

Aboriginal Health Plan for NSW - synthesis of first phase consultation survey responses – December 2011 – January 2012

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Executive Summary

As part of developing a ten year Aboriginal Health Plan for NSW, a first consultation process of two was undertaken across metropolitan and regional NSW. The consultation process included interviews, workshops, a Statewide forum and an online survey. Over 250 local decision-makers, leaders, and practitioners and Aboriginal people from across the NSW health system were involved.

This purpose of this report is to synthesise and summarise the detailed findings from the online survey conducted in December 2011 – January 2012. The synthesis and summary of the detailed findings was undertaken by Reos Partners who with Aboriginal Health and Medical Research Council of NSW (AH&MRC) the NSW Ministry of Health, Centre for Aboriginal Health (CAH) conducted the consultation process throughout New South Wales. The structure of this report is based around four key questions asked throughout the survey: 1) What would a successful system look like?, 2) What is currently working well?, 3) What is currently not working well?, 4) What recommendations would you make to improve the current state?

A total of 69 respondents from across the health system in NSW completed the survey. In this case the health system in NSW refers to the all parts of the health system in NSW rather than just NSW Health, the public health system, which is the responsibility of the NSW Government. Their responses were explored qualitatively using thematic analysis. The results revealed a number of consistent themes. Some of the more consistent themes to emerge were: the need for equivalence (closing the gap) in Aboriginal and non-Aboriginal health, the need for increased cultural safety and awareness, the need for increased connection and collaboration within the health care system, and the need for increased involvement and opportunity for Aboriginal people. The specific details are contained within the body of this report.

It is interesting and important to note that the key themes emerging from the survey process were consistent and closely aligned with the themes derived from the other consultation methods (interviews, workshops and State-wide forum). While the survey process did not reveal any significantly new themes, the responses helped to validate previous findings, provide concrete and specific examples, and add depth and richness to previous findings.

Finally, there appeared to be a unanimous willingness and desire to “do something different” to significantly improve the state of Aboriginal health in NSW, suggesting that there is fast-growing imperative for positive, sustainable change.

Introduction

Context and Purpose

In partnership with the Aboriginal Health and Medical Research Council of NSW (AH&MRC) the NSW Ministry of Health, Centre for Aboriginal Health (CAH), is undertaking a consultation and dialogue process across metropolitan and rural NSW. The purpose of this consultation process is to consult widely across a multi-stakeholder population connected to Aboriginal health to explore the diverse opinions and perspectives about how the current system is perceived and what is needed for the future. The underlying philosophy is that a system that is able to look clearly at itself and its current reality, is more likely to be effective in thinking together about its future.

This part of phase one of the consultation process involved the administration of an online survey to key stakeholders across the health system in NSW. The respondents were asked to share their views about what they believed a successful Aboriginal health care system would look like. They were also asked to share what they believed was currently working well, what was currently not working well, and to list recommendations about how the system can be sustainably improved.

The online survey and the results build upon two earlier data collection processes. The first process involved conducting of 30 dialogue interviews with key stakeholders across the health system in September and October 2011. The interviewees were asked to share “through their own eyes” their views about how they see the past and present situation of Aboriginal health in NSW, and its future. The interviews allowed a distilling and collating of these views to occur and help us ‘see’ the collective thinking of key leaders and decision makers from across the health system. A number of themes emerged from the interviews which were: connection; respect; time; funding; workforce; leadership; measurement and reporting; accountability; delivery models; and, outcomes. These themes then provided a key input into developing and conducting the second process, a series of rural and metropolitan workshops across NSW with 200 local decision-makers, leaders, and practitioners. A total of 8 workshops were conducted and which culminated in November 2011 with a Health and Wellbeing Forum (co-hosted by Minister Humphries and the AH&MRC). At these workshops and the Forum the themes were tested, supported and greater depth of understanding was achieved about the way the issues raised by these themes influences the health system in NSW. A Consultation Paper reporting on the findings was provided to the Centre for Aboriginal Health further details the results and insights from the interview and workshop processes (http://www.health.nsw.gov.au/resources/publichealth/aboriginal/plan/pdf/consultation_paper_2.pdf.asp)

The core purpose of this report is to present a summarised synthesis and narrative of the results collected from the online survey.

Data Collection Method

The data collection method involved an on-line survey developed specifically for written submissions. The survey contained ten sections, each with four open-ended questions (40 questions) as well as an opportunity to provide any other relevant feedback (please refer to the Appendix to see a copy of the survey).

Each of the ten sections within the survey related to an area of Aboriginal health that it was anticipated would be addressed in some way under the NSW Aboriginal Health Plan:

Section One. Ensuring the health of Aboriginal people is everyone’s business

Section Two. Achieving cultural security and a whole of life view of health

Section Three. Embedding equity throughout the health system

Section Four. Addressing gaps in the patient journey and supporting care coordination

- Section Five. Creating a strong and supported Aboriginal workforce
- Section Six. Embedding genuine accountability and transparency
- Section Seven. Supporting innovative approaches and building the evidence
- Section Eight. Building the capacity of health services and communities
- Section Nine. Valuing self determination
- Section Ten. Recognising grief, loss and trauma

Within each section, there were four common questions:

1. What would a successful system look like?
2. What is working well?
3. What is not working well? and
4. What changes would you recommend to improve the current state?

