



Post-implementation review

of Country Health SA's Aboriginal Community &
Consumer Engagement Strategy



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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.

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Acknowledgement

The Health Performance Council acknowledges all the Aboriginal peoples of South Australia, the complexity and diversity of their communities and that each has its own beliefs and practices. We recognise their cultural authority and respect their enduring spiritual relationship with their countries. We know that there are people of Torres Strait Islander heritage living in South Australia; however, in recognition that Aboriginal people are the original inhabitants of this state, in this document we respectfully use the term 'Aboriginal' in this document to refer to all people who identify as Aboriginal, Torres Strait Islander, or both.

This review was made possible only by the contributions of so many others. We acknowledge and express our immense gratitude to members of our review advisory group, respondents to our surveys, participants in our focus groups, and all others who gave so generously of their time, knowledge and experience.

Summary

Introduction

The Health Performance Council, South Australia's independent review body responsible for monitoring and reporting on the effectiveness of the state's health systems, undertook as one of seven priority review areas for 2015–2018 a revisit of the 2011 review of the governance arrangements of country South Australia's Health Advisory Councils. The report of that revisit review was published in 2017 and makes note of, but does not examine in detail, Country Health's Aboriginal Community & Consumer Engagement Strategy. The Health Performance Council has now completed a further project to examine the initial implementation by Country Health of that engagement strategy – this report contains that project's findings.

The Aboriginal Community & Consumer Engagement Strategy was introduced by Country Health in May 2015 and, along with a broader whole-of-community consumer and community engagement strategy, helps fulfil Country Health's policy obligation for all local health networks to implement effective engagement strategies. After more than three years of its initial implementation, this is the first and only formal evaluation that the Strategy has had, and so is the first assessment of its effectiveness, coming at a critical time for country South Australia's health system as changes get underway associated with the devolution of many functions of Country Health from July 2019 to a suite of new local health networks.

We took a co-design and co-production approach to our review. We established a broad based advisory group, with a strong mix of Aboriginal health perspectives, to lead us through the review. The group examined the Strategy and – reflecting what is itself a failure of the Strategy – inferred intended outcomes of the Strategy and devised a logic model to frame the review and what we wanted to try to determine: how successful the Strategy has been in influencing change in the short term; what gaps in engagement activities would need to be filled to be expected to achieve the Strategy's aims; and what key and emerging areas ought to be the subject of future focus.

Findings

We find that the Strategy is considered a good model, is generally well regarded, and is deserving of praise for its ground-breaking nature and intent. Its initial implementation has undoubtedly led to some success. And we have noted some positive changes around staff training and development. There is more, active participation and engagement with the health system by Aboriginal people in country South Australia, not least a result of dozens of Aboriginal people across South Australia with an interest in contributing their diverse expertise, thoughts and interests being enrolled onto the flagship creation of the Strategy, the Aboriginal Health Experts by Experience register of Aboriginal consumers and carers who have nominated themselves to be involved in public health planning.

However, we also find that the Strategy's implementation has been patchy and that there is plenty of improvement necessary for the desired outcomes to be achieved in the short term and to allow for attainment of longer-term goals.

The Experts by Experience register is to be celebrated and much good has already come from it. But it has not yet translated into sufficiently strong partnerships for active participation in and co-design of programme development and delivery. Communications – both within Country Health and with external stakeholders – about the benefits of the Experts register has been inadequate and must be improved if the benefits of this fantastic resource may best be realised. Partly, that goes to the issue of governance: we would like to see more thought given to the promotion, design and delivery of induction and ongoing training to the Experts, and strategic thought given to the management and beneficial exploitation of the Experts register.

We are also greatly concerned by some workforce makeup and culture issues. Our review did not find that there was a good understanding amongst staff of the benefits of consumer and community engagement and of the diverse needs and engagement preferences of Aboriginal consumers. More seriously, we see that many Country Health staff have not completed what is ostensibly a mandatory cultural learning framework and that there is an under-representation of Aboriginal staff across Country Health, with every one of the six country regions bar Barossa/Hills/Fleurieu having an Aboriginal headcount disproportionately low compared to the population makeup. Substantial work is needed to recruit more Aboriginal staff and to audit, and if necessary tackle, what may be apathy or even systemic racism.

As we write this report, the changes to the country health landscape mean that it will be not for Country Health but its successor group of local health networks to embed change and drive further improvement, and, whilst the Strategy is not theirs, we recommend that they adopt it as a baseline and implement our recommendations.

We reiterate that, on balance, we consider the Strategy to have been a force for much good and are pleased to note the beneficial outcomes that have resulted from its implementation over the last few years. But we also note that so much more must be done to ensure that the benefits intended from the Strategy's design are broadly seen to have eventuated in good co-design and co-delivery of services so that Aboriginal health consumers across country South Australia can be best served by the health system into the future.

Summary of advice

See more detail in the *Advice* section on page 40

1. Make more effective use of the Aboriginal Experts by Experience register
2. Take strategic action to respect regional diversity of Aboriginal people
3. Develop strategic partnerships with community and stakeholder organisations
4. Identify and, as necessary, tackle any systemic racism and the actual or perceived tendency of staff to the disregard of Aboriginal issues
5. Ensure proper Aboriginal workforce representation
6. Embed a workforce culture that recognises and respects the benefits of community and consumer engagement
7. Establish binding agreements on Aboriginal community and consumer engagement
8. Ensure that national standards are being complied with
9. Make regular evaluations of the Strategy's implementation

Introduction

The Health Performance Council, a statutory Ministerial advisory body established by the Health Care Act 2008, is South Australia's only external review body providing expert advice to the Minister for Health and Wellbeing on the performance of the state's health systems. The Council's advice focuses on health outcomes for South Australians, in aggregate and for sub-population groups; on governance; and on the effectiveness of community engagement.

The Council produces four-yearly reviews of South Australian health system performance, case studies and other monitoring reports. These are all published at <https://www.hpcs.com.au>.

The Health Care Act 2008 provided for the creation of Health Advisory Councils to perform advocacy for their community and to provide advice to and undertake other functions for the health Minister and the health system¹. In June 2008, 41 such Health Advisory Councils were established for country South Australia². The Health Performance Council was obliged under the Health Care Act to report on the Advisory Councils' effectiveness and governance over an initial three-year period³, and this was duly completed in late 2011 and the report published in 2012⁴.

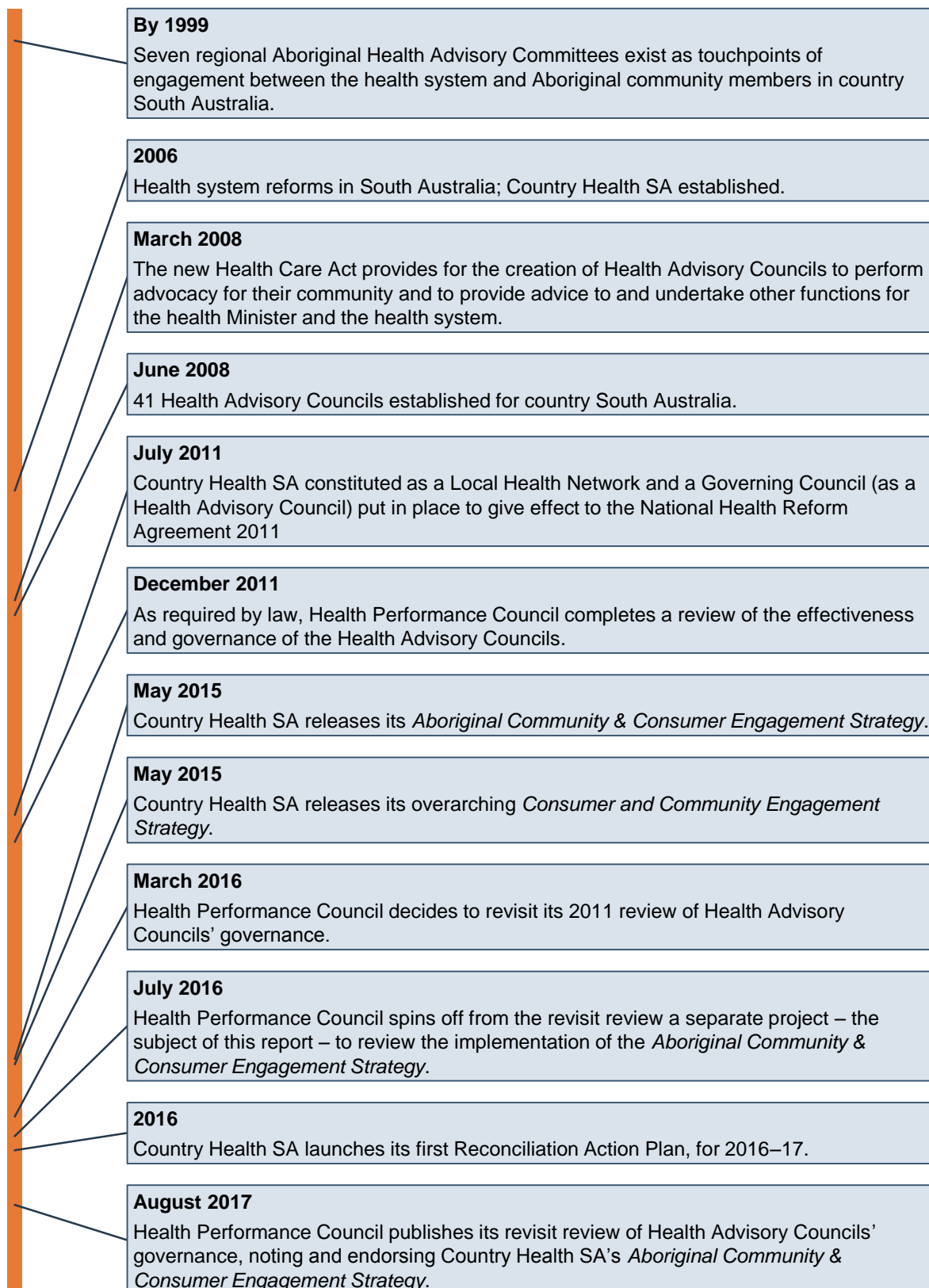
In March 2016, the Health Performance Council decided to revisit its 2011 review of the country SA Health Advisory Councils, to analyse what and how much had changed since the first review. The report of this revisit review was published in late 2017⁴, showing point-in-time observations on governance, findings on variations between Advisory Councils and over time changes since the 2011 review, and advice to the Minister on future considerations around governance. The review's findings included an endorsement of Country Health SA Local Health Network's then nascent Aboriginal Community & Consumer Engagement Strategy⁵ but did not at that time examine it in any detail. Rather, the Health Performance Council resolved to commence an ancillary project specifically to produce a post-implementation review of that Strategy. This report is that project's findings.

As this report is published, it is approaching four years since the Strategy's launch in May 2015 and, in that time, no other formal evaluation of the Strategy has taken place or been commissioned by Country Health. The Health Performance Council is steadfast in its conviction that evaluation is essential to be able to assess effectiveness of any strategy and whether and to what extent its intended outcomes are being attained. Furthermore, the Strategy identifies itself as being underpinned by the National Safety and Quality Health Service Standards⁶, which include requirements for 'governance for safety and quality in health service organisations' (Standard 1) and 'partnering with consumers' (Standard 2), both of which indicate the need for an assessment such as this review provides. The Council therefore decided that it was worthwhile for us to review the implementation of the strategy so far, to report on how well it has been achieving its intended outcomes and to make recommendations for improvement in its further implementation.

The Health Performance Council has also incorporated findings from this review into its four-yearly report to the Minister on significant trends in the health status of South Australians, the performance of the state's health systems and other relevant issues. This comprehensive over-arching report was delivered to the Minister for Health and Wellbeing by the end of 2018 and is expected to be published in due course on the Council's world-wide web site. By law, the Minister must present the four-yearly report in Parliament and, within six months, to issue Parliament with a formal response⁷.

Context

Timeline of key events



The Strategy

The policy framework that SA Health has established for community and consumer partnership requires that chief executives of its Local Health Networks '[...] implement an effective consumer engagement system'^[8]. In 2015, Country Health SA Local Health Network released its Consumer and Community Engagement Strategy⁹, which provides overarching direction on consumer engagement. Aligned with this is its more specific Aboriginal Community and Consumer Engagement Strategy⁵, also released in 2015 and the subject of this review.

Before the Strategy was introduced, a network of seven Aboriginal health advisory committees provided the model of engagement between the health system and Aboriginal community members in country South Australia¹⁰. An internal governance review in Country Health in 2010 produced a recommendation¹¹ that changes be made to Aboriginal engagement, a new process advised to be instituted in line with the International Association for Public Participation's model¹² wherein the public may be considered to participate in a process along a spectrum from being merely informed to being fully empowered. Consultations with the Aboriginal health advisory committees and a separate review by the Aboriginal Health Forum in 2012 further convinced Country Health that a new model of engagement ought to be implemented¹³ and, following four years of consultation and development, Country Health released their new Strategy in May 2015^[14].

The Strategy has a stated intention to '[provide] instruments to enable Country Health to better plan, design, deliver and respond to the needs of Aboriginal people who use Country Health services' and is expressly noted to have been informed in particular by the National Safety & Quality Health Service Standards and the International Association for Public Participation framework. The Strategy identifies fourteen priority strategies across four key result areas aligned with the National Safety & Quality Health Services Standards. The flagship of the Strategy is the Aboriginal Experts by Experience register, a group of consumers and community members who have nominated themselves to take some involvement or engagement in the design and delivery of health services or to act as a conduit with a broader community.

Aboriginal people in country South Australia

The state of South Australia has a strongly capital-centric population: population density in the Adelaide area is 1,000 times that of the rest of state^{i,15,16}. But the dichotomy is far less pronounced for the state's Aboriginal residents, for whilst well under a third (29%) of South Australians live outside the boundaries of the capital's health services, a little over half (51%) of Aboriginal people live in these country areasⁱⁱ. The consequence, which underscores the importance of the Strategy and of this review, is a proportionally greater number of Aboriginal people being looked after by Country Health SA than by the metropolitan Adelaide local health networks.

