Conducting Translational Research with Aboriginal Communities or People

Purpose

This document has been developed for health professionals who wish to apply for NSW Health mainstream research grants, such as the Translational Research Grants Scheme (TRGS) and Cardiovascular Research Capacity Program grants.

This document includes useful recommendations for strengthening translational research projects that have an identified focus on Aboriginal health.[1] The document will benefit those who have had limited or no prior experience in conducting research in a way that is appropriate and beneficial for Aboriginal people. It will also be of use for more experienced researchers as a reminder of values and processes to uphold when conducting research.

The document addresses research projects that:

- are focused entirely on Aboriginal people
- have a broader population focus which includes Aboriginal people, or
- are based in a region where there is a large Aboriginal population.

It is important that the design and conduct of all research projects consider and respond to the distribution of the burden of disease within the population and the unique needs of priority populations such as Aboriginal people. Actively and appropriately partnering with Aboriginal organisations and communities will greatly enhance the relevance of the research, and promote translation of results in communities.

The recommendations included in this document are intended to ensure that research projects:

1. are ethically and culturally appropriate for Aboriginal people in NSW
2. increase the contribution of Aboriginal knowledge to Australian research
3. have a positive impact for Aboriginal people
4. increase the quantity and quality of translational Aboriginal health research in NSW.

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[1] This document uses the term Aboriginal, rather than Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of NSW.

Background

For the last two decades, Aboriginal leaders have established ethical guidelines, methodologies and positive examples of community-driven research. This has aimed to support ethical and relevant research, as well as change the narrative about research from one of it being a 'dirty word' to one of Aboriginal community control, and about strengths of communities.[2] The National Health and Medical Research Council (NH&MRC) has clear guidelines required to be met for ethical approval of any research conducted with Aboriginal people.

This document has been developed by NSW Health's Centre for Aboriginal Health, in collaboration with the Office for Health and Medical Research. Feedback and contributions were also sought from individuals and organisations involved in research including staff in local health districts, staff in Aboriginal Community Controlled Health Services, university-based Aboriginal health researchers, the Centre for Epidemiology and Evidence, and the Aboriginal Health & Medical Research Council.

Overview

Models of research must move beyond the rhetoric of participatory research towards a model in which Aboriginal knowledge, processes, and ways of knowing are respected and understood, felt, and acknowledged through relational ethical frameworks, appropriate epistemology, and negotiated agreements. Research must occur as a result of mutually beneficial partnerships, collaboration and Aboriginal ownership from the outset. This NSW Health document identifies the following key recommendations for health professionals and researchers.

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[2] Australian Institute of Aboriginal and Torres Strait Islander Studies & The Lowitja Institute 2017, Changing the Narrative in Aboriginal and Torres Strait Islander Health Research: Four Cooperative Research Centres and the Lowitja Institute: The story so far, The Lowitja Institute, Melbourne.

Key recommendations

- Actively engage Aboriginal stakeholders in the conception of the research and development of research questions.
- Collaborate in a way that ensures Aboriginal organisations and/or community direction and benefit from the research effort.
- Complete an Aboriginal Health Impact Statement.
- Use research designs and methods that are ethical and culturally appropriate.
- Reimburse Aboriginal people, communities and organisations for their contribution to research processes.
- Involve Aboriginal researchers and community members in the team.
- Seek and utilise opportunities to build capacities of all involved in the research, particularly Aboriginal researchers and community members.
- Seek opportunities to build the cultural competence of non-Aboriginal members of the research team.
- Ensure research is applied and delivers a net benefit to Aboriginal people and communities.

