

OFFICIAL

SA Health

# Guideline

## Aboriginal Health Impact Statement

COPY WHEN PRINTED

Version 2.0

Approval date: 27 October 2023

PDS Reference No: G0133



Government  
of South Australia

SA Health

## Contents

1. Name of guideline .....	3
2. Relationship to parent policy .....	3
3. Guideline statement .....	3
4. Applicability.....	3
5. Guideline details .....	3
6. Supporting information .....	5
7. Definitions.....	5
8. Document ownership.....	6
9. Document history.....	6
10. Appendices.....	6

INFORMAL COPY WHEN PRINTED

## 1. Name of guideline

Aboriginal Health Impact Statement

## 2. Relationship to parent policy

The [Aboriginal Health Impact Statement Policy](#) is the parent policy to this Aboriginal Health Impact Statement Guideline.

## 3. Guideline statement

The Aboriginal Health Impact Statement Guideline contains suggestions for how to answer the three mandatory Aboriginal Health Impact Statement questions.

## 4. Applicability

This guideline applies to all employees and contractors of SA Health; that is all employees and contractors of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks, and SA Ambulance Service (SAAS).

## 5. Guideline details

It is important to begin thinking about how to answer the three questions in the [Aboriginal Health Impact Statement Policy](#) as early as possible in the development of the proposal. This is particularly important when planning for engagement. Please see the [Statewide Consumer, Carer and Community Engagement Strategic Framework](#) for more information. The South Australian Government [Better Together: Principles of Community Engagement](#) also emphasises the importance of early engagement.

Below are suggestions for how to answer the three questions. There is no length or format requirement for answering the questions, as long as they are thorough in their assessment, display thought, and are justified.

### 5.1 Is the proposal linked with any Aboriginal-specific initiatives?

Duplication of work, within and outside government is common, particularly in complex areas such as Aboriginal health. In the worst cases this duplication can lessen the effectiveness of initiatives. Proposals are more effective when they are considerate of their broader context and make links with other initiatives and activities already underway.

Initiatives to consider may include those developed by:

- > Commonwealth Government (within the health portfolio and other relevant portfolios)
- > State Government (within the health portfolio and other relevant portfolios)
- > Local Government (including Aboriginal community councils)
- > Non-government organisations and peak bodies (including Aboriginal community groups), and/or
- > LHNs, DHW, and SAAS.

Conducting an analysis of existing initiatives and making practical attempts at coordination does not need to be an onerous task; even the smallest scoping exercise will identify opportunities for coordination. Establishing connections between the proposal and other/existing initiatives should be a continuous process throughout the life of the proposal.

## 5.2 Will the proposal have an Aboriginal impact? (nil, low or high) Explain.

If the proposal is Aboriginal-specific in nature, it has a high Aboriginal impact.

If the proposal is for large capital works, delivery or funding of significant services, health reforms, significant service systems (such as ICT, workforce training, communications) or other large-scale projects, it has a high Aboriginal impact.

Consulting some Aboriginal-specific data and research is a useful first step in determining Aboriginal impact. Some useful sources, all available online, include:

- > [The Aboriginal and Torres Strait Islander Health Performance Framework](#) produced by the Australian Institute of Health and Welfare.
- > [Australian Bureau of Statistics](#) (National Aboriginal and Torres Strait Islander Social Survey; National Centre for Aboriginal and Torres Strait Islander Statistics; and other resources).
- > [Australian Indigenous Health InfoNet](#).
- > [Overcoming Indigenous Disadvantage Report](#) produced by the Productivity Commission.
- > South Australian Burden of Disease Report.
- > [Closing the Gap Clearinghouse](#) reports and papers.
- > [Close the Gap Shadow Report](#), produced by Oxfam Australia.
- > South Australian Social Health Atlas, produced by the Public Health Information Development Unit, University of Adelaide.

