

## Pandemic Preparedness and Response with Aboriginal Communities in NSW

**Summary** This Guideline outlines the strategies that LHDs are expected to consider when planning services for Aboriginal people in partnership with Aboriginal Community Controlled Health Services in preparation and response to a pandemic in NSW.

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**Audience** All Public Health Unit staff; Health Services Functional Area Coordinators and those working in health protection; Clinical Governance Units; Aboriginal Health Services

## PANDEMIC PREPAREDNESS AND RESPONSE – ABORIGINAL COMMUNITIES

### PURPOSE

This Guideline is a supporting document to the *NSW Health Influenza Pandemic Plan* (PD2016\_016). It is intended to support Local Health Districts (LHDs) in implementing pandemic preparedness and response activity specifically related to Aboriginal people.

### KEY PRINCIPLES

Aboriginal people in NSW are at a greater risk from morbidity and mortality during an influenza pandemic. Without specific consideration and preparedness, a future pandemic may exacerbate existing health inequalities in Aboriginal communities.

Pandemic planning requires close and ongoing partnerships with Aboriginal people and communities to develop effective and culturally appropriate strategies for reducing the risk of a pandemic. This Guideline outlines key issues in pandemic preparedness and responses that are specific to Aboriginal communities and which need to be addressed for pandemic planning at state, regional and local levels, in conjunction with key stakeholders.

This Guideline:

- Describes the roles and responsibilities of key NSW stakeholders in the implementation of this guidance;
- Outlines the strategies that LHDs would be expected to consider when working with Aboriginal communities in pandemic planning;
- Provides guidance for LHDs over activity that should be considered at each stage of a pandemic in NSW
- Is a supporting Guideline to the NSW Health Policy Directive *Influenza Pandemic Plan* (PD2016\_016).

This Guideline is also intended to inform the Aboriginal Health and Medical Research Council of NSW (AH&MRC), Aboriginal Community Controlled Health Services (ACCHS) and other relevant stakeholders about ways of working with LHDs in pandemic preparedness and during the response.

### USE OF THE GUIDELINE

LHDs should use the attached Guideline to lead the planning and response to the pandemic at a District level, and collaborate with ACCHSs to determine appropriate health service models for local Aboriginal people and communities during a pandemic. Key considerations are the need to:

- Work in collaboration with ACCHSs, Aboriginal Community Leaders and Elders' groups, Local Aboriginal Lands Councils (LALCs) and any Local Decision Making (LDM) regional alliances
- Take a family centred approach towards prevention

- Provide culturally appropriate information for families and means of communicating the information
- Seek input from AH&MRC and/or ACCHSs to develop and disseminate health messages effectively, including information about why Aboriginal people may be prioritised for antiviral treatment and or vaccination
- Show respect and acknowledgement of the Aboriginal land or Country being entered when undertaking pandemic planning and during a pandemic.

## REVISION HISTORY

Version	Approved by	Amendment notes
July-2019 (GL2019_009)	Deputy Secretary, Population and Public Health	First Guideline.

## ATTACHMENTS

1. Pandemic Preparedness and Response – Aboriginal Communities: Guideline

**Pandemic Preparedness and Response with Aboriginal  
Communities in NSW**



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## **1 BACKGROUND**

### **1.1 About this document**

This Guideline:

- Describes the roles and responsibilities of key NSW stakeholders in the implementation of this guidance;
- Outlines the strategies that Local Health Districts (LHDs) would be expected to consider when working with Aboriginal communities in pandemic planning;
- Provides guidance for LHDs over activity that should be considered at each stage of a pandemic in NSW.

This Guideline is a supporting document to the NSW Health Policy Directive *Influenza Pandemic Plan* (PD2016\_016). Available at:

[http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2016\\_016](http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2016_016) .

This Guideline is intended to support LHDs in their implementation of the national and NSW policy direction regarding pandemic preparedness and response activity specifically related to Aboriginal people.

This Guideline is also intended to inform the Aboriginal Health and Medical Research Council of NSW (AH&MRC), Aboriginal Community Controlled Health Services (ACCHS) and other relevant stakeholders about ways of working with LHDs in pandemic preparedness and during the response.

This Guideline was developed because Aboriginal people in NSW are at a greater risk from morbidity and mortality during an influenza pandemic. Without specific consideration and preparedness, a future pandemic may exacerbate existing health inequalities in Aboriginal communities.

This Guideline outlines key issues in pandemic preparedness and responses that are specific to Aboriginal communities and which need to be addressed for pandemic planning at state, regional and local levels, in conjunction with key stakeholders.

