



GRIFFITH ABORIGINAL MEDICAL SERVICE ~ STRATEGIC PLAN

2023 -2028





Acknowledgement of Country

The Griffith Aboriginal Medical Service would like to acknowledge the Wiradjuri people who are the Traditional Custodians of the Land. We would also like to pay respect to the Elders both past and present of the Wiradjuri Nation and extend that respect to other Nations from around Australia.

Griffith Aboriginal Medical Service - A brief history

The Griffith Aboriginal Medical Service (GAMS) is an Aboriginal Community Controlled Health Service. It is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it through a locally elected Board of Management.

Prior to 2000, the Medical Service was a Primary Health Post, staffed and funded by the Griffith Community Health Centre and NSW Department of Health. The community resolved to make the transition from a Health Post to an Aboriginal Medical Service in 1999, in line with the aspirations for self-determination and self-management.

In July 2001, the first Chief Executive Officer of the GAMS commenced duties. It was not until May 2004, that the service received funding from the Department of Health & Ageing. Initial funding was to employ a Practice Administrator, General Practitioner and part time Finance Officer. The service now employs around 60 FTE staff, delivering a range of services to the Indigenous community of Griffith and surrounding areas as well as to non-Indigenous members of these communities with over 10,000 clients on our records.

In November 2011, the Aboriginal Medical Service moved to a new site at 38-42 Jondaryan Avenue, Griffith.

GAMS covers an area that incorporates Hay, Hillston, Lake Cargelligo, Murrin Bridge, Leeton, Narrandera and Darlington Point, with other physical health services located at Lake Cargelligo/Murrin Bridge (Monday to Friday) and Hay (Monday to Wednesday).

The Griffith Aboriginal Medical Service has:

- General Practitioners
- Practice Nurses
- Enhanced Primary Care Officer
- Social & Emotional Well-Being Workers
- Bringing Them Home Worker
- Child & Maternal Health Team
- Drug & Alcohol Team



- Tackling Indigenous Smoking Team
- Dietitian
- Chronic Care Coordinator
- Speech Pathologist
- Allied health professionals including Child Counsellor, Podiatrist (visiting), Psychologist, ENT (visiting), Cardiologist (visiting), Endocrinologist (visiting) and Sexual Health Worker (visiting).
- Dental Services (commenced 2019)

These are all supported by a management team, administration team and transport officer. Currently, the majority of the Griffith Aboriginal Medical Service funding comes from the Commonwealth Department of Health, with other funding also supplied from National Indigenous Australian Agency, Murrumbidgee Primary Health Network, New South Wales Rural Doctors Network and NSW Health.

In addition, GAMS has a bulkbilling General Practice clinic with four General Practitioners of whom only one is funded. We service more than 10,000 clients with a third of these being Aboriginal or Torres Strait Islander.

Mission Statement

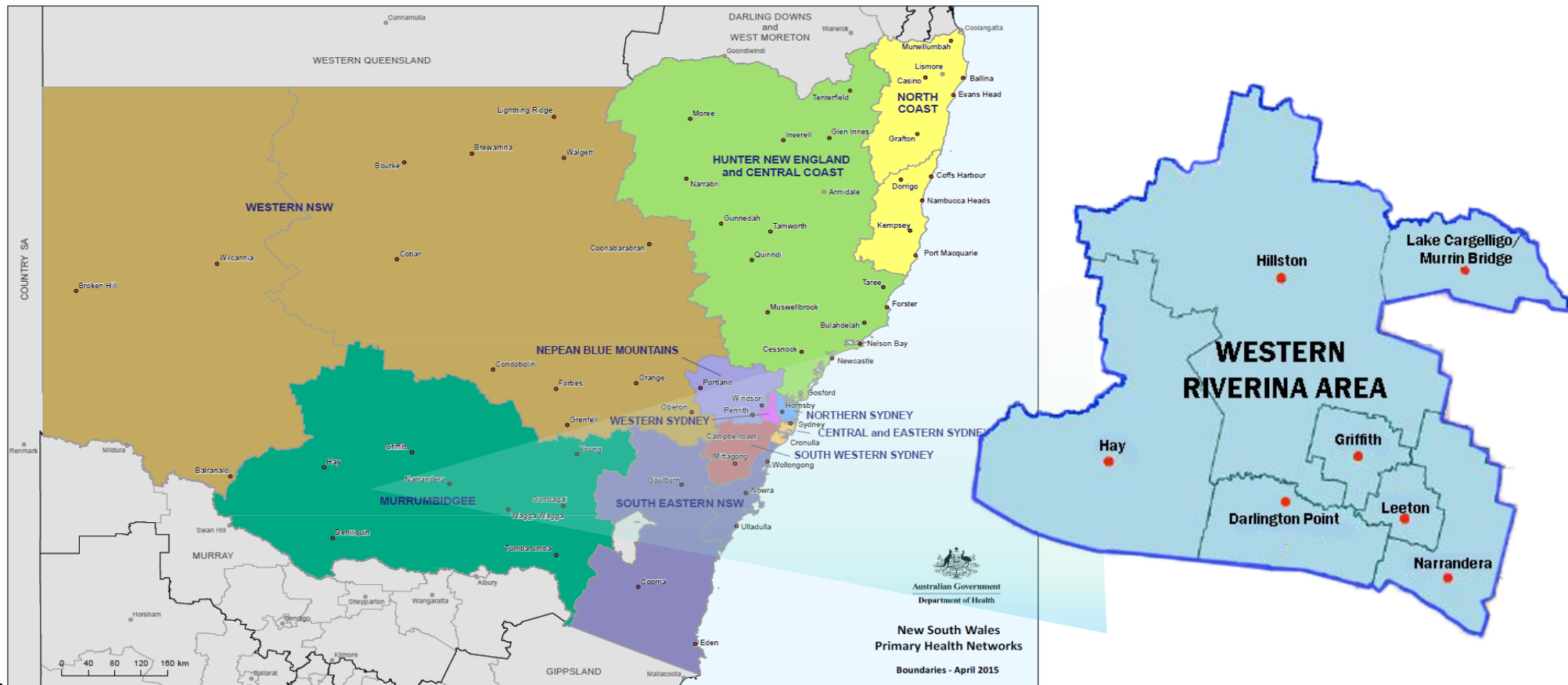
GAMS strives to be a welcoming, community focused organisation delivering culturally appropriate services and programs aimed at improving the health and wellbeing of the Aboriginal community.