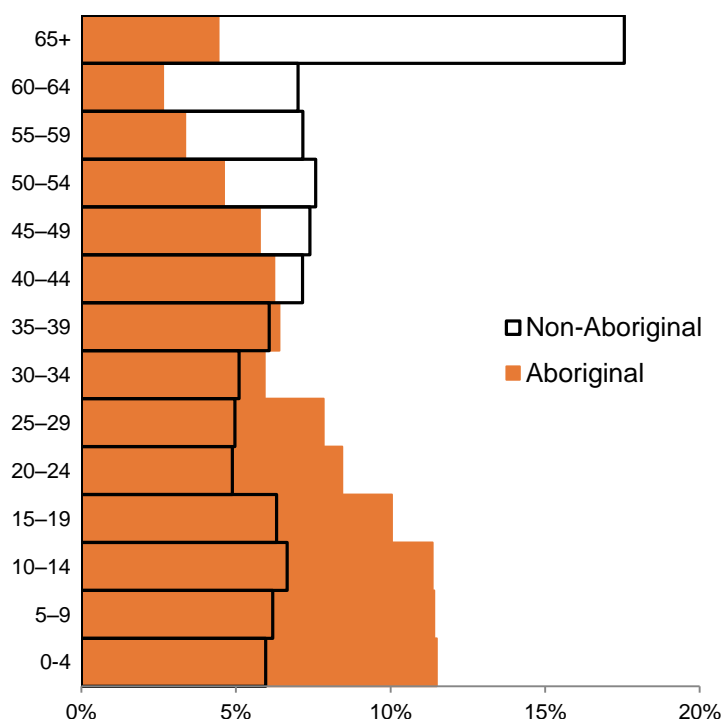
The inequity of the disparities in population health and of health outcomes between Aboriginal and non-Aboriginal Australians has been much documented, including by the Health Performance Council in its 2017 Aboriginal health case study¹⁷. Compared to other population groups, there is excess prevalence of many acute and chronic conditions including heart disease, diabetes, respiratory diseases and cancer. Aboriginal people are more likely to be overweight or obese or to have high blood pressure. Incidences of self-harm are more common. The mortality rate for under-5s is more than twice that of non-Aboriginal infants and children.

ⁱ Estimated 2016 population density by Greater Capital City Statistical Area: 406/km² in Greater Adelaide and 0.4/km² in Rest of South Australia.

ⁱⁱ Figures in respect of the area covered by the Country SA primary health network, which is co-extensive with the area under the responsibility of Country Health SA. Analyses elsewhere based on Greater Capital City Statistical Areas or on other metropolitan/country definitions may differ.

Figure 1: population profile in country South Australia

Share of country South Australia population by age and gender, Aboriginal and non-Aboriginal populations, 2016.
 [Sources: see references 18 and 19]



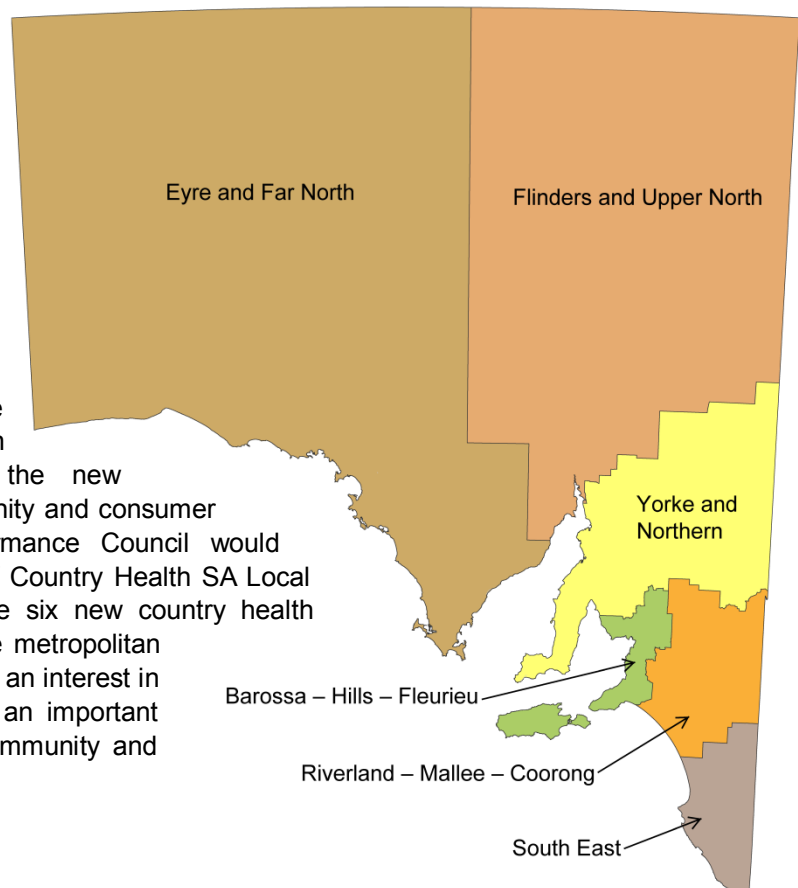
Most painfully stark as a reminder of the continuing health disparities is the ten years' shorter average lifespan that continues for Australia's Aboriginal people: for whilst the life expectancy for non-Aboriginal Australians is 83 years (female) or 80 years (male), for Aboriginal Australians it is only 74 years (female) or 69 years (male)^[20]. This is manifest in the age profile of country South Australians (Figure 1) which has a dearth of older Aboriginal people, those aged 65 years or over comprising close to one-fifth of the non-Aboriginal population in country but under one twentieth of the Aboriginal population.

Changing country health landscape

As this report is being written, the Government of South Australia has commenced a programme of work to restructure the governance of the state's public health system, health services in country SA to be provided through six new local health networks in place of the single Country Health SA network. Initial enabling legislation has been passed²¹ to establish governing boards for each of the new health networks and appoint their chief executive officers. Further legislation is expected to be introduced in Parliament in 2019 to create the governance and accountability framework under which the new boards and their health networks will operate.

Amongst their other duties, the initial legislation provides that the new governing boards must each develop strategies around community and consumer engagement²².

Being a review in the short term of the implementation of Country Health's strategy, this report is largely backwards looking in time and its conclusions based on what has been found to have happened so far. However, given the expected obligations on the new governing boards around community and consumer engagement, the Health Performance Council would therefore expect that the rump of Country Health SA Local Health Network and each of the six new country health network boards (and, indeed, the metropolitan Adelaide boards) will want to take an interest in this report inasmuch it provides an important evidence base to inform their community and consumer engagement work.



The review

Aim

To evaluate the implementation in the short term of Country Health SA Local Health Network's Aboriginal Community & Consumer Engagement Strategy.

Objectives

To conduct a review of the ACCE Strategy in order to determine:

1. How successful has the ACCE Strategy been in influencing change in the short term?
2. What are the remaining gaps in consumer and community engagement activities that would be expected to achieve the ACCE Strategy's stated aims in the short term?
3. What are the key and emerging areas for future focus that will improve the chances of achieving medium and long-term outcomes?

Scope

The Health Performance Council first endorsed terms of reference for this review at its meeting in September 2016 and assented to various amendments at subsequent meetings. Primary deliverables were agreed to be a technical research report – that is to say, this document – and a brief research report written for a community or lay audience, which Health Performance Council will be publishing to complement this report.

Matters endorsed²³ by Health Performance Council as being within scope of the review:

1. Country Health SA's Aboriginal Community and Consumer Engagement Strategy.
2. Review areas including but not limited to:
 - a. Consideration of the effectiveness of the Strategy; whether this approach reflects best cultural and engagement processes; the extent to which the Strategy and the Department of State Development's Aboriginal Regional Authority Policy²⁴ interact, acknowledging the limited involvement therein to date;
 - b. The extent of implementation of the strategies set out in the Aboriginal Community and Consumer Engagement Strategy across all levels of engagement (individual; directorates, programs and services; network; and systems);
 - c. Evidence that advice received from Aboriginal people through the Strategy has been used to inform health services delivery, design and decision-making; what changes have been implemented; whether health outcomes have improved for Aboriginal people;
 - d. Governance arrangements and accountability for the Strategy; the level of awareness and adoption of the Strategy throughout Country Health SA;
 - e. Consideration of the interactions between the Strategy and Country Health's *Community and Consumer Engagement Strategy*;
 - f. The extent of Country Health SA's support for self-determination, by examining the interactions between Aboriginal Community-Controlled Health Organisations and

mainstream country health services, recognising that community-controlled is the preferred model of primary care.

3. The extent to which Health Advisory Councils in country SA promote the interests of Aboriginal people.

Matters endorsed by Health Performance Council as being expressly out of scope:

1. Review of any other Health Advisory Councils (i.e., in metropolitan areas), of Local Health Networks in South Australia, or of any Health Advisory Council-like arrangements in other jurisdictions.
2. Systematic review of the literature about Health Advisory Councils and regional health services governance.
3. Review of Country Health SA's mainstream Community and Consumer Engagement Strategy.
4. Country Health SA's Aboriginal engagement in Anangu Pitjantjatjara Yankunytjatjara lands.

Governance

This project was initiated by the Health Performance Council, which maintained responsibility throughout for strategic oversight, direction, quality assurance and approval of outputs. The Health Performance Council selected from amongst its members Professor Lisa Jackson Pulver AM and Mary Patetsos to act as project sponsors, taking primary delegated responsibility for strategic oversight of planning and delivery; Council member Rick Callaghan served as project under-sponsor.

An advisory group was convened to assist the Health Performance Council with the project's design and delivery. The group was chaired by Professor Jackson Pulver, a Wiradjuri Koori woman, and had representation from a variety of Aboriginal perspectives, including the Aboriginal Health Council of South Australia, the Council of Aboriginal Elders of South Australia, Country Health SA Local Health Network's Aboriginal 'Experts by Experience' register, an Aboriginal community controlled health service, the Aboriginal Health Directorate in Country Health SA Local Health Network and the Aboriginal Health Branch in SA Health. The group's remit included advice on development of project specifications, selection of a data collection contractor, broad perspectives on how findings might relate to other elements of the health care system, preparation of research governance documents and the content of the review's final reports.

The Health Performance Council Secretariat, under the oversight of the Council and its project sponsors, operationalised the review, prepared external and internal communications, organised the review advisory group, drafted this report, managed the contract with the contractor for data collection and analysis, and fulfilled all other project management and operational delivery requirements. The Secretariat's director took responsibility for operational management, resource allocation and supervision and accountability to the Council and its project sponsors for achievement of the agreed deliverables.

Safeguarding of Aboriginal cultural protocols and of data collection subjects was supported by ethical and scientific oversight from the South Australian Department for Health and Wellbeing Human Research Ethics Committeeⁱⁱⁱ. An application for oversight was also submitted to the Aboriginal Health Council of South Australia's Aboriginal Health Research Ethics Committee, which determined that it did not require to provide formal oversight.

ⁱⁱⁱ <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+and+medical+research/research+ethics/sa+health+human+research+ethics+committees/sa+department+for+health+and+ageing+human+research+ethics+committee>

Methods

Outline

This was a mixed-methods evaluation across three core domains of analysis:

1. A desktop review of documents and analysis of available data;
2. Surveys of Country Health staff, members of Country Health's Aboriginal 'Experts by Experience' register and other stakeholders;
3. Focus group sessions with stakeholders.

The implementation of these methods was informed throughout by a detailed preliminary co-design phase led by the review's advisory group, which concluded in the creation of a logic model and high-level questions for the review by way of a conceptual structure for the gathering of data.

Principles

We recognised that, the Strategy being about consumers and community members, they would have the experience and legitimacy necessary to guide the review project. We therefore established an approach of design and production to lead us through the review built on Aboriginal community and consumer perspectives, taking the form of an advisory group made up of a strong mix of Aboriginal health perspectives (see further: Appendix 2). The advisory group examined the Strategy and – reflecting what is itself a failure of the Strategy – inferred intended outcomes of the Strategy and devised a logic model to frame the review and what we wanted to try to determine: how successful the Strategy has been in influencing change in the short term; what gaps in engagement activities would need to be filled to be expected to achieve the Strategy's aims; and what key and emerging areas ought to be the subject of future focus.

We also chose to conduct this work in accordance with all applicable legislation and, so far as possible, relevant extra-statutory guidance. We paid particular heed to national²⁵ and state level²⁶ guidance for Aboriginal health research ethics. We also took effort to comply with the spirit of the National Statement on Ethical Conduct in Human Research²⁷, the associated Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research²⁸ and the Australian Code for the Responsible Conduct of Research²⁹.

Recognising that our review should be conducted in a way that recognises and respects the ways that Aboriginal people in South Australia would like health research to be conducted in their communities, we applied, and determined that any contractors would also apply, the principles of the South Australian Aboriginal Health Research Accord³⁰. Before undertaking any substantive work on the review, we assessed the expected impact of the work on Aboriginal people and, in compliance with SA Health policy, submitted an Aboriginal Health Impact Statement to SA Health's Aboriginal Health Branch.

Scoping

We noted from initial review of the Strategy that it set out a summary analysis³¹ of environmental background and theoretical frameworks underpinning the Strategy's design and a background list of references³² but there was no clear discussion observed as to how the theory and sources were used to construct the Strategy and guide its implementation. Although this might point to a concern as to whether and to what extent the Strategy's design was based on evidence, it was considered that an examination of the planning and research behind the Strategy's construction would fall outside of the

project scope and was not considered further. Thus, this project does not look to the creation of the Strategy or whether it is suitable for its purpose, but rather it takes the existence of the Strategy as a given and examines what has happened as a consequence.

Evaluation logic model

It was noted during scoping work that the Strategy did not set out any coherent discussion of its design upon a theory of change and was especially light on expressing its intended outcomes. To be able to evaluate the implementation, therefore, the review advisory group determined that it would need to infer intended outcomes and a structural narrative around which to construct an evaluation model.

From a detailed reading of the Strategy combined with advisory group members' own knowledge and experiences, the group collated and deduced the factors on which the Strategy depends, the activities and programmes that the implementation of the Strategy would produce, what would be expected to result from the operation of those activities, and the short, medium and long-term outcomes that would be expected to result as a consequence of the effective implementation of the Strategy. This 'logic model', as it is known in programme evaluation theory, served to structure the data collection and analysis of the review (Figure 2).

Inputs

Our advisory group identified the resources, stakeholders and external constraints that would be used by the Strategy for the production of activities and, ultimately, of outcomes for Aboriginal consumers and community members.

Activities

The Strategy clearly lays out a set of categories of activities and programmes that it envisages being undertaken to bring about change or to demonstrate commitment to patient centred care³³. As these are the activities and programmes that would be expected from a successful implementation of the Strategy, they are directly representable in the logic model and have been mapped against the same four key result areas used by the Strategy:

1. **Individual.** Evidence of building relationships and partnerships with Aboriginal community members.
2. **Directorates / programs & services.** Evidence of a philosophy of valuing Aboriginal consumer and community participation and supporting meaningful engagement.
3. **Network.** Evidence of systemic reform in Aboriginal community engagement and of work to attain compliance with national safety and quality health standards.
4. **Systems.** Evidence of an effective processes and practices that support a culturally safe environment for delivering quality services.

Should the Strategy be working as intended, we would expect to see evidence of activities and programmes being implemented across each of these priority strategy areas.

Outputs

Heavily influenced by the lists set out in the Strategy³⁴ of possible actions to achieve the result area activities, our advisory group determined what would be directly expected to result from the implementation of the Strategy's priority activities. These are mapped against the same four key result areas as used for the logical modelling of activities.

Outcomes

Although the modelling of activities and direct outputs was straightforward from a reading of the Strategy, more deliberation was required to determine what should be modelled as the intended results that would be expected to be achieved from a successful implementation. The Strategy was found to be light on detail of downstream results and our advisory group therefore worked to infer what the ultimate outcomes ought to have been. We made a pragmatic choice to split the inferred outcomes across three temporal domains: the post-implementation short-term, for which three would be expected to be evidence should the Strategy have been successfully implemented, and two periods of longer term outcomes for which it would be too early to expect to find direct evidence but where gaps in evidence of implementation would support recommendations for future focus.

