



Northern  
Territory  
Government



# Northern Territory **Aboriginal Health Plan**

2015 - 2018



## **Improving Aboriginal Health Outcomes**

Closing the gap in health and wellbeing between  
Aboriginal and non-Aboriginal Territorians

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## Foreword

We want the Northern Territory (NT) to lead the way in improving Aboriginal health outcomes. We know Aboriginal people have the poorest health outcomes of all Australians and the NT is home to over 10% of Australia's Aboriginal population and make up nearly 30% of the NT population.

*The NT Health Strategic Plan 2014-2017* has a specific strategic objective that prioritises action on *Improving Aboriginal Health Outcomes*. The *NT Aboriginal Health Plan 2015-2018* details how we are going to make a difference to the health and wellbeing of Aboriginal Territorians by focusing on what we will do to achieve the NT Health Strategic Objective of *Improving Aboriginal Health Outcomes*.

This Plan also supports the NT Government's *Framing the Future Policy*, a blueprint to guide NT priorities into the future. The policy identifies strategic goals to build a strong health system, support the most vulnerable, and promote recognition and respect for Aboriginal people and culture.

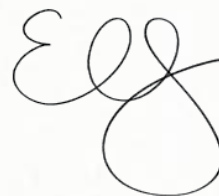
By delivering evidence based health care that is provided in a way that acknowledges, respects, and ensures cultural security for all Aboriginal people who access our health care services we can improve health outcomes for Aboriginal people.

Health and wellbeing are impacted by a wide range of factors, many beyond the mandate of health. We know we need to work effectively across government as well as improving our own health services. For example, we know that improvements in employment, housing and education can help improve opportunities for all people to have a healthy life. As part of this Plan we will look at how we can work more effectively across government to support our goal of improving Aboriginal health outcomes.

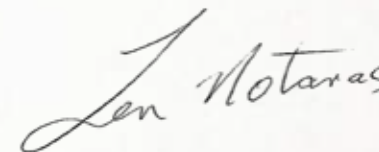
Every day our health professionals work in challenging circumstances and endeavour to do their very best to improve health care for all people. This Plan builds on the great work and commitment of our staff to making a difference.

We would also like to acknowledge our partners in health care delivery. We cannot achieve our goal of closing the gap in health outcomes alone. This Plan recognises the role NT Health has in partnership with Aboriginal Territorians and key service providers, including the Aboriginal Community Controlled Health Sector, to improve health outcomes.

Through respect and genuine partnership we can build on the good work of the past and we can all contribute positively to improving Aboriginal health outcomes in the NT.



**Hon Johan (John) Wessel Elferink MLA**  
Minister for Health



**Dr Len Notaras AM**  
Chief Executive Officer



# Introduction

The *NT Aboriginal Health Plan 2015-2018* (this Plan) sets out the strategic directions that will guide our actions to improve the health and wellbeing of Aboriginal<sup>1</sup> Territorians. We will do this by working in partnership with the Aboriginal community controlled health sector, other government and non-government agencies, and with Aboriginal people and communities to address the social determinants of health and achieve the *NT Health Strategic Plan 2014-17* vision of '*Healthy Territorians living in healthy communities*'.

This Plan is based on the *NT Health Strategic Plan 2014 – 2017* and provides a detailed approach to delivering on:

- Strategic Objective 3 – Improving Aboriginal Health Outcomes; and
- Strategic Objective 6 – Building a highly skilled and culturally responsive workforce.

It covers the approach to achieving improvements in Aboriginal health and wellbeing, the strategies to be implemented, and how we track our progress.

It is intended that the strategic directions identified in this Plan will assist NT Health<sup>2</sup> with achieving improvements in Aboriginal health and support the range of key performance measures and targets that NT Health is working to achieve as part of its commitments under the Council of Australian Governments (COAG) initiatives and through

the NT Health Service Delivery Agreements (SDA) which are now in place for the Top End Health Service (TEHS) and the Central Australia Health Service (CAHS).

NT Health is committed to reducing the burden of disease experienced by Aboriginal people, by delivering culturally responsive and appropriate health services and promoting Aboriginal health and wellbeing.

This Plan will support and guide NT Health to deliver improved health care to Aboriginal people across the NT.

Accountability and responsibility rests with the Department of Health, TEHS and CAHS to incorporate the delivery of this Plan into operational planning, service delivery agreements and annual reporting processes to ensure appropriate performance monitoring.

<sup>1</sup> Throughout this document the term Aboriginal should be taken to include Torres Strait Islander people.

<sup>2</sup> Northern Territory Health is the term used to describe the Public Health System in the Northern Territory including:

- the Health Services
- the Department of Health
- affiliated health organisations



## Policy Context

This Plan is guided by the following Australian Government and NT Government strategic policies, frameworks and agreements. The key relevant documents are identified below for reference.

### National Policy Context

#### **The National Aboriginal and Torres Strait Islander Health Plan 2013-2023:**

An evidence based policy framework to guide policies and programs to improve Aboriginal and Torres Strait Islander health over the next decade until 2023. Its aim is to guide efforts to improve Aboriginal and Torres Strait Islander health and achieve the Closing the Gap targets through focusing on the key areas that will make the most impact on improving Aboriginal and Torres Strait Islander people's health and wellbeing outcomes.

