

First Nations Health and Wellness Framework

2023 - 2028

Last updated February 8 2023



Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, reside and work upon. We pay our respects to First Nations people and value the continued connection to culture, country, waterways and contributions made to the life of our vast region.



**FIRST NATIONS
HEALTH**

MESSAGE FROM THE HNECC PHN CEO

Yaama,

As CEO of the Hunter New England and Central Coast PHN, I am committed to achieving improved access to primary healthcare and better health outcomes for First Nations communities.

Primary health is a fundamental cornerstone of wellness and wellbeing for First Nations people which contributes greatly to achieving the Nations Closing the Gap targets. This is why the PHN is focused on First Nations work and improving health outcomes. This Health and Wellness framework provides an impetus for change and dialogue about achieving improved health outcomes.

The framework builds upon recent work including the Healing Forums conducted in 2020 and the original Aboriginal Health framework published in 2016. This framework sets expected standards for cultural competency for staff and PHN stakeholder and guides on us how incorporate culturally responsive attitudes, values and behaviours into their everyday work. The framework gives us a basis to reflect on our approaches to First Nations health and engaging the First Nations community.

The four target areas the PHN will focus on over the next few years will underpin the work of the PHN to improve access to primary care. By committing to working together – PHN staff, Primary Care providers, families and communities – we can work to improve the health outcomes for First Nations People.

Richard Nankervis
CEO



We would like to extend our gratitude to Nama Jalu Consulting and the dedicated Hunter New England and Central Coast First Nations PHN staff for their invaluable contributions and expert insights, which have greatly enriched this document.





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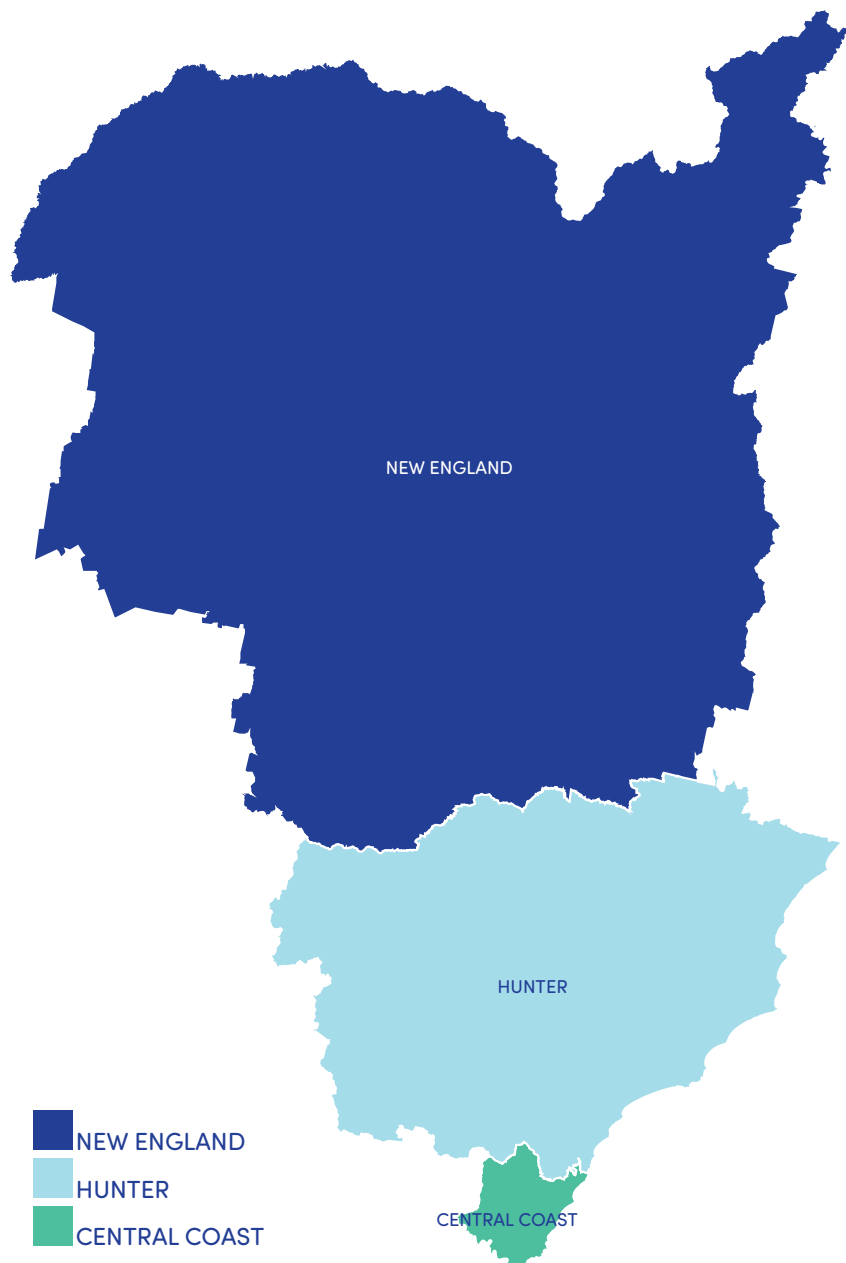
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INTRODUCTION