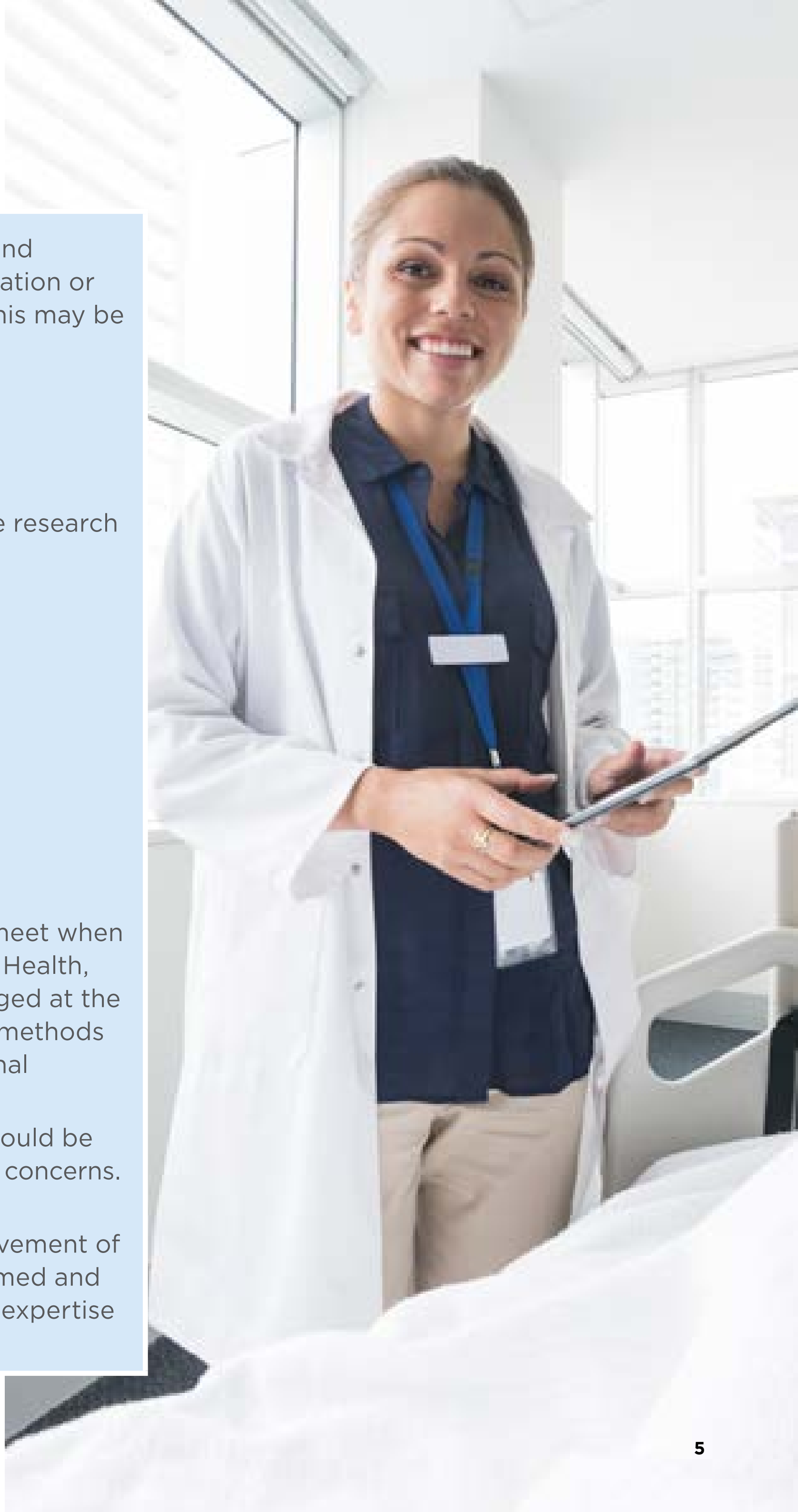
These recommendations should be followed for every research project that has a primary focus on Aboriginal health or involves Aboriginal people as participants. Further detail is provided below on how each recommendation can be enacted. Researchers and advisory groups should monitor how these recommendations are implemented throughout the project. Additionally, it is expected participants and communities will be supported to monitor, reflect, question and maintain accountability in order to achieve and maintain trust and confidence that the appropriate research process is being undertaken.

The following topics are covered in these guidelines

1. Conceptualising the research question (page 5)
2. Seeking advice (page 6),
3. Completing an Aboriginal Health Impact Statement (page 7)
4. Engaging the community (page 8)
5. Aboriginal expertise in research projects (page 10)
6. Data sovereignty and research integrity (page 12)
7. Ethical considerations (page 14)
8. Useful resources (page 16).

In addition to following these guidelines, researchers must adhere to the NH&MRC Six Core Values for research conducted with or for Aboriginal people or communities.

