the identified effects on Aboriginal health outcomes and health services sufficiently different for Aboriginal people (compared to the general population) to warrant the development of a separate policy, program or strategy?

☐ Yes ☐ No ☒ N/A

Explain But they are sufficient to actively seek involvement in the Procurement Feasibility Plan stage

Implementation and evaluation of the policy, program or strategy

10. Will implementation of the policy, program or strategy be supported by an adequate allocation of resources specifically for its Aboriginal health aspects?

☐ Yes ☐ No ☐ N/A
☒ To be advised

Describe From the basis of the Social Plan, the PFP will be required to ensure improved access and facilities environment for Aboriginal people.

11. Will the policy, program or strategy be implemented in partnership with Aboriginal stakeholders?

☒ Yes ☐ No ☐ N/A

Briefly describe the intended implementation process

Incorporated in the PFP process.

12. Does an evaluation plan exist for this policy, program or strategy?

☒ Yes ☐ No ☐ N/A

13. Has it been developed in conjunction with Aboriginal stakeholders?

☐ Yes ☒ No ☐ N/A

Briefly describe Aboriginal stakeholder involvement in the evaluation plan

Evaluation of the project is an integral part of the project. Aboriginal representatives on the Steering Committee will ensure involvement.



ABORIGINAL IMPACT STATEMENT QUEANBEYAN HEALTH FACILITY REDEVELOPMENT SERVICE PLAN

COMMENT ON REPRESENTATION OF ABORIGINAL STAKEHOLDERS

Consultation during the Development of the Service Plan for the Redevelopment project

- An ATSIC (regional) representative was a member of the Steering Committee and Reference Group and although she received the papers for the meetings (including drafts of the Service Plan), was able to attend few meetings.
- The SAHS Manager Aboriginal Health was a member of the Reference Group and attended one meeting. During much of the process of development of the Service Plan including the time at which the Reference Group first met, Mr Lester was on secondment to a post in Sydney.
- The local Aboriginal Hospital Liaison Officer was a member of the Staff consultative committee but was able to attend only one meeting due to leave.
- The Aboriginal Hospital Liaison Officer suggested that the matter be raised at the local Aboriginal health forum that was due to meet in the near future. Investigation showed that the forum had not met for some time and that no meeting was scheduled.
- Local Aboriginal Health workers were requested to support members of the local Aboriginal communities to attend community discussion groups held in December; however no specifically identified members of the Aboriginal community attended these meetings.
- Contact was made with Winnunga Nimmytjah Aboriginal Medical Service in the ACT where staff were unable to assist with putting us in contact with a specific health consumers group. Assistance was offered to convene a focus group if other avenues of seeking input weren't productive.
- Consultation with local General Practitioners included (February 04) one local General Practitioner who has Aboriginal patients and who undertakes clinics at Munjuwa Aboriginal Corporation whose advice was sought on engaging the local community. This included advice on his perceptions of the major health issues affecting the local community and how to enhance interactions with Aboriginal people. He also advised that we raise the issues identified with engaging the local Aboriginal community with the Aboriginal Health Manager.
- The advice of a former local General Practitioner with an interest in the health of the local Aboriginal population was also sought. His advice was to attend meetings

already held in the community rather than to call our own specific meetings, and to liaise more closely with the local Aboriginal Hospital Liaison Officer to address the consultation issues.

- The QTY Health Council had been attempting to advise a local elder to become a member of the Health council but had experienced problems in making contact with her.
- Following these discussions contact was made with a local elder and Director of the Ngunnawal Land Council, Matilda House, and explained the issues that we were experiencing. She readily agreed to become a member of the Steering Committee but indicated that she was unable to attend the meetings scheduled for April. The draft of the Service Plan was sent to her. No further meetings of the Steering committee have been held as we are awaiting approval of the Plan.
- It is anticipated that Mrs House will be an active member of the Steering Committee when it resumes during the PFP stage of the project.

Local Health Service Initiatives

- The Health Service has reached agreement with Queanbeyan City Council to use the information gleaned from a number of Needs Analyses they have conducted with the local Aboriginal community in the development of the Social Plan that they are currently developing. Community Health services also have a consultation process with the local Aboriginal community but prefers to collaborate with others such as Council to reduce the need for the community to repeat their issues.
- The Families First local network has funded (auspiced by Council) an Aboriginal community development program (the Queanbeyan Health Service is part of the network).
- Recently a hearing program was established in Queanbeyan and through families first gives support to the local preschool and Indigenous Play Group for Aboriginal children.