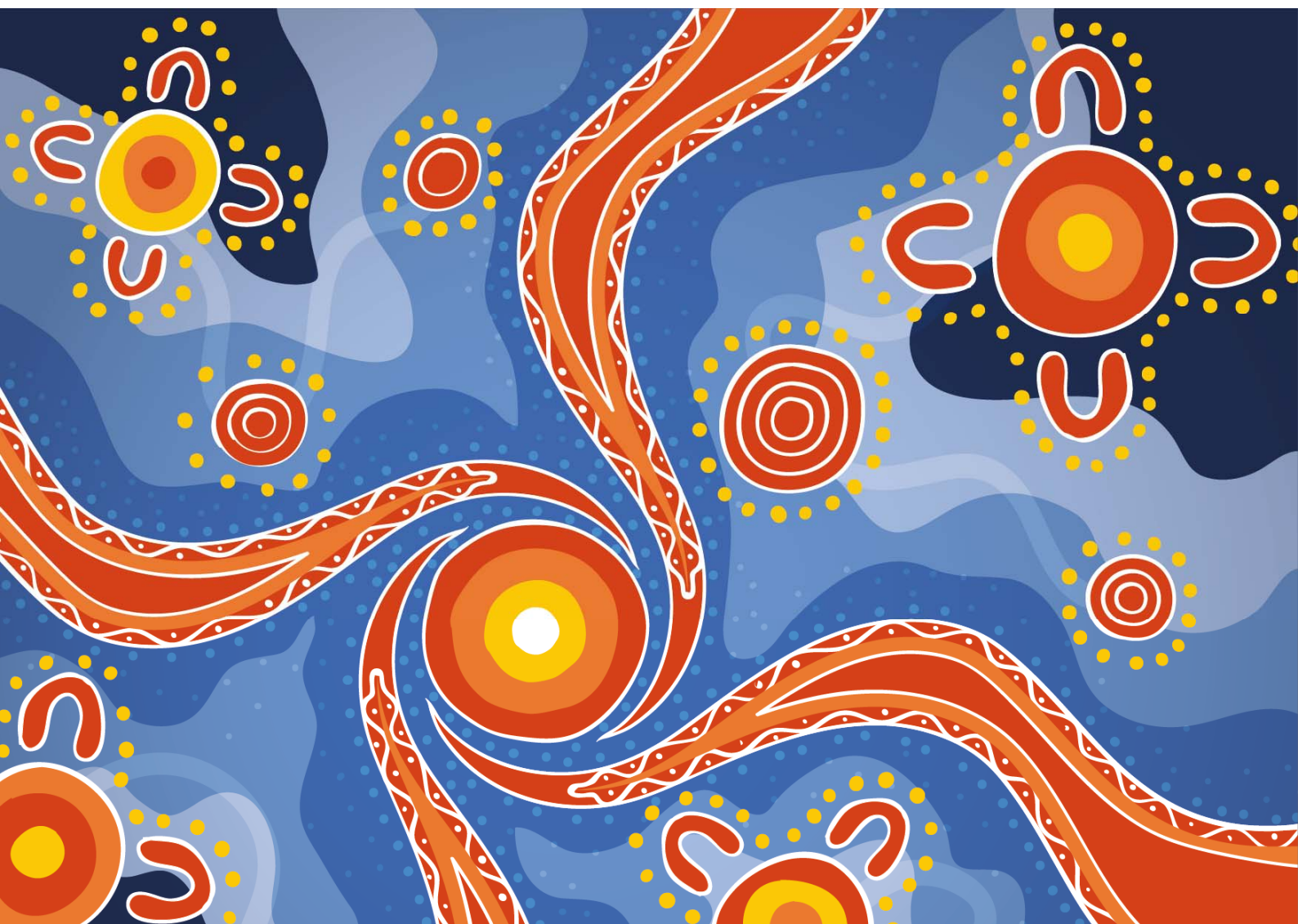


Aboriginal Leaders' Forum No. 7

31 May 2017, 9:00am–12:30pm

Tauondi College, Lipson Street, Port Adelaide



Health Performance Council



Government of South Australia
Health Performance Council



Cover artwork

Cover artwork meaning: The Health Performance Council (shown as the largest main meeting place) watches over the health and care journey of people to make sure that they are getting the proper care in every way. The journey paths emanating to and from the meeting place indicate the distance, while the blue colour variations show the landscape types. Around the central meeting place are many communities. Yellow dots around these places keep the people safe through their journey, ensuring proper care is achieved for everybody and that their needs are properly met.