Figure 2: logic model

Redrawn for this report from an original diagram by the review advisory group



Methods design

From the initial review of the Strategy combined with the scoping decisions and consideration of the logic model, the review advisory group settled on the following broad questions as objectives for the substantive part of the review:

1. How successful has the Strategy been in influencing change in the short term?
2. What are the remaining gaps in consumer and community engagement activities that would be expected to achieve the Strategy's stated aims in the short term?
3. What are the key and emerging areas for future focus that will improve the chances of achieving medium and long-term outcomes?

The advisory group mapped the outcomes components of the logic model against these questions to create a skeleton matrix of indicative questions and possible data sources and review methods by which they might be answered (Appendix 3). This disclosed the need to complete the review on a mixed-methods approach, combining a review of documents and records (both publicly available and documents to be requested from Country Health SA) supplemented by a substantial fresh primary data collection from stakeholders.

With the group's advice, the Health Performance Council determined that an Aboriginal business with review and social research expertise should be appointed to undertake core data collection and initial synthesis. Accordingly, in January 2018, PwC's Indigenous Consulting^{iv}, a majority Aboriginal-owned and operated social research firm, was engaged as the review's data collection contractor with a remit to undertake a desktop review and to run a set of stakeholder surveys and face-to-face focus group sessions across country South Australia. A conscious decision was taken not to seek to engage the whole of the community in the survey and focus group work, as the essence of this review being to the effectiveness of Country Health's strategy of engagement with the Aboriginal community, we decided that it was appropriate to limit engagement to staff of Country Health and those having some existing affiliation to Country Health.

We recognised that our collection of data about Aboriginal health and our involvement of people as participants in our review would raise ethical concerns. As well as being pragmatically necessary to limit the scope of engagement, we also considered it an effective measure towards mitigating ethical risks to participants that those who would take part would all be from groups for whom participation in such work as this review would be a normal and expected part of their employment, office or appointment. We considered and documented in a study protocol other tactics to mitigate risk, including tight controls over the personal and identifiable data to be provided by participants, provision of clear information about their participation and safeguards to avoid their being or feeling coerced into taking part. We sought and obtained approval for ethical and scientific oversight of the review from the Human Research Ethics Committee of the Department for Health and Ageing [now Department for Health and Wellbeing]. We also applied to South Australia's Aboriginal Health Research Ethics Committee, which determined that it did not require to provide ethical oversight of this work.

Desktop review

Primary data collection began in early 2018 with a desktop review of available documents and data, undertaken by the review's data collection contractor with the co-operation of the Aboriginal Health Directorate at Country Health. The review team searched for literature and data relevant to each of the key output domains identified by the preliminary design work for the Strategy's logic model. A snowball style document search strategy was developed from a series of meetings between the review team

^{iv} PwC's Indigenous Consulting is a trading name of Pricewaterhousecoopers Indigenous Consulting Pty Ltd

and, separately, the Health Performance Council's review advisory group and staff in Country Health's Aboriginal Health Directorate.

The review team first looked at publicly available sources; this was supplemented by an exploratory trawl for relevant documents held internally by Country Healthy SA. As the team reviewed each document, they requested further information from Country Health where it was evident that it would be necessary to fill in gaps to understand aspects of current and future planned activities for the implementation of the Strategy. A list of primary documents reviewed is set out in Appendix 4.

The documents and data from this scan were reviewed to produce a baseline analysis of the environment in which the Strategy sits and to identify remaining gaps in the information base that would need to be filled by later stages of the review. In conjunction with the preliminary work done by the review advisory group in the design stage, a strong understanding was thereby developed of the environment in which the review sits and early identification made of themes, issues and data gaps.

For completeness, the data collection contractor's preliminary report from the desktop review is being published as a supporting appendix to this report^v.

Stakeholder surveys

Using the review's over-arching objectives as an analytical framework applied against the logic model, gaps in the knowledge base gained from the desktop review were identified. Much of the missing information was considered capable of being gathered through a bespoke set of surveys of stakeholders. A set of survey design principles was developed by the data collection contractor and, based on the initial design work and desktop review findings, six cohorts of stakeholders were identified: the Aboriginal Experts by Experience register; members of the Aboriginal Youth council; Country Health executives; Country Health Aboriginal staff; other Country Health staff; and external stakeholder organisations such as Aboriginal community-controlled health organisations.

The surveys were designed by the data collection contractor with input from an Aboriginal clinician having expertise in health data and were then further refined in association with the review advisory group and the Health Performance Council project sponsors and Secretariat. The surveys included some quantitative questions (such as rating scales) but were more focussed on filling in gaps in the knowledge base with open and closed qualitative questions around experiences, perceptions, opinions and comments on community and consumer engagement activities, processes and programmes. Copies of the survey questions are included in Appendix 5.

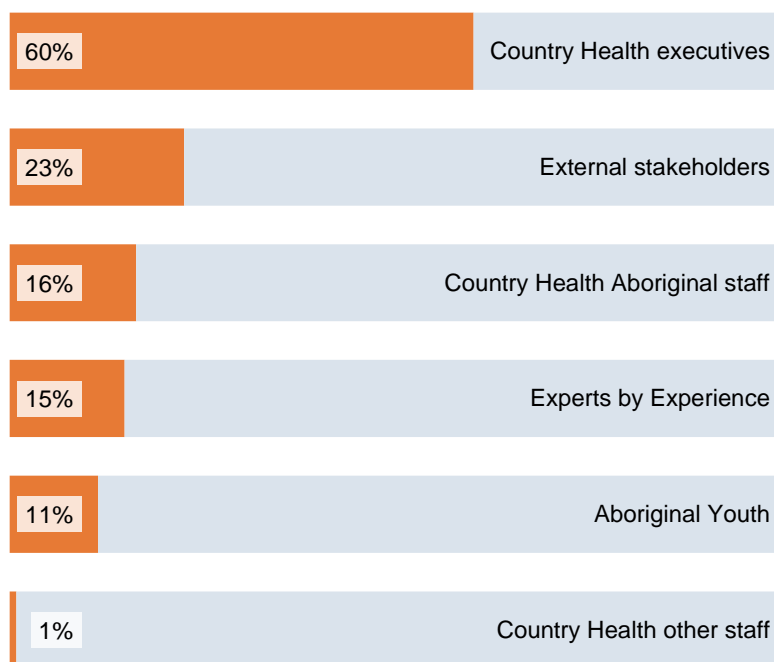
Identification and management of communications with potential participants was entirely coordinated on our behalf and to our specification by Country Health and its Aboriginal Health Directorate. They contacted on our behalf each member of the Aboriginal Experts by Experience and Youth register and known external stakeholders to invite participation and issued emails to the three staff cohorts. We believe, although cannot confirm, that this means of recruitment thereby provided 100% coverage of the Experts by Experience, Youth and staff cohorts; the identification of the complete set of candidate participants in the external stakeholder cohort is, by its nature, more nebulous and we therefore accept that we have convenience-sampled rather than conducted a census of this cohort. Across all six of the survey cohorts, a total of 9,192 participants were identified for the survey target population^{vi}. Responses totalled 147, being 115 online responses and 32 hardcopy responses which were provided during the later focus group sessions.

^v <https://www.hpcsa.com.au/reports/2018-post-implementation-review-of-country-health-sas-aboriginal-community-and-consumer-engagement-strategy>

^{vi} Target population was all those in each of the six named cohorts. The 9,192 identified members of these cohorts are more properly considered as the surveys' collective 'sampling frame'.

Table 1 / Figure 3: survey responses and response rates*By respondent cohort: includes online and hardcopy responses.*

	Population	Responses	Response rate
Country Health executives	^(a) 15	9	60%
External stakeholders	31	7	23%
Country Health Aboriginal staff	159	26	16%
Experts by Experience	168	25	15%
Aboriginal Youth	35	4	11%
Country Health other staff	8,784	76	< 1%



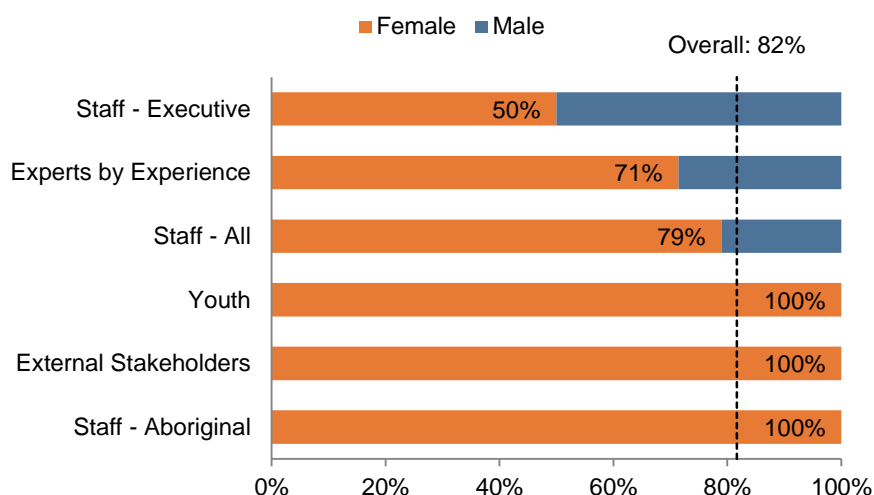
^(a) Population shown for Country Health executives cohort from information provided by Country Health and differs from a figure of 35 reported to us by our data collection contractor

Survey completion method was primarily self-completion of a web-based multi-page survey form but the project design work had recognised that participants would have a range of desires and capabilities as to their preferred means of completing a survey, for reasons including cultural inclinations, impecuniosity, and access to the Internet; to accommodate these preferences, participants were also offered the choice of completing a hardcopy survey form by post or a telephone survey with a member of the data collection contractor team, or alternatively participants could choose to complete a hardcopy survey when attending at a focus group (see also *Focus groups* section on page 23). These alternative completion methods were intended mainly for the benefit of members of the community cohorts (Aboriginal Youth and Aboriginal Experts by Experience) but were made available to any recruited participant. Except for those completed at focus group sessions, surveys were conducted during an approximately 4-week window from 27 April to 23 May 2018.

Survey response rates were generally poor (Table 1) and varied considerably by cohort. Country Health executives had the best response rate, at 60%. It is, though, regrettable that the broader base of Country Health staff had the lowest response rate of all cohorts, at less than 1%. We are unable to speculate as to why this response was so poor; we do know that the survey was promoted to all Country Health staff in an email circular from their Chief Executive³⁵ and, although it was a free choice for staff to opt-in to complete the survey, the response rate of 1% was nevertheless far below that which would be typically expected even as a poor return rate in such a survey³⁶.

Figure 4: gender of online survey participants

Where stated. No data for hardcopy survey respondents. No participants identified as other than male or female.



To help gauge the breadth of our survey respondents' representation of their underlying communities, and to allow for some analysis by subgroups, we asked demographic questions of each survey respondent. These optional response questions covered gender, age (except for the Youth cohort), language spoken at home and the region of country South Australia in which the respondent resides. Not all respondents chose to answer the demographic questions, and we do not have demographic data at all for any of the surveys completed in hardcopy form (see also our Quality statement at Appendix 1). The data we do have on participant demographics does suggest that our survey results may not be wholly representative of Aboriginal consumers and community members across country South Australia. In particular, we note that a large majority (82%) of participants who stated their gender were female (Figure 4) and almost none (2%) of those who responded indicated that they spoke a language at home other than English.

Focus groups

It was recognised by the review team that stakeholder surveys would not be sufficient to fill in all the gaps in the knowledge base identified from the desktop review and so, at the same time as the surveys were created, the data collection designed a series of focus group sessions. Early findings from the desktop review were used to formulate lines of inquiry that were considered best filled from face-to-face focus group interviews, seeking in particular to ensure that the project best incorporates stakeholder voices. The same six cohorts of stakeholders as were surveyed were considered in scope of this work.

Following the completion of survey work, the review team revised and iterated the focus group designs in the light of the preliminary findings from the surveys, creating a focus group guide with questions designed to fill remaining information gaps with nuance and texture to understand the effectiveness of the implementation of the Strategy (see Appendix 6).

The focus groups were held between late May 2018 and mid-June 2018. Each was facilitated and moderated by Aboriginal experts from or under subcontract to the data collection contractor. Resource constraints had initially provided that at most six focus group sessions would be able to be planned to be held, but, in the event, it was found possible to operate seven sessions across country South Australia with a further four locations incorporated by videoconference links to the fixed locations. The session locations were determined on advice from Country Health's Aboriginal Health directorate under guidance from the review advisory group, and were calculated to ensure that the diversity of Aboriginal voices across the state were heard appropriately and, so far as possible, separately.

Table 2: focus group attendance numbers*By region and attendee cohort.*

Region	Community		Staff			External stakeholder
	E by E ^(a)	Youth	Aboriginal ^(a)	Executive	Other	
Barossa Hills Fleurieu		1	5		5	2
Flinders and Upper North	1	2	4	3	3	
Riverland Mallee Coorong	3	1	4	1	4	
Yorke and Northern	5	1	5		4	1
Eyre and Far North		1	1		2	1
South East				6		
TOTAL: 66	9	6	19	10	18	4

^(a) Any attendee who identified as both Country Health staff and a member of the Experts by Experience register has been tabulated here as Country Health staff

Overall, 66 people attended the focus group sessions, a quite satisfactory if not large number, the attendance at each session being solid and consistently broad-based across the various constituencies being represented (Table 2). Especially, there were Country Health staff in attendance at each of the sessions and, other than for the South East region, Aboriginal consumers and community members.

Synthesis

Raw data from the surveys and focus groups were analysed for evidence that they disclosed as to the operation of the activities, the attainment of the specified outputs and the achievement of the specified outcomes in the evaluation logic model. Commensurate with the principles and essence of the South Australian Aboriginal Health Research Accord³⁰, we considered it appropriate and of value that an initial analysis be produced for us by the majority-Aboriginal data collection contractor. Findings in this document, including especially those based on analyses of the primary data collections, are based in part on the content of the report provided to us by the data collection contractor.

We validated provisional findings in discussion with our review advisory group. A feedback session, to which all community survey and focus group participants were invited to attend if they wished, was held to present and further validate through group discussion the emerging findings of the review. Feedback on emerging findings, for incorporation into this document, was also taken at a presentation and discussed of the emerging findings at a meeting of a broad cross-section of Aboriginal leaders in South Australia with an interest in health outcomes research and population health³⁷.

Results

Desktop review

Unless stated otherwise, all information is believed correct as at early 2018 when this phase of the review was undertaken and is derived either from documents and data reviewed or from communications between the review team and Country Health staff.

Individuals

Evidence of building relationships and partnerships with Aboriginal community members.