Respondents

A total of 58 surveys were completed online via Survey Monkey, as well as a further 11 surveys that were emailed directly to the Centre for Aboriginal Health.

Although 69 representatives from various institutions across the health system responded to the survey in total, not every question was answered by every respondent. Accordingly, some questions drew less information than others. Nonetheless, there was ample information with which to extract the themes for each question.

Method of Data Analysis

Reos Partners, who were also engaged throughout the earlier consultation process and workshops, undertook the analysis of the data. The survey responses were thematically analysed to identify the main themes to emerge. Thematic analysis is a commonly used and rigorous practice that involves searching through data to identify recurrent patterns in written responses. A 'theme' is a cluster of associated categories that convey a similar meaning, and hence communicate important points of agreement across the respondents. The themes identified throughout the survey form the essential content of this report.

Structure of this Report

This report is structured according to the four key questions asked throughout the survey:

1. What would a successful system look like?
2. What is working well?
3. What is not working well? and
4. What changes would you recommend to improve the current state?

Under each of these key questions is a summary of the general themes that emerged. In some cases these themes contained a number of sub-points, in other cases the themes were common to more than one question.

What does success look like?

The general themes to emerge in this question included:

Equivalence (closing the gap – equal health and equal access),

Cultural safety,

Connection, and

Workforce.

Equivalence (closing the gap)

Equivalence was a dominant theme that emerged consistently through the survey. It particularly refers to the comparability in health outcomes between Aboriginal and non-Aboriginal people, but also refers to equal access to services, and equal satisfaction with health services.

- **Health and well-being outcomes.** This refers to equal health and living standards between Aboriginal and non-Aboriginal populations. For this to be achieved, health statistics should be roughly equivalent between the Aboriginal and non-Aboriginal populations for issues such as life expectancy and mortality, obesity, alcohol consumption, smoking behaviour, infant health, uptake of available health services, early treatment, diagnosis, income, educational attainment, levels of employment, housing, and living conditions.
- **Access to health services.** Another central concern for respondents was that Aboriginal people, many of whom live in remote areas, should have equal access to health services. Aboriginal people in regional areas find it difficult to gain access to appropriate health care due to the distances needed to travel to health services, as well as there being few health professionals in their respective areas. An ideal system would have systems and processes in place to accommodate for Aboriginal people who live in these regional areas.
- **Satisfaction with health services.** Satisfaction with the health service implies that Aboriginal people's experience of and satisfaction with the health care system is at least as satisfactory as the non-Aboriginal population's.

Cultural safety

There was consensus about the need for the mainstream health care system and other stakeholders to become more culturally sensitive with regards to Aboriginal culture and tradition. In a culturally sensitive environment, Aboriginal people will ideally have their needs addressed in a culturally specific way, where they will receive communication in a manner that is both understandable and respectful. This means that services are tailored in order to meet the needs of Aboriginal people. It also means that Aboriginal people are treated with respect, whereby they are not subjected to discrimination or racist attitudes, and have their history acknowledged.

- **Tailoring of health services.** As it is widely acknowledged that Aboriginal people hold a different, more holistic view on health and well-being to the non-Aboriginal Australian population, many respondents made reference to the tailoring of health services in order to meet the specific needs of the Aboriginal people. Ensuring workforce recruiting and capability can support this tailoring and delivery of health services would be essential. The provision of culturally appropriate health services would also include services for people with complex health concerns and intellectual disabilities, as well as ensuring accessibility and high standards of delivery.

- **Respect.** Respondents made reference to a degree of racism that exists within the health care system, which can operate on an interpersonal, systemic, and discriminatory level. For example, respondents made references to ambivalent responses by middle management to occurrences of racism, a tokenistic cultural attitude from health care staff towards Aboriginal people, and a general lack of awareness of historical racism and historic events involving Aboriginal people, as well as services that Aboriginal people can access. In a successful system, health care workers acknowledge that they often only encounter Aboriginal people when they are unwell, in distress, and in need of medical aid, and hence these experiences do not provide an accurate representation of the general Aboriginal population.
- **Cultural awareness.** Health care staff need to be aware of the cultural differences between themselves and Aboriginal people and the best way in which to communicate and manage the Aboriginal community. This may involve educating current health care workers about Aboriginal culture, tradition, and history in order to assist them to adapt their practice to meet the needs of the Aboriginal people.
- **Self-determination.** Contemporary Aboriginal culture is extremely diverse. It is therefore important that Aboriginal people be given choices where possible rather than health service staff assuming that all Aboriginal people share the same attitudes and opinions, or assuming that people are not able to make decisions in their own best interests. Having the option of involving Aboriginal people in the health care experience will support understanding of individual and community needs, thereby supporting understanding, patient advocacy and self determination. The availability of a culturally competent workforce, for advice when unsure about how to deal with issues is vital to this process.

Connection

Connection refers to the ties between various stakeholders, as well as different levels of the system and organisations to enhance the coordination and delivery of services to Aboriginal people. In a successful system, the relationships between different sections of the health care service would collaborate in order to deliver a holistic approach to Aboriginal health that captures the input from several sectors and agencies working together. Currently, there is too much of a fragmented approach to the care of Aboriginal people, in which various organisations are working in competition to each other, often to receive funding for their respective projects, instead of working together towards the achievement of common goals. Connection also refers to seeking out the involvement and input of Aboriginal stakeholders, communities, and leaders for participation into important health care decisions, programs, and services.