Artist: Jordan Lovegrove, Ngarrindjeri, Dreamtime Public Relations, www.dreamtimepr.com.

Acknowledgement

We acknowledge the diverse Aboriginal peoples of South Australia and their participation in the life of South Australia. We acknowledge and respect their spiritual relationship with their respective country and we acknowledge them as the custodians of their country and that their cultural and heritage beliefs are still important to them today.

Forum discussion topics

The purpose of this Aboriginal Leaders' Forum was to present and discuss on two key topics:

- Launch of the Health Performance Council's consultation draft Aboriginal Health Case Study report for discussion and feedback from the forum.
- Update on the SA Aboriginal Chronic Disease Consortium and implementation of the
 - SA Aboriginal Heart and Stroke Plan 2017-2021
 - SA Aboriginal Diabetes Strategy 2017-2021
 - SA Aboriginal Cancer Control Plan 2016-2021.

Participants

Facilitated by

- Klynton Wanganeen
- Steve Tully[♦] (HPC Chair)

Guest speakers and presenters

- Lisa Jackson Pulver[♦] (HPC member and HPC Aboriginal Health Case Study 2017 project sponsor)
- Harold Stewart, Kim Morey, Odette Pearson, Wendy Keech (SAHMRI Wardliparingga)

[♦] HPC member



Aboriginal leaders, delegates and guests

- Brett Rowse[♦] (HPC member)
- Cathy Leane (Women's and Children's Health Network)
- Chris Thyer (Watto Purrinna)
- Christine Egan (Office of the Health and Community Services Complaints Commissioner)
- Dan Tyson (Southgate Institute, Flinders University)
- David Christie
- David Copley (Pangula Mannamurna Aboriginal Health Service)
- Debra Kay[♦] (HPC member)
- Doug Turner (Flinders Rural Health SA)
- Imogen Greenhill Gale (Renmark Flinders)
- Jennene Greenhill[♦] (HPC member)
- Karen Glover (SAHMRI)
- Lisa Warner (YWCA Inc)
- Margaret McCallum (SA Health)
- Michael Turner (Pika Wiya)
- Nola Whyman (Southern Adelaide Local Health Network)
- Sally Clark (PWC Indigenous Consulting)
- Sharon Clarke (Women's and Children's Health Network)
- Sharon Meagher (Aboriginal Health, SA Health)
- Simone Kenmore (Country Health SA Local Health Network)
- Tanya McGregor (Aboriginal Health, SA Health)
- Theresa Francis (Southern Adelaide Local Health Network, Aboriginal Health)

HPC Secretariat

- Jane Austin
- Jill Fraser
- Michelle Jones
- Nicholas Cugley

[♦] HPC member

Photos from the forum



Photos were taken with participants' knowledge and consent. People were free to opt out if they chose.

1. Welcome and introductions

Klynton Wanganeen and Steve Tully opened the forum, welcoming leaders, delegates and guests.

We acknowledge the land that the forum meets on is the traditional lands for Kurna people and we respect their spiritual relationship with their country. We also acknowledge the Kurna people as the custodians of the Adelaide region and that their cultural and heritage beliefs are still as important to the living Kurna people today. We also pay respects to the cultural authority of Aboriginal people visiting/attending from other areas of South Australia/Australia present.

Thank you to Aboriginal leaders who travelled long distances to attend the forum.

2. Keynote

Professor Lisa Jackson Pulver AM gave the keynote address, presenting findings emerging from the latest Aboriginal and Torres Strait Islander population data released by the Australian Bureau of Statistics following the 2016 Census.