Our Area

GAMS is part of the NSW Murrumbidgee Primary Health Network (MPHN). It is mainly focused on the Western Riverina Area of this network which encompasses the main centres of Griffith, Narrandera, Leeton, Darlington Point, Hay, Hillston, Lake Cargelligo/Murrin Bridge.





The Aboriginal Population of the Western Riverina Region

Murrumbidgee Aboriginal and/or Torres Strait Islander population demographics:

- In 2021, the estimated Aboriginal and/or Torres Strait Islander population in the Murrumbidgee PHN region is 14,548, or 5.9% of the total population.¹ This is higher than the Australian and NSW average, of which the proportion of Aboriginal and/or Torres Strait Islander population is 3.4% and 3.2%, respectively.¹
- In the Murrumbidgee region, the highest Aboriginal and/or Torres Strait Islander population as a proportion of the total population is in Lachlan Part A (18.3%), Narrandera (12.7%) and Murrumbidgee (8.6%) Local Government Areas².
- Across Australia, the Aboriginal and/or Torres Strait Islander population is younger compared to non-Aboriginal and Torres Strait Islanders, e.g. in 2021:
 - 32% of Aboriginal and/or Torres Strait Islanders are aged under 15 (compared with 18% of non-Aboriginal and/or Torres Strait Islanders)².
 - 5.4% of Aboriginal and/or Torres Strait Islanders are aged 65 and over (compared with 17% of non-Aboriginal and/or Torres Strait Islanders)².
- The latest national statistics show that the gap in life expectancy between Aboriginal and/or Torres Strait Islanders and non-Aboriginal and/or Torres Strait Islanders was 8.6 years for males and 7.8 years for females.³

References

1 Australian Bureau of Statistics 2021 Census. [cited 2022 October 24]. Available from: <https://www.abs.gov.au/census/find-census-data/search-by-area>

2 Public Health Information Development Unit (PHIDU) [Internet]. The Social Health Atlas of Australia; 2022 [cited 2022 October 24]. Available from: <https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-primary-health-networks>

3 Australian Institute of Health and Welfare (AIHW). Aboriginal and Torres Strait Islander Health Performance Framework. Summary report 2020. [cited 2022 October 24].



Photos - the Griffith Aboriginal Medical Service located at 38-42 Jondaryan Avenue Griffith



Background to the Strategic Plan

"Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community" (NSW Aboriginal Health Plan 2013-2023).

This is the second Long Term Strategic Plan for the GAMS. The first covered the five year period from 2017-2022. The Plan is aimed at improving the Aboriginal Health outcomes of the local Griffith Community. It has been developed to:

- clarify the direction to be taken by the GAMS over the next five years to promote the goals of Aboriginal Health;
- set clear objectives and goals for the GAMS the next five year period to improve health outcomes for the local Aboriginal community;
- act as a resource for service providers and the community to monitor and evaluate implementation of our goals.





Policy Environment (Federal and State Government)

GAMS has worked extensively with the Aboriginal Health and Medical Research Council of NSW (AH&MRC) and National Aboriginal Community Controlled Health Organisation (NACCHO) over the years and this Strategic Plan has been developed in line with consultation with the AH&MRC and NACCHO. The AH&MRC and NACCHO are peak representatives bodies of Aboriginal communities on health in Australia.

