

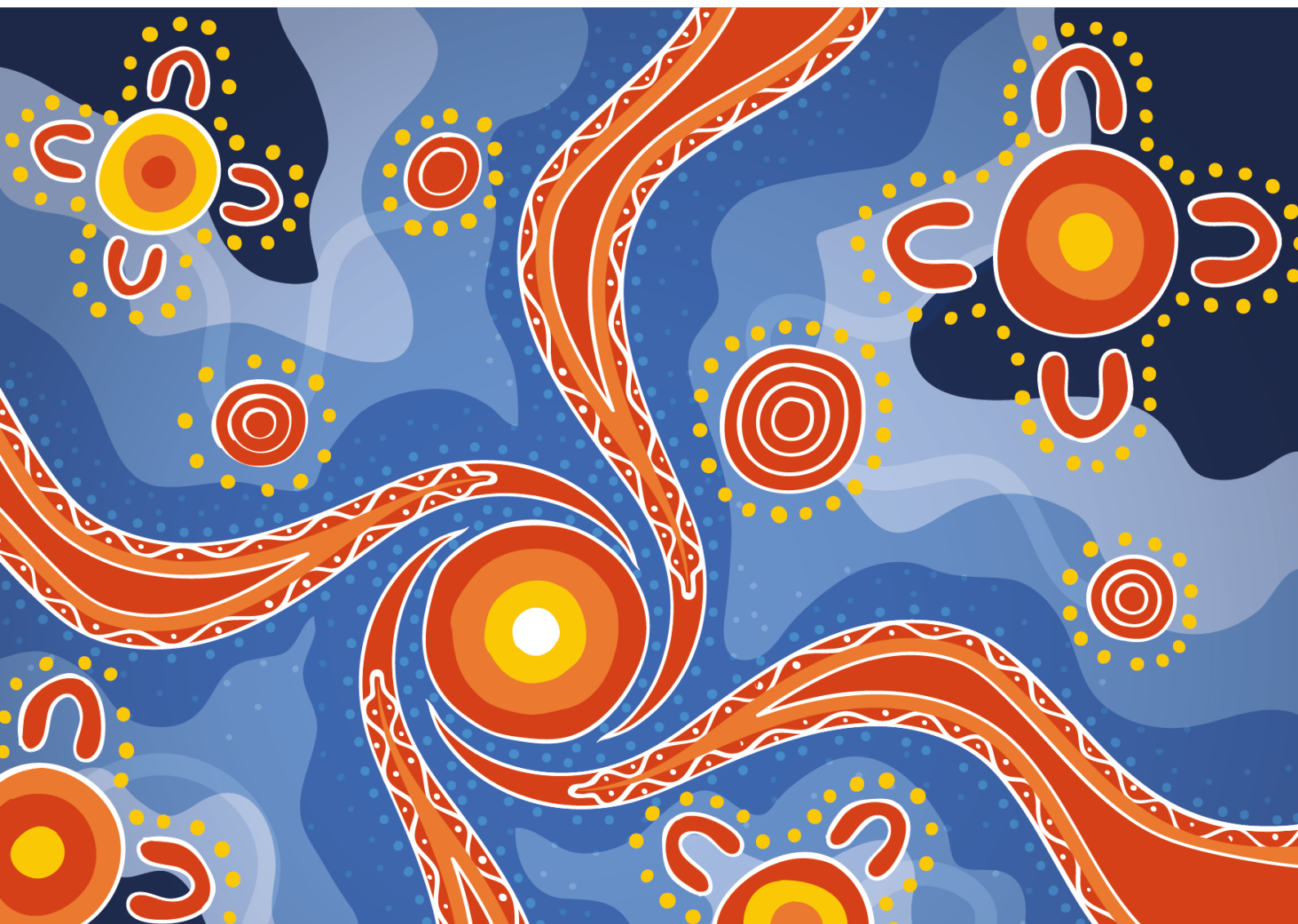


Aboriginal Elders' Lunch

12 September 2018, 12:00pm–2:00pm

Berri Club, Berri

OUTPUT REPORT



Health Performance Council



Government of South Australia
Health Performance Council



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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 journeys, ensuring proper care is achieved for everybody and that their needs are properly met.

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

Disclaimer

This document incorporates views and opinions which are intended to represent in aggregate those of the delegates to the Health Performance Council's forum and which do not necessarily reflect those of any or all of the individual delegates or of the Health Performance Council, SA Health or the Government of South Australia.

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.

The Health Performance Council

The Health Performance Council is South Australia's expert health system monitoring and evaluation body, providing advice to the Minister for Health and Wellbeing about the operation and effectiveness of South Australia's health systems.

Our reports are published on our website: www.hpcsa.com.