- **Collaboration.** In an ideal system there would not be a silo approach to Aboriginal health. Organisations would work together towards a shared vision and the achievement of common health objectives. Partnerships between the various mainstream health organisations would be a strength by which important health outcomes for Aboriginal people could be met.
- **Involvement.** A dominant theme was the importance of involving Aboriginal people, whether as workers or stakeholders in prioritising Aboriginal health needs and setting objectives in how health services and health promotion should be delivered. This is seen as an important step in the empowerment of Aboriginal people and receiving valuable input into ways in which Aboriginal well-being can be enhanced.

Workforce

This was a consistent theme throughout the survey. A successful Aboriginal health care service would have strategies and pathways for Aboriginal people to attain employment, and would ensure ample opportunities exist for Aboriginal people to engage in paid work. Various strategies were suggested, some of which are already in place, which are aimed at increasing the involvement of Aboriginal people in the workforce.

- **Greater opportunity for Aboriginal employment.** Greater opportunities should be in place for Aboriginal people to engage in active employment, particularly in the health care sector. This involves the establishment of career pathways through various programs, including cadetships, scholarships, guaranteed placements in the public health care system, ensuring Aboriginal health employees are well supported in the system, and fostering identified career pathways.
- **Education.** A theme emerged that there should be greater emphasis on education of Aboriginal youth, through primary, secondary and tertiary programs. This also involves ensuring education opportunities are readily available and accessible to people in remote areas.
- **Development.** Development opportunities would be a part of a successful health care system. This means meaningful, effective, and culturally sensitive performance reviews are conducted regularly to support development of Aboriginal staff.

What is working well (in the current system)?

The general themes to emerge in this question included:

Liaison workers,

Connection,

Provision of health services, and

Workforce.

Liaison workers

There was widespread consensus that the Aboriginal Liaison workers are a valuable asset and deliver an important service to improving Aboriginal health. The Liaison workers are valuable for several reasons as they:

- are skilled at identifying Aboriginal people early and linking them with appropriate chronic care services;
- facilitate patient access to hospitals and aid the screening of patients for relevant disease indicators;
- are enthusiastic and committed to supporting the client/patient journey and need limited direction from management; and,
- help to reintegrate and engage Aboriginal people into appropriate health and welfare services prior to and upon release from custody.

Connection

Although many respondents believed that connection with the Aboriginal community, as well as organisations working together towards shared objectives could be improved, many respondents acknowledged that when efforts to improve connection were made they were generally successful and valuable.

- **Collaboration.** There is a view that when collaboration exists, it is working well. For example, teams are meeting with other health teams in the south coast areas to determine what is working in other places, and subsequently organising meetings (such as bi-annual meetings, forums, and other meetings between mainstream health and Aboriginal medical services) to develop health strategies and plans.
- **Involvement.** When Aboriginal people are involved in the health care system it seems to work well. For example, the Family Referral Services in Dubbo which have been established under the Keep Them Safe program. They are targeted Aboriginal services staffed with Aboriginal workers and give priority to Aboriginal clients. All five services have a large number of Aboriginal clients and do an effective job in delivering health care.

Provision of health services

There are some examples of health services that are currently working well. These included:

- **Outreach services.** Outreach services which are delivered and managed locally by recognised local people are working well. These programs are more effective in engaging Aboriginal people and have the philosophy, values, passion, and skills to work effectively with the Aboriginal community.

- **Access.** Although more needs to be done to improve access to health care across the board for Aboriginal people, there was consensus that efforts to improve access to health care are working well. For example, Breast-Screen NSW has mobile screening services that enable access for remote Aboriginal communities. This is especially important for the population of Aboriginal women in rural areas.

Workforce

There currently exists some opportunities to improve the numbers of Aboriginal staff working within the mainstream health system, as well as general employment. Respondents generally acknowledged that these programs were effective when they had been implemented. However, there was consensus that although they were effective, there needs to be more effort to create opportunities to improve Aboriginal involvement in the health care system.

- **Opportunity.** There are currently some programs and strategies in place to increase the opportunities for Aboriginal people. Some examples include:
 - TAFE Western have funded scholarships for Aboriginal people to complete the teaching and assessing qualifications required for them to teach and assess at TAFE. TAFE Western actively seek to employ Aboriginal people through identified teaching and non teaching positions. Up to 100 Western Area Health staff have been successful in completing their Certificate IV in Aboriginal and Torres Strait Islander Health Work since 2007. This qualification has enabled those staff members to either gain employment or develop the skills required for their employment. TAFE Western has worked on this initiative with Health since 2007. In 2010 this initiative won the Gold Award at the TAFE NSW Quality Awards
 - Targeted employment, cadetships, vocational programs in schools, and highlighting positive role models have also had some success in improving participation of Aboriginal people in employment

What is not working well (in the current system)?

Respondents provided significantly more data about what was not working well in the current system compared with what was working well. The following themes emerged for this question:

Cultural safety,

Workforce,

Access, and

Connection.

Cultural safety

Cultural safety was the dominant theme that respondents indicated was not working well in the current health system. This can be further broken down into more specific dimensions of education, awareness and recognition, and racism.