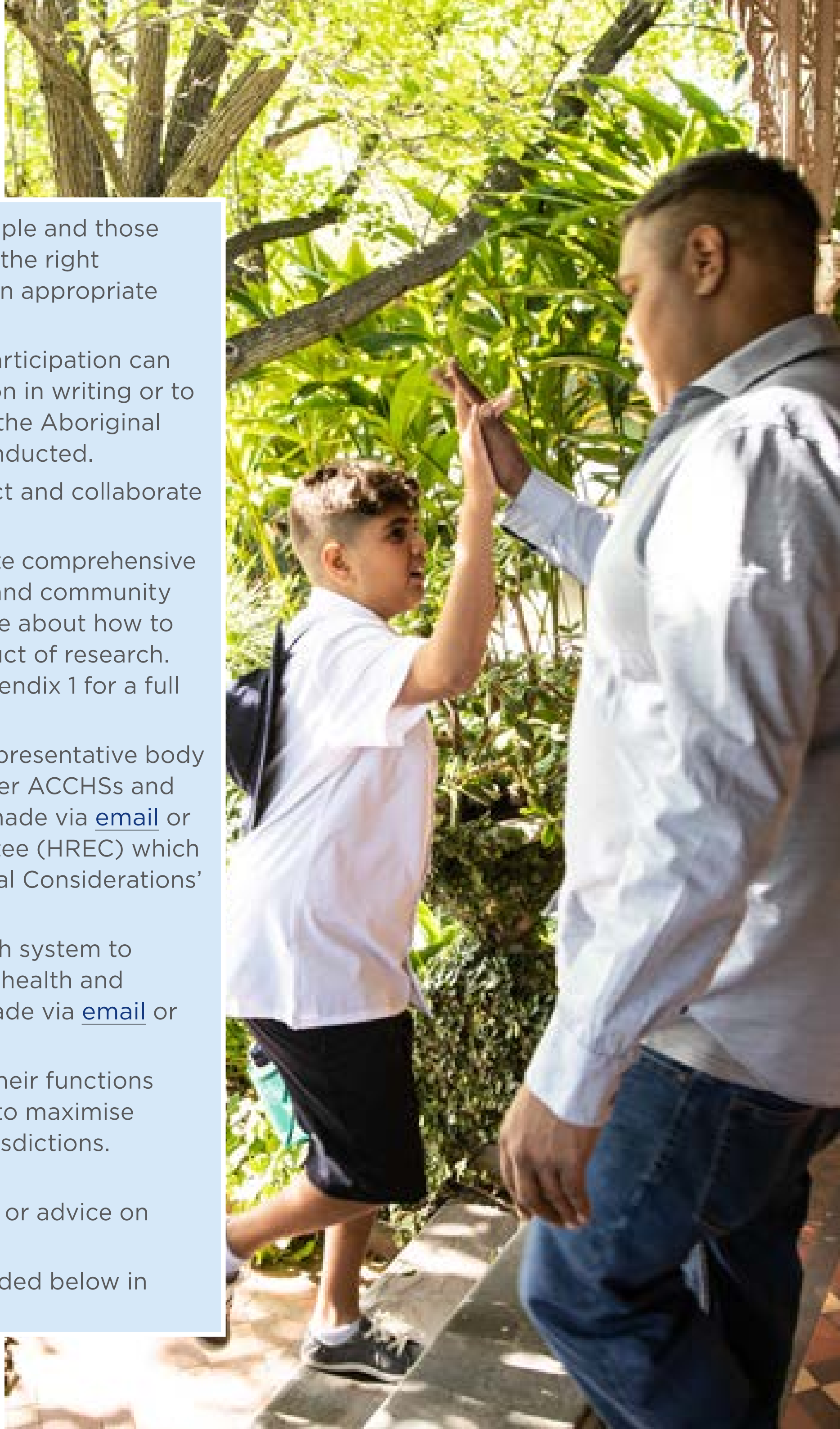
1. Conceptualising the research question



- Conceptualising a health research project requires gathering information, planning, consultation and consideration of ethical issues. At this stage, all translational research projects with a broad population or health issue focus should determine whether Aboriginal people are, or require, a specific focus. This may be indicated by:
  - a disproportionate burden of disease experienced by Aboriginal people
  - different health outcomes or risks for the same disease experienced by Aboriginal people
  - Aboriginal people representing a high proportion of the study population or catchment area.
- The following resources can be used to determine this information and inform development of the research question:
  - Australian Indigenous HealthInfoNet
  - HealthStats NSW
  - Australian Institute of Health and Welfare
  - Australian Bureau of Statistics (including LGA profiles)
  - Aboriginal Affairs NSW (including Aboriginal Community portraits)
  - Public health databases such as PubMed
  - The Lowitja Institute: Good decisions grow from great research.
- If it is identified that the research project meets the above indicators, researchers should:
  - follow the NH&MRC Guidelines for research with Aboriginal peoples, which researchers are to meet when applying for Human Research Ethics Committee clearance. In line with the expectation of NSW Health, these guidelines are to ensure that Aboriginal people, communities and organisations are engaged at the outset of the study design process. Aboriginal people should be involved in planning the aims, methods and potential outcomes of the research project. Further information on how to engage Aboriginal communities and stakeholders is provided in ‘2. Seeking Advice’ on page 6.
  - take into account community priorities. Rather than imposing research agendas, researchers should be prepared to modify their proposals, or start building the research question, based on community concerns. See ‘4. Engaging the Community’ on page 8 for further details.
  - prioritise employment and training opportunities for Aboriginal people in the project. The involvement of Aboriginal people in the research team enhances the ability of the project to be culturally informed and responsive, as well as building Aboriginal research capacity over the long term. See ‘Aboriginal expertise in research projects’ on page 10 for more information.