### **1.2 Key definitions**

Note that although reference to both Aboriginal and Torres Strait Islander peoples may be required at times, the term “Aboriginal” is generally used in preference to “Aboriginal and Torres Strait Islander”, in recognition that Aboriginal people are the original inhabitants of NSW.

For further information see the NSW Health Policy Directive - Aboriginal and Torres Strait Islander Peoples - Preferred Terminology to be Used (PD 2005\_319). Available at: [http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2005\\_319](http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2005_319) .

### **1.3 Context**

Aboriginal communities are disproportionately affected by pandemic influenza (and seasonal influenza) due to social determinants of health, and a higher prevalence of

people with risk factors associated with influenza complications, such as chronic conditions or pregnancy (1-3).

The Australian Health Management Plan for Pandemic Influenza (AHMPPI) (2014) contains an ethical framework for directing planning and response activities in regards to mitigating the impact of pandemic influenza. The AHMPPI notes that equity is especially important when providing health services to people who are at greater risk of pandemic influenza, such as Aboriginal peoples. Without particular consideration of community issues and development of more culturally appropriate planning and response, future pandemics are likely to disproportionately affect Aboriginal people and widen the health gap.

Pandemic planning requires close and ongoing partnerships with Aboriginal people and communities to develop effective and culturally appropriate strategies for reducing the risk of a pandemic (2).

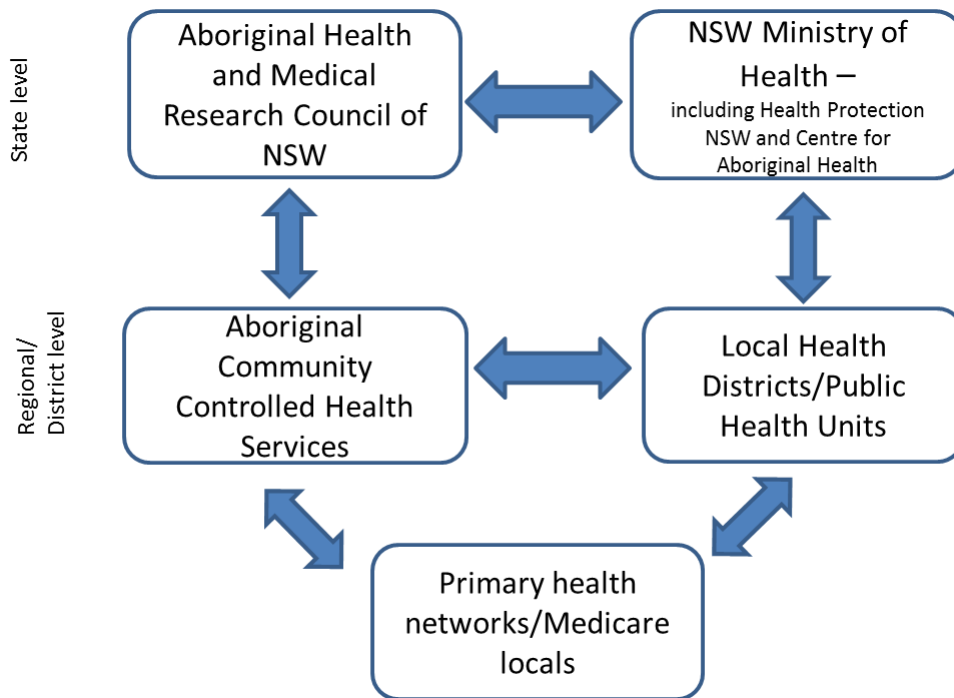
#### **1.4 Additional resources**

A range of additional resources are available for LHDs and other agencies when working with Aboriginal communities in pandemic planning. These include the following:

- NSW Health Policy Directive Influenza Pandemic Plan (PD2016\_016). Available at: [http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2016\\_016](http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2016_016).
- Commonwealth Department of Health. Australian Health Management Plan for Pandemic Influenza (2014). Available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppi.htm>
- Commonwealth Australian Attorney-General's Department. Keeping Our Mob Safe: the National Emergency Management Strategy for Remote Indigenous Communities. 2007. Available at: Available at: <http://www.healthinonet.ecu.edu.au/key-resources/bibliography?lid=925>
- Queensland Health. Aboriginal and Torres Strait Islander communities pandemic influenza toolkit. This and other useful resources available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/influenza/pandemic>
- James Cook University. Project Report on Feasible Containment Strategies for Swine Influenza H1N1 in Rural and Remote Aboriginal and Torres Strait Islander Communities, August 2010. Available at: [http://www.flunews.org.au/documents/FluNews/event\\_description/jcuprd1\\_073041.pdf](http://www.flunews.org.au/documents/FluNews/event_description/jcuprd1_073041.pdf)
- James Cook University. Influenza studies with Aboriginal and Torres Strait Islander communities – Flu News website: <http://www.flunews.org.au>