#### **National Aboriginal and Torres Strait Islander Health Performance Framework:**

The Aboriginal and Torres Strait Islander Health Performance Framework monitors progress in Indigenous Australian health outcomes, health system performance and broader determinants of health.

#### **COAG National Indigenous Reform Agreement 2009: Underpinned by five Indigenous specific national partnership agreements which aim to achieve the following targets:**

- closing the life expectancy gap within a generation (by 2030)
- halving the gap in mortality rates for Indigenous children within a decade (by 2018)
- ensuring all Indigenous 4 year olds in remote communities have access to early childhood education within 5 years (by 2013)
- halving the gap for Indigenous students in reading, writing and numeracy within a decade (by 2018)
- halving the gap for Indigenous students in Year 12 attainment (by 2020)
- halving the gap in employment levels within a decade (by 2018).



## Northern Territory Policy Context

### **NT Framing the Future Strategic Plan 2014:**

Sets out the Government's policy that will underpin service delivery for all Territorians. It includes the objective of supporting a 'Strong Health System'. Specifically it ensures the implementation of the New Service Framework for Health Services, will deliver the new Palmerston hospital; support the most vulnerable; expanded cardiac outreach services; commenced low risk angioplasty services; progressed alcohol rehabilitation; enhanced mental health support; and is continuing to work on improvements to regional health services.

### **NT Department of Health Strategic Plan 2014-2017:**

Is driving efforts and priorities of NT Department of Health to achieve its vision of 'Healthy Territorians living in Healthy Communities'. It identifies shared principles, goals and actions to improve the health and wellbeing of Territorians in partnership with its key stakeholders and communities.

### **NT Chronic Condition, Prevention and Management Strategy 2010-2020:**

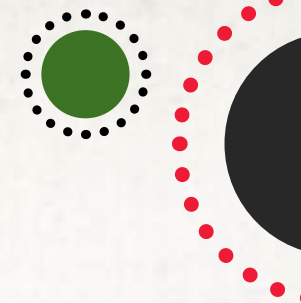
A ten year framework for improving population health and wellbeing across the Territory through reducing the incidence and impact of chronic conditions on NT communities.

### **NT Department of Health Stakeholder Engagement Framework 2012:**

Outlines the commitment and approach to engagement with key internal and external stakeholders and recognises the importance of stakeholder engagement and consumer participation in the design, planning, development, delivery and evaluation of health services to meet the health and wellbeing needs of Territorians.

### **NT Suicide Prevention Strategic Action Plan 2015-2018:**

A whole-of-Government response to guide future direction in suicide prevention. It provides a new NT Strategic Framework for Suicide Prevention that has assessable actions and initiatives to reduce self-harming behaviour and enhance the resilience and capacity of the NT community.





## Northern Territory Aboriginal Specific Policy Context

### **NT Department of Health Aboriginal Cultural Security Policy 2007 and Framework 2015-2020:**

The Aboriginal Cultural Security Policy is a commitment that services offered to Aboriginal Territorians by the Department of Health will respectfully combine the cultural rights and values of Aboriginal people with the health service system. This commitment will ensure health services recognise the role culture plays in delivering effective and sustainable health outcomes.

### **NT Aboriginal Health Forum: Pathway to Community Control Framework:**

An agenda to further promote Aboriginal community control in the provision of primary health care services. The purpose of the Framework is to support Aboriginal community control in the planning, development and management of primary health care and community care services in a manner that is commensurate with capabilities and aspirations and consistent with the objective of efficient, effective and equitable health service delivery.

### **NT Public Sector Indigenous Employment Career and Development Strategy 2015-2020:**

Brings together a range of new and existing initiatives that will assist agencies to grow the NTPS Indigenous workforce and meet the Northern Territory Government's commitment of 16 per cent Indigenous employment by 2020.

### **NT Department of Health Aboriginal Workforce Development Strategy:**

Outlines a path forward to achieving key performance goals to further improve recruitment, retention and career development of Aboriginal people across all clinical, allied health and administrative positions.

### **Aboriginal and Torres Strait Islander Health Practitioner Workforce Strategy:**

Aims to support the delivery of appropriate health care to the population in the NT through building and growing the Aboriginal and Torres Strait Islander Health Practitioner workforce.

# Determinants of Health

*“ I have come to realise health is not dependent on the physical well-being of individuals. It is also dependent on key indicators such as education, financial status, adequate housing, sanitation, diet, and access to a range of goods and services. When considering health you need a model that has a focus on structural inequities, not just a focus on personal stories of misfortune. Also you need a model that acknowledges a history of oppression and dispossession, and a history of systematic racism.”*<sup>3</sup>

(Lowitja O'Donoghue, 2004)

As stated by Lowitja O'Donoghue, health is determined by more than access to health services alone. Some of these factors are shaped by the distribution of money, power and resources at local, national and global levels.<sup>4</sup> Recent research states that “health inequalities exist for Australians...the lower a person's social and economic position, the worse his or her health - and the health gaps between the most disadvantaged socio-economic groups and other groups are very large.”<sup>5</sup>