2. Seeking advice

- If the research meets the above indicators, researchers should consult with Aboriginal people and those experienced in Aboriginal research on how to approach community engagement, identify the right community individuals and groups to approach, or seek advice from a senior member of an appropriate Aboriginal community organisation.
- In NSW, the structure and procedures to guide Aboriginal community engagement and participation can vary. In some cases it may be appropriate to inform the relevant community or organisation in writing or to meet service directors to discuss the proposed research. Researchers should first consult the Aboriginal Health Unit and/or Aboriginal staff within the organisation where the research is being conducted.
- The following list of stakeholders can provide advice on appropriate approaches to contact and collaborate with Aboriginal people, communities and organisations.
  - **Aboriginal Community Controlled Health Services** (ACCHSs) deliver culturally appropriate comprehensive primary health care to their respective communities. ACCHSs are the key stakeholders and community representatives for Aboriginal health and wellbeing in their area, and may provide advice about how to work in partnership with Aboriginal communities and stakeholders for the proper conduct of research. Initial contact with ACCHSs should be directed to the CEO of the organisation. See Appendix 1 for a full list of ACCHS and Aboriginal Community Controlled Health Related Services in NSW.
  - **The Aboriginal Health and Medical Research Council** (AH&MRC) of NSW is the peak representative body and voice of Aboriginal communities on health in NSW. The AH&MRC represents member ACCHSs and their communities on Aboriginal health at state and national levels. Contact should be made via email or phone (02 9212 4777). The AH&MRC also operates the Human Research Ethics Committee (HREC) which has responsibility for reviewing Aboriginal health research proposals in NSW (see 'Ethical Considerations' for more information).
  - **The Centre for Aboriginal Health**, within the NSW Ministry of Health, supports the health system to better engage and listen to the needs and aspirations of Aboriginal people so that their health and wellbeing is improved. Initial contact with the Centre for Aboriginal Health should be made via email or phone (02 9391 9000).
  - **Aboriginal Health Units** can be found within each of the local health districts of NSW. Their functions include the coordination and strategic management of Aboriginal health initiatives and to maximise access for Aboriginal people to health and wellbeing services within their respective jurisdictions. See Appendix 2 for a full list of local health districts in NSW.
  - In some cases, **Local Aboriginal Land Councils** may be well-placed to provide guidance or advice on community involvement and/or the research approach.
- Guidelines on appropriate community engagement in Aboriginal health research are provided below in '4. Engaging the community' on page 8.



3. Complete an Aboriginal Health Impact Statement

- An Aboriginal Health Impact Statement should be undertaken at the outset of conceptualising your research question – templates can be found here.
- Currently, all full Translational Research Grant Scheme submissions require a completed Aboriginal Health Impact Statement.
- It is highly recommended that an Aboriginal Health Impact Statement is also completed for all other NSW Health translational research applications.
- The Aboriginal Health Impact Statement is a mandatory NSW Health guideline to support NSW Health staff and organisations to improve the health and well-being of Aboriginal people by systematically applying an 'Aboriginal health lens' to all policies, programs and research.
- The Aboriginal Health Impact Statement encourages researchers to consider and respond to the:
  - health context for Aboriginal people
  - potential impact of their research on Aboriginal people
  - level and nature of engagement with Aboriginal people necessary.
- Completing an Aboriginal Health Impact Statement will assist in identifying what and how Aboriginal people and organisations need to be consulted.
- Advice on completing an Aboriginal Health Impact Statement can be sought from the Aboriginal Health Units in local health districts and/or the Centre for Aboriginal Health at the NSW MInistry of Health.