The PHN recognises that the cultures of our First Nations peoples and communities are dynamic and have changed over time because of historical challenges and present circumstances. First Nations communities and their cultures have survived and endured colonisation, dispossession, interruption of culture and intergenerational trauma. The cumulative impacts of these traumas have resulted in a vast difference in the health and well-being of First Nations people compared to other populations in Australia.

Since the PHN's inception in 2015, we have been working to improve the health of First Nations people in our region. We have undertaken several initiatives and funded projects with specific targets to support First Nations people and communities. As our PHN enters its eighth year, it is important for us to develop a revised First Nations Health and Wellness Framework to build on the foundations laid and connections developed, making sure our activities are more culturally responsive and meet the needs and expectations of our local First Nations people and families.

Together, this document represents the combined voices of the PHN, its First Nations staff, and our local communities.



FIRST NATIONS HEALTH AND DEMOGRAPHICS IN OUR REGION

The geographical area serviced by the HNECC PHN has an estimated First Nations population of 87,887. This represents 6.6 per cent of the total PHN population, which is just under two times that of the national average of 3.4 per cent and the NSW average of 3.5 per cent.

[View the full First Nations Health Profile 2022](#)

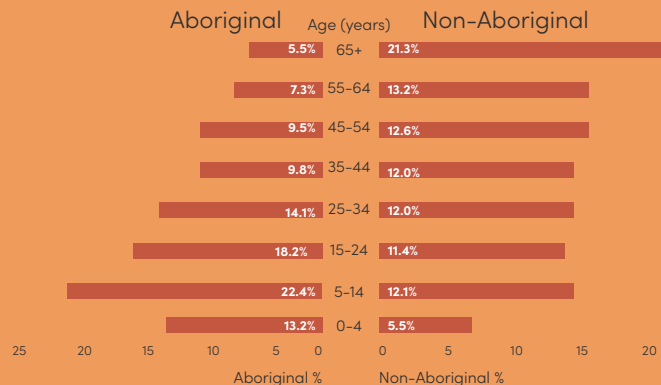
FIRST NATIONS AUSTRALIANS, ESTIMATED RESIDENT POPULATION

In 2020, 87,887 people in our region identify as Aboriginal and/or Torres Strait Islander. This is 6.6% of the PHN population (NSW 3.5%; Australia 3.4%).

LGA	%	LGA	%
Armidale Region	9.2	Moree Plains	27.6
Central Coast	4.8	Muswellbrook	10.0
Cessnock	9.0	Narrabri	15.7
Dungog	6.4	Newcastle	4.2
Glen Innes Severn	7.7	Port Stephens	6.0
Gunnedah	15.6	Singleton	7.2
Gwydir	7.3	Tamworth Regional	12.4
Inverell	10.6	Tenterfield	7.7
Lake Macquarie	4.8	Upper Hunter Shire	6.4
Liverpool Plains	15.6	Uralla	8.3
Maitland	6.4	Walcha	7.4
Mid-Coast	7.8	HNECC PHN	6.6

AGE PROFILE BY ABORIGINALITY

Population by Aboriginality and age, Hunter New England and Central Coast PHN ERP 2020



RESPIRATORY DISEASE

In 2016-17, the rate of hospitalisations for respiratory diseases among Aboriginal people in the HNECC PHN region was nearly twice that of non-Aboriginal people (**3192.8 per 100,000** population compared to 1637.5).