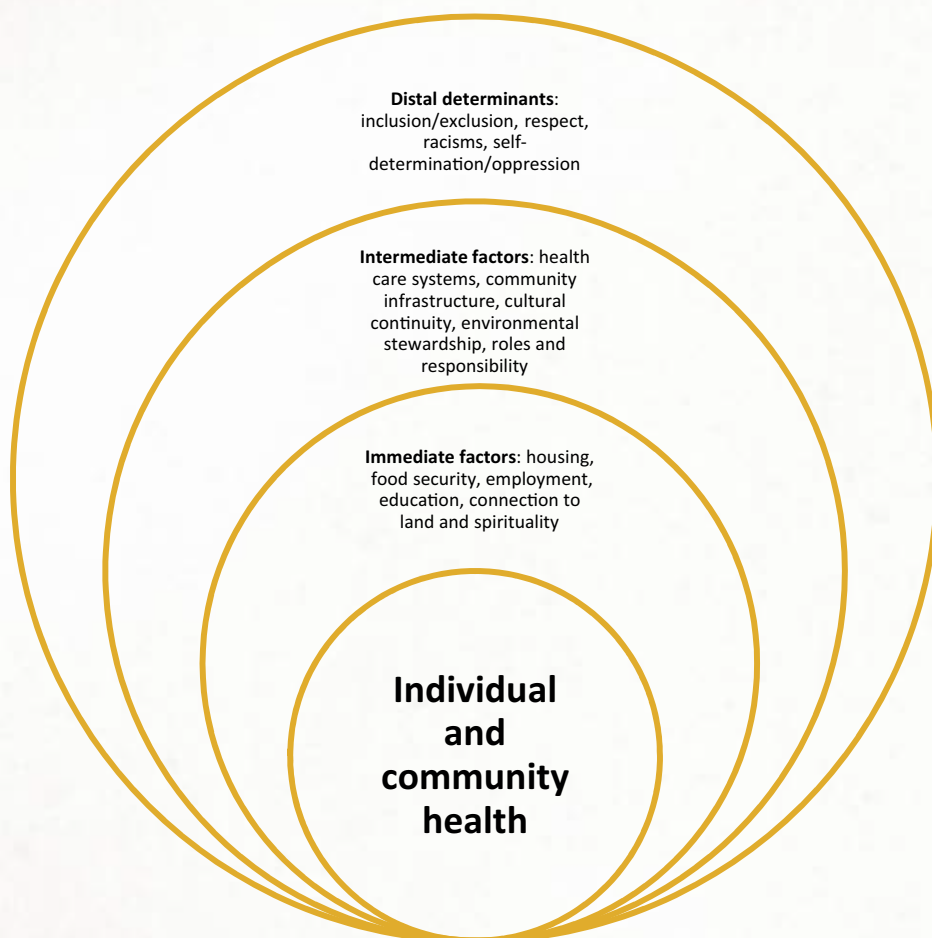
Social disadvantage is the leading health risk for Aboriginal people and has been found to account for one-third to one-half of the Aboriginal life expectancy gap<sup>6</sup>. Determinants of health range from those that directly impact an individual, to system level and wider societal level influences that are powerful.<sup>7</sup>

Given the powerful role that culture and language can play in supporting positive identity, self-determination and wellness,

<sup>3</sup> Overview of in “An Overview of the existing knowledge on the social determinants of Indigenous health and well-being in Australia and New Zealand.” Page 9

<sup>4</sup> World Health Organisation, Social Determinants of Health – website accessed 21 Feb 2015 - [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/).

<sup>5</sup> National Centre for Social and Economic Modelling (NATSEM) (2010). Health lies in wealth: Health Inequalities in Australians of Working Age: CHA-NATSEM Report on Health Inequalities, Canberra ACT.



promoting cultural security is an essential part of this Plan. A growing area of public health research is examining the potential of culture as a health resource or enabler.<sup>8</sup>

Addressing this wide range of factors is not the sole domain of NT Health but as an agency with a vision to create *Healthy Territorians engaged and living in Healthy Communities* we want to contribute to creating those environments that support health and wellbeing and we are well placed to provide leadership in this area.

Whilst our primary focus is on delivering the best possible health care to all Aboriginal Territorians we recognise the importance of being engaged across government so our society is able to support conditions that create and promote health and wellbeing. NT Health is committed to working in partnership with other government departments and non-government agencies to support and develop initiatives that will positively contribute to improving the broad range of social factors which impact on health and wellbeing.

<sup>6</sup> Zhao et al, Decomposing Indigenous life expectancy gap by risk factors: a life table analysis. *Population Health Metrics* 2013, 11:1

<sup>7</sup> Reading, C.L. and Wien, F. (2009), *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. Prince George, BC: National Collaborating Centre for Aboriginal Health.

<sup>8</sup> National Collaborating Centre for Aboriginal Health, 2009-2010, 'Culture and Language as Social Determinants of First Nations, Inuit, and Metis Health'

# Aboriginal People in the NT

Aboriginal people experience some of the poorest health outcomes of all Australians. Compared to non-Aboriginal people, Aboriginal Australian's have a shorter life expectancy, are more likely to be of low birth weight, more likely to die before the age of five, more likely to have a chronic disease or condition and more likely to have a number of risk factors for poor health and wellbeing.

