



# Department of Health

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**Survey results on health service needs and preferences for Aboriginal and Torres Strait Islander residents in the western Sydney and Nepean Blue Mountains Regions**

**Final Report**

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Developed by the Cultural & Indigenous Research Centre Australia 2016

All research conducted by CIRCA for this project was in compliance with ISO20252

# Executive summary

The Department of Health and NSW Health are preparing an approach to market to identify a provider (or providers) to deliver ongoing culturally appropriate quality primary health services to the Aboriginal and Torres Strait Islander community in the western Sydney and Nepean Blue Mountain regions. To help inform the development of the approach to market, 380 surveys were conducted with adult residents of these regions who identified as Aboriginal or Torres Strait Islander or have a child or partner who is Aboriginal or Torres Strait Islander.

The research was conducted by the Cultural and Indigenous Research Centre Australia (CIRCA) and McNair Ingenuity Research, and the interviews were conducted from 14 January to 15 February 2016.

The approach included face-to-face intercept interviews in a range of locations in the western Sydney and Nepean Blue Mountains regions, telephone interviews utilising a research panel of Aboriginal community members, and online surveys. Clients of the Sydney West Aboriginal Health Service (SWAHS) were sent letters inviting them to participate in the survey by calling a 1800 number, or completing a survey online. Aboriginal organisations in the region were also sent posters about the survey, and the survey was advertised on local media and promoted at community consultations conducted by Health on the 3<sup>rd</sup> and 4<sup>th</sup> February 2016.

The sample of 380 comprised 162 face-to-face interviews, 137 telephone interviews, 71 online surveys and 10 telephone interviews with community members who registered through the 1800 number. The data was weighted, in order to remove bias due to a higher representation of women and those aged 36-55 years in the sample.

## Demographic profile

Just under half of the sample had children under 18 in their care (46%), and 61% assist children or other family members to access healthcare.

Just over half were long-term residents, having lived in the western Sydney and Nepean Blue Mountains regions for more than 10 years, with 19% newer residents (up to one year).

## Health service access

Aboriginal and Torres Strait Islander respondents from western Sydney and the Nepean Blue Mountains regions used a wide range of health services frequently:

- 93% had visited or taken a family member to the doctor in the last 12 months, and 84% of these estimated that they had visited a doctor at least 4 or more times in the last 12 months, with 39% reporting that they had visited a doctor more than 10 times.
- 85% of respondents had used a range of other health services in the last 12 months, with significant numbers having visited a dentist (44%), an Aboriginal health worker (38%) and/or

optometrist (33%). Seventy-one percent (71%) had visited a range of other health services four or more times in the last 12 months, with 26% having visited more than 10 times.

The majority of respondents have a healthcare service that they normally use, with 51% usually attending a doctor in the community (other than at an AMS or hospital), and 42% usually visiting an AMS. Most of those who usually attend an AMS were clients of the former AMS Western Sydney or the current interim provider, SWAHS, (87%), and 9% were clients of Redfern AMS. For those who had visited a doctor at an AMS in the last 12 months, 35% had accessed free prescriptions through the AMS all the time, and 9% accessed free prescriptions very often.

When asked why people usually visit an AMS, a range of reasons reflecting the cultural sensitivity of the AMS were often cited. When asked why respondents do not usually visit an AMS, this was primarily because they have another doctor, or because the location is not convenient.

### **Important attributes for providing health services**

Feeling understood, comfortable and welcome were key considerations for respondents when choosing a doctor or health service. Specifically, more than 95% of respondents rated the following as being important or very important: feeling understood by the doctor/health professional, feeling comfortable/safe during consultations, feeling welcome at the service, and knowing their information would be treated confidentially. In fact, more than 75% of respondents felt knowing their information would be treated confidentially is very important.

When asked to rank a number of service characteristics in order of importance, providing a number of health services in the one location was seen to be the most important of the options presented, with 53% ranking this first, and 17% ranking this second. The other options included being able to make appointments, being open on Saturdays and in the evening, and having short waiting times.

### **Management and governance**

When asked to rate a list of skills needed on the board of management of an Aboriginal health service, more than 95% felt that knowledge of Aboriginal health care, ability to engage and communicate with the local Aboriginal community and knowledge of the local Aboriginal community were the most important skills and experience needed, and 94% rated experience in health system management and human resources skills as important. Eighty-nine percent (89%) rated business and financial management skills as important, and 86% rated legal/corporate governance skills as important.

Respondents were provided with four key statements on managing an Aboriginal health service, and asked how important each element was for having an Aboriginal health service that is well run. Almost all (97%) felt it was important for the service to be managed with community input on the type of services provided, followed by being managed with community input on priorities and key decisions (93%), managed by board members that are nominated and selected by the Aboriginal community based on merit (87%) and managed by a board of Aboriginal community members (80%).



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