## 2 ROLES AND RESPONSIBILITIES

The lines of communication and governance for preparing and responding to a pandemic in regards to supporting the health of Aboriginal communities in NSW are outlined in the Figure below.



### 2.1 NSW Ministry of Health (MoH) – including Health Protection NSW and the Centre for Aboriginal Health

- Lead the planning and response to the pandemic at a state level, according to the principles outlined in the AHMPPI.
- Agree and work towards collaborative planning objectives for the state-wide governance of pandemic planning, response and recovery with Aboriginal communities.
- Include pandemic preparedness as an annual review item on the agenda of the peak meeting between MoH and AH&MRC.
- Disseminate routine seasonal and pandemic influenza reports to ACCHS.
- Ensure appropriate levels of medical and stockpile items are deployed or distributed to LHDs and ACCHSs with consideration for the numbers of Aboriginal people within the district.
- Ensure the most appropriate service delivery models are planned and implemented to support the health needs of Aboriginal people during a pandemic, such as consideration of location and staffing of pandemic assessment centres or pandemic vaccination clinics.



- Ensure any state-wide communications during a pandemic are co-developed, including input from Aboriginal medical or community representatives, culturally appropriate and two-way. Information should then be disseminated appropriately through a range of targeted written and visual Indigenous media, including social media, to ensure Aboriginal communities and people are kept informed of pandemic response activity.

## **2.2 Local Health Districts**

- Lead the planning and response to the pandemic at a District level, according to the principles outlined in the AHMPPI.
- Work towards achieving agreed objectives for District level governance and pandemic response strategies. These are to be developed with communities and built around the principle of family centred care.
- Initiate and maintain regular meetings and communication between all relevant stakeholders at the District level regarding pandemic preparedness and response. This may be through an existing Aboriginal Health partnership group.
- Develop a shared culture and practice between all District level agencies involved in the development of resources and or plans relevant for the pandemic. This could include sharing information through an email network, relevant websites (e.g. Australian Indigenous Health *InfoNet*) or via social networking.
- In partnership with ACCHSs identify and address local needs, priorities and gaps in pandemic preparedness.
- Ensure Aboriginal medical or community representatives are involved in pandemic communications within the District.
- Support access to appropriate levels of medical and stockpile items for ACCHSs or primary health networks as appropriate to support the treatment and management of Aboriginal people with pandemic influenza.
- Support access to and interpretation of pandemic surveillance data for ACCHS and Aboriginal health units in LHDs.
- Ensure systems are in place for Aboriginal communities and ACCHSs to access medical and or health supplies in the response to pandemic influenza.
- Ensure local health services provide quality of care and timely referral for Aboriginal patients/clients and families during a pandemic.
- LHDs will collaborate with ACCHSs to determine appropriate health service models for local Aboriginal people and communities during a pandemic. For example, this includes consideration of location, staffing and mode of delivery for pandemic assessment centres.

## **2.3 Aboriginal Health and Medical Research Council of NSW (AH&MRC)**

- AH&MRC is the peak representative body and voice of Aboriginal communities on health in NSW. AH&MRC represents its members, the ACCHSs that deliver culturally appropriate comprehensive health care to their communities.
- AH&MRC is the key state level source for advice on protecting and supporting the health of Aboriginal people at all stages of the pandemic, i.e. preparedness, response and recovery.
- NSW MoH will work collaboratively with AH&MRC to develop and implement pandemic strategies to help protect and support Aboriginal people and communities during a pandemic and communicate key messages.

## **2.4 Aboriginal Community Controlled Health Services (ACCHS)**

- ACCHSs deliver primary health care services that are holistic, comprehensive and culturally appropriate health care to local Aboriginal communities. ACCHSs also frequently support and facilitate access of Aboriginal community members to other health services.
- ACCHSs should collaborate with LHDs to determine appropriate health service models for local Aboriginal people and communities during a pandemic. For example; this includes consideration of location, staffing and mode of delivery for pandemic assessment centres.