CIRCULATORY DISEASE

In 2016-17, the rate of hospitalisations for circulatory diseases among Aboriginal people in the HNECC PHN region was **2157.4 per 100,000** population (non-Aboriginal 1692.5).



INDIGENOUS HEALTH CHECKS

The aim of the Indigenous-specific health check is to encourage early detection and treatment of common conditions that cause ill health and early death—for example, diabetes and heart disease.

In 2019-20, **31.1%** of First Nations people in our region had an Indigenous health check conducted (NSW 26.9%). **28.8%** of Indigenous health checks were delivered Face-to-Face (NSW 25.6%) and **2.7%** delivered via Telehealth (NSW 1.5%).

In 2018-19, **42.0%** of Indigenous health check patients in the region received follow-up services (NSW 40.1%). For more information on Indigenous health checks click [here](#).

IMMUNISATION

Who was fully immunised in December 2020 in our region?

	1yrs	2yrs	5yrs
Aboriginal and Torres Strait Islander children	95.42%	93.38%	98.40%
All children	96.06%	94.73%	96.57%



CANCER

BREAST SCREENING

In 2020-21, the breast screening participation rate for Aboriginal women aged 50-74 years was lower compared to all women within the HNECC PHN region (46.2%; and 49.6%, respectively).

CANCER ADMISSIONS

In 2016/17-2018/19, there were **2,571** admissions for all cancers for Aboriginal persons within the HNECC PHN region at a rate of **1,014.2 per 100,000** population (NSW 968.1).

CANCER MORTALITY

Between 2016-2020, there were 282 deaths from cancer among Aboriginal persons aged 0-74 years within the HNECC PHN region at an average annual rate of 66.0 per 100,000 population (NSW 67.0).

Between 2016-2020, there were 86 deaths from lung cancer among Aboriginal persons aged 0-74 years within the HNECC PHN region, at an average annual rate of 19.9 per 100,000 population (NSW 19.4).

HOSPITALISATIONS

POTENTIALLY PREVENTABLE HOSPITALISATIONS

In 2018-2019, there were **9,360** potentially preventable hospitalisations of Aboriginal and Torres Strait Islander people in our region at a rate of **3,749.5 per 100,000** population (NSW 3,876.4).

EMERGENCY DEPARTMENT PRESENTATIONS

61,955 Aboriginal patients presented to Emergency Departments in 2018-19 within the HNECC PHN region, **30,066** were semi-urgent presentations and **8,645** were non-urgent presentations.



WHAT HAS OUR COMMUNITY SAID?



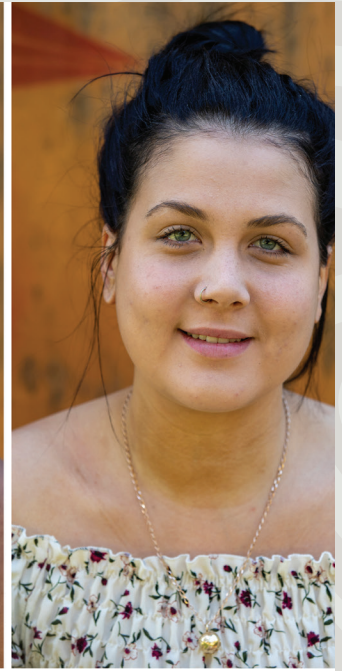
Three healing forums have been delivered across the PHN footprint including **Inverell, Cessnock and Taree**, through a partnership between HNECC PHN and The Healing Foundation. The aim of the healing forums is to increase access to Aboriginal and Torres Strait Islander community-identified approaches to improving the healing and wellbeing needs of the HNECC Aboriginal and Torres Strait Islander communities.

