Nepean Blue Mountains Local Health District
Aboriginal Health Unit – 2014-2015 Profile

Aboriginal people are the first peoples of Australia. The Darug, Gundungarra and Wiradjuri people are the acknowledged traditional owners of the land covered by the Nepean Blue Mountains Local Health District (NBMLHD).

Who We Are

The Aboriginal Health Unit has a primary role to support Aboriginal Health in the Local Health District through partnerships with the Aboriginal community, NBMLHD services and departments, the Nepean Blue Mountains PHN (NBMPHN), the Aboriginal Medical Service Western Sydney and other NGOs. The Aboriginal Health Unit supports the delivery of clinical services and population health activities within a holistic health paradigm across the District.

The Aboriginal Health Unit’s vision is: Achieving Aboriginal health equity through strong partnerships

This is underpinned by principles identified in collaboration with Aboriginal staff in NBMLHD:

- Trust
- Respect for cultural values and beliefs
- The right to self-determination
- Ensuring holistic approaches
- Addressing community needs
- Working in partnership
- Effective communication
- Empowerment
- Transparency and accountability.

The Aboriginal Health Unit has a range of roles to help enhance the health of the Aboriginal people. For some projects or programs the unit has a lead or coordination role, and for others the unit provides support, influence or consultation with other parts of the Local Health District, or external agencies.

The Aboriginal Health Unit has a Coordinator and an Aboriginal Health Education Officer. The Mootang Tarimi Outreach Screening and Assessment Service is delivered by an Aboriginal Health Education Officer and Registered Nurse.

What We Do

The Aboriginal Health Unit has the direct responsibility for many activities that support the Local Health District and its workforce to deliver on many Commonwealth and State strategies aimed at ‘Closing the Gap’. These include:

- **Strategies and Planning** - Develop and support the implementation of the NBMLHD and NBMPHN Aboriginal Health Plan with key stakeholders.

- **Clinical Services** - Provide the Mootang Tarimi Outreach Screening and Assessment Service.

- **Community Engagement and Consultation** - Through projects or programs that positively influence individuals, community and organisations:
  - Tailoring and implementing the Healthy Workers Initiative for Aboriginal workers.
  - Delivering health education to schools.
  - Planning and implementing culturally significant events such as Apology Day and the NAIDOC Health Tent for the District.
  - Coordinating participation in the Koori Cup.

- **Aboriginal Health Governance** -
  - Co-Chairing NBMLHD Aboriginal Health Governance Committee.
  - Providing secretariat to the LHD/Nepean Blue Mountains PHN Local Aboriginal Engagement Committee.

- **Aboriginal Health Network** - Support and facilitate the networking of the Local Health District’s Aboriginal workforce by:
  - Coordinating and providing secretariat for the bi-monthly Aboriginal Health Network.
  - Coordinating and providing secretariat for the bi-annual Managers Network.

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**Aboriginal Health Unit**
- Celebrated the 10th continuous year of delivering the NAIDOC Health Tent
- Provided over 576 occasions of service through the Mootang Tarimi
- Implementation of the Healthy Workers Project with Muru Mittigar
- Portland Central School Sexual Health Education Project

**Local Health Districts**
- Providing support for the Completion of the Sharing and Learning Circles in Penrith, Hawkesbury, Blue Mountains and Lithgow Local Government Areas
- Commencing the development of the first Local Health District/Nepean Blue Mountains PHN Aboriginal Health Plan

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**Highlights 2014-2015**
How We Do It – Snapshot

The Aboriginal Health Unit advocates for and empowers Aboriginal communities for better health outcomes by building public health policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services. Below are some examples of how this is achieved.

The NAIDOC Health Tent in 2014 received over 300 visitors with 218 completing the full health screening program. More and more visitors attend each year with some visitors travelling as far as QLD and WA to join in.

This year the Mootang Tarimi screening and assessment bus provided 576 occasions of service and 144 referrals for cultural support. This is one of the targeted Chronic Care Programs being delivered.

The Healthy Workers Initiative addressing smoking and diabetes prevention was implemented at Muru Mittigar, a local Aboriginal and Cultural Resources Centre employing approximately 50 Aboriginal people.

Reconciliation Celebrations occurred across the District. Reconciliation is a crucial step towards everyone sharing culture, connecting with community, stopping racism and celebrating Indigenous success.

Why we do it

Aboriginal Demographic Profile

There are 11,196 people who identified as Aboriginal or Torres Strait Islander in the NBMLHD. This is 3.2% of the LHD’s population and 5.4% of the total NSW population.

Aboriginal residents in the District had a median age of 21 years. Lithgow LGA has the highest percentage with Penrith having the largest number of Aboriginal residents.

NBMLHD Aboriginal population has a young population with 57.9% aged under 25 years compared with 34.2% of the non-Aboriginal population. Only 0.7% of the NBMLHD Aboriginal population were 75 years and over compared to 4.9% of the non-Aboriginal population.

Aboriginal Health Profile

Hospitalisations

In 2011/12 there were 1,459 hospitalisations of NBMLHD Aboriginal residents:

- 50 Aboriginal hospitalisations were attributed to smoking
- 74 Aboriginal hospitalisations were attributed to alcohol
- 27 Aboriginal hospitalisations were attributed to high body mass.

Life Expectancy based on 2010-12 death rates

- Aboriginal males in NSW had a life expectancy of 70.5 years compared with 79.8 years for non-Aboriginal males – a difference of 9.3 years.
- Aboriginal females in NSW had a life expectancy of 74.6 years compared with 83.1 years for non-Aboriginal females – a difference of 8.5 years.