The Experts by Experience register was established at some time in 2015, the same year that the Strategy was released. By January 2018, there were 168 Experts registered, with representation from all Country Health regions (Table 3), and one former Expert who had left the Register. There are no formal terms under which Experts are engaged, but they are paid an hourly fee for their time and are reimbursed their travel expenses. We are told that some Experts have expressed frustration at the time taken to remit these funds, although we should be clear that this is the reporting of the Experts' perception and that, to our knowledge, Country Health have always approved and processed payments within applicable public sector guidelines. The Experts register is currently maintained as a Microsoft Excel spreadsheet, but there exist plans to transition to a more robust system using a relational database management system.

Table 3: numbers of Experts by Experience, January 2018, by region

Region ^(a)	Number of registered Experts by Experience
Eyre, Flinders & Far North – West	28
Eyre, Flinders & Far North – East	46
Riverland, Mallee, Coorong	37
Yorke & Northern	14
South East	13
Barossa, Hills, Fleurieu	28
TOTAL ^(b)	166

^(a) Region names shown differ from those generally used in Country Health more recently (from 2016)

^(b) Tabulation from data supplied by the data collection contractor; it is not known why the sum of Experts by region is not equal to the separately reported total number of Experts of 168

Prospective Experts by Experience nominate themselves for registration by means of a one-page application form, which includes a collection of data on how they wish to participate in their membership. Orientation and induction sessions for new members have been conducted by Country Health's Aboriginal Health Directorate approximately four times each year. All induction courses had been held in Adelaide but there were regional inductions scheduled, and the induction training package was also under review. By early 2018, in the region of 40–50 Experts had completed the induction process. There are no processes in place either for creating individual development plans for Experts or for holding exit interviews with Experts wishing to leave the Register.

We found only modest amounts of information on other Aboriginal community engagement activity. We note evidence that Country Health does have a modest but steady programme of community engagement events, across all regions, although at least some of these pre-date the Strategy and hence cannot be attributed to its introduction. We understand that there is currently no strategic marketing activity to promote participation on the Experts by Experience register or other engagement with Country Health amongst Aboriginal people generally or important sub-populations such as Aboriginal youth.

For engagement with young people, an Aboriginal Youth Engagement Strategy has been created, intended for launch in April 2018^[vii]. Country Health has also identified youth representatives in each Country Health region, and we are told that consideration has been given to means of increasing youth engagement in certain identified very remote Aboriginal communities. There is no strategy for engagement with Aboriginal Elders, but Country Health has created a fact sheet and indicated an intention to engage with Elders in aged care facilities.

Directorates, programmes and services

Evidence of a philosophy of valuing Aboriginal consumer and community participation and supporting meaningful engagement.

We noted limited information on the promotion of meaningful engagement. Our attention was drawn to Country Health's 'Nunga luncheon' programme – a regular series of organised community gatherings with lunch provided – but we also noted that these remained in a state of ongoing design, were running in only one Country Health region and that the information provided to us did not allow for examination of number of lunches or how many people attended and of which demographics. We also note evidence provided that this programme pre-dates the Strategy and hence is not attributable to its implementation. We have seen no evidence as to the effectiveness of this or other programs being systematically assessed as to levels of engagement, community desire or value for money.

Country Health has had a Statement of Reconciliation, mandated as a policy directive since 2014 (i.e., pre-dating the Strategy). Subsequently, the organisation created a Reconciliation Action Plan for 2016–17, which committed them to building stronger relationships, respect and opportunities for Aboriginal people. Governance oversight for the plan was vested in an operational committee and Country Health's Aboriginal Health Directorate was charged with implementing and monitoring of progress against the Plan; we are not aware of any documents or data resulting from this monitoring role, although we do not assert that there are none. We are told that reviews are underway towards development of a new Reconciliation Action Plan.

Country Health's 'People and Culture' team^{viii} has led the creation of a 'Competency Learning and Development Program', which to some extent duplicates objectives of the 2016–17 Reconciliation Action Plan. The first phase of the programme, which we are told has been completed, was intended to ensure that all Country Health staff completed online cultural competency training. We were unable in our initial desktop review to obtain any record of numbers of staff who have completed this training but we were subsequently provided with a data report stating that, as at 31 December 2018, the overall average compliance for Aboriginal Cultural Learning was 53%^[38], which is, on its face, far below what would be expected for a mandated programme being in compliance. We understand that the intention of the second phase of the programme, in progress at the time of data collection, is to develop and implement a regional specific cultural education programme; a tertiary phase is expected to follow, developing specialised training for Country Health's executives and leadership team.

We found limited evidence of training for Country Health staff on community engagement and consumer satisfaction. We were informed about a training session known as 'Service Matters' but we did not discover clear information on this such as where and how often it is held and who are the target participants. We understand that some thought has been given as to how Aboriginal participants may be drawn to this training or to whether there would be merit in creating a separate Aboriginal engagement training session.

Whilst it is an objective of the Strategy (goal 2, strategy 2.5) that there be regular meetings between regional directorates and key Aboriginal Health stakeholders, staff in Country Health's Aboriginal

^{vii} We believe the intention to launch was correct at the time of our document review but we have not subsequently sought confirmation of this launch date having been achieved.

^{viii} I.e., human resources.

Health Directorate told us of doubts they had as to whether such meetings would be meaningful. Nonetheless, we do understand that the directorate does regularly engage with key Aboriginal stakeholders.

Network

Evidence of systemic reform in Aboriginal community engagement and of work to attain compliance with national safety and quality health standards.

The core governance structure specified in the Strategy is an Aboriginal Health Services & Strategy Group, with representatives from all directorates and regions, to assist in the advancement of Aboriginal health priorities within Country Health and to provide a route for monitoring and reporting on Aboriginal health activities and business. This group was established, in 2016, and terms of reference were drafted which would allow the group to provide oversight of the Strategy. However, we are told that this group has not met since its initial establishment and that it is not currently operational; there is thus a major gap in strategic governance for the continued delivery of the Strategy.

Another component of the governance structure set out in the Strategy is for a 'discrete Council of Aboriginal leaders' to be established to provide advice to Country Health's Chief Executive. We understand that this has not happened and, furthermore, that Country Health has elected to put on hold the attainment of this objective. We are told that there is an assumption within Country Health that the rationale for this objective is considered to be of providing a direct community voice to the Chief Executive and that they consider this to be discharged by dint of there being Aboriginal members on Country Health's governing council^{ix} and regional advice being provided through the Aboriginal Experts by Experience. However, we did not obtain any evidence from the desktop review that would allow for this assumption to be justified.

Most, but not all, Country Health regions now have an 'Aboriginal Community, Consumers and Carers Sounding Board' established to provide regularly scheduled opportunities for the promotion of health engagement. The scheduling of these Boards' operations is not necessarily undertaken with the assistance of or harmonised with the work of the events committee in Country Health's Aboriginal Health Directorate. There is also not yet any established process for monitoring and reporting on these Boards' progress.

We are told that there are Aboriginal representatives on key Country Health committees – not only on the governing council but also on the Reconciliation Committee and on the Presiding Members Panel (which provides liaison between local Health Advisory Councils and Country Health's governing council and assists in securing advocacy for the community³⁹). An increased level of Aboriginal consumer participation on committees such as these is a stated objective of the Strategy (goal 3, action 4) and is consistent with the National Safety and Quality Health Service Standards. Since the Strategy was published, there has been a new edition released of the National Safety and Quality Health Service Standards⁴⁰, setting out updated actions to secure better implementation of systems for effective consumer partnership. Country Health and its successors would be advised to review the new standards and its Aboriginal User Guide⁴¹ to adopt actions to build on progress and secure ongoing compliance with the standards.

Systems

Evidence of an effective processes and practices that support a culturally safe environment for delivering quality services.

It is required, by SA Health policy mandate, that questions of Aboriginal impact be considered in all briefings to certain executive groups (including Country Health Executive) and that each Local Health

^{ix} Country Health SA Local Health Network Health Advisory Council Inc, known as the Country Health SA Governing Council.

Network (including Country Health) develop a procedure to assess and approve Aboriginal Health Impact Statements for proposals having a high Aboriginal impact⁴². We are told that there has existed for some time a procedure within Country Health, now well embedded, for ensuring the completion and submission of Aboriginal Health Impact Statements'. However, we have no clear understanding as to whether a process has been established and implemented for triaging and assessing the statements.

Whilst we note the existence of a quarterly Country Health 'Aboriginal Community and Consumer Engagement Newsletter', we otherwise found nothing to evidence the development or implementation of culturally respectful approaches to care.

It was disappointing to us to discover that Country Health employed far fewer Aboriginal staff than would be expected under an assumption of equity in employment given the numbers of Aboriginal people living in country South Australia. Every one of Country Health's operating regions, with the exception of the geographically compact 'Barossa, Hills, Fleurieu' region, has a lower proportion of its workforce identifying as Aboriginal than the proportion of its residents who are Aboriginal (see further in *Workforce Findings* section: Figure 8, on page 39).

Surveys

Unless stated otherwise, all information is from consolidated responses to online and hardcopy surveys. Unless stated or contextually requiring otherwise, statistics from survey results exclude answers of 'unsure' or similar. For operational reasons, we have not been able to secure a complete set of survey responses for analysis, as some data from hard-copy surveys is unavailable.

As we noted in our *Methods* section, response rates to the surveys were generally poor, and in any event, the numbers of people in each surveyed cohort population were low. Some demographic information was collected from respondents, but, both for practical reasons of incomplete responses to these optional questions and to help discharge our responsibility to protect respondent identities in accordance with the protocol agreed with our overseeing human research ethics committee, we have not disaggregated responses by these demographic dimensions. We also accept, as a necessity of the approach, that there will be bias in the survey responses for which we cannot control but we value the nuance and texture that they provide for our analysis.

Individuals

Evidence of building relationships and partnerships with Aboriginal community members.

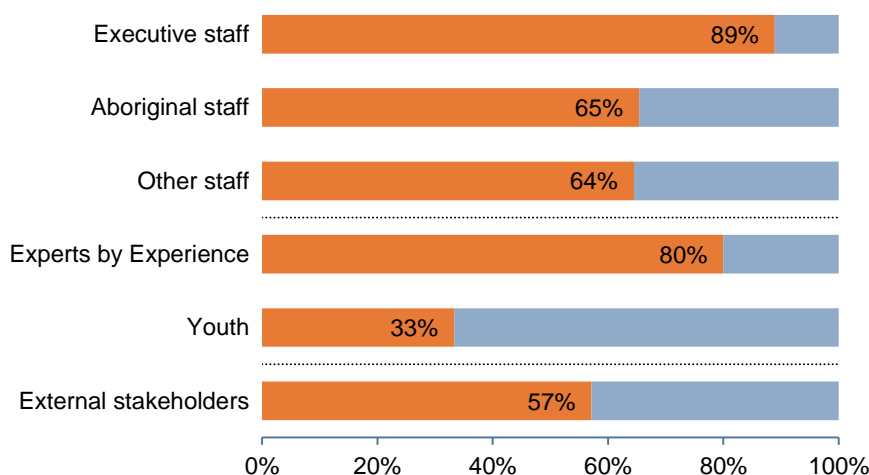
When asked if they had heard of the Strategy, most people surveyed reported that they had (Figure 5). But below the surface of this superficially strong result is a more concerning picture of awareness being well below what it ought to be. Some 89% of Country Health executive staff reported knowledge of the Strategy, but we would have expected that it should have been 100% for this leadership cohort; similarly, the Experts by Experience ought, on the face of it, to have been able to report better than 80% knowledge of the very Strategy of which their group was a flagship creation.

"[I don't] fully understand [Experts by Experience, and] I have never had anyone explain it to me either [...]"

— Country Health Aboriginal staff member

Figure 5: awareness of the Strategy

Fraction of each cohort who answered 'yes' to question 'Have you heard about the Aboriginal Community and Consumer Engagement (ACCE) Strategy?'



We know from the desktop review that members of Experts by Experience would have had diverse expectations of and levels of commitments to their membership. Some (14%) reported that they were on the register only for information purposes and would not attend orientation and induction training, a further 52% reported having completed training and 33% wanted and were waiting for training. Those Experts who had received training were largely positive about it, 91% reporting that it wholly or partly gave them the skills they need to be an active member. Some attention might be warranted to making training more convenient, as 73% of the trained Experts said they would have preferred to have had the training in their region or community (rather than in Adelaide). Of those who had not yet had their training, some 60% reported that they had not been invited to attend, on the face of it a concerning statistic but we should note that we are not able to comment as to why or how long these members had been waiting.

The Experts by Experience register was established to help promote and encourage Aboriginal participation in planning and delivery of services and programs. A majority of members of the Experts by Experience register reported positively that the Strategy has helped them to have a say on health services for their community (59%). Country Health executives also agreed with this sentiment (63%) but Country Health staff were otherwise less sanguine, with only 14% of Aboriginal staff respondents and 16% of general staff respondents agreeing. Many staff — 50% of Aboriginal staff and 36% of general staff — reported being unsure on the point.

“The ACCE Strategy has engaged Aboriginal people (particularly young people) more comprehensively than ever before in Country Health SA”

— Country Health staff member

There is some evidence from the survey of the Experts programme having improved confidence and awareness amongst its target constituency. Three-quarters (74%) of Experts reported that they know who they can contact for assistance in Country Health or its Aboriginal Health Directorate, albeit that we cannot assert that this knowledge is necessarily a result of the Strategy's implementation. And two-thirds (65%) of Experts and Youth surveyed agreed that their community knows more about health services in their region than a year previously. But Experts seem unsure whether the Strategy has yet made a difference: almost all (89%) reported that they felt it too early to tell whether Experts by Experience is different to previous strategies, two-thirds (67%) thought it was too early to tell whether it has more of a chance of working than previous strategies, and 61% thought it was too early to tell whether the Experts Strategy could be improved.

“We don’t have many [Experts by Experience] on the register. Those who are on the register were previous clients of our service and we engaged more with them prior to them being on the [Experts] register.”

— *Country Health Aboriginal staff member*

Our survey results hinted at issues of engagement by Country Health of Aboriginal Youth (aged 15–25). Only one in eight (12%) of Country Health executives thought that youth in their community or region were engaged or very engaged in regards to accessing health services available to them. Aboriginal staff were only marginally less downbeat, a quarter of them (25%) reporting they thought youth were engaged. Furthermore, 78% of the consumer survey respondents (Experts and Youth) felt that young people did not know much about the health services available to them. On presentation of a list of indicative suggestions as to what Country Health could do better to connect with youth, respondents (Experts by Experience and Youth) predominantly suggested^x events, social media and forums.

There are also signs that connection with Elders could be improved. A slender majority of Aboriginal staff (59%) and executives (56%) agreed that Country Health should connect with Elders in a different way to other groups, almost all the remainder being unsure. We invited all cohorts except Youth and all-staff to indicate what means Country Health might use to connect better with Elders, and, of the suggestions offered to them, respondents most commonly agreed that events and one-on-one sessions could be used, with newsletters also being frequently suggested. These survey cohorts were also asked to pick from an indicative list the most important issues currently affecting Elders, the most common responses being aged care services, independent living and home care.

Directorates, programmes and services

Evidence of a philosophy of valuing Aboriginal consumer and community participation and supporting meaningful engagement.