We engage widely with stakeholders and communities to help decide our priorities for review, making particular effort to seek out stakeholder groups who are commonly less well heard. Based on the success of our regular *Aboriginal Leaders' Forums* and our more recent *Culturally and Linguistically Diverse Leaders' Forums*, we planned this regional event to engage local leaders with health interests in a frank and open discussion about the particular health system interests in the Riverland region.

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Summary

The Health Performance Council and Flinders Rural Health South Australia (part of Flinders University) welcomed Aboriginal Elders from the Riverland region to a lunchtime forum in Berri. This was an opportunity to hear directly about local healthcare and health outcomes issues affecting Aboriginal people living in the area.

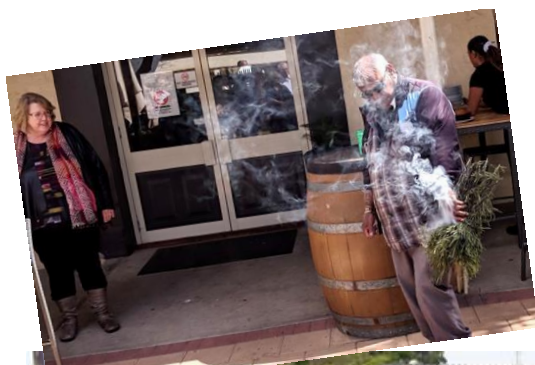
Priorities that emerged from the discussions:

1. Cultural awareness and cultural competence in the system
2. Access to patient transport
3. Consistency of services
4. Provision and retention of an Aboriginal workforce.

We also noted a number of other areas of concern that were discussed, including the impacts of drug/substance abuse on families and the community – especially ‘ice’; family social and emotional wellbeing; and financial exploitation.

We thank all those who attended for their honest and valuable contributions to Health Performance Council considerations, including informing the planning of the Aboriginal Leaders’ Forum hosted jointly with the South Australian Health and Medical Research Institute (SAHMRI) Wardliparingga Aboriginal Research Unit.

Photos from the event



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



Participants

We are very grateful to all delegates for their generous donation of time and insight.

Elders

- Uncle Barney (Howard Lindsay)
- Aunt Cheryl Norris
- Aunt Faith Morgan
- Aunt Janice
- Aunt Jenny Grace
- Aunt Lyn Akkerman
- Uncle Major
- Uncle Mick Norris
- Aunt Nat
- Neil Akkerman
- Norm Giles
- Uncle Reggie Black
- Aunt Tasma Derouffignac

Support staff of Elders

- Chantal Henley (Country Health SA)
- Emily Tinney (Aboriginal Health)
- Kellie Matthews (Aboriginal Mental Health)
- Lloyd Swanbury (Country Health SA)

Health Performance Council (HPC) and Flinders Rural Health South Australia (FRHSA) hosts

- Steve Tully (HPC Chair)
- Brett Rowse (HPC member)
- Donna Quinn (Associate Lecturer, FRHSA)
- Jennene Greenhill (HPC member and Associate Dean, FRHSA)
- Lisa Jackson Pulver (HPC member)
- Stephen Duckett (HPC member)

Health Performance Council Secretariat

- Andrew Wineberg
- Nicholas Cugley

Welcome

Uncle Barney opened the forum with a Smoking Ceremony and a Dreaming Story of the Wren...

"A long time ago all the birds were happy and getting along together. Then the Magpie said, "Look at my black and white feathers, they're really pretty, don't you think?" But the Swan said, "Who cares? Look at my neck, it's so long and beautiful." Then all the other birds joined in showing off their bodies until a big argument broke out. Who had the prettiest eyes or the strongest legs or shiniest feathers or the sweetest song? All the birds were yelling and screaming, and the argument grew louder and louder until they woke up wise old Owl. He looked down on them and yelled, "What's all this arguing about? KEEP QUIET!" The birds stopped; they had never heard the Owl raise his voice before.

"But soon they all started arguing again and once more the Owl called for quiet. "What's the point of arguing about it?" the Owl asked. "You are all different, why not have a competition to decide who's best?" "A competition?" said the birds, "What sort of competition?" The Owl sighed and asked, "What's something that you can all do?" The birds scratched their beaks and ruffled their feathers wondering what is it they could all do? After a while the Owl flapped his wings at them and said "Fly! You can all fly!" The birds agreed that flying was something they could all do. So they lined up and took turns to see who could fly the highest.

"The Magpie took off first. Next was the Swan who flew very high. The little Wren was watching, thinking he was so small and couldn't fly as high as the others, but he had a plan. The Wren snuck behind a bush near to where the birds were taking off... and waited.

"The Eagle and The Pelican were last. The Eagle flew higher and higher, catching the thermals that eventually took him so high up into the sky that none of the other birds could see him.