- **Education.** There was a consensus that mainstream health care staff did not possess the adequate skills, education, or knowledge in which to appropriately manage the Aboriginal community or Aboriginal patients. Issues include language barriers to appropriate treatment, lack of understanding about how to navigate within Aboriginal communities in culturally appropriate ways, a perception of 'them' and 'us', which all contribute to poorer identification of health issues, as well as low-quality and ill-informed treatment. For example, *"I have lost track of times when patients who "self discharged" from hospital and I receive a letter saying that the patient was "non-compliant". There is no such thing as non-compliance. " non-compliance" basically means - " the patient didn't do what I told them to do, and I haven't bothered to ask why". When patients come back to me, they ALWAYS have a reason why they self discharged. If only the hospital system acknowledges and addresses these, nothing will happen"*
- **Awareness and recognition.** There was reference to a reluctance to acknowledge or recognise the impacts of historical racism and inter-generational atrocities committed against the Aboriginal people. Respondents indicated a greater emphasis is needed to understand that the effects of past events on the Aboriginal people. Without this understanding, most people just expect the Aboriginal population to "move on" in their attitudes to the past - events that still affect them today. Patients are discharging themselves early because of fears that " welfare" will come and take their children, discharging themselves early because of restrictive family visiting practices, discharging themselves because of feeling unsafe in hospitals.
- **Racism.** There was widespread reference to racism within the mainstream health care system that existed on personal, systemic, and discriminatory level. There are examples of tokenistic attitudes from health care staff to Aboriginal people that impedes the quality of health care they receive. There also seems to be a prevalence of generalising and derogatory comments directed at the Aboriginal people regarding drinking behaviour, hand outs, and a continued general perception of hopelessness about Aboriginal patients within the health care system (e.g., "they'll never show up anyway"). There also exists ambivalent recording and reporting of incidences of racism by middle management.

Workforce

Respondents referred to a lack of Aboriginal participation in the workforce, particularly within the mainstream health care system. There were several explanations that emerged to explain this lack of participation, which included lack of opportunity, lack of funding and resources, poor recruitment and retention, and difficulty attracting Aboriginal students to tertiary education.

- **Lack of opportunity.** There are concerns about a lack of attractive career paths, educational programs, and courses that Aboriginal people can undertake to enter the workforce and the health care system. There also appears to be limited opportunities for those Aboriginal people who live in remote areas.
- **Funding and resources.** There is a lack of funding and resources in which to attract, compensate and support Aboriginal staff within mainstream health care so as to commit to initiatives or strategies to improve health in local Aboriginal communities. Moreover, there is a lack of resources with which to attract and compensate full-time Aboriginal staff.
- **Poor recruitment and retention.** Recruitment and retention issues are particularly prevalent in remote areas, where there are limited opportunities for Aboriginal staff and difficulty in attaining access to those opportunities that are available. The valuable Aboriginal Liaison Workers are also in very short supply, making their work more onerous and intensive. As Aboriginal health workers can often both live and work within their communities there can arise a strong expectation by the community that they are on call for 24 hours a day, 7 days per week. Hence, liaison workers can be prone to burnout, exhaustion, stress, and ultimately, turnover.
- **Difficulty attracting Aboriginal youth to tertiary programs.** Whilst an increasing number of institutions provide opportunities for Aboriginal and Torres Strait Islander peoples studying health programs, the number of Aboriginal and Torres Strait Islander students in these courses is still minimal compared to non-Indigenous Australians. There needs to be an increased focus on attracting Aboriginal and Torres Strait Islander students to reach parity across all health disciplines.
- **General lack of Aboriginal staff.** Respondents referred to a general lack of Aboriginal staff within the health care system which contributes to the lack of understanding of Aboriginal culture, tradition, and needs. It also contributes to the inability to appropriately adapt health services to meet the needs of the Aboriginal people.

Access

Due to distance, particularly in the rural and regional locations of New South Wales there is difficulty in delivering health services to Aboriginal people or to consult with them and also to recruit them for positions within the health care system.

- **Education and training.** It is generally more difficult for Aboriginal people to gain access to education or training due to the remote locations in which many of them live. For example, Aboriginal trainees are not always able to move away from their family or community obligations to undertake a 2 year placement within the health system.
- **Health care.** There is limited access to health care for a significant portion of the Aboriginal community. This may be due to limited access to transport from the locations in which they live, limited access to Aboriginal Liaison Officers due to a shortage of these staff, and limited willingness of trained health professionals to move to remote locations to deliver health care to the rural Aboriginal population.
- Health programmes often do not take into account things that may make them fail e.g. problems with access (transport), childcare, domestic violence, lack of phones and the need to relay messages to people, sudden family events requiring immediate attendance, etc. There needs to be built in mechanisms and planning to address the possible reasons for non-participation.

Connection

Respondents frequently referred to a limited involvement of Aboriginal people in the health care system, as well as limited collaboration between existing organisations and bodies.

- **Lack of involvement.** Consultation with Aboriginal communities is often short due to very tight timeframes in which to deliver services or programs. Moreover, not all researchers and evaluators have a high level of understanding about how to work effectively with Aboriginal communities and their representative community controlled organisations.
- **Lack of collaboration.** There is concern about siloed health services, all working in opposition to one another rather than towards the achievement of common objectives. This is particularly the case with funding models, which are often competitive. This is an impediment to the collaboration between Aboriginal Community Controlled Health Services and mainstream health services for program planning and implementation.

What recommendations would you make to improve the current state?