The healing forums prioritised key themes, including:

1. Healing for our young people including social and emotional wellbeing for children and young people
2. Healing from grief and loss
3. Building a trauma aware, healing informed health support network
4. Families
5. Gaps in local health service provision

Healing solutions identified included:

- Building a proactive, flexible and trauma aware, healing informed service sector
- Filling the gap in service provision for children and young people
- Service coordination and accountability
- Support for collective community healing, children and families and holistic healing
- Co-design of person-centred, culturally safe services and information sharing
- A focus on accessible health promotion and access to resources
- Health promotion and cultural healing in schools
- Kinship restoration – a whole of family support focus
- Police and community partnerships
- A community healing space
- Community governance
- Opportunities to connect with culture and country
- Improved health service accountability, youth service and support, and access to safe housing
- Recovery and reintegration



VISION AND PURPOSE

The HNECC PHN First Nations Health and Wellness Framework has been developed for the years 2023 to 2028, incorporating the voices and efforts of our First Nations team. Aligning the Framework with HNECC PHN's core values has helped guide the vision and purpose of this framework. Together, we as a PHN aim to use this framework to guide our decisions around how we support First Nations peoples, improve the services we deliver, and strengthen our connection to communities.

Vision

*Healthy people,
healthy communities*

Our PHN's vision is 'Healthy People, Healthy Communities'. We have chosen this vision because it is deliberately inclusive. Nevertheless, we acknowledge that First Nations specific health strategies are required if First Nations people and communities living within our region are to enjoy a level of health and wellbeing that is, at least, equivalent to that enjoyed by other Australians.

Purpose

*Healthy First Nations people,
families, and communities.*

A vision for healthy First Nations people, families, and communities.

We will collaborate meaningfully with First Nations communities and organisations to design, commission and deliver holistic and culturally responsive health services. Our aim is for services that will focus on building community capability, increasing access, education, and self-determination to deliver better health outcomes.



OUR VALUES

Respect

We listen to and value the perspectives of others and use them to inform and strengthen everything we do.

Integrity

We employ the highest ethical standards demonstrating honesty, transparency, open communication and fairness.

Innovation

We invest in new and better ways to improve the health system so people stay well and out of hospital.

Cooperation

We work with others towards common goals, encouraging collaboration, support and compassion.

Accountability

We keep our promises and take ownership to get things done. We interact constructively.

Recognition

We acknowledge and share individual and team achievements and successes.



GUIDING PRINCIPLES

The PHN needed to have a clear set of principles to guide our actions. Our First Nations working group came together to discuss what was most important to First Nation people and what principles we wanted to uphold.

The list of guiding principles allows us to shape our work and decision-making, acting as the foundation for this framework:

Self-determination – Empowering community to have a voice and make decisions for their own healthcare needs and aspirations.

Access – Increasing the accessibility and affordability of services for community, so they can access culturally responsive services that meet their needs.

Education – Educating communities and healthcare providers on prevention and early intervention to achieve better health outcomes.

Equity – Taking affirmative action to tailor health policy and programming approaches to meet the specific needs of First Nations people and communities.

Negotiated partnerships – Positioning First Nations people as genuine partners in the design development and delivery of healthcare practices and programs.

Mutual Respect – Relationship between the PHN and First Nations community built on mutual respect and responsibility.

Capability Strengthening – Recognising that First Nations people are best placed to design and develop solutions to the challenges that face their communities.



TARGET AREA OVERVIEW

By working together and listening to what the community needs, we have identified four areas where we can make the biggest difference. By focusing on these areas, we can help improve outcomes for First Nations people.

THE PHN TARGET AREAS FOR THIS FRAMEWORK INCLUDE:

Target Area 1: Fostering engagement, relationships and connections with First Nations health providers and communities.

By making time and space for ongoing engagement with First Nations communities, the PHN will establish and deepen relationships with local First Nations families, communities, First Nations organisations and mainstream service providers to ensure First Nations voices are represented in health services.