## **3 KEY CONSIDERATIONS FOR LHDS IN PANDEMIC PLANNING WITH URBAN, RURAL AND REMOTE ABORIGINAL COMMUNITIES**

- Work in collaboration with ACCHSs, Aboriginal Community Leaders and Elders' groups, Local Aboriginal Lands Councils (LALCs) and Local Decision Making (LDM) regional alliances (where these are established) (6).
- Families are an integral structure in Aboriginal communities. The importance of families and ways of life permeate all aspects of health in communities and therefore, a family centred approach towards prevention should be adopted (7).
- Provide culturally appropriate information for families that consider social determinants and Aboriginal way of living; including living arrangements, and accessibility to services (e.g. community pharmacies). Sharing information will be more effective if it is 'localised, personalised, and humourised' and shared through local community networks using different mediums, and using culturally friendly language (7).
- Information about why Aboriginal people may be prioritised for antiviral treatment and or vaccination is important and input from AH&MRC at a state level and or

ACCHSs locally will be key to developing and disseminating health messages effectively.

- Always take into consideration respect and acknowledgement of the Aboriginal land or Country that you are entering when undertaking pandemic planning and during a pandemic.

#### **4 PANDEMIC RESPONSE ACTIVITIES FOR LHDS TO SUPPORT ABORIGINAL PEOPLE**

The following table provides key actions for LHDS to undertake in each stage and sub-stage of pandemic preparedness and response to support Aboriginal people. For a broad description of actions in the pandemic stages and sub-stages, see the NSW Health Policy Directive Influenza Pandemic Plan (PD2016\_016).

<b>Stage</b>	<b>Sub-stage</b>	<b>Actions</b>
<b>Engaged, early, respectful and effective planning and response</b>		
Prevention / Preparedness		<ul style="list-style-type: none"> <li>• Ongoing development of the services provided by the LHD to be more culturally appropriate.</li> <li>• Ongoing engagement by the LHD with ACCHS and other key stakeholders to facilitate localised plans for the response to pandemic influenza and other public health emergencies.</li> <li>• Inclusion of pandemic planning with Aboriginal communities as a regular report to the LHD Emergency Management Committee.</li> <li>• Recognition that communication needs to be conducted as a respectful and two-way process in all stages of the pandemic response and should be communicated using a variety of mediums.</li> </ul>
Response	Standby	<ul style="list-style-type: none"> <li>• Prepare to commence enhanced arrangements.</li> <li>• Check local medical and health stock levels, e.g. home infection control resources.</li> <li>• Pre-deploy infection control items to local health services to support the needs of local Aboriginal communities.</li> <li>• Ensure communication measures to raise awareness and confirm governance arrangements.</li> <li>• Ensure timely and culturally-appropriate communication and resources are developed for Aboriginal people.</li> </ul>

		<ul style="list-style-type: none"> <li>• Initiate and maintain regular meetings between ACCHS and other key stakeholders at the District level. This may be through an Aboriginal Health Partnership group.</li> </ul>
	Initial Action	<ul style="list-style-type: none"> <li>• Rapidly identify and address any additional issues that are likely to increase the risk of pandemic influenza for Aboriginal communities in collaboration with Aboriginal staff and Aboriginal partners.</li> <li>• Implement systems for accessing medical supplies for Aboriginal communities and ACCHSs that will support the response to pandemic influenza.</li> <li>• Specific strategies to discuss and localise with ACCHS, include:             <ul style="list-style-type: none"> <li>– Communication with communities through key go-to-people from the community, such as Aboriginal Health Workers, Elders, community groups or other leaders.</li> <li>– Ask communities what information and support is needed. Considering what to look out for and what to do if a family has suspected pandemic influenza.</li> <li>– Keep families as a central component to the strategies adopting a holistic approach.</li> <li>– Consider how to reduce risk at funerals and other community gatherings.</li> <li>– Facilitate services to support families who live in remote areas. Developing and distributing family infection control products and information.</li> <li>– Support implementation of flexible health services which may include alternative models of care e.g. pandemic assessment centres, flexible ACCHS clinic times and locations, and/or home visits.</li> <li>– Facilitate the pre-deployment of anti-viral drugs where appropriate ACCHS or other clinics.</li> <li>– Provide culturally-appropriate information resources for Aboriginal communities.</li> </ul> </li> <li>• Ensure that a definition of pandemic contacts that appropriately reflects life in Aboriginal communities is agreed to and implemented.</li> <li>• Continue to share resources, plans and updates between all stakeholders at regional and local level. This could be through an email network, website, or social media.</li> </ul>