1. National Policy – National Aboriginal and Torres Strait Islander Health Plan 2021-2031

The National Aboriginal and Torres Strait Islander Health Plan 2021-2031 was developed to provide an overarching framework which builds links with other major Commonwealth health activities and identifies areas of focus to guide future investment and effort in relation to improving Aboriginal and Torres Strait Islander health.

The Health Plan seeks to embed the diversity of Aboriginal and Torres Strait Islander communities across Australia, including the diversity of cultures, languages, backgrounds, knowledge systems and beliefs.

The Health Plan takes a strengths-based approach to diversity and inclusion. It recognises that Aboriginal and Torres Strait Islander people from all walks of life, across all parts of the country, have innovative ideas and solutions that drive positive health outcomes for people and communities. The Health Plan recognises that the knowledge, strengths and skills of people with lived experience must be at the heart of implementation. This means that Aboriginal and Torres Strait Islander people with diverse backgrounds must be able to lead and determine priorities and actions.





2. State Policy – NSW 2021: A plan to make NSW number one

The NSW State Plan includes a large number of recommendations in relation to Aboriginal health outcomes. These include:

Target	Priority Action
<p>Reduce smoking rates by 3% by 2015 for non-Aboriginal people and by 4% for Aboriginal people.</p> <p>Reduce the rate of smoking by non- Aboriginal pregnant women by 0.5% per year and by 2% per year for pregnant Aboriginal women.</p>	<p>Deliver public education campaigns to motivate smokers to quit, strengthen efforts to reduce exposure to second-hand smoke, and work in partnership with Aboriginal maternal and infant health services to deliver smoking cessation services to pregnant Aboriginal women.</p>
<p>Halve the gap between Aboriginal and non-Aboriginal infant mortality rates by 2018.</p>	<p>Deliver the Aboriginal Maternal and Infant Health Service, aimed at improving the health outcomes of Aboriginal mothers and their infants.</p>
<p>Reduce the age-standardised rate of potentially preventable hospitalisations by 1%, and by 2.5% for Aboriginal people by 2014-15.</p>	<p>Deliver the Connecting Care (Severe Chronic Disease Management) Program to provide additional support to people with a chronic illness, and develop health system capacity to follow-up Aboriginal children overdue for vaccination.</p>





3. NSW Aboriginal Health Plan – 2013-2023

The NSW Aboriginal Health Plan has a vision of “Health equity for Aboriginal people, with strong, respected Aboriginal communities in NSW, whose families and individuals enjoy good health and wellbeing”.

Its goal is to “work in partnership with Aboriginal people to achieve the highest level of health possible for individuals, families, and communities.”

4. Linkages

The GAMS Plan recognises the importance of strong partnerships both at the State and Federal level and has developed this plan taking into consideration the key objectives of goals of the above three key strategic plans. It is acknowledged that key partnerships are required between Federal and State Government, NSW Local Health Districts and Aboriginal Community Controlled Health Services (ACCHS) at the local level to continue to improve the quality of Aboriginal health outcomes in the local community.





How has the Strategic Plan been developed?

The original Griffith Aboriginal Medical Service Strategic Plan was developed following a large amount of community consultation as well as consultation with key stakeholders including staff at the GAMS.

Stakeholder engagement was centred on seeking input to determine what the community needs and wants were in relation to the service provided by the GAMS leading into the next five year period.

The review of this current Strategic Plan involved reviewing the plan and seeking feedback from the following organisations:

Group
Hillston Interagency Network
Darlington Point Waddi Housing Corporation
Hay Community Interagency Network
Hay Aboriginal Medical Service
Hay Community Working Party
Marathon Health Leeton & Griffith
Leeton & District Local Aboriginal Lands Council
Leeton Men's Group
Intereach Leeton, Griffith & Narrandera



Narrandera Community Health Centre

TAFE NSW Griffith, Leeton & Narrandera

Narrandera Women's Group

Narrandera Interagency Network

Griffith Community Working Party Network

Griffith Interagency Network

Dyrri-Bang-Gu

Griffith Aboriginal Lands Council

Murrumbidgee Local Health District

Griffith Aunty Jeans Program



The Plan – 4 Key Strategic Areas



The Plan - 4 Key Strategic Areas

The feedback from these consultation sessions have been formulated into the Griffith Aboriginal Medical Service Strategic Plan under the four key strategies as follows:

- **Strategy 1: People** - GAMS will provide ongoing and improved primary health care programs across the region in response to community needs.
- **Strategy 2: Community** – GAMS will engage with, and encourage our community to participate in the development and utilisation of a service that is culturally appropriate to all Aboriginal people.
- **Strategy 3: Workforce** – GAMS will retain and improve our workforce with a focus on attracting, developing and sustaining more Aboriginal people to work at the Griffith AMS.
- **Strategy 4: Governance** - GAMS will improve and develop systems that will demonstrate accountability for all our programs and improve service delivery within these programs.