Target Area 2: Commissioning culturally responsive health services.

The PHN is responsible for ensuring that the service providers we commission can meet the needs of local First Nations communities, including being culturally responsive and educated on First Nations protocols.

Target Area 3: Addressing health inequities and improving health outcomes.

The burden of disease for First Nations people is 2.3 times that of non-First Nations people¹. The PHN plays a critical role as a health network in improving health outcomes for First Nations people and has identified actions to address these health inequities.

Target Area 4: Supporting and growing a First Nations workforce.

By growing and supporting our internal First Nations workforce and First Nations workers in our service provider network, we will strengthen the service design and delivery of local health services, including embedding community voices and cultural safety into practice.

¹ Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011, Summary - Australian Institute of Health and Welfare (aihw.gov.au)



TARGET AREA 1

Fostering engagement, relationships and connections with First Nations health providers and communities

Our PHN works continuously to improve culturally appropriate engagement and connections with First Nations health providers and communities.

Our First Nations Podcast – Coffee on Country – provides an inclusive platform for all communities to have conversations and connect with PHN staff, service providers and community members. The podcast provides community members with a space to tell their stories, voice their concerns, break down communication barriers and create connections with communities and health care providers.

“The gap is only getting bigger, and it’s time we start with health literacy. The podcast gives us a platform to reach our communities across the HNECC and our mob who we wouldn’t normally cross paths with every day. We use the podcast to share the work happening in our communities, interview guests, have a laugh and to educate people on our health care system.

We want our communities to understand what the PTHN is, what we do, and who they can talk to.”

– Co-Hosts, Coffee on Country

The PHN has also fostered engagement with community through the Healing Forums held in Taree, Inverell and Cessnock. These Forums were delivered in partnership with the Healing Foundation to empower community to identify local needs, opportunities, and partnerships to improve health, social and emotional wellbeing. Click [here](#) for more information about the Healing Forums.

“There are non-Indigenous people who don’t understand our ways counsellors who don’t understand what we’re feeling.”

– Inverell Healing Forum Report

“Services. We don’t know what they do, especially in terms of grief and loss and suicide.”

– Inverell Healing Forum Report



NO.	ACTIONS	SUCCESS CRITERIA
1.1	Develop a First Nations stakeholder engagement strategy to guide our work with the sector and communities, including consideration of establishment of First Nations Reference Groups (FNRG) for specific First Nations activities	<ul style="list-style-type: none"> - Community, including advisory/reference groups have been actively involved in decision making for commissioned services - Board of directors have been actively involved in decision making for commissioned services - The PHN has actively engaged with community and report back on consultation outcomes - Consult with key First Nations groups in each region, at a minimum quarterly, to plan and codesign services that meet community's needs - First Nations Reference Groups to provide input/reporting to the PHN board and CEO
1.2	Develop cultural protocol and community engagement guidelines that guides: <ul style="list-style-type: none"> - How the PHN respects and understands the many and diverse First Nations communities - Work with communities and stakeholders to design and commission health programs that meet their needs 	<ul style="list-style-type: none"> - Community and stakeholders have reported their satisfaction with the PHN - Increased no. of partnerships and collaborations with community
1.3	Develop a business case for 'Elders in residence' positions across the PHN	<ul style="list-style-type: none"> - Business case has been developed and delivered to the PHN board and CEO
1.4	Pilot and roll out cultural programs, training and supports, including cultural immersion days with staff and services that work with the PHN	<ul style="list-style-type: none"> - Cultural programs have been developed and held in portfolios annually - Cultural programs survey has been developed to collect data on attendance, staff satisfaction and knowledge gained from the day - Increased demand and request for cultural programs

TARGET AREA 2

Commissioning Culturally Responsive Health Services

The PHN have developed a [First Nations commissioning principles document](#).

The Integrated Team Care program is a key focus for the PHN, commissioning both Aboriginal Medical Services (AMS) and mainstream services to provide care coordination and self-management to First Nations people with chronic conditions. Additionally, the program includes wrap-around supports such as transportation, healthcare system navigation, and social and emotional assistance.