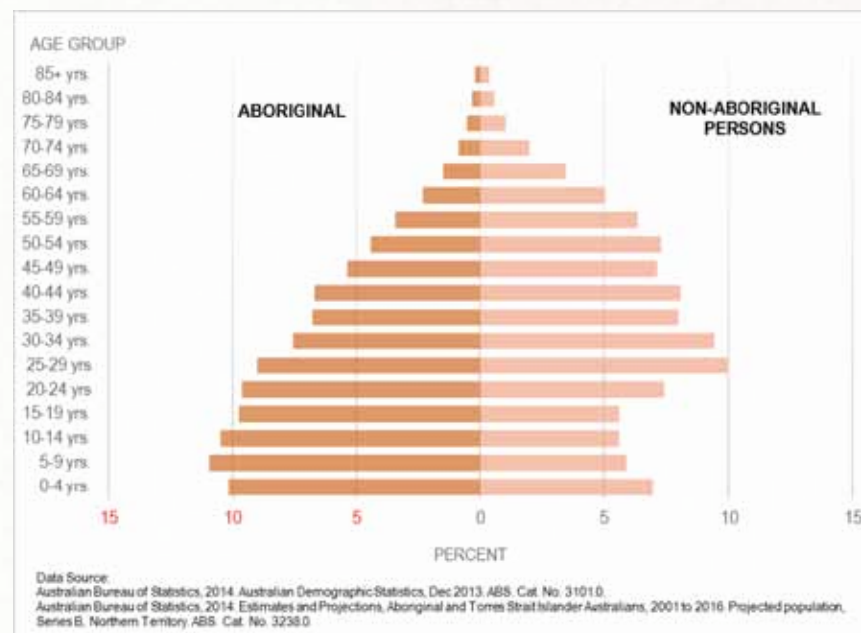
Significant effort over the past years at the national and local level has resulted in some improvement, but the challenge of closing the gap in health inequality remains.

The NT needs to be a national leader in this space. Just over 10% of all Australian Aboriginal people live in the NT and within the NT; Aboriginal people represent nearly 30% of our total population. In 2011 the total estimated Aboriginal population in the NT was 68,850.<sup>9</sup>

Yet within our public hospital services Aboriginal people represent 70% of our patients which represents a significant client group of NT Health.

It is also important to recognise the different age structure of the Aboriginal population with Aboriginal people tending to have a younger age profile compared to the non-Aboriginal population (see *Figure 1*). This profile reflects the higher birth rate and lower life expectancy experienced by Aboriginal people. Half of the Aboriginal people in the NT are aged less than 25 years.

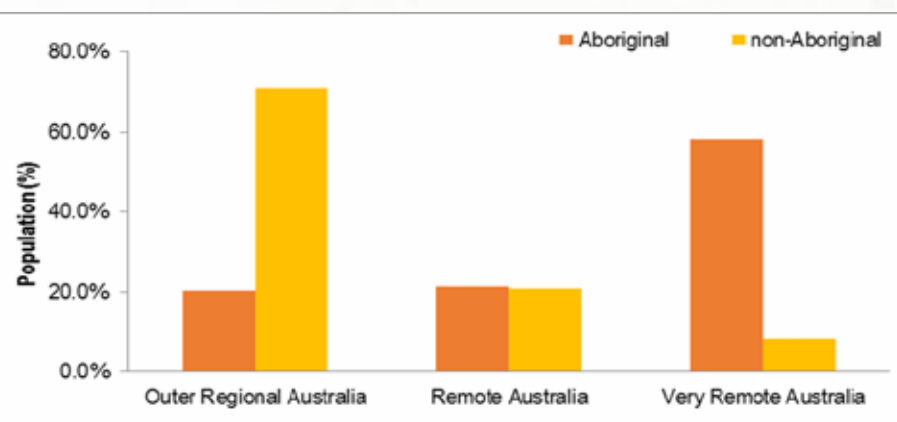
Figure 1: Population age structure by Indigenous status, Northern Territory, 2013



<sup>9</sup> Australian Bureau of Statistics (ABS) 2011 Census of Population and Housing

Aboriginal people tend to live in more remote areas than the non-Aboriginal population. Over 58% of the Aboriginal population in the NT live in very remote areas compared with 8.2% of non-Aboriginal people (see Figure 2). This presents particular challenges for health services particularly regarding timely access to health care, and also highlights the importance of prevention and early intervention initiatives. It also presents challenges for effective health care management across the continuum of care as individuals may not have appropriate access to healthcare prior to or after a hospitalisation.

Figure 2: Population distribution by remoteness areas and Aboriginal status, Northern Territory, 2011



Data source: Australian Bureau of Statistics Estimates of Aboriginal and Torres Strait Islander Australians, June 2011. Cat. No.3238.0.55.00.


The NT also has one of the most diverse Aboriginal populations, with over 80 different Aboriginal languages still in use and nearly half of the NT considered Aboriginal land. The NT is also large, with a land area of 12.3 million square kilometres with inherent challenges arising from geography, climate and the spread and size of communities.

It is important that NT Health base health care interventions on evidence based practices and target strategies appropriately across the life cycle.

The evidence clearly shows that by improving peri-natal, maternal and child health we can positively impact on the longer term health and wellbeing outcomes of Aboriginal people. A good start in life can have life-long positive impacts.