Strategy 1: People - GAMS will provide ongoing and improved primary health care programs across the region in response to community needs.

Strategic Goals	Link to Other Plans
<p>Develop the awareness, skills and capacities of Aboriginal people to manage their health choices through health promotion and disease prevention activities, with a particular emphasis on:</p> <ul style="list-style-type: none"> • Smoking • Alcohol and Other Drugs • Physical activity • Bringing Them Home • Social and Emotional Well-Being • Care Coordination of Chronic Disease • Allied Health (Speech, Child Counsellor, Dietitian, Pathologist and Psychologist) • Maternal Health and Parenting (Mum’s and Bub’s) • Provision of General Practitioner Services • Provision of Dental Services 	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 23</p> <p><u>Priority 1: Genuine shared decision making and partnerships</u></p> <p>Desired outcome - “Shared decision making, shared partnerships, and collaborative cross-sector approaches – including through community-led and nation building approaches and structural reform – operate across all levels of health planning and services delivery, including mainstream services”.</p> <p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 26</p> <p><u>Priority 2: Aboriginal and Torres Strait Islander community controlled comprehensive primary health care</u></p> <p>Desired outcome – “The Aboriginal Community Controlled Health Service (ACCHS) sector is strong, sustainable and equipped to deliver high-quality, comprehensive primary health care services that meet the needs of Aboriginal and Torres Strait Islander people across the country”.</p> <p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 33</p> <p><u>Priority 4: Health promotion</u></p> <p>Desired outcome – “Health promotion, literacy and prevention approaches recognise culture as a protective factor and prioritise strategies that drive improved outcomes across the cultural determinants and social determinants of health”.</p>



<p>Develop the awareness, skills and capacities of Aboriginal people to manage their health choices through health promotion and disease prevention activities, with a particular emphasis on:</p> <ul style="list-style-type: none"> • Smoking • Alcohol and Other Drugs • Physical activity • Bringing Them Home • Social and Emotional Well-Being • Care Coordination of Chronic Disease • Allied Health (Speech, Child Counsellor, Dietitian, Pathologist and Psychologist) • Maternal Health and Parenting (Mum’s and Bub’s) • Provision of General Practitioner Services • Provision of Dental Services 	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 38</p> <p><u>Priority 5: Early Intervention</u></p> <p>Desired outcome – “Early intervention approaches are accessible to Aboriginal and Torres Strait Islander people and provide timely, high quality, effective, culturally safe and responsive care”.</p> <p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 42</p> <p><u>Priority 6: Social and emotional wellbeing and trauma-aware, healing-informed approaches</u></p> <p>Desired Outcome – “Programs, policies and services prioritise social and emotional wellbeing through strengths-based approaches that embrace this holistic view and harness the protective factors of culture”.</p> <p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 56</p> <p><u>Priority 9 :Access to person-centred and family-centred care</u></p> <p>Desired outcome – “Aboriginal and Torres Strait Islander people have access to health care that is responsive to local contexts and different population groups”.</p> <p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 62</p> <p><u>Priority 10: Mental health and suicide prevention</u></p> <p>Desired outcome – “Mental health is addressed in a sustained and holistic way that is trauma-aware and healing-informed, recognising the impacts of the social determinants of health and embracing the strength that Aboriginal and Torres Strait Islander people have from culture and language”.</p>
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Strategy 1: People (continued)

Strategic Goals	Link to Other Plans
	<p>NSW 2021 – A Plan to Make NSW Number One – Pg. 23 Goal – Keep people healthy and out of hospital Strategy - Reduce smoking rates Target – Reduce smoking rates by 4% for Aboriginal people</p> <p>Target – Reduce the rate of smoking by 0.5% per year and by 2% per year for pregnant Aboriginal women.</p> <p>NSW 2021 – A Plan to Make NSW Number One – Pg. 23 Goal – Keep people healthy and out of hospital Strategy – Close the gap in Aboriginal infant mortality Target - Halve the gap between Aboriginal and non-Aboriginal infant mortality rates by 2018</p> <p>NSW 2021 – A Plan to Make NSW Number One – Pg. 24 Goal – Keep people healthy and out of hospital Strategy – Reduce the age-standardised rate of potentially preventable hospitalisations by 1%, and by 2.5% for Aboriginal people by 2014-15</p>
<p>Investigate options for expanding GAMS service delivery to local communities</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 26</p> <p><u>Priority 2: Aboriginal and Torres Strait Islander community controlled comprehensive primary health care</u></p> <p>Desired outcome – “The Aboriginal Community Controlled Health Service (ACCHS) sector is strong, sustainable and equipped to deliver high-quality, comprehensive primary health care services that meet the needs of Aboriginal and Torres Strait Islander people across the country”.</p>
<p>Improved communication and coordination between all services supporting Aboriginal clients.</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 23</p> <p><u>Priority 1: Genuine shared decision making and partnerships</u></p> <p>Desired outcome - “Shared decision making, shared partnerships, and collaborative cross-sector approaches – including through community-led and nation building approaches and structural reform – operate across all levels of health planning and services delivery, including mainstream services”.</p>