Additionally, the PHN plays a key role in having a consistent dialogue with AMS and mainstream health services through our First Nations Health Access Officers, who provide cultural competency support to assist mainstream services about delivering appropriate, respectful, valuable, and safe services.

"I learned what cultural safety means and how to ensure our practice provides a culturally safe space"

- Participant feedback, Cultural Competency workshop.

"I learned to take time to build a relationship first, before any trust will develop and to look at things from a 'connected' perspective"

- Participant feedback, Cultural Competency workshop.



NO.	ACTIONS	SUCCESS CRITERIA
2.1	Collaborate with First Nations communities to embed First Nations cultural accountability, principles, guidelines, and processes into commissioned service contracts	<ul style="list-style-type: none"> - Consultations are held with First Nations Reference Groups (FNRG) to redevelop, review and redesign commissioning principles, guidelines and processes - First Nations-led commissioning is redesigned and implemented into core business for the PHN - Commissioning Principles to include employment and training
2.2	Collaborate with First Nations communities and services to develop culturally appropriate commissioning processes , with focus on needs, culture and capability building	<ul style="list-style-type: none"> - The PHN has collaborated with First Nations communities and services to develop culturally appropriate commissioning processes. These processes are included in commissioning operations and in the core business of the PHN (e.g., yarning sessions and other culturally appropriate communication platforms) - Increased number of Aboriginal Community Controlled Health Organisations (ACCHO) accessing and securing funding
2.3	Investigate opportunities to give community a platform to give feedback confidential about services	<ul style="list-style-type: none"> - Confidential feedback platforms which community can access have been developed - Communities report confidence in the feedback process
2.4	Review and streamline reporting requirements for First Nations services and communities	<ul style="list-style-type: none"> - Reporting requirements have been reviewed and updated - Services have been included in designing their reporting requirements

TARGET AREA 3

Addressing Health Inequities and Improving Health Outcomes

A key activity of our First Nations Health Access team is to promote free annual access to the 715 Health Check assessment as a preventative health initiative within the local community and to provide education to mainstream healthcare services to undertake the screening. The aim of the 715 Health Check is to help ensure that First Nations people receive primary health care matched to their needs, by encouraging early detection, diagnosis and intervention for common and treatable conditions that cause morbidity and early mortality.

The PHN is also working to address inequities in mental health, specifically through suicide prevention. Suicide is the fifth leading cause of death among First Nations people in NSW, compared to the 15th leading cause of death for the general population .

To ensure First Nations people in the PHN region have access to culturally safe services after a suicide attempt, a First Nations Aftercare Service has been commissioned. The PHN has worked with AMS, First Nations, and communities to codesign, implement and deliver a First Nations-specific service after a suicide attempt. This has created the opportunity for clients to work with an identified First Nations aftercare worker who is able to optimise cultural safety and deliver a service that is closely connected with the wider First Nations services and community.

The PHN has also established a Suicide Prevention Capacity Building Grants scheme and provided funding to First Nations service providers to help build community capacity to prevent suicides. This program focuses on preventing suicide in older adults, who are at higher risk for mental health issues and suicidal ideation.