The following questions may prompt some thought and research:

- > If the proposal involves a specific health condition and/or illness, is it more pronounced for Aboriginal people? Consider the differences in metropolitan, rural and remote experiences.
- > If the proposal is based in a specific LHN or South Australian region, what are the statistics for:
  - Aboriginal population in the area, including population growth and age profile.
  - Aboriginal ill-health.
  - Aboriginal peoples' access to services.
  - The burden of disease experienced in the community.
- > Are there gaps in data and information collection for Aboriginal people in this area? eg is it an often undetected or under reported condition or issue?
- > What are the qualitative stories from Aboriginal stakeholders and colleagues and do they demonstrate a specific need in relation to this proposal? Qualitative stories may indicate data gaps that require attention. Qualitative stories are also important in matching the "what", "when" and "who" information obtained from data collection by providing the "why" and "how" from the community or service provider perspective.
- > Are levels of Aboriginality identifications consistent with the Aboriginal population in the area?
- > What are Aboriginal and Torres Strait Islander peoples' views and/or beliefs relating to the health topic? Do they differ from the general population?

It is highly encouraged that meaningful and timely communication is made with Aboriginal divisions and branches within SA Health about the proposal. This is particularly the case if there is uncertainty about whether there will be an Aboriginal impact (or the extent of any impact is not clear). This will also double as the first step in the process of answering question three below.

The [Aboriginal Health Program Development Guideline](#) is strongly encouraged to be used in program development and service planning and design which has a high Aboriginal impact. The [Guideline](#) is a series of in depth questions from scoping through to implementation. Refer to the [Guideline](#) for more information.

### 5.3 Have Aboriginal stakeholders been engaged and will they continue to be?

Please note that engaging Aboriginal stakeholders may not always be necessary, particularly if it is anticipated that the proposal will not have an Aboriginal impact. If it is anticipated that the proposal will have significant Aboriginal impact, broader community engagement may be required. Generally speaking, the level of engagement with Aboriginal stakeholders required should be informed by the level of anticipated impact (nil, low or high) the proposal will have. Make preliminary contact with Aboriginal health divisions and branches within SA Health for advice on these matters.

Planning for meaningful engagement is the easiest way to ensure culturally respectful methods are incorporated from the earliest stages. Meaningful engagement means Aboriginal stakeholders and community members have a tangible opportunity to be involved in decision-making alongside SA Health staff.

Effective and respectful engagement with Aboriginal stakeholders and community members is important throughout all stages of the proposal, including implementation. Participation of Aboriginal stakeholders and community members throughout the process will likely result in a better outcome for Aboriginal consumers, if not all consumers.

Detailed suggestions on techniques for Aboriginal engagement can be found in the [Guide for Engaging with Aboriginal People](#). In addition, consult the [Statewide Consumer, Carer and Community Engagement Strategic Framework](#) for detailed information on best practice engagement.

## 6. Supporting information

- > [Aboriginal Health Program Development Guideline](#)
- > [Better Together: Principles of Community Engagement](#)
- > [National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health](#)
- > [Statewide Consumer, Carer and Community Engagement Strategic Framework](#)

## 7. Definitions

- > **Aboriginal impact:** means any controllable impact, low or high, positive, or negative, on Aboriginal people's health and wellbeing, Aboriginal health services, Aboriginal people's access to mainstream or Aboriginal-specific health services, Aboriginal people's attitudes and beliefs of health and wellbeing and/or the SA Health Aboriginal workforce.
  - If the proposal is Aboriginal-specific in nature, it has a high Aboriginal impact.
  - If the proposal is for large capital works, delivery or funding of significant services, health reforms, significant service systems (such as ICT, workforce training, communications) or other large scale projects, it has a high Aboriginal impact
- > **Proposal:** means any formal plan or suggestion put forward for consideration or approval at executive. Proposals may include new projects, programs, policy, or services.
- > **Statewide services:** means Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.

## 8. Document ownership

Guideline owner: Domain Custodian for the Aboriginal Health Policy Domain

Title: Aboriginal Health Impact Statement Guideline

ISBN: 978-1-76083-621-4

Objective reference number: A4717288

Review date: 27 October 2028

Contact for enquiries: [health.aboriginalhealthenquiries@sa.gov.au](mailto:health.aboriginalhealthenquiries@sa.gov.au)

## 9. Document history

Version	Date approved	Approved by	Amendment notes
2.0	27/10/2023	Deputy Chief Executive, Strategy and Governance	Policy transferred into new template with no change to scope, to align with the Policy Framework. Minor updates made to remove outdated names, updated hyperlinks.
1.0	09/01/2014	Portfolio Executive	Original version

## 10. Appendices

Nil