Lisa is a proud Wiradjuri Koori woman with connections to south western and northern New South Wales, South Australia and beyond. She is an academic leader, a recognised expert in public health and prominent researcher, educator and advocate for Aboriginal and Torres Strait Islander Health and Education.

As the inaugural Pro Vice-Chancellor (Engagement and Aboriginal and Torres Strait Islander Leadership), Lisa leads the University of Western Sydney's work relating to Aboriginal and Torres Strait Islander outcomes at the Western Sydney University and beyond. She is also a Group Captain in the Royal Australian Air Force Specialist Reserve (Public Health Epidemiologist) and is currently posted to the Director General, Personnel Air Force as specialist advisor to the Chief of Air Force.

Lisa has served as a member of the Health Performance Council since 2012.



3. Launch of the HPC's consultation draft Aboriginal Health Case Study report for discussion and feedback from Aboriginal leaders

Lisa Jackson Pulver, HPC member and project sponsor of the HPC's Aboriginal Health Case Study 2017, launched the consultation draft report.

- The Aboriginal Health Case Study 2017 consultation draft report is available for download via the HPC website *Reports* page (hpcsa.com.au/reports) under *Aboriginal health in South Australia*.
- Lisa Jackson Pulver's presentation slidedeck is available for download via the HPC website *Get involved* page (hpcsa.com.au/get_involved) under *Aboriginal Leaders' Forums*.



Background to the Aboriginal Health Case Study 2017 consultation draft

The Aboriginal Health Case Study 2017 forms part of HPC's 2015-2018 four-yearly review program which reports on the performance of the South Australian health system, including how the system performs for specific and vulnerable population groups. Aboriginal health continues to be important and many opportunities exist for improving the quality of care offered to Aboriginal South Australians, their experience of care and health outcomes achieved.

Findings

The Aboriginal Health Case Study 2017 consultation draft report finds that the overall outlook for the health of Aboriginal South Australians remains poor, despite positive outcomes in some measures. This can be attributed in part to the performance of the health system, but not to this alone. What works to improve outcomes across the board is an integrated, cross-discipline and cross-portfolio, Aboriginal-led approach that takes account of social, cultural, economic and environmental determinants such as employment, culturally appropriate health practices and health-promotion.

Feedback being sought on the Aboriginal Health Case Study 2017 consultation draft

The Aboriginal Health Case Study 2017 consultation draft report asks stakeholders and interested parties in Aboriginal health to comment on consultation questions developed in conjunction with this case study across four broad areas:

- Have we covered what we said we'd cover?
- How can we share the report?
- What should be the next steps?
- Future research considerations.

What we heard from Aboriginal leaders

- Request for more data on health effects and impacts of removal from family and institutional care; and information on prevalence and health impacts of cancer and otitis media on Aboriginal communities be included in the final case study report.
- Final case study report needs more narrative behind the figures presented. For example, need to explain that although rates may be nominally lower, cardiovascular disease impacts Aboriginal people at a younger age than the non-Aboriginal population.
- TAFE and University sectors could be better at telling Aboriginal students what scholarships are available. Aboriginal leaders identified a need for partnerships between universities and TAFE.
- Aboriginal leaders would like to see more information on numbers of mature age Aboriginal students in tertiary education in the final case study report.
- Aboriginal leaders would like to see more information on under-employment in the final case study report.
- Safety in the workplace means that many Aboriginal people don't identify as Aboriginal. We heard from Aboriginal leaders of service providers putting to pressure on Aboriginal staff to identify as Aboriginal to "reach quotas".
- Fear of being targeted for discrimination means many Aboriginal people who are health consumers don't identify to healthcare workers that they are Aboriginal. Aboriginal people need better explanation from health service providers about WHY this field is being collected. That is, it's to promote better health outcomes. Lots of incorrect information about perils of identifying.