As a society our rates of chronic disease are increasing and this is no different for Aboriginal people, where the majority (68%) of deaths for Aboriginal people in Australia (2006-2010) were due to chronic diseases such as circulatory diseases, cancer, diabetes, respiratory disease and kidney disease.<sup>10</sup> The Aboriginal and Torres Strait Islander Health Performance Framework 2012 also highlights that cancer and kidney disease continue to be a significant concern for Aboriginal people as the gap between Aboriginal and non-Aboriginal people is widening.

<sup>10</sup> Australian Health Ministers' Advisory Council 2012, Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report, AHMAC, Canberra



Reducing the rates of chronic disease requires an increased focus on supporting healthy lifestyle options and ensuring appropriately targeted health promotion activities to address lifestyle risk factors such as smoking, alcohol consumption, obesity and exercise.

Aboriginal people tend to have a higher prevalence of risk factors than the non-Aboriginal people. For example the NT Aboriginal smoking prevalence was 50.3%, 2.1 times higher than the NT non-Aboriginal smoking rate (23.6%) and 2.8 times that of the Australian rate. Pregnant Aboriginal women are a particular concern, with data showing increased rates of smoking among pregnant Aboriginal women in the NT.<sup>11</sup> In regard to alcohol consumption approximately 26% of NT Aboriginal adults consumed alcohol at levels considered risky or high risk for short term harm.<sup>12</sup>

Better management of chronic diseases and the delivery of integrated care across different health providers and services also needs to be addressed. This includes appropriate management and support to address issues including those related to mental health, social and emotional wellbeing and injury. Injury remains a key challenge as hospitalisation for injury and poisoning are twice as high for Aboriginal Australians compared to the corresponding rates for non-Aboriginal Australians. Other issues such as eye and ear health also continue to be a focus of primary health care to improve health outcomes for Aboriginal people.

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<sup>11</sup> NT Midwives Collection, Northern Territory: 1997-2011 published and unpublished data. Department of Health, Darwin, 2014.

<sup>12</sup> Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey 2012. Customised report.

Primary health care and hospital services face many challenges and the effective management of the complex and chronic conditions experienced by many Aboriginal people requires coordinated and integrated care. Many Aboriginal people have limited access to services within their local communities placing critical importance on the provision of effective primary health care services, outreach, visiting services, community workers, and the need to provide support for Aboriginal people as they transition to and from their community to access the required hospital based care.

The longer term care and management of older Aboriginal people is an increasing challenge. With the ageing of the population there is also significant growth projected in the older Aboriginal age groups. By 2041 the proportion of Aboriginal people in the older age groups is projected to nearly triple, increasing from 3.1 per cent to 8.7 per cent by 2041<sup>13</sup>. This is presenting additional challenges for a range of services including dementia care, aged care, opportunities to age 'on country' and access to palliative care services.

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<sup>13</sup> Northern Territory Department of Treasury and Finance, Northern Territory Population Projections, Main Update (2014 Release). 2014



## Reporting and Accountability

This Plan aligns with two of the strategic objectives of the *NT Health Strategic Plan 2014-2017 - improving health of Aboriginal people and building a highly skilled and culturally responsive workforce*. This Plan also supports existing efforts outlined in national initiatives such as the National Aboriginal and Torres Strait Islander Health Plan 2013-2023, Closing the Gap Targets, and NT Health frameworks such as the NT Chronic Conditions Prevention and Management Strategy 2012-2020.

This Plan recognises the significant efforts and work undertaken to date by NT Health to provide equitable and quality healthcare to Aboriginal Territorians. To continue to improve health outcomes for Aboriginal people, this Plan will build on and align with existing work and reporting requirements.

This Plan provides a broad strategic view that can be used by NT Health to develop strategies and actions for the respective areas. Service Delivery Agreements (SDAs) currently contain a number of Aboriginal health indicators that services are required to report against. NT Health will continue to work collaboratively in order to refine and negotiate performance indicators.

Annual reporting will support accountability and continuous service improvement to improve Aboriginal health outcomes.

# Strategic Directions

This Plan is built on the foundation of four strategic directions which will drive the efforts and priorities of improving Aboriginal health outcomes.

## 1. Improve Aboriginal health service delivery

Delivering responsive evidence based health services that support and enable Aboriginal people to achieve equitable health outcomes

## 2. Build effective partnerships

Building effective partnerships with Aboriginal communities, consumers, stakeholders and health care providers to ensure active involvement in the design and delivery of health services for Aboriginal people

## 3. Deliver culturally secure and safe services

Building capacity and capability across NT Health to deliver culturally secure and safe services for Aboriginal people

## 4. Strengthen Aboriginal health workforce

Increasing the Aboriginal health workforce and providing opportunities to develop our future Aboriginal health leaders to support NT Health to be more culturally responsive





## Strategic Direction 1:

# Improve Aboriginal health service delivery

### Delivering responsive evidence based health services that support and enable Aboriginal people to achieve equitable health outcomes

This strategic direction recognises that NT Health must utilise the current evidence base in the delivery and management of health care. Furthermore, it recognises that health care provision is one part of the broader social context which supports and enables better health and wellbeing outcomes. Improving access and decision-making across the continuum of care through innovative use of systems and technology, and importantly through people doing things differently, contributes significantly to improving Aboriginal health and wellbeing outcomes.

