



NSW Association for Youth Health Inc (NAYH)

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About NAYH

The NSW Association for Youth Health¹ (NAYH, previously known as the NSW Association for Adolescent Health) is the peak body committed to working on behalf of the youth health sector in NSW to promote and advocate for the health needs and well being of marginalised and at-risk young people* aged 12 to 25 years.

NAYH works closely with the State's seventeen youth health services and the majority of the Association's work focuses on providing the youth health sector with support and training, government liaison and lobbying, policy and resource development, and community sector networking.

*For the purpose of this Paper, the term marginalised and at-risk young people includes the following groups of young people who are:

- socio-economically disadvantaged
- Aboriginal and Torres Strait Islander
- culturally and linguistically diverse;
- refugees
- homeless or at risk of homelessness
- gay, lesbian, bisexual and transgender
- living with a disability
- socially isolated
- living in regional and rural areas
- experiencing mental health problems
- experiencing alcohol or emerging drug and alcohol problems
- experiencing a dual diagnosis
- at-risk of, currently in or leaving out of home care
- in contact with the criminal justice system
- victims of crime
- living with a history of abuse, neglect and trauma
- experiencing family breakdown.²

¹ The NSW Association for Youth Health (NAYH) is the peak body for the health service providers committed to promoting the health and well being of young people aged 12 to 25 years in NSW. NAYH represents over 100 members who advocate for quality health care for marginalised young people whose health status and help seeking behaviours may be compromised by, for example, homelessness, poverty, mental illness, substance use, unemployment and/or disengagement from education.

² Silk, J. (1999) *Getting it Right Report*, NSW Association for Adolescent Health.

Comments on Strategy 3 – building population health research capacity.

Access to, and planning based on, population health data is a fundamental component of effective and equitable health service delivery. Without access to good population health data, the needs of marginalised populations can be “left out”, as decision making falls to populist (and often political) agendas.

Unfortunately many population health survey data and other epidemiological evidence frequently “miss” analyses of marginalised populations who may experience considerable clinical need, but exhibit low clinical attachment in traditional health care settings. These populations include marginalised young people, but also includes people living with dual diagnosis and people who experience significant socioeconomic disadvantage.

For example; data captured and reported in the Report of the Chief Health Officer (both the online e-CHO and the hardcopy publication) include data on culturally and linguistically diverse (CALD) young people in NSW. However, this data is never examined in a meaningful way to provide useful information and insight into this group of marginalised young people.

Recommendation 1: That consideration be given to structures and processes which encourage data collection and analysis which can inform population health based responses for marginalised young people.

In addition, sectors and settings which work with (and for) marginalised populations frequently lack basic capacity to engage with population health data (and those who work with it).

The currently articulated objectives of the third strategic aim mainly work to extend the capacity of areas which already work within population health (and have population health expertise and capacity).

The inclusion of objectives which support sectors such as the youth health sector to engage with population health research through direct capacity development and collaboration in research is essential.

For example; whilst the youth health sector has identified that there are sources (such as the e-CHO mentioned above) that might be useful in providing evidence and information to assist in the development and provision of services to CALD young people in NSW, the mechanisms and pathways with which the youth health sector might engage with the data or expertise is unclear.

Recommendation 2: That consideration be given to assisting the youth health sector engage directly with population health research through capacity development and the creation of supportive environments which encourage partnership and collaboration.