- We heard feedback from Aboriginal leaders that health service providers are not asking for Aboriginal status when consumers present for care. Aboriginal leaders told us that the Aboriginal status identification field needs to be mandatory, even if answer is “prefer not to say”. Question whether Aboriginal status identification field is mandatory in EPAS.
- Aboriginal leaders told us that it’s not enough to self-identify as Aboriginal. Need that connection to community to speak with authority when providing culturally competent health services to Aboriginal health consumers. “Identity goes well beyond what you look like” and that culture, connection to Country, connection to community and language is so important.
- Aboriginal leaders told us a lack of confidence in the health system will remain until action is taken against institutional racism. Aboriginal leaders suggested addressing racism through workplace audits, consumer feedback, safety and quality standards, personalised healthcare plans and making Aboriginal health consumers aware of their rights. Aboriginal leaders told us that these mechanisms are easier to audit than complaints. Needs to be a way for people to scorecard healthcare providers.
- Aboriginal leaders noted the difficulty in achieving the SA Health target of 2% Aboriginal employees, given the percentage of graduates and job applications. Would like to see more resources for opportunities in employment – “education is key”.
- Request to see more information in the final case study report about spread of professional roles in the SA Health organisation across regions (e.g. there are no Aboriginal Liaison Officers in some country regions)
- Request that the final case study report note that Administrative Services Officer (ASO) classifications in SA Health are not always non-client contact roles – e.g. Aboriginal health workers, Liaison officers, Aboriginal cultural consultants & mental health consultants.

Emerging issues for inclusion in possible future case study

Key issues that emerged from the discussion for HPC to consider in a future case study were around cultural competence of the health system in delivering healthcare to Aboriginal people with a focus on:

- Barriers to reporting/recording Aboriginal identification (both staff and consumers)
- Institutional racism and its effect on delivering safe healthcare to Aboriginal people
- Cultural competence of whole workforce in delivering appropriate healthcare to Aboriginal people.

4. Update on progress of the SA Aboriginal Chronic Disease Consortium

Harold Stewart, Kim Morey, Odette Pearson and Wendy Keech from SAHMRI's Wardliparingga Aboriginal Research Unit updated Aboriginal leaders on the SA Aboriginal Chronic Disease Consortium's implementation of the:

- SA Aboriginal Heart and Stroke Plan 2017-2021
- SA Aboriginal Diabetes Strategy 2017-2021
- SA Aboriginal Cancer Control Plan 2016-2021.

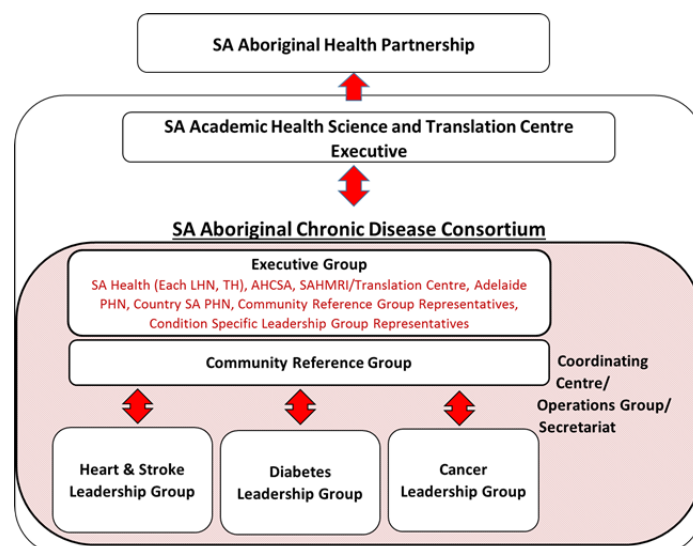
Wardliparingga's presentation slidedeck is available for download via the HPC website *Get involved* page (hpcsa.com.au/get_involved) under *Aboriginal Leaders' Forums*.



Background to the SA Aboriginal Chronic Disease Consortium

The establishment of the SA Aboriginal Chronic Disease Consortium (SAACDC) as an Aboriginal health priority area in the SA Academic Health Science and Translation Centre ("SA Centre") was a recommendation of the Aboriginal Health Partnership (SAAHP). SA Health received the completed chronic disease plans on 30 June 2016 and SAAHP prioritised the implementation of the three plans for the next five years. SAAHP is part of the ongoing governance and a key reporting group of SAACDC.