4. Engaging the community

- Engagement with Aboriginal communities and organisations needs to occur through all research phases to ensure Aboriginal people's community control and ownership of the research. Aboriginal communities are dynamic and complex with distinct community, historical, geographical and political dimensions. Researchers need to appreciate that significant lead time is required at the outset of a project to sufficiently allow for community engagement, to develop a shared understanding of the research question and project, and to garner trust and build positive relationships.
- Aboriginal communities generally prefer face-to-face engagement. Meetings and forums are critically important especially when Elders are involved. This means that researchers should allow for sufficient time to visit communities often, to explain and undertake the research, and to validate research findings. It is not just the principles of transparency and respect inherent in such meetings that are important, but also forming partnerships with Aboriginal people. Forming genuine partnerships greatly enhance the relevance of the research to Aboriginal organisations and communities, and promote long-term results translation in communities.
- Engagement is most successful when two-way learning takes place between researchers and the community. Participating community members should have co-researcher status, co-author on publications, and be involved in all stages of the research process. Researchers should be prepared to take the place of a learner within the research, and recognise that there are Aboriginal knowledges and ways of being and doing that must be valued and respected.
- Governance models that include Aboriginal people in the investigators group, reference group and time limited research specific assignment group should be established. Many types of advisory/reference groups can be established depending on the research stage, e.g. data collection advisory group, interpretation reference group, study outcomes advisory group. Used effectively, these bodies can provide the community with ongoing opportunities to raise issues of importance, influence planning, give feedback and oversee the development and implementation of research. They serve a vital purpose in ensuring that research projects remain in tune with local Aboriginal community needs, expectations and aspirations.

  Despite the value of these groups, researchers must be cognisant of the significant investment they require of participating Aboriginal people, communities and organisations. Researchers often place unrealistic expectations on Aboriginal partners, failing to consider the burden of participating in these groups.
- In certain cases, it may be beneficial for parties to document the agreed outcomes they want to achieve, allocate roles and responsibilities and steps to achieve them, and jointly identify indicators of success and monitoring and evaluation processes that meet their respective needs. Different methods can be used to achieve this, including:
  - a research agreement with relevant Aboriginal stakeholders may be considered to ensure these circumstances are met. Agreements should include how parties will work together respectfully, define roles and responsibilities throughout the research process, identify conflict resolution processes, and outline communication and dissemination strategies.
  - researchers may acquire letters of support for their research projects from community organisations, traditional owner groups and/or community councils. More information can be found in the 'Keeping Research on Track II' report by NH&MRC.

5. Aboriginal expertise in research projects

- This section outlines different strategies for building research capacity and ensuring Aboriginal expertise is incorporated in NSW Health translational research projects. This can mean that the chief researchers and/or members of the research team are Aboriginal or that the research is driven and guided by the Aboriginal communities with whom it will take place. For research projects that require a specific focus on Aboriginal populations as part of a broader study, it is critical that Aboriginal people are involved in research leadership and governance structures.
- Researchers must consider their own cultural competence before working with Aboriginal people or communities. Good cultural competence respects cultural differences and is a primary way of demonstrating the core value of respect. Cultural competence is fundamental to undertaking effective research that provides positive results and benefits for Aboriginal peoples and communities.

  Researchers should seek out training or gain appropriate experience or guidance in developing cultural competence prior to undertaking their research with Aboriginal people and communities. Researchers may be able to access the NSW Health Respecting the Difference training, via local health district pathways.
- Aboriginal supervisors or co-investigators can provide great value to research projects. This includes providing technical knowledge, insight into culturally appropriate conduct and protocols for community consultation, the ability to introduce the researcher to key stakeholders in the community and initiate the process of becoming known and trusted in the community, as well as interpretation of findings. In addition to facilitating research capacity building of Aboriginal staff, this will create substantial learning opportunities for non-Aboriginal personnel.
- Aboriginal research assistants may also assist with ensuring the research is implemented in an appropriate manner, identifying and responding to issues, supporting community engagement, and appropriate interpretation and reporting of findings. Grant budget submissions can generally include funding to employ Aboriginal research assistants where appropriate, including the Translational Research Grant Scheme.
- Use of mentors or other knowledge holders to support non-Aboriginal researchers is encouraged, both before research is undertaken and during research projects. A mentor may be a local Aboriginal researcher who works between the community and the non-Aboriginal researcher at all stages of the research. Relationships between researchers, mentors and the community benefit everyone in several ways, including the:
  - researchers develop knowledge and an understanding of working with Aboriginal people and communities, and implementation of their research findings is well-supported through community engagement
  - mentor strengthens capacity and develops research skills
  - community is assured that the researchers are being guided to conduct the research in a manner that respects the community’s values and rights, and are able to advocate for positive findings that they wish to be implemented.
- For projects directly involving a hospital or other general health facility, Aboriginal health workers, liaison officers, cultural workers and managers may be able to assist with bridging the research team with the community.