In delivering health care, it is important that strategies and actions are targeted appropriately across the lifecycle. At each stage of the lifecycle, interventions need to be appropriate and effective. In particular, a focus on the early years is critical in making a positive impact on the longer term health opportunities for individuals.

Enhancing our focus on improving primary care and prevention, infant and child health, effective chronic disease management, mental health and social and emotional wellbeing, integrated acute care delivery, and appropriate health care and support for ageing Aboriginal Territorians will improve the delivery of health services and contribute to ongoing improved health outcomes.

We know that by designing and targeting programs that explicitly seek to engage and support Aboriginal people we can improve health service delivery. Simply transposing mainstream programs and applying them to Aboriginal people is not always appropriate or successful. Tailoring programs for the target audience is essential and there is a growing evidence base on the effectiveness of Aboriginal specific programs.<sup>14</sup>

Delivering health care across the NT is challenging. There are vast geographical distances with many small, very remote communities and overall the NT has a relatively small total population. Technology can

assist us in providing services to those communities. Enhancing access to services, through the use of Telehealth technology will reduce the need for patients to travel long distances and be away from home, families and work. Electronic personal health record systems (eHealth) will also greatly assist NT Health to reduce fragmentation of information held by different providers across the government, non-government and private sectors. eHealth will increase the quality of clinical decisions and empower consumers to be more actively involved in their health care planning, both essential components to improving Aboriginal health outcomes.

It is equally important for the NT to have accurate and timely health service performance information so staff can target strategies effectively and know when they are making a positive difference. The NT Aboriginal Health Key Performance Indicator Information System (NT AHKPI) is helping to deliver integrated performance data which links NT health services to enable the continuous improvement of primary health care services by building capacity at both service and system levels to collect, analyse and interpret data that:

- Informs understanding of trends in individual and population health outcomes;
- Identifies factors influencing these trends; and
- Informs appropriate action, planning and policy development.

The ability to deliver evidence based practice requires partnerships to support the translation of evidence into practice, delivery of information systems that support timely and accurate reporting of performance and ensuring that evaluation provides the foundation for refining and improving health programs and services.

<sup>14</sup> For example refer to the AIHW Clearinghouse information <http://www.aihw.gov.au/closingthegap/what-works/#block-3> and the Australian Indigenous Health InfoNet <http://www.healthinonet.ecu.edu.au/>

## Strategies

## How we will check our progress

1.1	Exploring opportunities to develop collaborative approaches across the NT public sector to support whole of government approaches that will help address the determinants of health.	• Collaborative action taken across public sector agencies on the determinants of health.
1.2	Working across government to develop an integrated and coordinated approach to investment and action on early childhood to ensure all Aboriginal children achieve the best possible start in life.	• Improved health outcomes for Aboriginal children relating to birth weights, immunisation, mortality and anaemia.
1.3	Improving access to antenatal care early in pregnancy through culturally appropriate service provision and utilisation of various modes of care including Telehealth, use of visiting health professionals and linking mothers to services through Aboriginal Health Practitioners, Aboriginal health services, Aboriginal community workers and Elders.	• Increased rates of Aboriginal women accessing antenatal services.
1.4	Working with Aboriginal communities to establish mental health promotion programs and priorities, to support help seeking behaviour, build capacity of sector to provide culturally secure services and strengthen suicide prevention activities.	• Decreased rates of psychological distress and suicide rates in Aboriginal people.
1.5	Implementing programs to support improved management of priority chronic diseases as identified in the Northern Territory Chronic Condition, Prevention and Management Strategy 2010-2020.	• Improved outcomes for Aboriginal people with chronic conditions.
1.6	Working in collaboration with the Australian Government, aged care service providers, Aboriginal health and social organisations to develop new models and approaches to increase options and access to appropriate care and support for older Aboriginal people, including opportunities to age on country.	• Evaluations of aged care and health services; identification of service gaps and development of culturally secure solutions.
1.7	Working in partnership with key research partners to support research and evaluation of Aboriginal health programs to inform future planning and program design.	• Increased NT Health involvement in research with partners that have an Aboriginal Health focus.
1.8	Improving access to and utilisation of technology such as Telehealth and video-conferencing to increase access to care.	• Increased rates of Telehealth and videoconferencing use.



## Strategic Direction 2:

# Build effective partnerships

**Building effective partnerships with Aboriginal communities, consumers, stakeholders and health care providers to ensure active involvement in the design and delivery of health services for Aboriginal people**

NT Health must continue to work in partnership with Aboriginal people, their families and communities and the agencies representing Aboriginal communities, particularly Aboriginal Community Controlled Health Services, to provide services that work effectively for Aboriginal people. Understanding and developing respectful relationships is a key foundation stone to long term sustainable improvements in health care.

Partnerships take time to develop, require trust to be established and must be systematically embedded at all levels of the health care system to be truly effective. These partnerships cannot be developed unless there is willingness by all parties to understand the other.