The following themes emerged for this question:

Cultural safety,

Workforce,

Improved access, and

Increased collaboration.

Cultural safety

Several themes emerged in terms of recommending ways in which the health care system can be more culturally sensitive. The most dominant theme was increased training and education. Others included increased awareness and recognition, skills audit for current staff, tailored approaches.

- **Training and education.** There is consensus regarding the need for increased training and education for current health care staff on matters of Aboriginal health, tradition, and culture. This may include an integrative Aboriginal and Torres Strait Islander curriculum with nationally standardised goals, that focuses on the explicit teaching of the principles of cultural competence, specifically teaching about Aboriginal and Torres Strait Islander views of health and wellness. In the health professions cultural training should also relate to health practices and communication competencies for engaging with Aboriginal and Torres Strait Islander peoples. The training of health professionals should also include experience in the understanding and sensitivity when working with Aboriginal people.
- **Awareness and recognition.** This theme relates to the previous theme on education and training, in that an increased awareness of Aboriginal needs and culture will result from increased education and training. However, there is also the need for an increased recognition of intergenerational and ongoing impacts of history on the physical, mental, and social health of Aboriginal people. This will strengthen long-term actions to address grief, loss, trauma.
- **Skills audit for staff.** A skills audit would particularly focus on cultural competency to determine the level of knowledge and awareness of specific Aboriginal health needs. Education programs could then be planned and delivered in order to address gaps that might exist.
- **Tailored approaches.** Programs to improve Aboriginal health need to be tailored to meet the specific needs of Aboriginal people. Targeted approaches that are delivered in a culturally competent framework would appear to be most effective. An example is smoking cessation programs. While general strategies to reduce smoking rates were very effective in the general community, there was no reduction in smoking rates among Aboriginal people, despite a high proportion of Aboriginal people reported they would like to reduce or stop smoking.

Workforce

A **theme** emerged that emphasises the need for an increased participation by Aboriginal people in the workforce, including the general workforce and especially in health care. The sub-themes emerged of increased Aboriginal employment, education, opportunity, and enhanced support structures.

- **Increased Aboriginal employment.** Aboriginal employees are needed at all levels of the health care service, and in particular having Aboriginal managers who can assist in making services and programs more culturally acceptable. They are also needed in areas of community decision making and policy development. In particular, there is a need for *more Aboriginal Liaison Workers* who are currently in short supply and suffering from overwork and exhaustion.
- **Education.** There is a need for more education and training opportunities for Aboriginal people. Some universities provide comprehensive support for Aboriginal academic positions in order to provide stronger support to the health system. However, overall universities and other health training organisations should ensure the appointment of qualified and competent Aboriginal and Torres Strait Islander academic positions to address the recruitment of Aboriginal students, development of Aboriginal curriculum, and teaching. Training institutions should ensure core resourcing for these academic positions. This will help to improve the numbers of Aboriginal students in tertiary institutions who will ultimately move into the health system.
- **Opportunity.** There needs to be greater opportunity for Aboriginal employment in the health care service through creating jobs. These jobs should be targeted at tailoring health services to meet the needs of Aboriginal communities. There also needs to be a policy framework introduced which is aimed to increase the numbers of Aboriginal employees across the health care service, as well as in non-government organisations.
- **Support structures.** Aboriginal staff who gain employment need to be assisted with the development of support structures for their roles. These support structures would provide support mechanisms to Aboriginal staff including: clearly defined roles with the flexibility to meet local health needs and supportive team environments with an understanding of the role of Aboriginal health workers. Coaching and mentoring, career planning, leadership training, management development, and other appropriate training and development opportunities. There is a need for structured program to ensure goals and needs are clearly identified, and strategies are evaluated for effectiveness at the process and impact levels.

Improved access

There is a need for improved access for Aboriginal people across the board. This access particularly refers to access to health care for Aboriginal people, but also involves access to employment and education. A substantial number of the Aboriginal population in NSW live in rural or remote areas, and there needs to be transport structures in place to ensure that these people have access to health services. This could be helped by implementing the fly-in, fly-out services more widely and frequently, as well as the employment of more Aboriginal Liaison Workers.

While there is no guarantee in equity in outcomes (as many extraneous factors can impact on health outcomes) the focus needs to be on equity in service access and provision. There is strong evidence that systemic racism leads to reduced opportunities to access societal resources required for health.

Increased collaboration

A theme emerged about the need for enhanced collaboration within the health care system. This involves establishing and strengthening Aboriginal Health partnerships at all levels of the NSW health system across all regions. It includes documenting and disseminating case studies and models of good practice, identifying mechanisms for evaluating and strengthening partnerships, and developing meaningful indicators to improve accountability for partnership effectiveness. There is also a need to ensure all health organisations are adequately resourced to participate in partnerships and collaborative approaches to policy development and program planning.

Final Thoughts

Overall, in responding to the questions: “What does success look like?” “What is working well in the current system?” “What is not working well in the current system?” and “What recommendations would you like to make to improve the current state?” the results revealed a number of consistent themes. These themes include: the need for equivalence (closing the gap) in Aboriginal and non-Aboriginal health, the need for increased cultural safety and awareness, the need for improved connection, collaboration and access to services within the health care system, and the need for workforce change, and increased involvement and opportunity for Aboriginal people.