Strategy 2: Community – GAMS will engage with and encourage our community to participate in the development and utilisation of services that are culturally appropriate to all Aboriginal people.

Strategic Goals	Link to Other Plans
<p>Continue to build and embrace relationships with the Aboriginal Community in our decision making and to ensure they contribute to the development of services, programs and activities.</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 23</p> <p><u>Priority 1: Genuine shared decision making and partnerships</u></p> <p>Desired outcome - “Shared decision making, shared partnerships, and collaborative cross-sector approaches – including through community-led and nation building approaches and structural reform – operate across all levels of health planning and services delivery, including mainstream services”.</p> <p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 26</p> <p><u>Priority 2: Aboriginal and Torres Strait Islander community controlled comprehensive primary health care</u></p> <p>Desired outcome – “The Aboriginal Community Controlled Health Service (ACCHS) sector is strong, sustainable and equipped to deliver high-quality, comprehensive primary health care services that meet the needs of Aboriginal and Torres Strait Islander people across the country”.</p>
<p>Work with health sector partners to facilitate improvement in providing culturally secure health care.</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 23</p> <p><u>Priority 1: Genuine shared decision making and partnerships</u></p> <p>Desired outcome - “Shared decision making, shared partnerships, and collaborative cross-sector approaches – including through community-led and nation building approaches and structural reform – operate across all levels of health planning and services delivery, including mainstream services”.</p>



<p>Promote GAMS services to the local community and celebrate our achievements to the local community and within the Griffith AMS.</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 33</p> <p><u>Priority 4: Health promotion</u></p> <p>Desired outcome – “Health promotion, literacy and prevention approaches recognise culture as a protective factor and prioritise strategies that drive improved outcomes across the cultural determinants and social determinants of health”.</p>
<p>Seek continuous feedback from Aboriginal Community in terms of evaluating the programs delivered by the Griffith AMS.</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 26</p> <p><u>Priority 2: Aboriginal and Torres Strait Islander community controlled comprehensive primary health care</u></p> <p>Desired outcome – “The Aboriginal Community Controlled Health Service (ACCHS) sector is strong, sustainable and equipped to deliver high-quality, comprehensive primary health care services that meet the needs of Aboriginal and Torres Strait Islander people across the country”.</p>



Strategy 3: Workforce – GAMS will retain and improve our workforce with a focus on attracting, developing and sustaining more Aboriginal people to work at the GAMS.

Strategic Goals	Link to Other Plans
<p>Increase opportunities for Aboriginal people to work at the GAMS</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 29</p> <p><u>Priority 3: Workforce</u></p> <p>Desired outcome – “Aboriginal and Torres Strait Islander representation and leadership is prioritised across the health, disability and aged care workforces. These workforces are grown and sustained across all health services, including mainstream services. Personal and professional development is prioritised and available to all Aboriginal and Torres Strait Islander workers across the health system”.</p>
<p>In partnership with stakeholders, support programs that provide support and mentoring for future leaders in Aboriginal health.</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 29</p> <p><u>Priority 3: Workforce</u></p> <p>Desired outcome – “Aboriginal and Torres Strait Islander representation and leadership is prioritised across the health, disability and aged care workforces. These workforces are grown and sustained across all health services, including mainstream services. Personal and professional development is prioritised and available to all Aboriginal and Torres Strait Islander workers across the health system”.</p>
<p>Our workforce is encouraged and supported to live healthy lives.</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 29</p> <p><u>Priority 3: Workforce</u></p> <p>Desired outcome – “Aboriginal and Torres Strait Islander representation and leadership is prioritised across the health, disability and aged care workforces. These workforces are grown and sustained across all health services, including mainstream services. Personal and professional development is prioritised and available to all Aboriginal and Torres Strait Islander workers across the health system”.</p>



<p>Embed cultural competence as a core feature of recruitment, induction, professional development and other education and training strategies.</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 67</p> <p><u>Priority 11: Culturally informed and evidence-based evaluation, research and practice</u></p> <p>Desired outcome – “Implementation is future-focused, and research and evaluation is Aboriginal and Torres Strait Islander led. The experiences, knowledge and expertise of Aboriginal and Torres Strait Islander people is embedded across policy and program development”.</p> <p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 51</p> <p><u>Priority 8: Identify and eliminate racism</u></p> <p>Desired outcome - “Individual and institutional racism across health, disability and aged care systems is identified, measured and addressed under a human rights–based approach”.</p>
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Strategy 4: Governance - Improve and develop systems that will facilitate our ability to accommodate measure and demonstrate accountability for all our programs and services.