"When the Eagle came back, the Pelican said, "Wait until I get up there, I'll show you" He took off flapping his wings until he caught a thermal too. But just as the Pelican took off, the little Wren was able to sneak in under the Pelican's wings, catching a free ride. He was still holding on when the Pelican had flown even higher than the Eagle. "I'm the winner!" declared the Pelican.

"But just then, the little Wren flew out from underneath the Pelican's wing and darted up into the air, higher than the Pelican had gone. "No you're not!" said the Wren "I'm the highest! I'm the winner!" And he flew back down and all the other birds started cheering him.

"Then the Pelican landed and told them what the Wren had done. The Eagle who had the keenest eyes said he saw the Wren dart out from underneath the Pelican's wing in the sky. All the birds were now angry with the Wren for cheating. They chased him away, pecking him and saying they didn't want him around anymore. So the Wren went and hid under a bush and that's where he lives to this day. He only flies up above the bush to look around and darts back again. That is his punishment: To forever hide under a bush and never fly higher than other birds."



Discussion

Participants introduced themselves, their diverse backgrounds and areas of expertise.

Discussions were held over lunch amongst several smaller breakout groups across several tables. To help foster diversity of opinions and candour in the conversation, even where opinions might be seen as controversial, the proceedings were held under the Chatham House Rule, under which it is permitted to make full use of everything discussed but on a strictly non-attributable basis¹. The discussion that followed was respectful, honest, free and at times contentious but not divisive.

Frank discussions took place on issues considered to be of most importance for improving health outcomes for Aboriginal people living in the Riverland region, summarised below:

Cultural awareness and cultural competence in the system

We heard that Aboriginal people living in the Riverland feel that they are treated differently and/or not listened to by the local health services. Elders told us more cultural awareness and cultural competence training of the local health workforce is needed to improve quality of healthcare for Aboriginal people in the region.

Patient transport

We heard that patient transport was an important health system access and equity issue for Aboriginal people living in the Riverland that require services in metropolitan Adelaide, especially access to the SA Health Patient Assistance Transport Scheme (PATS).

SA Health offers PATS to subsidise the cost of travel, including air travel, and accommodation when rural and remote South Australians need to travel more than 100 kilometres to see their nearest treating medical specialist. Approved escorts are also eligible for PATS. Patients have six months to submit an application for PATS after the date they visited their medical specialist.

However, we heard that there is ‘too much paperwork’ involved in applying for the scheme and/or lengthy delays in receiving reimbursement. This acts as a strong disincentive for eligible but vulnerable groups in the community in securing assistance that they need and are entitled to, resulting in poorer health outcomes.

Another issue of concern that Elders told us about is the difficulties and financial barriers Aboriginal people in the Riverland experience in organising transport of deceased relatives back to Country for culturally appropriate burial. This can impact on quality of care received during end-of-life decision-making, family and community bereavement, and more broadly on community social and emotional wellbeing. In one example we heard, a family member died in the Northern Territory but there was no funding to return the body to the Riverland for culturally appropriate burial. The family and community were very distressed at feeling forced to have the remains of their loved-one returned cremated.

¹ ‘When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed’ — <https://www.chathamhouse.org/about/chatham-house-rule>



Consistency of services

We heard that costs for healthcare for Aboriginal people in the Riverland can vary significantly depending on where a service is received. For example, we heard one example where a flu vaccine was free if accessed via the Closing the Gap program but costs are incurred if the flu vaccine is received at a pharmacy.

We also heard from Elders that Aboriginal people perceive the quality of healthcare received in the Riverland region is affected by long waiting times, delays/barriers in being reimbursed by Medicare and is generally perceived as being below the quality received in metropolitan Adelaide. One example we heard was that receiving equitable cancer treatment – screening and early intervention – in the region was difficult for Aboriginal people.

Another issue was around autopsies. We heard that an autopsy is required if a person dies at home but not if they die in hospital. This affects community end-of-life decision-making and quality of end-of-life care. We also heard that there are too many decision-makers (police, GP, clinician, coroner, funeral director) and not enough Aboriginal community involvement in what is recorded on a person's death certificate.

Provision and retention of an Aboriginal workforce.

We heard that it is very difficult to attract enough Aboriginal health workers to the Riverland and to persuade them to stay. The problem is a 'patchwork quilt' of short-term federal/state contract funding arrangements leading to high rates of staff turnover and gaps and poor consistency of services.

Other priorities

We also noted a number of other areas of concern that were discussed during the event. Family social and emotional wellbeing in the region is being affected by drug and substance abuse – especially 'ice', gambling, youth unemployment, trouble getting finance and financial exploitation. All of these issues we were told are damaging the fabric of the Aboriginal communities in the Riverland.

**On behalf of the Health Performance Council and Flinders Rural Health South Australia,
thank you to everyone for your participation**

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