It is interesting and important to note that the key themes emerging from the survey process were consistent and closely aligned with the themes derived from the other consultation methods (interviews, workshops and State-wide forum). While the survey process did not reveal any significantly new themes, the responses helped to validate previous findings, provide concrete and specific examples, and add depth and richness to previous findings.

In addition to the growing body of consistent content, the finding of most significance is the unanimous willingness and desire to “do something different” to radically improve the state of Aboriginal health in NSW. There is fast growing imperative for positive, sustainable change. As such, it would appear that combined with this powerful “will” of stakeholders, the evidence from the survey confirms that the themes emerging from the consultation process are key factors for guiding the development and implementation of the ten year Aboriginal Health plan for NSW.

Appendix

The following is a copy of the on-line survey:

INTRODUCTION

We welcome you to respond to the questions that follow and appreciate the time you take to do so. Information to help you complete the survey:

- There are 10 key themes which we anticipate will be addressed under the NSW Aboriginal Health Plan.
- For each key theme there is a set of four questions.
- Preceding the questions for each theme there are "prompt" questions that may generate thoughts and inform your response.
- Below the questions there is commentary and evidence which may also inform your response.
- Although the questions may be broad, please be as practical and specific as possible, and provide examples where appropriate.
- You can respond under any or the entire theme based questions. Some of the initial personal data is mandatory.
- If you prefer to provide a more general response you may go to the very last question. It would be preferable to consider the thematic questions first to provide context for your response.
- Your name and contact details are required. These details will not be used for any purpose other than this consultation process and documents will be retained only as prescribed by Government guidelines.
- If you wish to print the survey you will need to print each page separately as you go.
- The survey could take less than an hour. However it's really up to you how much you would like to say and how much time you have to say it!
- Submissions must be received by Friday 13 January 2011.

Thank you

Please note: That where a question asks about the NSW Health system it is specific to the public health system, which is the responsibility of the NSW Government. Where a question refers to the health system it is referring to all parts of the health system in NSW.

Section One: Ensuring the health of Aboriginal people is everyone's business

Consider:

- What changes are required to enable everyone in the health system to contribute to improving Aboriginal health, from the Ministry of Health to frontline workers?
- What strategies can be put in place to ensure that all NSW Health services respond to the needs of Aboriginal people?
- How can Aboriginal Health Impact Statement be better utilised to support the NSW Health system?

What does this look like when we have achieved success?

What is working well – Please include examples of good practice?

What is not working well - Please identify barriers?

What specific recommendations would you make – Please identify opportunities

Closing the gap in health outcomes between Aboriginal and non-Aboriginal people requires a significant shift in the way Aboriginal health is considered across the health system – towards making Aboriginal health everyone's business and away from a silo approach where responsibility for Aboriginal health falls to one particular health stream.

The Australian Government's Strategic Review of Indigenous Expenditure noted that "the creation of separate programmatic and bureaucratic structures for Indigenous affairs carried the obvious risk – all too often realised – that other areas... would view Indigenous matters as falling outside their own sphere of concern, and would thereby disregard or downplay their responsibilities to Indigenous Australians".

Achieving the closing the gap targets will depend critically on a shared vision for Aboriginal health across the health system, and on improvements in the quality and uptake of the mainstream services delivered to Aboriginal people.

Section Two: Achieving cultural security and a whole of life view of health

Consider:

- How can the NSW Health system ensure that health services are accessible and delivered in a culturally secure way, recognising a whole of life view of health?
- What is best practice in achieving cultural security in health system settings? What are barriers to achieving cultural security in all health services, and strategies to address them?

What does this look like when we have achieved success?

What is working well – Please include examples of good practice?

What is not working well - Please identify barriers?

What specific recommendations would you make – Please identify opportunities

“‘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. It is a whole-of-life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual is able to achieve their full potential as a human being and this bring about the total wellbeing of their community.” (National Aboriginal Health Strategy, 1989).

One definition of cultural security is “the maintenance and protection of cultural identity. It is a policy and practice by which health providers and individuals recognise the diversity of Aboriginal and Torres Strait Islander culture in delivery of appropriate health services. Mainstream health providers are required to work in partnership with Aboriginal and Torres Strait Islander organisations to develop culturally secure health services.

Areas of medicine such as birthing, palliative care and care of elders need to offer culturally appropriate options for Aboriginal and Torres Strait Islander people. Cultural security is the next step in strengthening community leadership, for attitudinal and behavioural change in mainstream society and within the Aboriginal and Torres Strait Islander community. It will also set the benchmark for best practice models in service delivery for Aboriginal and Torres Strait Islander people.” (WA Health, 2000).

A Best Practice Approach to Cultural Competence Training notes that: “Cultural Security is built from the acknowledgement that theoretical ‘awareness’ of culturally appropriate service provision is not enough. It shifts the emphasis from attitudes to behaviour, focusing directly on practice, skills and efficacy.”

Section Three: Embedding equity throughout the health system

Consider:

- How can health system policies, practices and processes change to remove inequities in health outcomes between Aboriginal and non Aboriginal people? Please be specific in relation to the policy/process/practice you are referring.
- Where do you feel interpersonal racism in the health system has been successfully been addressed?
- If so, what are mechanisms and strategies that can be more widely adopted?
- How can the NSW Health system better engage Aboriginal people and communities in health system structures and processes to support equity in health outcomes?

What does this look like when we have achieved success?