Strategic Goals	Link to Other Plans
<p>Develop and continually refine agreed performance indicators for relevant service delivery areas / programs at the GAMS.</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 23</p> <p><u>Priority 1: Genuine shared decision making and partnerships</u></p> <p>Desired outcome - “Shared decision making, shared partnerships, and collaborative cross-sector approaches – including through community-led and nation building approaches and structural reform – operate across all levels of health planning and services delivery, including mainstream services”.</p>
<p>Ensure the GAMS is sustainable and well resourced</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 23</p> <p><u>Priority 1: Genuine shared decision making and partnerships</u></p> <p>Desired outcome - “Shared decision making, shared partnerships, and collaborative cross-sector approaches – including through community-led and nation building approaches and structural reform – operate across all levels of health planning and services delivery, including mainstream services”.</p>
<p>Continue to meet all reasonable governance, capacity and accountability requirements set by governments and funding bodies.</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 23</p> <p><u>Priority 1: Genuine shared decision making and partnerships</u></p> <p>Desired outcome - “Shared decision making, shared partnerships, and collaborative cross-sector approaches – including through community-led and nation building approaches and structural reform – operate across all levels of health planning and services delivery, including mainstream services”.</p>



<p>Maintain a Continuous Quality Improvement Program throughout GAMS.</p>	<p>National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031 – Pg. 23</p> <p><u>Priority 1: Genuine shared decision making and partnerships</u></p> <p>Desired outcome - “Shared decision making, shared partnerships, and collaborative cross-sector approaches – including through community-led and nation building approaches and structural reform – operate across all levels of health planning and services delivery, including mainstream services”.</p>
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Linking Strategic Goals To Actions and Measuring Our Success



Linking Strategic Goals to Actions and Measuring Our Success

Strategy 1: People - GAMS will provide ongoing and improved primary health care programs across the region in response to community needs.

Strategic Goals	Actions to Achieve Goal	Measurement of Success
<p>Develop the awareness, skills and capacities of Aboriginal people to manage their health choices through health promotion and disease prevention activities, with a particular emphasis on:</p> <ul style="list-style-type: none"> • Smoking • Alcohol and Other Drugs • Bringing Them Home • Social and emotional well-being • Care coordination of chronic disease • Allied Health (Speech, Child Counsellor, Dietitian, Pathologist and Psychologist) • Maternal Health and Parenting (Mum’s and Bub’s) • Provision of General Practitioner Services • Provision of Dental Services 	<ul style="list-style-type: none"> • Continue and improve clinical services provided at the GAMS • Increase Aboriginal visitation numbers to GP services 	<ul style="list-style-type: none"> • Increased episodes of care to Aboriginal people • Decreased non attendances at appointments • GP visitation numbers (Number of Aboriginal GP visits against Non-Aboriginal GP visits)
	<ul style="list-style-type: none"> • Continue and improve the “Tackling Indigenous Smoking Program” 	<ul style="list-style-type: none"> • Report on services offered, client numbers and client satisfaction
	<ul style="list-style-type: none"> • Continue and improve the “Alcohol and Other Drugs Program” 	<ul style="list-style-type: none"> • Report on services offered (SMART- Self-Management and Recovery Training), client numbers and client satisfaction • Report on number of referral agencies • Successful funding source identified
	<ul style="list-style-type: none"> • Continue and improve the Allied Health Services (Speech, Dietitian, Pathologist and Psychologist) 	<ul style="list-style-type: none"> • Report on services offered, client numbers and client satisfaction
	<ul style="list-style-type: none"> • Continue and improve the “General Practitioner (GP) Services” 	<ul style="list-style-type: none"> • Report on services offered, client numbers and client satisfaction
	<ul style="list-style-type: none"> • Continue and improve the Dental Services 	<ul style="list-style-type: none"> • Report on services offered, client numbers and client satisfaction
	<ul style="list-style-type: none"> • Continue and improve the “Bringing them Home Program” 	<ul style="list-style-type: none"> • Report on services offered, client numbers and client satisfaction