The Country Health staff survey cohorts were questioned as to their knowledge of and engagement with their organisation’s cultural competency learning and development programme^{xi}. Completion of the online first phase of the programme was mandatory for all Country Health staff and, having not been able to obtain a definitive report of completion rates during our desktop review, we asked a question on our survey. A majority of surveyed staff reported having completed the training (executives: 75%, all-staff: 73%, Aboriginal staff: 56%, overall: 71%) but, if these figures are indicative of the whole workforce, then close to a third of staff have not completed this mandatory training. Even excluding Aboriginal staff, for whom non-completion might be said to hold legitimacy, these figures point to a full quarter of the workforce not being in compliance. The low completion rate is consistent also with the information later received from Country Health that overall average compliance for Aboriginal Cultural Learning is 53% (see *Desktop review* section on page 26)^{xii}.

“I am not aware of many people actually doing this program”

— *Country Health staff member*

Those staff who reported that they had completed the mandatory training generally expressed positive sentiments about it. 74% thought that the training helped them think about cultural considerations at work and, whilst 39% thought it was too early to tell whether it had made a difference in the workplace, 59% of the remainder thought that it had made a difference (although we should be clear that a reported difference does not necessarily mean a positive difference).

^x Figures for this and similar questions are not presented because multiple answers could be picked and we do not have a divisor available to calculate meaningful quotients.

^{xi} We understand that this program has subsequently been superseded by a newer cultural learning program.

^{xii} The reported compliance rate is not directly comparable with the estimate of completion rate from the survey.

Regardless of the mandatory training completion, a large majority of surveyed staff (86%) agree that an understanding of Aboriginal cultural issues helps at work. Of the 14% who did not, this was not necessarily because of a personal lack of value of these issues, as one respondent suggested that personal understanding is of little use if managers of Aboriginal staff do not possess the necessary understanding to respect (for instance) the need for cultural leave; on the other hand, an ineffective embedding of learning is demonstrated by one respondent justifying that of their '[few] Aboriginal clients [the] main issue has been them wanting free services and transport.'

"[An understanding of Aboriginal cultural issues] has changed the way that I approach developing relationships with Aboriginal people. [Able] to plan and provide services with greater respect, inclusion and cultural integrity"

— *Country Health staff member*

Many staff, possibly even a majority, reported having had other training in relation to Aboriginal community experience. At least 43% say they have done training around Aboriginal community engagement and at least 13% on customer satisfaction^{xiii}.

There is good awareness of the existence of Country Health's Reconciliation Action Plan. Every executive surveyed reported knowing about it as did 78% of the general staff cohort; indeed, the lowest awareness was amongst Aboriginal staff respondents, at 67% still a good majority. There was slightly less apparent awareness of activities by Country Health in relation to the Plan, albeit still a good majority at 65% including 100% of executives.

A question on whether staff feel that Country Health understands Aboriginal cultural issues in the workplace suggests a telling disconnect between the leadership, staff and Aboriginal perspectives. Some 71% of Country Health executives reported that they did think that the organisation understands these issues, but only 59% of the general staff respondents agreed and – of most concern – none of the Aboriginal staff agreed.

There was some evidence from the survey that Country Health staff feel that they have good understanding of Aboriginal community perspectives in health care service provision. 60% of staff overall, including 50% of executives and 90% of Aboriginal staff, reported that they have heard directly from the Aboriginal community, consumers and/or carers on their experience of healthcare service provisions locally. Far fewer, though, reported that they had seen a change in procedure due to feedback from the Aboriginal community, consumers or carers: 40% overall and only 30% of Aboriginal staff.

The survey suggested that there was less engagement, and corporate understanding of engagement, with external Aboriginal stakeholders than would be expected. Most Country Health executives (86%) were not sure whether the regional Health Advisory Councils were engaged regarding the Strategy, and three quarters (75%) of them reported not meeting regularly with key Aboriginal Health stakeholders in their regions/communities.

Our survey revealed a lack of corporate knowledge of the Experts by Experience register. A third (32%) of Country Health's Aboriginal staff survey respondents and even a third (33%) of executives reported that they did not know of the Experts by Experience register. Those staff who did know of the Experts did, at least, recognise some benefits: 78% of Aboriginal staff and all executives who know of the Experts register agreed that the Experts in their region include people who can give advice on a range of health issues. However, and corroborating initial findings from the desktop review, this recognition of value, such as it is, is not necessarily translating into practical use: 74% of Experts by Experience reported in their survey that, since becoming registered, Country Health has not asked them to do anything about how health services operate in their region or community.

^{xiii} Surveyed population fractions might be higher because some staff could have indicated completion of both types of training but we are unable to distinguish survey responses for those staff from those who report completion of only one of the two types of training.

There is also some nascent indication from the survey results of executive disengagement within Country Health. For instance, nearly half of executives reported that they do not meet with their Aboriginal Health Directorate, and of those who do almost all report that it is only 'now and again' rather than regularly. And only a combined 30% of Country Health staff report that Aboriginal Health Directorate and/or Country Health has contacted them about getting input from local Aboriginal people when running programmes.

Network

Evidence of systemic reform in Aboriginal community engagement and of work to attain compliance with national safety and quality health standards.

The Aboriginal Health Services & Strategy Group, the core governance structure specified in the Strategy, appears to have little recognition among stakeholder Country Health staff. Only one in eight (12%) executives and one in six (17%) Aboriginal staff knew^{xiv} that the Group had been set up in 2016.

Systems

Evidence of an effective processes and practices that support a culturally safe environment for delivering quality services.

Our survey corroborated evidence from the desktop review that the SA Health wide mandatory process for Aboriginal Health Impact Statements was operational within Country Health. A good majority (65%) of all staff reported that they are aware of the Aboriginal Health Impact Statement policy and, of those who were aware, 72% reported being aware of the process of when and how to use such a statement. Policy awareness included 100% of executives, the cohort on whom responsibility for action under the policy is primarily attached.

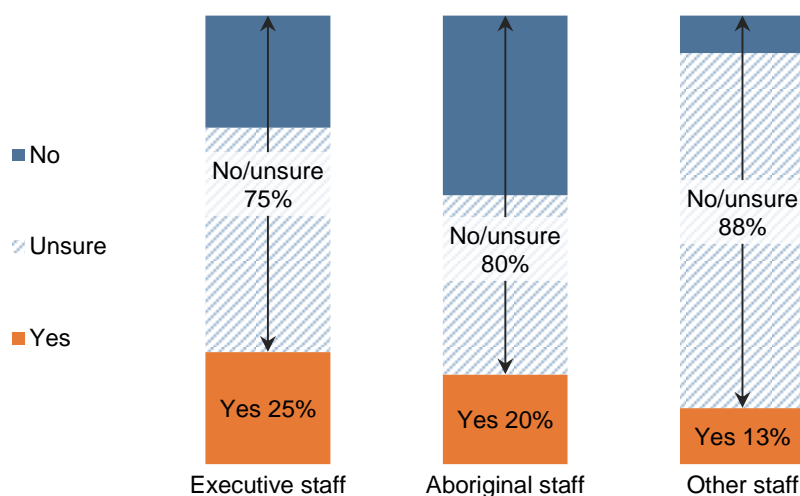
“[Training] on how to use the document was never delivered. [...] Just seems to be a tick box exercise rather than a genuine tool for designing programs.”

— Country Health staff member

Country Health staff appear to have little confidence in the ability of their organisation to make Aboriginal consumers feel they are in a culturally safe environment. Only a quarter (25%) of executives, one fifth (20%) of Aboriginal staff and one in eight (13%) of other staff were prepared to report positively that they thought that Aboriginal patients and carers feel comfortable when they come into contact with Country Health, the majority of staff either not thinking so or being unsure (Figure 6).

^{xiv} Owing to an ambiguity in the question, a surveyed staff member might have answered 'no' who knew that the group had been set up but misremembered as to which year.

Figure 6: country Health staff who report thinking that Aboriginal patients and carers feel comfortable when they come into contact with Country Health



A similar lack of confidence is evident around whether the Country Health workplace is safe for Aboriginal staff. Only one in five (20%) of Aboriginal staff and 31% of other staff agreed that Aboriginal staff feel comfortable working at Country Health, some half (50%) of Aboriginal staff and 10% of other staff thinking not and the remainder being unsure.

Focus groups

Unless stated otherwise, all information is from summary reports of focus group sessions provided by the data collection contractor.

Individuals

Evidence of building relationships and partnerships with Aboriginal community members.

Participants at the focus groups generally reported being familiar with the Experts by Experience register and considered it, and the engagement of people on the Experts register, to be an exciting exercise, principle and mechanism of engagement with Aboriginal consumers and carers. However, corroborating the results from the stakeholder survey, focus group participants agreed that Country Health communicated poorly and undertook only limited meaningful engagement with Aboriginal communities and consumers. Many members of Experts by Experience felt that they ought to be able to engage with their regions directly, by holding local workshops with other Experts in their region and through regular meetings with regional managers. External stakeholders at the focus group sessions also reported having had limited engagement with Country Health including in particular as to matters relating to the Aboriginal community, consumers and patients in their regions.

We were told of Experts by Experience who had joined the register but never been called upon to provide the benefits of their expertise. We were told, too, of limited effective communication from Country Health's Aboriginal Health Directorate to the Experts and of Country Health staff who did not make use of the Experts by Experience register. We heard that there was a lack of clarity and understanding about the process for accessing and using the Experts register and of limited transparency around the management of the register by the Aboriginal Health Directorate in Country Health. It may be illustrative to this point that the focus group facilitators reported there having been a number of instances of people signing up to the Experts by Experience register during their attendance at a focus group session.

As well as the members of Experts by Experience register expressing feelings of disengagement, we also heard that community members and consumers more broadly were not well engaged. At all of the

focus group locations, participants expressed concern that there was no effective engagement or sufficiently frequent contact of Aboriginal Elders and youth by Country Health and its Aboriginal Health Directorate. There was also demand for methods of communication to be addressed, there being a consistent call for the use of social media in Country Health's engagement activities.

Some focus group participants expressed concerns that Elders are being engaged only for the purpose of the hospital, health service and Country Health agendas rather than for their personal benefits and wellbeing. Elders at some focus groups also highlighted that, in the few instances where they have been able to voice their concerns, they have been unable to see resolutions or changes being implemented by Country Health in response.

Directorates, programmes and services

Evidence of a philosophy of valuing Aboriginal consumer and community participation and supporting meaningful engagement.

Corroborating some of the survey findings on strategic engagement and practice within Country Health, focus group participants noted that there was only a limited amount of information sharing between Country Health and its Aboriginal Health Directorate.

There was also little in the way of positive sentiment expressed in relation to community engagement events. External stakeholders and Experts by Experience members generally noted that Country Health was instigating few events on its own initiative. Groups at some locations acknowledged the lunch events that Country Health held, but Experts by Experience members in particular said that the events that they tended to attend in their communities were not Country Health specific initiatives but, rather, related to Reconciliation Week, NAIDOC Week^{xv} and suchlike. At a number of locations, Experts by Experience members said that they did not feel that the Experts register had been made use of as part of the process in developing or helping with events and other engagement activities.

On being questioned about Country Health's cultural learning programme, there was a consistent commentary from participants to the effect that a stand-alone online cultural training module is not sufficient to effect cultural change. Concerns were raised that online training does not provide an appropriate platform and foundation for real life engagement and interaction with Aboriginal people in South Australia, and the predominant view of participants was that the way the training is currently presented currently does not make a lasting impact. We were also told that the training should incorporate history and understanding of Aboriginal people in South Australia to ensure relevance. Participants suggested that there should be a continued and ongoing effort to train Country Health staff about cultural issues affecting Aboriginal people in South Australia. Face-to-face training was deemed by participants to be more beneficial than any type of online training.

At some of the focus groups, participants expressed some acclaim for the concept and activity of 'first impressions' (whereby Aboriginal community members are invited to tour Country Health facilities), suggested to be as a positive method of engagement.

As was the case with the stakeholder surveys, the focus groups revealed good awareness of the existence of Country Health's Reconciliation Action Plan, but, with the laudable exception of some senior Country Health staff, few participants had read it in great detail or understood its actions. At the time the focus groups took place, Country Health's new 2018–2020 Reconciliation Action Plan had just been launched; none of the focus group participants reported having read the new plan in great detail.

^{xv} The annual NAIDOC (National Aboriginal and Islanders Day Observance Committee) Week activities

Network

Evidence of systemic reform in Aboriginal community engagement and of work to attain compliance with national safety and quality health standards.

Discussing issues of health system governance, focus group participants considered the pending devolution of functions from Country Health onto a set of six new local health networks. There was consistent agreement at the focus groups that more decisions need to be made at local community level. However, concerns were raised that the governing boards of these new local health networks would not have an appropriate representation of Aboriginal people or a sufficient gender balance; we heard that there ought to be an Aboriginal man and an Aboriginal woman on each board to appropriately address Aboriginal men's and women's health matters. Participants also expressed considerable concern as to communication and engagement in the future between the boards and the Aboriginal communities they will serve.

Discussing health service standards broadly, focus group participants expressed concerns about the low level of trust that Aboriginal people have about making complaints or providing feedback to hospital staff on their experience of health care, to the point that Aboriginal people are discharging themselves from hospitals. We heard that this was creating barriers to receiving genuine and relevant perspectives directly from Aboriginal people and that it was considered a systematic problem in the health system.

Systems

Evidence of an effective processes and practices that support a culturally safe environment for delivering quality services.

Consistent with findings from the stakeholder surveys, we heard consistent evidence from the focus groups that most Country Health staff had heard of Aboriginal Health Impact Statements but lacked understanding of the process around how and when to use them. We also heard some alarmingly consistent feedback as to a common understanding that the Impact Statement process was deemed to be but a perfunctory discharge of a bureaucratic exercise in which the Statements could be readily manipulated to reflect what they were required to show.

When it comes to provision of culturally safe and appropriate health services, Country health staff reported that they felt that hospitals and health services do make a conscious effort to acknowledge Aboriginal people, specifically by displaying the Aboriginal flag and Aboriginal artworks. But participants generally believed strongly that there needed to be an Aboriginal Liaison team within Country Health hospitals to ensure safe and appropriate interaction with Aboriginal community members. Participants in a number of locations suggested that it would be beneficial for engagement and the provision of a culturally safe environment should Aboriginal-identifiable shirts be worn by all Country Health staff regularly interacting with them. A number of focus group participants told us that seeing an Aboriginal person upon entry into a health service allows for open communication and engagement with Aboriginal community members.

The findings from our desktop review of an under-representation of Aboriginal staff in Country Health were echoed in some of what we heard at focus groups. Increasing the level of Aboriginal employment was seen by participants as an important focus area for Country Health, some participants saying that the current level of Aboriginal employment across Country Health is unacceptable. Some participants also suggested that there should be Aboriginal panel members in recruitment exercises in Country Health. An innovative suggestion that we heard was to make use of the Experts by Experience register as a means to securing increased Aboriginal employment in Country Health.

Findings

Design

Feedback from stakeholders in their surveys and at focus groups shows that, at least broadly, the Strategy is well regarded. It seems ground-breaking in its intent and direction, there being nothing similar to the flagship Experts by Experience register to our knowledge elsewhere in Australia, and it may be considered a model for others to follow.