What is working well – Please include examples of good practice?

What is not working well - Please identify barriers?

What specific recommendations would you make – Please identify opportunities

In addition to ensuring culturally appropriate service delivery, system change is required to ensure that structures, processes and relationships across the health system lead to equity in outcomes for Aboriginal people. The disadvantage experienced by Aboriginal Australians is associated with both historical and contemporary racism, colonisation and oppression (Paradies, et al: 2008), and there is growing research around the prevalence of racism experienced by Aboriginal people in Australia generally.

The Overcoming Indigenous Disadvantage report indicates that 38.3% of Indigenous people reported being treated badly because they were Aboriginal/Torres Strait Islander, and this was a key stressor leading to high/very high levels of distress, and 61.0% reported that it lead to low/moderate levels of distress in the last 12 months (Table 7A.7.6).

The impact of racism across the health system is also becoming more widely acknowledged and understood, with increasing literature considering racism in health care (see for example The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda), and significant anecdotal evidence suggesting that institutional racism (where requirements, conditions, policies, practices, processes maintain or reproduce avoidable and unfair inequities across ethnic/racial groups); interpersonal racism (interactions between people that maintain or reproduce avoidable and unfair inequities – eg racial abuse) and internalised racism (acceptance of attitudes, beliefs or ideologies by a member of an ethnic/racial group about the inferiority of one’s own ethnic/racial group) (Paradies, et al: 2008); exists in the NSW health system, alongside culturally inappropriate service delivery.

Section Four: Addressing gaps in the patient journey and supporting care coordination

Consider:

- Please provide examples of effective patient journeys for Aboriginal people through the health system in NSW?
- How can a culturally appropriate and effective patient journey be achieved?
- Where are the gaps in the patient journey? How can coordination between Aboriginal community controlled health services, other primary health care providers, community health, outpatient, inpatient and specialist services be enhanced?

What does this look like when we have achieved success?

What is working well – Please include examples of good practice?

What is not working well - Please identify barriers?

What specific recommendations would you make – Please identify opportunities

The NSW Government has committed under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes to fix the gaps and improve the patient journey as a priority area of action. NSW has been developing work in this area, and much of it aims to ensure that Aboriginal people in NSW receive treatment when they need it, are able to access services, and make positive health care choices.

The NSW State Plan further commits to reducing potentially preventable hospitalisations by refocussing efforts on keeping people healthy and out of hospital through improving the way conditions are managed in a primary or community setting.

Furthermore, Aboriginal people’s experience of the health system can be different than for non Aboriginal people and there is a need to better understand what the journey looks and feels like from an Aboriginal perspective.

Section Five: Creating a strong and supported Aboriginal workforce

Consider:

- What mechanisms and strategies could be adopted to support recruitment and retention targets in the health system?

- What more needs to be done to promote and support Aboriginal people into leadership roles across the health system?
- How can more Aboriginal people be attracted to careers in the health system?
- What are examples of effective education and training initiatives supporting Aboriginal people in the workforce? How can these be enhanced or expanded?

What does this look like when we have achieved success?

What is working well – Please include examples of good practice?

What is not working well - Please identify barriers?

What specific recommendations would you make – Please identify opportunities

Aboriginal people have a vital contribution to make to the health system workforce that needs to be recognised and respected. NSW Health is committed to developing the Aboriginal health workforce, including employing at least 2.6% Aboriginal people, and the Ministry of Health has recently released an Aboriginal Workforce Strategic Framework to meet this commitment. The Ministry of Health has also released Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health.

Section Six: Embedding genuine accountability and transparency

Consider:

- How can responsibility for delivering against funding for Aboriginal health be better embedded throughout the health system to ensure accountability and transparency?
- How can accountability and transparency for the allocation and expenditure of Aboriginal health funds be achieved across the health system?
- What is the best way to involve local Aboriginal communities in ensuring accountability for funding allocation and delivery against this funding?

What does this look like when we have achieved success?

What is working well – Please include examples of good practice?

What is not working well - Please identify barriers?

What specific recommendations would you make – Please identify opportunities

NSW Health is accountable for public expenditure through long term funding and meaningful planning and service development in genuine partnership with communities.

There is accountability for services provided and for effective use of funds by both the mainstream and Aboriginal community controlled health services. The NSW Government is ultimately responsible for ensuring that all people in NSW have access to appropriate and effective health care. The NSW Auditor General's Report on Two Ways Together – NSW Aboriginal Affairs Plan recommended that there is compliance by NSW Government agency heads with the reporting requirements on Aboriginal targets as part of their performance agreement and that agencies develop a plan to regularly review compliance and results.

The need for stronger accountability is echoed in the Ombudsman's report which notes that "the currently fragmented approach to the planning, funding and delivery of services to Aboriginal communities, and the absence of adequate mechanisms for holding agencies to account against their responsibilities, must also be addressed".

Section Seven: Supporting innovative approaches and building the evidence

Consider:

- How can the NSW Health system work effectively in partnership with Aboriginal communities to both create and use relevant and useful evidence when developing and implementing programs?

- How can the NSW Health system better support and promote innovative approaches to Aboriginal health from locally identified best practice?

What does this look like when we have achieved success?

What is working well – Please include examples of good practice?

What is not working well - Please identify barriers?