Strategic Goals	Actions to Achieve Goal	Measurement of Success
	<ul style="list-style-type: none"> • Continue and improve the “Social and Emotional Well Being Program” 	<ul style="list-style-type: none"> • Report on services offered, client numbers and client satisfaction
	<ul style="list-style-type: none"> • Continue and improve the “Chronic Disease Management Program” 	<ul style="list-style-type: none"> • Report on services offered, client numbers and client satisfaction
	<ul style="list-style-type: none"> • Continue and improve the “Child and Maternal Health Program” (Mum’s and Bub’s) • Work alongside other health partners to improve immunisation rates 	<ul style="list-style-type: none"> • Report on services offered, client numbers and client satisfaction • Increase percentage of children immunised
	<ul style="list-style-type: none"> • Continue and improve the “Enhanced Primary Health Check Program” 	<ul style="list-style-type: none"> • Increase number of clients completing Enhanced Primary Health Checks
<p>Investigate options for expanding GAMS service delivery to local communities with a priority on dental services</p>	<ul style="list-style-type: none"> • Investigate with other agencies the provision of a local drug and alcohol rehabilitation and detox centre 	<ul style="list-style-type: none"> • Report on activity and progress
	<ul style="list-style-type: none"> • Investigate the provision of Out of Home Care services to Aboriginal families 	<ul style="list-style-type: none"> • Report on activity and progress
<p>Improved communication and coordination between all services supporting Aboriginal clients</p>	<ul style="list-style-type: none"> • Promote all services provided by AMS internally and to external agencies 	<ul style="list-style-type: none"> • Number of interagency meetings attended • Overall increase in clients accessing Griffith AMS programs/services • Increase in “internal” referrals



Strategy 2: Community – GAMS will engage with and encourage our community to participate in the development and utilisation of services that are culturally appropriate to all Aboriginal people.

Strategic Goals	Actions to Achieve Goal	Measurement of Success
<p>Continue to build and embrace relationships with the Aboriginal Community in our decision making and to ensure they contribute to the development of services, programs and activities.</p>	<ul style="list-style-type: none"> • Develop focus groups to provide an avenue for regular feedback on services 	<ul style="list-style-type: none"> • Number of meetings conducted and evidence of implementation of new ideas coming from community.
<p>Work with health sector partners to facilitate improvement in providing culturally secure health care.</p>	<ul style="list-style-type: none"> • Maintain good relationships with key Federal and State and Local Agencies • Maintain strong working relationship with the Murrumbidgee Primary Health Network • Continue to access relevant government funding for programs undertaken 	<ul style="list-style-type: none"> • Report on number of key activities with Federal, State and Local Agencies • Report on number of key activities undertaken with Murrumbidgee Primary Health Network • Grants received and acquitted within set timeframes
<p>Promote GAMS services to the local community and celebrate our achievements to the local community and within the GAMS.</p>	<ul style="list-style-type: none"> • Increase positive media releases outlining services provided and achievements of GAMS 	<ul style="list-style-type: none"> • Minimum of 15 positive stories published in local media • Success stories included in Staff Newsletter (published 4 times per year) • Include success story Media Releases on Griffith AMS website and Facebook
<p>Seek continuous feedback from Aboriginal Community in terms of evaluating the programs delivered by the GAMS.</p>	<ul style="list-style-type: none"> • Conduct regular customer surveys to help to improve service delivery 	<ul style="list-style-type: none"> • Surveys completed and feedback implemented



Strategy 3: Workforce – GAMS will retain and improve our workforce with a focus on attracting, developing and sustaining more Aboriginal people to work at the Griffith AMS

Strategic Goals	Actions to Achieve Goal	Measurement of Success
<p>Increase opportunities for Aboriginal people to work at the GAMS.</p>	<ul style="list-style-type: none"> Review annually the number of “Aboriginal” identified staff positions in place at GAMS Establish an annual scholarship for an Aboriginal Student undertaking undergraduate studies in a health focused field (with a priority on GP studies) 	<ul style="list-style-type: none"> Percentage of staff identified as being Aboriginal compared to non-Aboriginal staff Scholarship awarded annually and longer term Aboriginal doctor appointed at the GAMS
<p>In partnership with stakeholders, support programs that provide support and mentoring for future leaders in Aboriginal health.</p>	<ul style="list-style-type: none"> Develop and implement training and professional development plans for staff Continue trainee medical student placements at GAMS with University of Wollongong or alternate University 	<ul style="list-style-type: none"> Full training plan developed for all staff Number of student placements per year
<p>Our workforce is encouraged and supported to live healthy lives.</p>	<ul style="list-style-type: none"> Promote and provide healthy lifestyle activities/promotions at the GAMS Support all staff to quit smoking 	<ul style="list-style-type: none"> Report on healthy lifestyle activities / programs staff have undertaken Increased percentage of staff who do not smoke
<p>Embed cultural competence as a core feature of recruitment, induction, professional development and other education and training strategies.</p>	<ul style="list-style-type: none"> Developing a GAMS cultural awareness / training agenda to ensure the workplace is culturally and socially inclusive Increasing GAMS cultural awareness by recognising and observing key formal and informal dates of significance in Aboriginal and Torres Strait Islander history 	<ul style="list-style-type: none"> Cultural awareness package implemented Ensure staff newsletters reference relevant appropriate websites such as Reconciliation Australia’s Share our Pride website. Key Dates observed and recognised as indicated on next page