However, although it is not in the scope of this review to evaluate the design and content of the Strategy, the extent to which its design has been documented does go to the issue of the ability to evaluate the success or otherwise of its implementation. There are, unfortunately, significant weaknesses evident in the Strategy in its documentation of the process by which it was designed. The Strategy does clearly set out the environmental background in which it was created, it discusses the key regulatory and policy frameworks in which it sits, and it distinctly enumerates fourteen strategic activities on which it is expected to deliver along with an array of candidate actions to achieve them. But it does not go beyond that to set out a logical discussion upon a theory of change. The Strategy is not clear on its face what are intended to be the results of its successful implementation, or what, therefore, are the expected outcomes of a successful implementation.

The lack of clearly articulated intended implementation outcomes also means that the Strategy does not, by design, disclose measurable targets for self-evaluation. In Appendix 2 of the Strategy, it is stated that its implementation '[progress] will be reported against a three point rating scale as identified in the [National Safety and Quality Health Standards]⁴³', but in our review we found no evidence that any such reporting or underlying evaluation had been undertaken. In any case, an effective evaluation would need to be outcomes-based rather than activity-based in order to ensure that it serves to measure and report most effectively as an instrument of change and improvement.

Awareness

As a result of the Strategy, Aboriginal people are feeling more confident with how they engage with their local health providers and with the system as a whole. That is an important strength of the Strategy's initial implementation and is not, to our knowledge, something that is happening in other Australian jurisdictions. Barriers between Aboriginal communities and Country Health staff have been dismantled to some extent following implementation of the Strategy and, whilst we cannot say with certainty that it is the Strategy that is responsible, it is an effect that has arisen commensurate with the introduction and initial implementation of the Strategy and we are accordingly content to regard this as a core successful outcome in the short term of the Strategy's implementation.

There are opportunities, however, for the better communication of knowledge of the Strategy. Staff in Country Health, external stakeholder organisations (such as Aboriginal community-controlled health organisations) and the community more generally are not as widely aware of the Strategy as they ought to be. Furthermore, even where people are aware of the Strategy, they often do not necessarily understand properly what it is intended to do. Effective engagement with Aboriginal consumers is, as a principle of the Strategy's existence, important for the ability of the health system to provide health care in an equitable way for all. The ineffective communications, both internally and externally, are getting in the way of the creation of strong engagement between Country Health staff and the Aboriginal community and so hampering the ability of the system to build better and stronger connections and more localised working plans for appropriate health services.

Support

Despite the best intentions of the Experts by Experience register and the other activities, in all the time since the Strategy was published, little has actually changed in the fundamental approach by Country Health at a strategic level to design and deliver services. We have not seen evidence that Country Health has embedded the engagement-driven approach envisaged by the Strategy to achieve co-designed and co-delivered services in ways that respect the diversity of Aboriginal communities and populations.

Community involvement and contribution into health planning and delivery were very clearly identified in the stakeholder consultations as important issues for the community, but we heard that Aboriginal people in country South Australia do not feel that Country Health has assimilated the components of the Strategy in that regard into its operational practice. Community members might, as we noted above, have more knowledge and feel more confident about what is available and how to access it, yet the sense still remains that the service does not want to understand or adapt to the particular needs of Aboriginal consumers.

The range of needs and desires of different Aboriginal people across country South Australia is simply not sufficiently well understood by those who are working with them in the health system. It was clear to us that not all feel able to assess the kind of care and support that they need from the health system. This was especially so in regards to young people, older people and the respectful recognition of the needs of Aboriginal Elders.

Participation

The Experts by Experience register being established is itself an achievement against one of the Strategy's stated objectives. But whilst there is awareness in some quarters of what the Experts by Experience register is about, there were many within Country Health who do not understand and this impairs the ability of the Register to act as a force for relationship-building and collaboration between Country Health and its Aboriginal constituents.

That people do not require formal qualifications to be registered as Experts by Experience is a strength of this realisation of the Strategy, enabling a greater number of Aboriginal people across country South Australia to take part in this mechanism for engagement. There is, too, some understanding within Country Health of the register and of the ability of people within the organisation to make use of the Experts for their own work, consultations and community engagements, although this understanding is not so broad as it ought to be which limits the usefulness of the register.

We are disappointed that, despite having recognised the International Association for Public Participation's Spectrum of Participation¹² as a key underlying framework in its design, the Strategy has not been implemented such as to engage Aboriginal people – including through the Experts by Experience register – at appropriate levels of partnership. Applying the terminology of that spectrum, we find activities that engage Aboriginal consumers and community members at levels that 'inform' or 'consult' them, and to some extent 'involve' them. But the use of the Experts by Experience register having been less broad and effective than it could have meant that strategic activities that ought to engage at partnership levels that 'collaborate' and 'empower' are broadly not doing so.

Whether or not it discloses a possible reason for some of the opportunities to improve participation outcomes, we find that the management of the Experts register has been deficient. For a start, there have not been anything like enough people recruited as Experts by Experience, making the register a much more limited means of engagement between the system and Aboriginal people than it could or should be. Insufficient attention has been paid to the requirements for or delivery of initial and ongoing training of the Experts, not only as to what they can and should not do but also as to how they can be supported over time to build stronger and more collaborative engagement. Some Experts put in a considerable amount of work, but others are not being encouraged to feel confident in what they can do. This requires substantial attention if the register and its benefits are to be best realised.

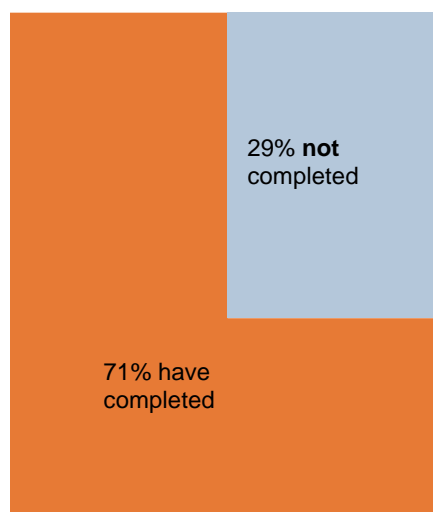
Workforce

Our review has revealed serious shortcomings in the makeup of and culture within the Country Health workforce, including poor progress against the Strategy's goal to embed practices valuing Aboriginal participation in healthcare, and broad and deep cultural issues that need to be addressed.

We found little evidence that staff across Country Health understand the benefits of and needs for comprehensive engagement with Aboriginal consumers and community members. We suggest that it is not just the responsibility of those with specific engagement roles; everyone employed in Country Health ought to recognise the value of community and consumer engagement and how best to work together for the better. Much effort will be required to allow the Strategy to achieve its intention for more meaningful and collaborative engagement between the system and Aboriginal people in country South Australia on the design and provision of appropriate health services. Effective governance structures will need to be created and applied to ensure that engagement actions do not remain merely stated in the Strategy but are implemented and monitored across country South Australia.

Figure 7: estimated completion by Country Health staff of mandatory cultural training

Based on survey self-reporting



To the issue of workforce culture, we note that, despite Country Health requiring that all staff complete Aboriginal cultural training, we were not initially able to obtain from them a record of the extent to which staff are in compliance. That is disillusioning in itself, for we would expect an organisation which takes seriously a desire to promote a particular workforce culture to have readily to hand data to monitor a policy that supports it. Having to resort to a question on our survey, we found that a substantial number of staff are nonetheless not completing this (Figure 7) with staff in all our survey cohorts, whether themselves Aboriginal or not, reporting that they had not done so. We do accept that our estimate of non-completion rate might be somewhat inaccurate being based on self-reporting from an incomplete survey, but the conclusion of poor completion of mandatory training was corroborated by data we more lately received from Country Health showing that overall average compliance for Aboriginal Cultural Learning was only 53%. We regard as being of great concern the implication that a large contingent of the health workforce serving country South Australia have not — for whatever reason, none of which we would be likely to consider

valid — completed what is purported to be a mandatory course to provide even minimal training in the knowledge, understanding, respect and skills necessary to serve a region so rich in Aboriginal culture.

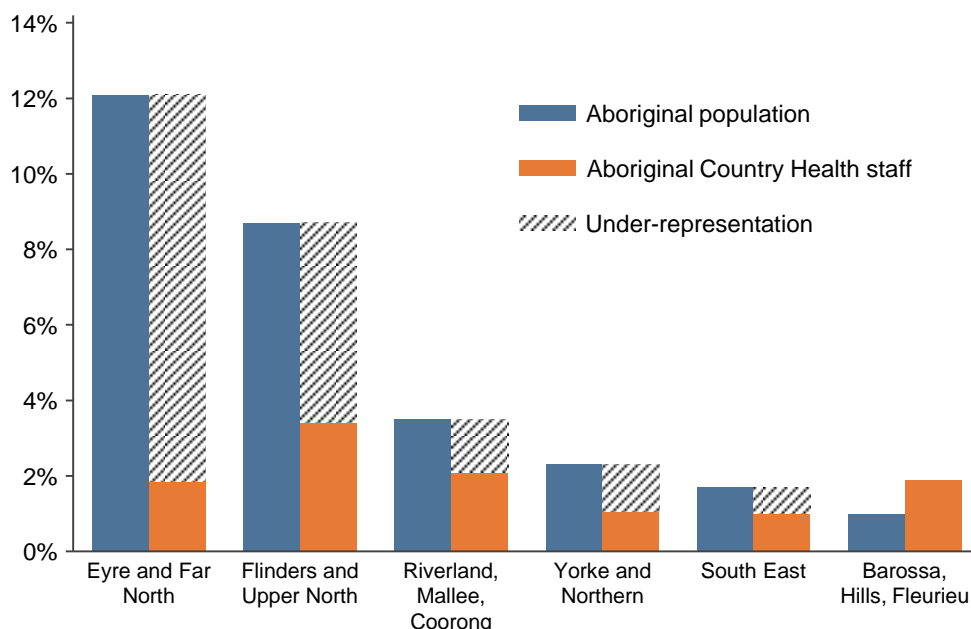
We note that, more recently and after primary data collection for this review was completed, SA Health published its Aboriginal cultural learning framework⁴⁴ to support individual and organisational learning. This is a timely publication for Country Health's successor health networks to apply amidst the robust action that is evidently needed as a core part of workforce culture management to secure a proper, respectful, introspective and learned workforce culture around Aboriginal affairs, Aboriginal health outcomes, and communicating and collaborating with Aboriginal people.

We are disappointed, too, that despite half of the state's Aboriginal population residing in country areas, staffing levels across Country Health have not reached parity with minimally representative expectations. It is a broader goal of the cross-jurisdictional Closing the Gap strategy that Aboriginal people should be able to achieve and sustain employment at all levels of the workforce in their chosen disciplines. Hence, and otherwise, a proportional representation of Aboriginal people would be expected to be observed in Country Health. Yet, there remains an under-representation of Aboriginal staff in Country Health, quite substantially so in the case of the Eyre and Far North region but applicable across all regions other than that with the lowest level of Aboriginal population, the Barossa–Hills–Fleurieu region (Figure 8). Some of the apparent under-employment might result from

some Aboriginal clinical staff choosing to work in Aboriginal community-controlled health organisations rather than in Country Health, but the disparity at a whole-of-workforce level remains and we suggest that this ought to be investigated and addressed by Country Health's successors as part of efforts to tackle the prevalent Aboriginal and broader workforce cultural issues.

Figure 8: Aboriginal staff fractions compared to Aboriginal population fractions, Country Health SA regions, January 2018

Based on analysis of headcount figures provided by Country Health, as cited in PwC's Indigenous Consulting report to Health Performance Council



We echo in the context of our considerations of workforce culture our earlier observation that fewer than 1% of Country Health staff (other than Aboriginal or executive staff) responded to the survey for the data collection for this review. Without any means to look behind this figure to conclude why it is so low and recognising that an opt-in survey of all staff is unlikely to achieve a response rate close to 100%, it is nevertheless sufficiently low that, given our other findings as to workforce culture, we would regard it as prudent to want to put Country Health to evidence as to whether this is indicative of apathy or even of systemic racist attitudes tending to the belittlement of Aboriginal affairs. Regardless, it lends support to the need to take serious management effort to address poor workforce culture. Country Health and its successors ought to apply formal methods to identify and eliminate any causes of institutional racism that may exist, and we note (but are not in a position to recommend or expressly endorse) that formal frameworks have been constructed for such a purpose⁴⁵.

Partnership

The Strategy has led to less of an impact on external partnerships than it could or should have. In particular, opportunities have not been taken to build strong and co-operative partnerships with external stakeholder organisations to engage with Aboriginal consumers. This partly results from inadequacies in the management of relationships between Country Health and local organisations.

More decisions need to be made at community level, and Country Health and its successor bodies need to design and execute on their work in ways that enables this, such as by elevating the status of Aboriginal consumers and local organisations in the design and delivery of services.

Advice

1. Make more effective use of the Aboriginal Experts by Experience register

The Experts by Experience register needs to have stronger governance and to allow the members to be properly engaged in ways that suit their diverse expertise and desires. The country local health networks, which are expected to receive distributed custody of the register, should exploit their Experts by Experience resource through more active engagement, communicating more and in more productive ways and finding more opportunities to involve their Experts in co-design and co-delivery. They should ensure that Experts are engaged in activities specified in the Strategy at all levels of partnership, including those that are more collaborative and empowering and not just those that are more informative or consultative.

The networks should seek to understand and record in a database backing the register more about the areas of expertise, knowledge, and desires of each of their Experts and to use this data to best work with the Experts on programme development and delivery. They should determine and deliver on the needs and desires of the Experts for ongoing training and support in order to support their continuing development; they should also seek to grow their registers, supporting this with more detailed and tailored induction for new recruits in ways that suit them.

2. Take strategic action to respect regional diversity of Aboriginal people

The new country health networks should, when creating and executing their community and consumer engagement strategies, recognise the substantial regional and other diversity of the Aboriginal communities they serve in the ways that healthcare is designed to be delivered and engagement takes place.

3. Develop strategic partnerships with community and stakeholder organisations

Strong working relationships between the local health networks and local community based organisations are essential for community members to be able to have adequate input into and ownership of their care at a local level. The health networks should seek to build effective partnerships with external stakeholders, including the local Aboriginal community-controlled health organisations, with a view to enabling health services to be co-produced with local organisations and for communities to be able to take a lead in decision-making. There is a need to support this process with education on the benefits of effective partnership being provided to board members, executives and all levels of staff within the local health networks.

4. Identify and, as necessary, tackle any systemic racism and the actual or perceived tendency of staff to the disregard of Aboriginal issues

Country Health and its successor local health networks must take immediate action to tackle a lack of Aboriginal cultural awareness amongst its staff. Measures should be taken to secure that all staff complete initial and ongoing cultural learning, and executives should monitor and enforce compliance with this.

The new health networks in country South Australia should undertake regular audits of workforce culture, including around Aboriginal cultural awareness and attitudes to human rights, reconciliation awareness and of levels of institutionalised racism.