NO.	ACTIONS	SUCCESS CRITERIA
3.1	Increase knowledge and education of the health system for First Nation Communities to improve health literacy and access	<ul style="list-style-type: none"> - Resources are developed and provided to patients and families to improve First Nations health literacy and access - Survey developed for First Nations clients and service providers to capture improvements to health literacy - Service providers have received education on appropriate health-related terminology
3.2	Develop future opportunities and partnerships with a focus on prevention and early intervention initiatives and strategies	<ul style="list-style-type: none"> - Future opportunities and partnerships in the prevention and early intervention space have been identified and mapped - Increased number of commissioned prevention and early intervention programs
3.3	Develop partnerships and MOUs with key stakeholder organisations (including ACCHOs, LHDs, private practices and early childhood) to encourage collaboration and resource sharing with a focus on strengthening health outcomes	<ul style="list-style-type: none"> - Partnership opportunities have been identified and mapped with stakeholder organisations - Increased number of partnerships and MOUs that focus on strengthening health outcomes
3.4	Work with General Practice (GP) and allied health practices to create opportunities for First Nations health practitioners to work in a space which is inclusive of First Nations culture	<ul style="list-style-type: none"> - GP and allied health practices have mapped opportunities for First Nations health practitioners to work in their space - Increased no. of First Nations health practitioners working in general practices
3.5	Coordinate and deliver culturally responsive natural disaster support	<ul style="list-style-type: none"> - Community AMS and service providers are supported by way of grant and/ or resources to address the disaster
3.6	Hold regular cultural safety education for GPs and allied health practices so they are culturally safe and accessible for First Nations community to use	<ul style="list-style-type: none"> - Regular cultural safety education sessions have been held in each region for GPs and allied health practices - Survey developed to capture data and feedback on how culturally safe First Nations staff feel in the PHN

TARGET AREA 4

Supporting and Growing a First Nations Workforce

The PHN is committed to increasing the representation of First Nations people in the workforce by promoting scholarships and facilitating work-based learning opportunities. Through partnerships with TAFE NSW, we offer support for individuals to undertake Certificates IV in Alcohol and Other Drugs and Mental Health.

"I hadn't studied since 2013 so the opportunity to study online via a virtual classroom was a great lead back into education. The opportunity ignited a passion to continue studying and reinforced you're never too old to learn. This led me to enrol in further study."

- Scholarship Participant



NO.	ACTIONS	SUCCESS CRITERIA
4.1	Develop a First Nations workforce development strategy in partnership with the sector to grow and build the capacity and representation of First Nations leaders and professionals to close the gap	<ul style="list-style-type: none"> - First Nations workforce development strategy has been developed with First Nations involvement - Rural Doctors Network (RDN) and Local Health District (LHD) engaged in development and implementation of strategy - Increased number of First Nations leaders and professionals in the PHNs sphere of influence
4.2	Create opportunities for First Nations community members to have access to training and employment opportunities in the health sector	<ul style="list-style-type: none"> - Increased number of First Nations community members trained and working in the health sector
4.3	Create more opportunities for school-based traineeships and cadetships involving key stakeholder organisations (e.g., TAFE NSW, University, LHDs)	<ul style="list-style-type: none"> - Increased number of school-based traineeships and cadetships made available for and accessed by First Nations people
4.4	Develop a business case for increasing and encouraging opportunities for First Nations health practitioners in GP practices based on population demographics and demand	<ul style="list-style-type: none"> - A business case is developed for GPs based on existing First Nations health practitioners' model in Newcastle to showcase benefits - Increased engagement and planning meetings with GP practices to encourage the employment of First Nations health practitioners in their practices
4.5	Create and encourage opportunities for student work placements and scholarships (e.g., nurses, registrars, social workers and allied health) in the health sector to increase their cultural capability and understanding	<ul style="list-style-type: none"> - Increased number of opportunities identified, created and accessed by students - Increased number of partnerships developed with universities and service providers

MONITORING AND REPORTING

To ensure this framework is having a positive impact, we have developed several success criteria as a benchmark for each action. This will help us measure our progress in the First Nations space.

In addition, we will develop a Monitoring and Reporting Plan for our Health and Wellness Framework. This plan will list different data sources we can use to see whether we are meeting our goals.

This document will also identify any new data tools that we need to develop to track our progress.

Each year, we will review our progress against the actions in the Health and Wellness Framework and report to the PHN Board.



CONCLUSION

We are committed to improving health outcomes of First Nations people in our community. We understand we must walk side by side with First Nations people, building authentic partnerships. We believe that by working together, we can help build a future where equality is recognised and valued in all aspects of life for First Nations people.

We also understand that it is important for the PHN to have a structure and culture that values respect, innovation, accountability, and integrity. By deepening our cultural understanding and capability, we can make a real difference in the lives of First Nations people and help build a brighter future for all.

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative

**PRIMARY
HEALTH
NETWORK**