What specific recommendations would you make – Please identify opportunities

The challenges of Aboriginal health are great – and there is a need to get smarter about the way we work, direct our funding and purchase services in order to ensure that the closing the gap targets are met. The Strategic Review of Indigenous Expenditure noted that “past approaches to remedying Indigenous disadvantage have clearly failed, and new approaches are needed for the future.”

More new and innovative, sustainable and scalable approaches need to be developed to address gaps in the health system and at the same time build the evidence and create program and service delivery models that work and can be adopted and implemented widely. There is very limited evidence about effective health approaches and interventions in the Aboriginal health setting.

The NSW Ombudsman’s recent report Addressing Aboriginal disadvantage: the need to do things differently noted that “recent reviews of major Aboriginal initiatives in NSW have demonstrated the poor return on [the] level of investment”.

The Ombudsman’s report also notes that the Strategic Review of Indigenous Expenditure found that in relation to addressing Aboriginal disadvantage, substantial government investments have “yielded dismally poor returns to date” and the Ombudsman’s report notes that “greater investment is needed to address the underlying causes of Aboriginal disadvantage, rather than simply treating the symptoms”.

The Ombudsman’s report also notes that too often programs are inadequately designed, poorly targeted and their effectiveness not evaluated. The inconsistent commitment to program evaluation means that there is often not a clear picture of which pilot programs have resulted in improvements.

The Auditor General’s report on Two Ways Together also noted that more rigorous evaluations would enable a better evidence base of what contributes to program success, and without this it is difficult to say whether funding is going to where it can be most effective, funding is properly allocated, funding is spent on the program it is allocated to and government services are being used.

Section Eight: Building the capacity of health services and communities

Consider:

- How can the role and capacity of the Aboriginal community controlled health sector be effectively enhanced? What are the barriers to building capacity, and how might they be addressed?
- How can mainstream NSW Health services play a more active and effective role supporting the growth in capacity of the Aboriginal community controlled sector? What are examples of successful capacity building?

What does this look like when we have achieved success?

What is working well – Please include examples of good practice?

What is not working well - Please identify barriers?

What specific recommendations would you make – Please identify opportunities

Strengthening health services and building community expertise to respond to health needs will be crucial to long term change. As the Ombudsman’s report "Addressing Aboriginal Disadvantage" notes, “Our ultimate goal should be to empower Indigenous people and communities... so that they can progressively take meaningful control of their futures,” and notes that: “it is critical that government works in partnership with Aboriginal leaders to build the ‘social and economic’ capital within Aboriginal communities”.

Section Nine: Valuing self determination

Consider:

- How can principles of self determination be better understood, respected and observed in the NSW Health system?
- What are strategies that mainstream health services can put in place to improve collaboration and partnerships with Aboriginal community controlled health services?

What does this look like when we have achieved success?

What is working well – Please include examples of good practice?

What is not working well - Please identify barriers?

What specific recommendations would you make – Please identify opportunities

The practical exercise of self-determination is central to Aboriginal health, and the underpinning principle of the Aboriginal Health Partnership Agreement. Self-determination can also be understood within the wider context of the Rights of Indigenous Peoples. Several statements reaffirm Indigenous rights, the most recent being the UN Declaration of the Rights of Indigenous Peoples, which notes:

“Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programs affecting them and, as far as possible, to administer such programmes through their own institutions.” (Article 23).

There is ambiguity around what self-determination means and how it can practically be realised, and principles of self determination for Aboriginal people are not always well understood or respected across the health system.

Section Ten: Recognising grief, loss and trauma

Consider:

- What system changes or initiatives need to be made to recognise and respond to trans-generational trauma and loss throughout the NSW Health system?
- How can the government build greater trust with Aboriginal people and communities?
- What can the health system do to support Aboriginal people and communities to achieve social and emotional wellbeing?

What does this look like when we have achieved success?

What is working well – Please include examples of good practice?

What is not working well - Please identify barriers?

What specific recommendations would you make – Please identify opportunities

The increased burden of disease carried by the Aboriginal population cannot be fully explained by socioeconomic disadvantage alone or in combination with other health risk factors, such as smoking, risk drinking, and poor housing (AIHW, 2008). The impact of colonisation on the loss of land has undermined the economic, spiritual and cultural basis of Aboriginal society and may contribute to poorer health (AIHW, 2008).

Many of the problems prevalent in Aboriginal communities today– alcohol abuse, mental illness and family violence (which themselves perpetuate the cycle of trauma) – have their roots in the failure of Australian governments and societies to acknowledge and address the legacy of unresolved trauma still inherent in Aboriginal and Torres Strait Islander communities. (Professor Judy Atkinson, Voices from the Campfire Report).

Addressing issues of loss and trauma will be critical to the success of services and programs, and greater recognition is needed to consider the impact of trans-generational trauma and loss, to ensure trauma

informed care and practice, and to recognise past government practices as contributing to the gap in Aboriginal health and equality. The Ministry of Health has recognised this for example through the signing of the Statement of Commitment, and some former Area Health Services have made similar acknowledgements and commitments. The NSW Ombudsman’s report also notes the need to “provide substantial support to healing programs that have been endorsed by Aboriginal communities”.

Other Information

Please make any additional comments below.

Thank You!

Thank you for making a submission to the NSW Aboriginal Health Plan.

A discussion paper is due to be released on Close the Gap Day 2012. There will be further consultations and an opportunity to comment on the paper through another round of submissions.