6. Data sovereignty and research integrity

- Data is a cultural, strategic, and economic asset for Aboriginal peoples. Despite this, Aboriginal peoples have been divorced from the process of data collection, ownership, and application. This has often resulted in statistics about Aboriginal peoples that perpetuate a narrative of inequality and of Aboriginal peoples being defined by their statistically measured disparity, deprivation, disadvantage, dysfunction, and difference.
- Aboriginal data sovereignty refers to the right of Aboriginal people to decide how data about Aboriginal people reflects communities' priorities, values, cultures, worldviews and diversity. This principle of Aboriginal data governance is reflected in the way data is collected, accessed, analysed, interpreted, managed, disseminated and, used in the future.
- When establishing data governance arrangements, ensure that during the early stages of consultation, Aboriginal researchers, relevant community members and organisations collaborate and reach agreement on the creation, collection, analysis, interpretation, management, storage, dissemination, re-use, disposal of and access to data. This should be formally documented in a research data management plan.
- Research data management plans should outline at a minimum:
  - how and by whom the data will be stored or archived
  - who can access the data and under what conditions
  - who can use the data and for what purpose
  - from whom permission should be sought to access or use the data in the future (e.g.an individual, group or organisation)
  - how established data governance arrangements will benefit Aboriginal partners or participants
  - practical steps that will be taken to ensure that the data is of a suitable qualitative standard, and is preservable and manageable in accordance with the views of communities and individuals.
- This will ensure that partner Aboriginal organisations or communities ultimately have the power to govern the direction of the project, including to lead and define outcomes.
- Research integrity goes hand-in-hand with Aboriginal data sovereignty and governance. In the context of Aboriginal-controlled research, integrity includes the need for researchers to:
  - conduct themselves ethically, with integrity and professionalism
  - observe fairness and equity and demonstrate intellectual honesty
  - declare and manage conflicts of interest or potential conflicts of interest effectively and transparently
  - ensure the safety and wellbeing of those associated with research, to show respect for human research participants, and comply with national and local Aboriginal-lead ethical principles.

7. Ethical considerations

- Any research involving Aboriginal people must be ethically appropriate for Aboriginal people, communities and organisations. Ethical conduct of research is about ensuring the research journey respects the shared values of Aboriginal people and communities as well as their diversity, priorities, needs and aspirations; and that the research is of benefit to Aboriginal peoples and communities as well as researchers and other Australians.
- Aboriginal health research must be ethically approved by people who have connections with Aboriginal peoples or knowledge of research in the area, and who are familiar with the culture and practices of Indigenous participants in the study. The NH&MRC provides guidelines for ethical approval of any research conducted with Aboriginal people.
- In NSW, the AH&MRC operates as a fully constituted Human Ethics Research Committee (HREC) that considers applications relating to research that may affect the health and well-being of Aboriginal people and communities. Proponents must submit research projects for ethical approval to the AH&MRC HREC if one or more of the following apply:
  - the experience of Aboriginal people is an explicit focus of all or part of the research
  - data collection is explicitly directed at Aboriginal peoples
  - Aboriginal peoples, as a group, are to be examined in the results
  - the information has an impact on one or more Aboriginal communities
  - Aboriginal health funds are a source of funding.
- The AHM&RC HREC advises an application should be made if a project meets at least one of the below criteria:
  - any of the five factors listed above are present
  - the Aboriginal experience of the medical condition being studied is known, or is likely, to be different from the overall population
  - there are Aboriginal people who use the services being studied in distinctive ways, or who have distinctive barriers that limit their access to the services
  - Aboriginal people are known, or likely, to be significantly over-represented in the group being studied (compared to the 3.4% of total NSW population) and/or it is proposed to separately identify data relating to Aboriginal people at any stage in the project.
- The AH&MRC HREC reviews research proposals according to five criteria, which researchers are required to address as part of their application:
  - net benefits for Aboriginal people and communities
  - Aboriginal community control of research
  - cultural sensitivity
  - reimbursement of costs and
  - enhanced Aboriginal skills and knowledge.
- The AH&MRC HREC will generally accept the same HREC application, research protocol and supporting documents submitted to other HRECs. Contact the AH&MRC if you are unsure whether your study meets the criteria for an AH&MRC HREC review.

8. Resources

Engaging the community

- National Health and Medical Research Council, Keeping research on track II (2018), Commonwealth of Australia: Canberra.
- Jamieson L.M., Paradies Y.C., Eades S., et al. Ten principles relevant to health research among Indigenous Australian populations. Med J Aust 2012;197(1): 16-18.
- Laycock, A. with Walker, D., Harrison, N. & Brands, J. 2011, Researching Indigenous Health: A Practical Guide for Researchers, The Lowitja Institute, Melbourne.