In working with all partners NT Health will commit to operating within a respectful and accountable manner. NT Health will be clear in its communication and purpose of engagement and be responsive to the challenges and comments raised. Effective stakeholder engagement and community participation enables better planned and more informed policies, projects, programs and services.

NT Health has excellent foundations to build on and the commitment to working in partnership with Aboriginal people, communities and organisations is central to our approach to improving Aboriginal health and wellbeing.

Consumer participation is a key component of the National Safety and Quality Health Standards.<sup>15</sup> NT Health is committed to ensuring

Aboriginal consumers and their families are actively engaged and are developing and implementing a range of initiatives that ensure health services are responsive to patient, carer and consumer input and needs.

A key mechanism for active consumer involvement is the establishment of a network of regional health consumer groups to provide an avenue for direct consumer input to policies and program delivery. By ensuring Aboriginal voices are represented on these groups NT Health will be better placed to respond to the needs of Aboriginal people and communities. Other key mechanisms include Aboriginal patient experience surveys and the involvement of Aboriginal consumers in the assessment of safety and quality and the development of improvement plans.

Building and maintaining partnerships with relevant research institutes is also key to ensuring that Aboriginal health policies and programs are evidenced, respect the needs of the Aboriginal community and reflect the most effective contemporary practice. Utilising the knowledge and expertise available through Aboriginal research institutes and engagement with respective Aboriginal researchers and research centres specialising in Aboriginal health research will ensure NT Health services are reflective of current evidence and demonstrates best practice.

<sup>15</sup> <http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>

## Strategies

## How we will check our progress

2.1	Increasing opportunities for Aboriginal consumers, their families, communities and representative agencies to be actively involved in the governance, design, planning, development, delivery and evaluation of health services planning and program delivery.	<ul style="list-style-type: none"> <li>• Evidence that consumer participation is embedded within service delivery, structures, policies, procedures and governance.</li> <li>• Services supported and transitioned to community control in line with the Pathways to Community Control Framework.</li> <li>• Continued engagement and collaboration between NT Health and the Aboriginal Community Controlled Health Sector.</li> </ul>
2.2	Supporting the transition of NT Health clinics to Aboriginal Community Control in communities that is both commensurate with capacity and aspirations that is consistent with the objective of efficient, effective and equitable health system functioning.	
2.3	Collaborating with the Aboriginal Community Controlled Health Sector to improve the planning, delivery and evaluation of health services and systems in the NT.	
2.4	Working in partnership with and supporting NT Aboriginal Health Forum partners to continue to develop and implement the agreed priorities within the NT Aboriginal Health Partnership Agreement.	



## Strategic Direction 3:

# Deliver culturally secure and safe services

### Building capacity and capability across NT Health to deliver culturally secure and safe services for Aboriginal people

The importance of delivering culturally secure services is recognised nationally and internationally. It is now accepted that if Aboriginal health outcomes are to be improved it is necessary to develop and deliver services and programs that acknowledge, respect and respond to the cultural context of the Aboriginal patient, their family, carers and community.

The importance of culture as central to the health and wellbeing of Aboriginal people is recognised in the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 which states, *‘Ensuring that health services and providers are culturally competent will lead to more effective health service delivery and better health outcomes’*. It will also reduce the overall treatment costs and optimise the benefits Aboriginal Territorians derive from an efficient and quality health system.

Identifying and removing barriers to care will ensure the health system is responsive to Aboriginal health needs. Supporting the broader health workforce to engage effectively with Aboriginal

people patients and families through the provision of culturally appropriate training and support will build a workforce for the future. Embedding cultural standards in our health system’s quality and safety programs is fundamental to embed and sustain our efforts to deliver culturally secure and safe services for Aboriginal Territorians.

NT Health recognises the critical importance of culture in the development, design and delivery of health care. The Aboriginal Cultural Security Policy 2007 and Framework 2015–2020 were developed to support NT Health staff to be culturally competent and to design and deliver services and programs that are respectful and responsive to the cultural needs of Aboriginal people. It will be important that the Aboriginal Cultural Security Framework is implemented, monitored and reported against.

## Strategies

## How we will check our progress

3.1	Strengthening communication through use of interpreters, improved health literacy of Aboriginal health consumers and clinicians and accessible written materials.	<ul style="list-style-type: none"> <li>• Mechanisms to measure feedback from Aboriginal health consumers show that individuals are satisfied with care and the information provided.</li> </ul>
3.2	Strengthening cultural responsiveness of the workforce through training opportunities and by growing the Aboriginal workforce.	<ul style="list-style-type: none"> <li>• Increased numbers of staff who participate in cross-cultural trainings.</li> </ul>
3.3	Working in partnership with Aboriginal people and communities in planning, development and evaluation of health services and programs.	<ul style="list-style-type: none"> <li>• Increased number of Aboriginal people engaged in the development of new NT Health services and programs or changes to existing initiatives.</li> </ul>
3.4	Ensuring Aboriginal people have access to culturally responsive care and health systems that demonstrate respect to culture, traditions and rights.	<ul style="list-style-type: none"> <li>• Evidence that cultural security considerations are embedded in policy and practices consistently throughout NT Health services.</li> </ul>
3.5	NT Health takes a leadership role in modelling cultural security and driving systemic change across the Health sector.	<ul style="list-style-type: none"> <li>• Leadership commitment to providing culturally responsive services is visible and indicators regarding Aboriginal health in service delivery agreements are met or exceeded.</li> </ul>
3.6	Embedding enablers of cultural security in policies, systems and procedures.	
3.7	Values of cultural security (respect, self-determination and dignity) inform NT Health's planning, monitoring and evaluation processes.	<ul style="list-style-type: none"> <li>• Reporting and monitoring of the Aboriginal Cultural Security Framework 2015-2020.</li> </ul>