5. Ensure proper Aboriginal workforce representation

The country local health networks must recruit more Aboriginal staff at all levels of the workforce in order that the health system can have the capabilities expected of it by the community and to be able to engage appropriately with Aboriginal consumers. The networks should make frequent and regular workforce culture audits to identify weaknesses. As part of these audits and wider workforce culture improvement work, the networks should ensure that the processes in place for the identification of staff positions and recruitment to them is free from any systemic trait that

would tend to reduce the propensity for them to be filled by suitably qualified Aboriginal candidates.

6. Embed a workforce culture that recognises and respects the benefits of community and consumer engagement

The country local health networks should set up and maintain strong communication with staff at all levels of the need for and benefits of strong community and consumer engagement. This should include dissemination of community and consumer engagement events that are being held, and regular reminders of and education on the Aboriginal Experts by Experience register (and of other such groups) and the Strategy.

7. Establish binding agreements on Aboriginal community and consumer engagement

Timely opportunity should be taken of the devolution of functions to new local health networks in country South Australia to co-create with the community solid, binding agreements on engagement between the state's central health infrastructure, the new health networks (including the metropolitan Adelaide networks as well as the country South Australia networks), and their Aboriginal constituents.

8. Ensure that national standards are being complied with

The country health networks should embed and operationalise current and future national guidelines and targets, including the new safety and quality health standards that have been released since the Strategy was published⁴¹.

9. Make regular evaluations of the Strategy's implementation

The Strategy – or any successor strategies that the new local health networks publish as their model of engagement with Aboriginal consumers and the community – must be evaluated on an ongoing basis to ensure its continued and growing efficacy and to allow the networks to adjust their delivery of engagement activities to suit changing needs of the community. Results of evaluation should also be communicated with the community in ways that respect the differing needs of communities.

Glossary

Unless the context requires otherwise, the following terms, abbreviations and acronyms have the meanings and expansions given here.

ACCE[S]	Aboriginal Community & Consumer Engagement [Strategy]
AHAC	Aboriginal Health Advisory Committee
AHCSA	Aboriginal Health Council of South Australia Limited
CHSALHN Country Health [SA]	/ Country Health SA Local Health Network Incorporated
Consumer	A patient; a person who uses health services or is a family member, friend or carer thereof.
EbE / EbyE	[Aboriginal] Expert by Experience
HAC	Health Advisory Council
HPC	Health Performance Council [South Australia]
SA	South Australia
SA Health	Collectively, jointly, severally or (as the context may require) individually, any or all of certain public sector agencies and bodies under the responsibility of South Australia's Minister for Health and Wellbeing, for the time being as follows, that is to say— the Department for Health and Wellbeing; Central Adelaide Local Health Network Incorporated; Northern Adelaide Local Health Network Inc; Southern Adelaide Local Health Network Incorporated; Women's and Children's Health Network Incorporated; Country Health SA Local Health Network Incorporated; SA Ambulance Service Incorporated; Barossa Hills Fleurieu Local Health Network Incorporated; Eyre and Far North Local Health Network Incorporated; Flinders and Upper North Local Health Network Incorporated; Riverland Mallee Coorong Local Health Network Incorporated; South East Local Health Network Incorporated; Yorke and Northern Local Health Network Incorporated.

Appendix 1. Quality statement

Relevance

This report has been produced by the Health Performance Council principally in exercise of its statutory functions⁴⁶ to provide advice for South Australia's Minister for Health and Wellbeing about the operation of the health system, health outcomes for South Australians (including for particular population groups) and the effectiveness of community and individual engagement methods used in the health system.

In addition, we anticipate that this report will be of use to the senior leadership teams at the Department for Health and Wellbeing and at SA Health's local health networks. With changes being made at the time of writing to effect devolution of functions from Country Health to six new local health networks, we consider that this report is even more relevant and useful than had been envisaged when it was first initiated. We anticipate these stakeholders taking note of our findings and recommendations in order to create and execute on plans for effective engagement between their leadership and their Aboriginal consumer and community constituents.

Accuracy and reliability

Our survey and focus group data collections were limited to people from identified population groups being either staff of Country Health or an associated entity or having an existing and formalised relationship with them. We did not seek to survey the whole of the community. This did substantially limit the breadth of data able to be collected but we felt it a necessary limitation for two reasons: we were advised that it would have been difficult or impossible to conduct a data collection from the whole community without breaching ethical obligations, and it was in any case not practical for us to extend the data collection so widely owing to the cost of doing so.

We recognise that the data collected from the individuals in our sampling frame, in our surveys and focus groups, is not necessarily fully representative of the underlying target population. Any resulting bias might have been further affected by the low response rate from some cohorts, especially the Country Health general staff cohort, which, as we noted in our main analytical write-up, gave a particularly poor survey response rate.

We were not able to secure a complete set of survey response data for analysis. Our data collection contractor did supply us with a complete aggregate dataset for online survey responses and for a limited number of questions answered by the hard-copy respondents but they advised us that it was not viable to supply us with an expressly full tabulation of hard copy survey responses. We are satisfied that the missing response data from hard-copy survey does not materially affect the accuracy of our analysis but it might have limited our ability to discover some deeper insights that would have been possible from a more full dataset. In any event, we considered that it would have been morally wrong and possibly contrary to Aboriginal research and data sovereignty values for us to hold a record-level dataset, and we accordingly made a commitment to our overseeing research ethics committee to limit ourselves to holding only aggregate data from the surveys.

Our choice of analytical methods was made largely pragmatically. We accept that the chosen approach was not as rigorous as might be applied in research intended to join an ongoing discussion in the peer-reviewed literature. Our analytical framework being based on our inferred logic model, there is an extent to which we are liable to have erred owing to faulty assumptions in the design of that model, including from incomplete knowledge, assumptions of causation between activities and outputs and outcomes, and a lack of visibility of any outcomes or results other than those envisaged by us and our review advisory group.

We further note that during the course of this project, there were substantial changes in personnel in all core participatory bodies bar the Health Performance Council. Our principal stakeholder at Country Health, the director of their Aboriginal Health directorate, changed late in the data collection phase of the work; there were changes in staff assigned to this project at the data collection contractor, including, critically, their project lead; and the project manager in the Health Performance Council's Secretariat departed during the design phase and was replaced prior to data collection. Other than the central changes in personnel at the data collection contractor, which were made at our request in the interests of the project, these changes were unavoidable. There was, inevitably, some disruption to continuity of knowledge resulting from these changes.

Comparability and coherence

Analyses in this report have been produced specifically for the purpose of contributing to the narrative presented for this snapshot post-implementation review of Country Health's Aboriginal Community and Consumer Engagement Strategy. It may not be meaningful to make direct comparisons between results or figures in this report with others published by the Health Performance Council or other bodies because of differences in definitions, classifications and analytical methods.

Timeliness and punctuality

This project was initiated in July 2016 as a derivative of our revisit review of the governance arrangements of country South Australia's Health Advisory Councils. We scheduled the work programme for completion by the end of March 2018 with the final report to be available publicly in April 2018. The long time between project initiation and scheduled completion was an intentional part of the design of the project, allowing for properly considered co-design and co-production with Aboriginal consumers, a process which we implemented through the deployment of our review advisory group.

We have completed this project almost a year later than first planned. There are two main reasons for the slippage: a longer than expected process to obtain human research ethics clearance, and a postponement of substantive data collection work to accommodate changes in personnel at the data collection contractor, which were made partly at our behest. We did not at any time specify a publication date, either publicly or to the Minister^{xvi}, and hence this report has not suffered any delay to a pre-announced release date.

Accessibility and clarity

This report is being published freely online with no restrictions on its availability or embargoes on its onward distribution. At the time of writing, we are also planning to produce a community edition of this report aimed at broader consumption. This report may be requested in large print or other formats on request (see *Contact* details on page 2).

^{xvi} Strictly, we should note that a close examination of Health Performance Council papers, which are routinely provided to the Minister, might have brought our planned release schedule to the Minister's attention. An intention to complete the project within the Health Performance Council's 2015–2018 review period might also have been considered implicit.

Appendix 2. Review advisory group

Advisory group terms of reference

Text of advisory group terms of reference, incorporating updates made to 16 November 2017. A small number of non-material edits have been made to facilitate incorporation into this document.

Purpose

The Aboriginal Community and Consumer Engagement (ACCE) Strategy Review Advisory Group has been established to provide effective oversight and provide advice to the Health Performance Council (HPC) about coordinating the Health Performance Council's project so that HPC secretariat will:

1. By the end of 2017, procure services to review the Aboriginal Community and Consumer Engagement Strategy (all 14 strategies across 4 goal areas).
2. By June 2018, deliver a report that reviews the Aboriginal Community and Consumer Engagement Strategy to Health Performance Council.

Responsibilities / terms of reference

The role of the Aboriginal Community and Consumer Engagement Strategy Review Advisory Group is to:

1. Assist Health Performance Council with the project's delivery and achievement of outcomes
2. Provide advice to the Health Performance Council secretariat in the development of the project specifications and selection of service providers
3. Provide broad-based perspectives about how review findings might relate to other elements of health care system across the spectrum from individual and community, program and service-level, to network (safety & quality) including health system performance, determinants of health, health system transformation and reform.
4. Provide advice to the Health Performance Council Secretariat in the preparation of the following documents:
 - a. Aboriginal Health Impact Statement,
 - b. Ethics Proposal for submission to Aboriginal Health Research Ethics Committee, in line with the South Australian Aboriginal Health Research Accord,
 - c. Study Protocol;
 - d. Communications Plan;
 - e. Draft and Final Reports (including both technical and community reports).

Membership

The Aboriginal Community and Consumer Engagement Strategy Review Advisory Group shall be comprised of up to 14 individuals:

- Health Performance Council Project Sponsor (chair) and Health Performance Council member
- Members from peak bodies eg Aboriginal Health Council of SA, Health Consumers Alliance, SA Aboriginal Elders Council (male and female)

- Member from Country Health South Australia Local Health Network
- Member from the Country Health's Aboriginal Community and Consumer Engagement Steering Group
- Member from Aboriginal Health Directorate, Country Health
- Member from Aboriginal Health, SA Health
- Members (male and female) from Aboriginal Experts by Experience register (and country Health Advisory Council Presiding Member Panel) and youth members
- Health Performance Council Secretariat and project manager

Meeting frequency and place

The Aboriginal Community and Consumer Engagement Strategy Review Advisory Group will meet up to ten times to consider the project specifications, project implementation and afterwards for a post-project review. Where possible, the Group will hold meetings face-to-face; the Group shall seek to hold at least one meeting in country South Australia.

The Health Performance Council Secretariat will need to contact working group members between meetings to deal with emerging findings or priorities and to review draft documents and reports.

Agenda and papers

The Aboriginal Community and Consumer Engagement Strategy Review Advisory Group agenda, with attached meeting papers, will be distributed at least one week prior to the next scheduled meeting. Should the agenda and papers for any meeting be distributed by electronic mail, any member shall on request be sent by postal mail a printed copy of the agenda and papers.

Minutes and actions

The minutes of each Aboriginal Community and Consumer Engagement Strategy Review Advisory Group meeting will be prepared by the HPC Secretariat.

Full copies of the minutes, including attachments, will be circulated to all Aboriginal Community and Consumer Engagement Strategy Review Advisory Group members no later than five working days following each meeting.

Conflict of interest

If a member of the Aboriginal Community and Consumer Engagement Strategy Review Advisory Group believes that a conflict of interest exists or would be perceived to exist in respect of any matter placed before the advisory group, that member should declare the interest and not take any part in the discussions in respect of that matter.

Confidentiality

Where agreed by the Aboriginal Community and Consumer Engagement Strategy Review Advisory Group, members will keep confidential the deliberations of the review advisory group.

Secretariat

The secretariat services to the Aboriginal Community and Consumer Engagement Strategy Review Advisory Group will be provided by Health Performance Council Secretariat.

Appendix 3. Initial skeleton matrix of indicative questions

This appendix sets out the initial skeleton matrix of indicative questions constructed by the review advisory group before starting data collection, including thoughts on possible data sources and review methods by which the questions could be addressed. See *Methods design* on page 20.

Table 4: indicative review framework prior to data collection

Note: non-material edits have been made for incorporation into this review document

Domain	Relevant component of Strategy	Indicators	Possible review approach method and data source(s)
Target observation 2015–2017			
What can we observe about the target between 2015 and 2017?	All	Change in Aboriginal participation in use of Country Health services.	Analysis of routinely available datasets and statistical reports.
<i>Target population is: all Aboriginal people who use services, have a usual postcode in CHSALHN area and identify as Aboriginal</i>		Change in regional community profiles.	
		Change in health outcomes profiles.	
What has been done in the first two years?			
What resources have been developed to support Country Health engagement with Aboriginal community and consumers?	All	Summary of activities in the key priority strategies.	Document review; interviews; surveys.
		Case examples of resources and how they have been used.	
		Staff use of resources.	
		Stakeholder views on resources.	
		Identification of any gaps.	
How was it done in the first two years?			
What strategies and approaches were used and why?	1.2, 1.3	Strategies and approaches to increase community and consumer awareness of how to engage and to increase staff awareness about engaging.	Document review; interviews; surveys.
		Identification of case examples about local opportunities, groups, meetings or partnerships between services and communities and consumers to make change and innovate by participating in health service delivery, design and decision-making.	

What were the reasons for any changes in planned priority activities?	All	Project reports describe implementation learning, issues arising/ resolution and project change requests	Project reports; document review.
How was it done in the first two years?			
Is Country Health seen as a key organisation for delivering Aboriginal community and consumer engagement in in health service delivery, design and decision-making?	All	<p>Staff consider Aboriginal community and consumer engagement a priority.</p> <p>Country Health policies and practices, including clinician engagement strategy and communication strategy, reflect the importance of Aboriginal community and consumer partnerships.</p> <p>Country Health policies and procedures show how Aboriginal consumer input has been included.</p> <p>Stakeholders consider Country Health's leadership in Aboriginal community and consumer engagement to be effective.</p>	Document review; Country health staff surveys; stakeholder surveys and interviews.
Has Country Health established an effective Aboriginal community and consumer network for participation in the planning and delivery of health services and programs with Experts by Experience?	1.1, 1.3	<p>Experts by Experience (EbyE) register is established and reflects diversity and skill mix.</p> <p>Community and consumers on the EbyE register consider their input is valued.</p> <p>EbyE members consider they are empowered in their role.</p> <p>Retention of EbyE members.</p>	Interviews and surveys (EbyE members and Country Health staff); document review; Country Health data review.