	Targeted Action	<ul style="list-style-type: none"> <li>• Maintain regular regional and local level pandemic planning meetings for informing key Aboriginal health stakeholders and communities about the response to the pandemic.</li> <li>• Incorporate any evidence from the Initial Action phase that particularly impacts on Aboriginal people into tailored response measures (such as increased transmissibility or severity of infection among Aboriginal people).</li> <li>• Continue with actions from the Standby and Initial phase as appropriate, including:             <ul style="list-style-type: none"> <li>– Maintaining flexible models of healthcare for Aboriginal people and communities in regards to access to antiviral medication and or vaccination.</li> <li>– Ensuring access to essential medical supplies and other infection control items for Aboriginal people.</li> </ul> </li> </ul>
	Stand down	<ul style="list-style-type: none"> <li>• Immediately implement pre-agreed recovery strategies with ACCHS.</li> <li>• Plan for local debriefs and evaluations participation in state-wide debriefs and evaluations.</li> </ul>
Recovery		<ul style="list-style-type: none"> <li>• Plan and conduct all evaluation activities in partnership with Aboriginal health stakeholders at the state, regional and local level. This should include:             <ul style="list-style-type: none"> <li>- Communicating with key go-to-people from the community, such as Aboriginal Health Workers, Elders or other leaders. Ask key community people, organisations and communities how to gather information for debriefs and evaluations.</li> <li>- Conducting meetings, discussions and debriefs in a way that incorporates the experience of communities in addition to the experiences of health services. Include Aboriginal people in leadership roles to facilitate a more complete description of the experiences and issues for Aboriginal communities.</li> <li>- Share draft reports with stakeholders for review prior to finalising reports to allow for better collaboration and feedback.</li> <li>- Feeding back key evaluation or lessons learnt information to Aboriginal health stakeholders and communities involved.</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"><li>• Planning for action from the recommendations of evaluation activity in partnership with Aboriginal people and report back to the AH&amp;MRC and MoH, as well as regionally to ACCHS and other key stakeholders.</li><li>• Consider preparations for a subsequent pandemic wave.</li></ul>
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## **5 REFERENCES**

1. Australian Attorney-General's Department. *Keeping Our Mob Safe. A National Emergency Management Strategy for Remote Indigenous Communities*. 2007. Available at: <http://www.healthinonet.ecu.edu.au/key-resources/bibliography?lid=925>
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4. Flint SM, Davis JS, Su JY, Oliver-Landry EP, Rogers BA, Goldstein A, Thomas JH, Parameswaran U, Bigham C, Freeman K, Goldrick P, Tong SY. Disproportionate impact of pandemic (H1N1) 2009 influenza on Indigenous people in the Top End of Australia's Northern Territory. *Medical Journal of Australia* 2010;192:617–22.
5. Kelly H, Mercer G, Cheng A. Quantifying the risk of pandemic influenza in pregnancy and Indigenous people in Australia in 2009. *Eurosurveillance* 2009;14:19441.
6. Aboriginal Affairs NSW. [Local Decision Making](http://www.aboriginalaffairs.nsw.gov.au/pdfs/local-decision-making/LDM-POLICY-AND-OPERATIONAL-FRAMEWORK-JULY-2017.pdf) is an initiative of OCHRE, the NSW Government's community focused plan for Aboriginal affairs, which represents a fundamental change in the relationship between government and Aboriginal communities. For further information and guidance see Local Decision Making Policy and Operational Framework May 2017 available at: <http://www.aboriginalaffairs.nsw.gov.au/pdfs/local-decision-making/LDM-POLICY-AND-OPERATIONAL-FRAMEWORK-JULY-2017.pdf>
7. Massey PD, Miller A, Saggars S, Durrheim DN, Speare R, Taylor K, Pearce G, Odo T, Broome J, Judd J, Kelly J, Blackley M, Clough A. Australian Aboriginal and Torres Strait Islander communities and the development of pandemic influenza containment strategies: Community voices and community control. *Health Policy*. 2011; 103: 184-190.

## **6 ACRONYMS AND ABBREVIATIONS**

ACCHS	Aboriginal Community Controlled Health Services
AH&MRC	Aboriginal Health & Medical Research Council of NSW
AHMPPI	Australian Health Management Plan for Pandemic Influenza
HPNSW	Health Protection NSW
LALC	Local Aboriginal Lands Council
LDM	Local Decision Making
LHD	Local health district
MoH	NSW Ministry of Health