Aboriginal expertise in research projects

- Laycock, A. with Walker, D., Harrison, N. & Brands, J. 2009, Supporting Indigenous Researchers: A Practical Guide for Supervisors, Cooperative Research Centre for Aboriginal Health, Darwin.

Ethics considerations

- National Health and Medical Research Council, Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders (2018), Commonwealth of Australia: Canberra.
- The AH&MRC ethics website
- The AH&MRC Guidelines for Research into Aboriginal Health, 2016
- NSW Health Policy Directive PD2010_055 'Ethical and scientific review of human research in NSW Public Health Organisations'
- NSW Health Guideline GL2007_020 'Quality Improvement and Ethics Review: A Practice Guide for NSW

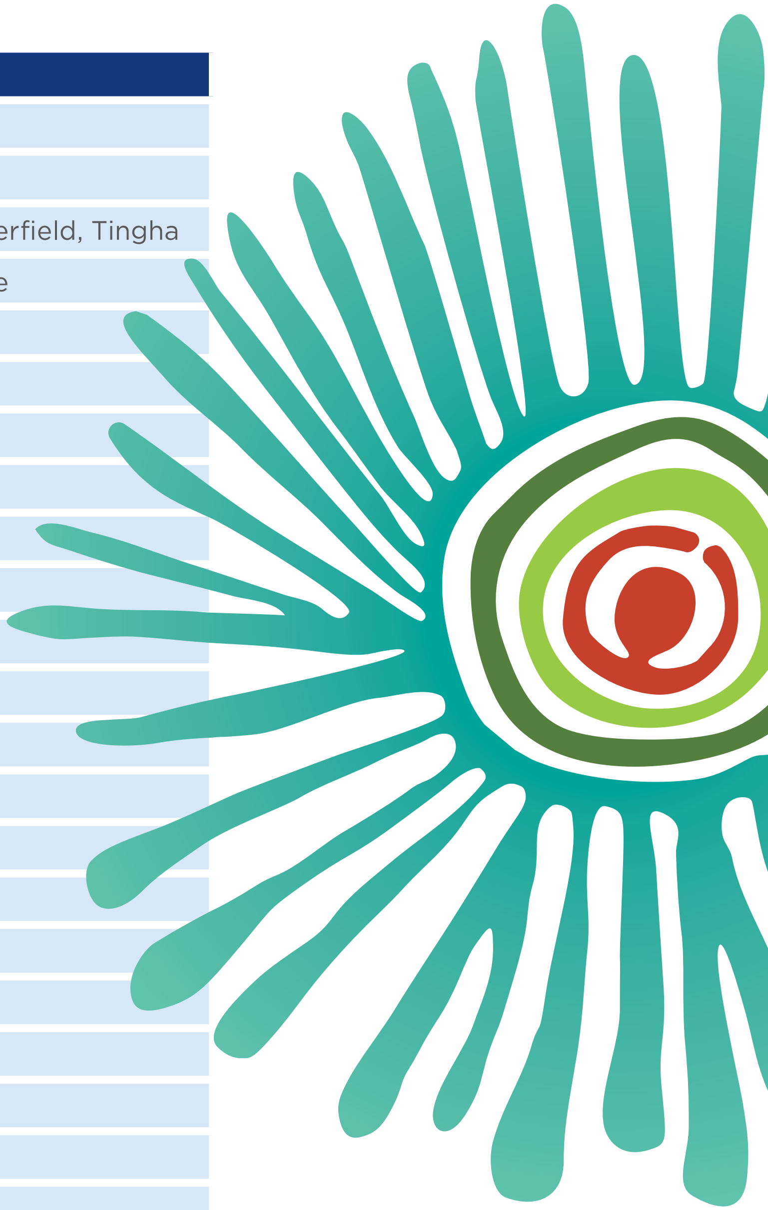
General resources

- Department of Aboriginal Affairs, 2018, On our terms: obtaining Aboriginal community consent for social research; a literature review and case study
- Australian Institute of Aboriginal and Torres Strait Islander Studies Code of Ethics for Aboriginal and Torres Strait Islander Research 2019
- Australian Institute of Aboriginal and Torres Strait Islander Studies & The Lowitja Institute 2017, Changing the Narrative in Aboriginal and Torres Strait Islander Health Research: Four Cooperative Research Centres and the Lowitja Institute: The story so far, The Lowitja Institute, Melbourne.
- NSW Health, 2019, Communicating Positively: A guide to appropriate Aboriginal terminology

Appendix 1:

Aboriginal Community Controlled Health and related services in NSW

Service	Location(s)
Aboriginal Medical Service Co-operative Ltd	Redfern
Albury Wodonga Aboriginal Health Service Incorporated	Albury Wodonga
Armajun Aboriginal Health Service Incorporated,	Armidale, Glen Innes, Inverell, Tenterfield, Tingha
Awabakal Ltd	Cardiff, Hamilton, Raymond Terrace
Bila Muuji Aboriginal Corporation Health Service	Dubbo
Biripi Aboriginal Corporation Medical Centre	Taree
Booroogen Djugen Aboriginal Home and Community Care	Kempsey
Bourke Aboriginal Health Service Ltd	Bourke
Brewarrina Aboriginal Medical Service	Brewarrina
Bulgarr Ngaru Medical Aboriginal Corporation	Grafton, Maclean
Bullinah Aboriginal Health Service	Ballina
Casino Aboriginal Medical Service (part of Bulgarr Ngaru)	Casino
Condobolin Aboriginal Health Service	Condobolin
Coomealla Health Aboriginal Corporation	Dareton
Coonamble Aboriginal Medical Service Inc.	Coonamble
Cummeragunja Housing and Development Aboriginal Corporation	Cummeragunja
Dubbo Regional Aboriginal Medical Service (via Coonamble)	Dubbo
Durri Aboriginal Corporation Medical Service	Kempsey
Galambila Aboriginal Health Service Inc.	Coffs Harbour
Greater West Aboriginal Health Service (Western Sydney)	Mount Druitt, Penrith
Griffith Aboriginal Medical Service	Griffith, Hay, Lake Cargelligo
Illawarra Aboriginal Medical Service Aboriginal Corporation	Illawarra



Service	Location(s)
Katungul Aboriginal Corporation Community & Medical Services	Batemans Bay, Bega, Narooma
Maari Ma Health Aboriginal Corporation	Broken Hill, Wilcannia, Menindee
Maayu Mali Residential Centre	Moree
Marrin Weejali Aboriginal Corporation	Blackett
Namatjira Haven – Drug and Alcohol Healing Centre	Alstonville
Ngaimpe Aboriginal Corporation	Chittaway Point
Oolong Aboriginal Corporation	Nowra
Orana Haven Aboriginal Corporation	Gongolgon
Orange Aboriginal Medical Service Incorporated	Orange
Peak Hill Aboriginal Medical Service	Peak Hill
Pius X Aboriginal Corporation	Moree
Riverina Medical and Dental Aboriginal Corp	Wagga Wagga
South Coast Medical Service Aboriginal Corporation	Nowra
Tamworth Aboriginal Medical Service	Tamworth
Tharawal Aboriginal Corporation	Campbelltown/Airds
Tobwabba Aboriginal Medical Service	Forster
Walgett Aboriginal Medical Service Ltd	Walgett
Wallhollow Aboriginal Corporation	Quirindi
Waminda (South Coast Women's Health & Welfare Aboriginal Corp)	Nowra
Weigelli Centre Aboriginal Corporation	Darbys Falls
Wellington Aboriginal Corporation Health Service	Wellington
Werin Aboriginal Corporation Medical Centre	Port Macquarie
Yerin Aboriginal Health Services Inc.	Wyong
Yoorana Gunya Family Violence Healing Centre Aboriginal Corp	Forbes

Appendix 2:

Local health districts in NSW

Metropolitan local health districts	
Central Coast (CCLHD)	https://www.cclhd.health.nsw.gov.au
Illawarra Shoalhaven (ISLHD)	http://www.islhd.health.nsw.gov.au
Nepean Blue Mountains (NBMLHD)	https://www.nbmlhd.health.nsw.gov.au
Northern Sydney (NSLHD)	http://www.nslhd.health.nsw.gov.au/
South Eastern Sydney (SESLHD)	http://www.seslhd.health.nsw.gov.au/
South Western Sydney (SWSLHD)	https://www.swslhd.health.nsw.gov.au/
Sydney (SLHD)	https://www.slhd.nsw.gov.au/
Western Sydney (WSLHD)	http://www.wslhd.health.nsw.gov.au/
Rural and regional local health districts	
Far West (FWLHD)	http://www.fwlhd.health.nsw.gov.au/
Hunter New England (HNELHD)	http://www.hnehealth.nsw.gov.au/
Mid North Coast (MNCLHD)	https://mnclhd.health.nsw.gov.au/
Murrumbidgee (MLHD)	https://www.mlhd.health.nsw.gov.au/
Northern NSW (NNSWLHD)	https://www.nnsw.nsw.gov.au/
Southern NSW (SNSWLHD)	https://www.snswlhd.health.nsw.gov.au/
Western NSW (WNSWLHD)	https://wnswlhd.health.nsw.gov.au/

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