The vision of the SA Aboriginal Chronic Disease Consortium is to reduce the impact of chronic disease experienced by Aboriginal and Torres Strait Islander people living in South Australia through the delivery of collaborative, appropriate, well-coordinated, evidence based strategies to successfully implement the priorities in the three chronic disease plans listed above, with guiding principles in all plans.



Progress of implementation

Phase 1 – Setup and write implementation plan Feb - June 2017

Step 1

February - April
2017

- Announcement
- Set up Coordinating Centre and Governance Structures
- Consider “across plan priorities” and “condition specific priorities”
- Landscape scan – National and State

Step 2

May 2017

- Launch May 18
- Communicate with stakeholders
- Workshops to refine and agree on priorities

Step 3

Completed
30 June 2017

- Finalise plan for 2017-2021
- Advocate, gain commitment to implement immediate plan including \$
- Advocate for ongoing support including \$

Phase 2 – Ongoing implementation July 2017 – June 21

Next steps

- Drafting the Road Map/Implementation Plan
- In June all working groups meet to review the plan and there will be efforts to get \$ and in kind support before June 30
- The Road Map/Implementation Plan 2017 - 2021 will be submitted to SA Health on June 30.
- July - Implementation will begin

Key issues raised

- What is the best way to engage with the Health Performance Council? HPC could assist with implementation of plans, development of performance indicators. Monitoring and evaluation key components of plans.
- What would be the best way to engage with Aboriginal Leaders forum into the future? Report progress at the November 2017 forum.

FORUM CLOSED AT 12:30pm



Thank you to all participants for your valuable contributions



Summary of review cards from the forum

Review cards were distributed to seek feedback from attendees on the value of the forum and how the HPC Secretariat might improve forums in the future. Review card feedback is considered by the ALF Planning Group.

Method

Review cards were distributed on the attendees' seats during morning tea. The facilitator reminded people to fill the cards in and leave them with secretariat staff.

Response rate

A total of 33 participants attended the forum consisting of: 19 Aboriginal Leaders, 5 guest speakers and presenters, 3 HPC members, 4 HPC secretariat staff and 2 facilitators.

A total of 12 completed review cards were collected, including 2 from HPC members at the end of the forum. If we exclude secretariat staff and facilitators from the denominator (as they were directly involved in organising the forum) the response rate is 12/27 or 44%.

Q1. How do you rate the event in terms of its outcomes and outputs?

The average score was 7.7 out of 10, with a range of 6–9.

Q2. How do you rate the event in terms of its design and running?

The average score was 7.7 out of 10, with a range of 5–10.

Q3. What was best about the event?

There was overwhelming positive feedback from attendees about the high quality speakers and presentations and resulting discussions. Three comments that captured the overall tone of responses to this question include:

- "Great discussion - always real and thought provoking."
- "Both presentations today. The information within both presentations with regards to DATA."
- "Hearing about the work that is happening and opportunity to consider and feedback how it impacts on my work/community."

Q4. What would you like to have been different?

Feedback to this question can be generalised as "these forums need to go for longer". Respondents felt they needed more time for discussion.

Q5. What will you tell others?

Again, feedback to this question was very positive. Respondents said that will encourage others to attend as it offers a great opportunity to hear up to date, relevant information with opportunity to feed in priorities. Three typical comments that captured the overall tone of responses to this question include:

- "Very beneficial; improved understanding of some key issues."

- “These forums are very important and why. The energy and the passion from individuals are always inspirational.”
- “Brilliant collective commitment.”

Q6. What should happen next?

Respondents were clear that they want to continue to involve Aboriginal leaders in discussions about Aboriginal issues. Delegates told us they want the ALF follow-up on issues and actions identified during the forum e.g. (a) issues of workforce, Aboriginal identification and institutional racism; (b) update on the Aboriginal Health case study when complete; and (c) linking HPC with the South Australian Aboriginal Chronic Disease Consortium.

Q7. One word summarises how you feel now?

Participants were asked to identify one word that best summarised how they felt at the end of the forum. Words were entered into wordle.com. The image below represents the frequency of the word by size. Where a respondent wrote multiple words, or a sentence, the primary word was used (e.g. ‘Very informed’ was truncated to ‘informed’).