Key Dates Observed

Key Day	Date Observed	Background
Australia Day/Survival Day	26 January	This marks the day Aboriginal people first saw the tall ships enter their waters. Many people in the Indigenous community call it 'Survival Day'. The name Survival Day expresses the fact that Aboriginal culture is still strong and many Aboriginal people's identities are positive and alive despite what has happened since colonisation.
The Apology to the Stolen Generations	13 February	On this day in 2008, former Prime Minister Kevin Rudd offered an apology "for the laws and policies of successive parliaments and governments in Australia that have inflicted profound grief, suffering and loss" to the Stolen Generations and Aboriginal and Torres Strait Islander communities across Australia.
Harmony Day	21 March	Harmony Day, which coincides with the International Day for the Elimination of Racial Discrimination, celebrates the cohesive and inclusive nature of our nation and promotes the benefits of cultural diversity.
National Sorry Day	26 May	The Bringing Them Home Report (released in 1997) recommended that a National Sorry Day be held each year on 26 May "to commemorate the history of forcible removals [of Aboriginal peoples] and its effects".
National Reconciliation Week	27 May to 3 June	National Reconciliation Week is a time to reflect on what makes respectful relationships between Indigenous Australians and other Australians.
NAIDOC Week	First Sunday to second Sunday in July	NAIDOC Week is a time to celebrate Aboriginal and Torres Strait Islander history, culture and achievements.



Strategy 4: Governance - Improve and develop systems that will facilitate our ability to accommodate measure and demonstrate accountability for all our programs and services

Strategic Goals	Actions to Achieve Goal	Measurement of Success
<p>Develop and continually refine agreed performance indicators for relevant service delivery areas / programs at the GAMS.</p>	<ul style="list-style-type: none"> • Develop Business Plans / Key Performance Indicators for each program that effectively link to the Long Term Strategic Plan 	<ul style="list-style-type: none"> • Business Plans for each program developed • KPI’s developed and reported on a 6 monthly basis
<p>Ensure the GAMS is sustainable and well resourced.</p>	<ul style="list-style-type: none"> • Monthly financial reports prepared by Accountant for CEO/Board 	<ul style="list-style-type: none"> • 12 reports prepared per financial year • Unqualified Annual Audit
<p>Continue to meet all reasonable governance, capacity and accountability requirements set by governments and funding bodies, including the development of an in-house Governance Training Package</p>	<ul style="list-style-type: none"> • Develop and implement appropriate policies and procedures which establish good governance and accountability • Development of Governance Package 	<ul style="list-style-type: none"> • Review of current policies completed • Number of new policies implemented • Number of staff/ board members that have undergone Governance Training
<p>Maintain a Continuous Quality Improvement Program throughout Griffith AMS.</p>	<ul style="list-style-type: none"> • Ensure a range of formal and informal mechanisms are used to evaluate and improve current work practices • Ensure staff are directly involved in the reflection on the efficiency of their own work and that of the organisation • Staff and Volunteers are actively acknowledged for initiatives they take in improving services and programs 	<ul style="list-style-type: none"> • Quality Improvement Council (QIC) National Accreditation is maintained



Review Process

- The Chief Executive Officer will report to the Board every six months on the performance measures set out in the plan.
- The Board will review progress in meeting the performance measures in discussion with the Chief Executive Officer every six months.
- The Board may decide to adjust these performance measures at any time, following review.

Glossary

ACCHS	Aboriginal Community Controlled Health Services
AH&MRC	Aboriginal Health and Medical Research Council of NSW
COAG	Council of Australian Governments'
FTE	Full Time Equivalent
GAMS	Griffith Aboriginal Medical Service
GP	General Practitioner
MPHN	Murrumbidgee Primary Health Network
NACCHO	National Aboriginal Community Controlled Health Organisation
NAIDOC	National Aborigines and Islanders Day Observance Committee
NIRA	National Indigenous Reform Agreement
QIC	Quality Improvement Council
TIS	Tackling Indigenous Smoking



References / Resources

1. Australian Government - National Aboriginal and Torres Strait Islander Health Plan – 2021 – 2031
2. NSW Government - NSW 2021: A plan to make NSW number one
3. NSW Aboriginal Health Plan – 2013-2023



Adoption of Plan

The initial Griffith Aboriginal Medical Service Strategic Plan 2017-2022 was formally adopted by the Board at their meeting on the 15 September 2017.

The review was completed in 2022/2023 with the GAMS Board formally adopting the new Strategic Plan on 22nd February 2023.