## Strategic Direction 4:

# Strengthen Aboriginal health workforce

**Increasing the Aboriginal health workforce and providing opportunities to develop the Territory's future Aboriginal health leaders to support NT Health to be more culturally responsive**

Whilst all NT Health staff have a responsibility to ensure they deliver culturally secure services to Aboriginal people it is also important for NT Health to develop and promote its Aboriginal health workforce. The Aboriginal health workforce is a critical factor in developing the capability and capacity of NT Health to be able to deliver culturally appropriate health services.

The Aboriginal health workforce plays a vital role in the delivery of healthcare across the NT. Not only does this provide an Aboriginal face for patients and their families but it also plays a critical role in supporting and developing the cultural knowledge and understanding of our non-Aboriginal workforce.

The Aboriginal Health Workforce Development Strategy (to be launched in 2015 - 16) will be the overarching framework for all Aboriginal workforce initiatives across NT Health. This will clearly enunciate a path forward to achieving key performance goals for improving recruitment, retention and career

development of Aboriginal people across all clinical, allied health and administrative positions. The Aboriginal Health Workforce Development Strategy is also being developed consistent with the NT Public Sector Indigenous Employment and Career Development Strategy. In 2015 it was announced that the employment growth target for Aboriginal people in the NT would be doubled so the proportion of the Aboriginal workforce in the NTPS target would increase from 8% to 16% by 2020.

The importance of supporting and fostering a strong Aboriginal health workforce is even more critical given the significant challenges facing health service provision in regional and remote locations. Developing local opportunities for Aboriginal people in primary health care settings in regional and remote areas provides opportunity to address health conditions and focus efforts on health promotion and early intervention.

## Strategies

## How we will check our progress

- |     |  |
|-----|--|
| 4.1 | Implementation, monitoring and reporting on the Aboriginal Workforce Development Strategy (to be launched in 2015 - 16) in order to attract and retain Aboriginal people as staff members throughout NT Health (also aligns with Special Measures Initiative). |
| 4.2 | Developing the skills of employees to support career progression and to meet future workforce priorities and the needs of NT Health.   |
| 4.3 | Collaborating with education sectors to encourage and support programs that link schools, vocational training and tertiary education to the health sector.   |
| 4.4 | Working to ensure NT Health is viewed as an employer of choice by Aboriginal people.   |

- Increased number of Aboriginal staff employed across all levels and professional streams of NT Health.
- Improved retention rates as well as increased numbers of those participating in professional development activities.
- Results of Back on Track Program and other initiatives that support employment of Aboriginal people in NT Health.
- Staff surveys and experiences of Aboriginal staff in NT Health.



## Reference

- <sup>1</sup> Throughout this document the term Aboriginal should be taken to include Torres Strait Islander people.
- <sup>2</sup> Northern Territory Health is the term used to describe the Public Health System in the Northern Territory including:
- the Health Services
  - the Department of Health
  - affiliated health organisations
- <sup>3</sup> Overview of in “An Overview of the existing knowledge on the social determinants of Indigenous health and well-being in Australia and New Zealand.” Page 9.
- <sup>4</sup> World Health Organisation, Social Determinants of Health – website accessed 21 Feb 2015 - [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/).
- <sup>5</sup> National Centre for Social and Economic Modelling (NATSEM) (2010). Health lies in wealth: *Health Inequalities in Australians of Working Age: CHA-NATSEM Report on Health Inequalities*, Canberra ACT.
- <sup>6</sup> Zhao et al, Decomposing Indigenous life expectancy gap by risk factors: a life table analysis. Population Health Metrics 2013, 11:1.
- <sup>7</sup> Reading, C.L. and Wien, F. (2009), *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- <sup>8</sup> National Collaborating Centre for Aboriginal Health, 2009-2010, ‘Culture and Language as Social Determinants of First Nations, Inuit, and Metis Health’.
- <sup>9</sup> Australian Bureau of Statistics (ABS) 2011 Census of Population and Housing.
- <sup>10</sup> Australian Health Ministers' Advisory Council 2012, Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report, AHMAC, Canberra.
- <sup>11</sup> NT Midwives Collection, Northern Territory: 1997-2011 published and unpublished data. Department of Health, Darwin, 2014.
- <sup>12</sup> Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey 2012. Customised report.
- <sup>13</sup> Northern Territory Department of Treasury and Finance, Northern Territory Population Projections, Main Update (2014 Release) 2014.
- <sup>14</sup> For example refer to the AIHW Clearinghouse information <http://www.aihw.gov.au/closingthegap/what-works/#block-3> and the Australian Indigenous Health InfoNet <http://www.healthinonet.ecu.edu.au/>.
- <sup>15</sup> <http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>.



Northern Territory  
**Aboriginal Health Plan**

2015- 2018