Are community members and consumers supported to participate as partners?	1.1, 1.2	<p>Community and consumer partnership is demonstrated in key areas of Country Health's strategic plan that build on a people-centred concept.</p> <p>Community and consumer partnership is demonstrated in reports against standards prescribed in the National Safety and Quality Health Service Standards and the International Association for Public Participation Framework.</p> <p>Community members and consumers participate in groups to advise Country Health's CEO, in quarterly meetings between regional managers and Aboriginal stakeholders, in an Aboriginal Health services and Strategy group, and in membership of Country Health committees.</p>	Document review.
Do key stakeholders know about the Strategy?	1.2, 2.1, 4.2	<p>Stakeholder awareness of the Strategy.</p> <p>Stakeholder awareness of resources</p> <p>Examples of how Strategy information and resources have been used.</p>	Interviews; surveys; website review.
How well did Country Health collaborate and partner with stakeholders?	2.5, 4.2	<p>Examples of collaboration or partnership.</p> <p>Stakeholders consider collaborations to be effective.</p>	Project reports; project evaluation reports; interviews.
How effective has Country Health been in developing directorates, programs and service leadership?	2.1, 2.2, 2.3, 2.4, 2.5	<p>Examples of engagement in primary and acute health settings.</p> <p>Examples of actions to implement the Reconciliation Action Plan (RAP).</p> <p>Attendance at quarterly meetings; workshops and training about cultural respect and awareness; community engagement and satisfaction.</p>	Interviews and survey (regional directorates); review of Country Health data.
What has contributed to the Strategy's successes?	All	Examples of activities, approaches, resources, etc., that have contributed to successes.	Interviews and surveys.

What challenges have been encountered and how are they being addressed?	All	Examples of challenges.	Interviews and surveys.
What difference has ACCE strategy made in two years?			
How successful has the Strategy been in influencing change?	All	Country Health staff assessment of leadership and achievements. Stakeholder attitudes to community and consumer engagement in direct care, services and service planning. Stories of Aboriginal consumer and carer experience. Examples of successes. Examples of changes in systems to facilitate community and consumer engagement. Examples of how community and consumer engagement has made a difference.	Document review; interviews; surveys.
How culturally competent is Country Health at the directorate, program and service level?	2.2, 2.3	Identify a valid organisational cultural audit tool.	Use of the tool.
Did the programme result in any unintended outcomes?	All	Examples of unintended outcomes. Project reports that describe implementation learning, issues arising, resolution and project change requests.	Survey; interviews.
What are the key and emerging areas for future focus?			
What are the remaining gaps in community and consumer engagement activities to achieve the Strategy's aims?	All	Priority activities are linked to the logic model to identify any gaps. Stakeholders' examples of activities and gaps. Stakeholders describe potential to strengthen Country Health leadership in Aboriginal community and consumer engagement.	All data sources

What should happen next?	All	Identified gaps. Stakeholder's views on future focus considered in the context of what has been achieved and identified gaps. How ready is Country Health for achieving the new NSQHS Standards (second edition) for Aboriginal and Torres Strait Islander health?	All data sources
Value			
To what extent does the Strategy represent good value for money?	All	Community, consumer and directorate/services examples of value for money.	Surveys; interviews; review of project evaluations.
Had the Strategy not been created, what opportunities for community and consumer engagement would have been lost?	All	Literature. Case examples of successes that were contingent specifically on the Strategy. Stakeholder views on what would have been lost.	Surveys; interviews; data review.

Appendix 4. Desktop review

Primary documents reviewed

Note: this list is not intended to be an exhaustive declaration of source materials.

Country Health SA Local Health Network documents

'River of life' flow chart diagram, Country Health SA Local Health Network strategic plan 2015–2020 [excerpt]
Aboriginal Community & Consumer Engagement Strategy
Aboriginal Elders Engagement Strategy, fact sheet
Aboriginal Health Impact Statement
Aboriginal Youth Engagement Strategy, 2017 [draft]
ACCE implementation worksheet
Annual report 2016–2017
Country Health SA Local Health Network Reconciliation Action Plan 2016–2017 [updated April 2017]
Directory of Aboriginal Health Council of South Australia members
Governance and accountability framework 2016–2018
Regional ACCE status report and action plan – South East
Regional ACCE status report and action plan – Upper North
Stakeholder list – Aboriginal organisations, services and council
Strategic plan 2015–2020
Terms of reference, Aboriginal Health Directorate Events Committee
Terms of reference, Aboriginal Health Services and Strategy Group [draft]
Utilising the CHSALHN Aboriginal Health 'Expert by Experience Register', application form
Yorke & Northern Nunga Youth Gathering – Mid North, example running sheet

Other documents

Australian Commission on Safety and Quality in Health Care, 2011. Standards 1 and 2, *National Safety and Quality Service Standards*.
Australian Commission on Safety and Quality in Health Care, 2017. *National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health, 2017*.
Department of Health [Australian government]. *Implementation plan for the National Aboriginal and Torres Strait Islander health plan 2013–2023*.
Department of Health [Australian government]. *National Aboriginal and Torres Strait Islander health plan 2013–2023*.
Health Performance Council [South Australia], 2017. *Aboriginal health in South Australia: 2017 case study*.
Health Performance Council [South Australia], 2017. *Revisit review of Country Health Advisory Councils governance arrangements*.
National Aboriginal and Torres Strait Islander Health Standing Committee of the Australian Health Ministers' Advisory Council. *Cultural respect framework 2016–2026 for Aboriginal and Torres Strait Islander health*.
Pricewaterhousecoopers; and Consult Australia, 2015. *Valuing better engagement: an economic framework to quantify the value of stakeholder engagement for infrastructure delivery*.
SA Health. *Aboriginal Health Care Plan 2010–2016*.
SA Health. *Reconciliation Framework for Action 2013–2016*.
Wardliparingga Aboriginal Research Unit, South Australian Health and Medical Research Institute, 2014. *South Australian Aboriginal Health Research Accord: Companion Document*.

Appendix 5. Stakeholder surveys

Copies of the hardcopy versions of the stakeholder surveys follow below.

Experts by Experience.....	54
Youth Council.....	62
Country Health Executives.....	68
Country Health Aboriginal staff.....	78
Country Health staff.....	89
External stakeholders.....	96

Expert by experience

Aboriginal community & consumer engagement strategy survey



PwC's Indigenous Consulting

Start of Section 1: Aboriginal Community & Consumer Engagement Strategy

Health Performance Council review of Country Health's Aboriginal Community & Consumer Engagement Strategy

What is this review?

The Health Performance Council, a statutory ministerial advisory body, is running a review of Country Health SA Local Health Network's Aboriginal Community & Consumer Engagement Strategy.

Why have I been invited?

You have been invited as a member of Country Health's Aboriginal Experts by experience register.

It is entirely up to you whether you take part. Your choice will not affect your employment or your relationship with Country Health.

Our team would like to know your views and opinions around the strategy to help us evaluate its short term successes, gaps in engagement that would be needed to achieve its desired outcomes, and priority areas for future focus.

How do I benefit?

The chance to have your say is vital to letting us properly determine success, gaps and areas of future focus. Through our review, we will help to make sure that the strategy is helping to achieve improved health outcomes for Aboriginal people in country South Australia.

What is involved?

As well as completing this survey (around 20 minutes), you could be invited to join us for a stakeholder engagement interview or focus group (around two hours) which we will be holding around country South Australia.

What about my rights?

We guarantee your responses will be kept private and confidential by our researchers and your personal information will be deleted at the end of the study with only anonymised data being kept by the Health Performance Council for audit purposes.

Our field research is being conducted by PwC's Indigenous Consulting, a majority Aboriginal owned and operated firm with rural South Australian expertise. We can assure that you, your Aboriginal cultural property and the information you generously provide will be respected and protected.

What if I change my mind?

We ask you to participate only with your full consent. You are free to withdraw your consent without question. If you do, we will ensure your personal responses are removed from all records and not used. Note that once your responses have been anonymously combined with others into aggregated analyses, we can remove your original responses from our records only and not from any aggregate analysis.

Contacts

The review is being conducted by PwC's Indigenous Consulting on behalf of the South Australian Health Performance Council.

If you have any concerns or questions, feel free to contact us at:

Health Performance Council Secretariat

T. (08) 8226 3057 E. healthperformancecouncil@sa.gov.au

If you have any ethical concerns or complaints, you may contact our overseeing ethics committee:

Executive Officer

SA Health Human Research Ethics Committee

E. HealthHumanResearchEthicsCommittee@sa.gov.au

ACCE	Aboriginal Community and Consumer Engagement strategy	EBE	Experts by experience
AHD	Aboriginal Health Directorate	EXEC	Country Health SA Executive
AHIS	Aboriginal Health Impact Statement	O&I	Orientation and Induction
AHL	Country Health SA Aboriginal staff	NDIS	National Disability Insurance Scheme
AHSSG	Aboriginal Health Services and Strategy Group	RAP	Reconciliation Action Plan
CE	Chief Executive	SAHMRI	South Australian Health and Medical Research Institute
CEO	Chief Executive Officer	SO	External stakeholder organisation
CHSA	Country Health SA Local Health Network	Y	Youth

Q1 Have you heard about the Aboriginal Community and Consumer Engagement (ACCE) Strategy?

- ☐ Yes
☐ No – Skip to Section 2: Experts by Experience – Q6* If answered "No"

Q2 How were you made aware of the ACCE strategy? Note that you can select multiple options.

- ☐ Community event
☐ Community forum
☐ Social media
☐ Internet
☐ Email
☐ Newsletters
☐ Country Health SA/Aboriginal Health Directorate
☐ Other _____
☐ Unsure

Q3 Has the ACCE Strategy helped you to have a say on health services for your community?

- ☐ Yes
☐ No – Skip to Section 2: Experts by Experience – Q6* If answered "No"
☐ Unsure – Skip to Section 2: Experts by Experience – Q6* If answered "Unsure"

Q4 How has the ACCE Strategy helped you to have your say?

Q5 If the ACCE Strategy has not helped you have a say, how could this be improved?

End of Section 1: Aboriginal Community & Consumer Engagement Strategy

Expert by experience

Aboriginal community & consumer engagement strategy survey 3

Start of Section 2: Experts by Experience (EBE)

Country Health SA has established an Aboriginal Health Experts by Experience register that promotes and encourages Aboriginal participation in the planning and delivery of health services and programs in country South Australia. Members of the register are Aboriginal health consumers who live in country South Australia and who have an interest in being engaged by Country Health SA in regards to Aboriginal health business. The register is a database of self-nominated Aboriginal consumers, as noted above, who have an interest, knowledge and experience in a range of topics relating to Aboriginal health and Country Health SA. The register is managed by the Aboriginal Health Directorate within Country Health SA.

Q6 There are 4 ways that people can participate as an Expert by Experience (EBE). Which of the options below best explains how you are currently involved as an EBE? Note that you can select multiple options.

- ☐ I receive information only
☐ I am consulted
☐ I am involved
☐ I actively collaborate/partner

Q7 Has your involvement as an EBE changed since you began your role?

- ☐ Yes
☐ No – Skip to Q9 If answered "No"

Q8 How has your involvement as an EBE changed since you began your role

Q9 The Aboriginal Health Directorate (AHD) in Country Health SA (CHSA) hold Orientation & Induction (O&I) training in Adelaide or via video conference. This is the training where you receive information about CHSA services. Have you been to the O&I training?

- ☐ I am an EBE for information purposes only and will not attend O&I training
☐ I am registered as an EBE and waiting for the O&I training
☐ I am registered as an EBE and have completed the training in the past 12 months – Skip to Q11 If answered "I am registered as an EBE and have completed the training in the past 12 months"
☐ I am registered as an EBE and have completed the training over 12 months ago – Skip to Q11 If answered "I am registered as an EBE and have completed the training over 12 months ago"

Q10 You say you have not had the O&I training, why is that?

- ☐ I have not been invited to attend – Skip to Q17 If answered "I have not been invited to attend"
☐ I have been invited but could not attend – Skip to Q17 If answered "I have been invited but could not attend"
☐ I do not want to go through training – Skip to Q17 If answered "I do not want to go through training"
☐ Other _____

☐ Skip to Q17 If answered "Other"

Q11 You say you have attended the O&I training, why did you attend? Note that you can select multiple options

- ☐ To understand what I need to do as an EBE
☐ To learn how to be a good EBE
☐ To help make health services in my community better
☐ Because it was expected as part of my EBE role
☐ Other _____

Q12 Did the O&I training give you the skills you need to be an active EBE member?

- ☐ Yes
☐ No
☐ Partly

Expert by experience

Aboriginal community & consumer engagement strategy survey 4

Please explain your previous answer.

Q13 Did the O&I training give you the knowledge of the health system that you need to be an active EBE member?

- ☐ Yes
☐ No
☐ Partly

Please explain your previous answer.

Q14 If you attended the O&I training in Adelaide did you have to pay for your own travel costs?

- ☐ Yes – paid for my own travel and was reimbursed by CHSA later
☐ Yes – paid for my own travel and was not reimbursed
☐ Yes – someone else paid for me
☐ No – I had no travel costs
☐ Other _____

Q15 If yes above, did this process inconvenience you?

- ☐ Yes _____
☐ Partially _____
☐ No _____

Q16 Would you have preferred to have had the O&I training in your region/community? Please explain your answer.

- ☐ Yes _____
☐ No _____

Q17 In the future would you like to receive training to help you be a better EBE?

- ☐ Yes _____
☐ No – Skip to Q21 if answered 'No'
☐ Unsure – Skip to Q21 if answered 'Unsure'

Q18 What training would you like to receive as an EBE?

- ☐ Information sessions on CHSA services
☐ Training on how to be a better EBE
☐ Committee member training
☐ Sitting on selection panels
☐ Human rights framework for health services
☐ Orientation to the South Australian Health and Medical Research Institute (SAHMRI)
☐ Other _____

Expert by experience

Aboriginal community & consumer engagement strategy survey 5

Q19 How often would you like to receive training?

- ☐ 6 monthly
☐ Yearly
☐ Other _____

Q20 Where would you like to have training?

- ☐ Local Community/Region
☐ Adelaide
☐ Both options

Please explain your previous answer.

Q21 Do you know who you can contact in CHSA or the AHD to assist you?

- ☐ Yes _____
☐ No – Skip to Q23 if answered 'No'

Q22 Have you made contact with this person?

- ☐ Yes
☐ No

Q23 Has being an EBE helped you to have a say on health services for your community?

- ☐ Yes
☐ No – Skip to Q25 if answered 'No'
☐ Unsure – Skip to Q25 if answered 'Unsure'

Q24 How has being an EBE helped you to have your say?

Q25 If being an EBE has not helped you have a say, how could this be improved?

Q26 Since becoming an EBE do you know more about CHSA and the health services in your region?

- ☐ Yes
☐ No
☐ Unsure

Q27 Since becoming an EBE have CHSA asked you to do anything about how health services operate in your region/community? Please explain your answer.

- ☐ Yes _____
☐ No – Skip to Q30 if answered 'No'



Expert by experience

Aboriginal community & consumer engagement strategy survey 6

Aboriginal community & consumer engagement strategy survey 7

- ☐ Events
- ☐ Social media
- ☐ Email
- ☐ Newsletters
- ☐ 1 on 1 consultations
- ☐ 1 on 1 invitations
- ☐ Unsure
- ☐ Other _____

Aboriginal community & consumer engagement strategy survey 8

	
<p>Q37 What do you think are the most important issues currently affecting Elders? Note that you can select multiple options.</p> <ul style="list-style-type: none"> <input type="radio"/> Aged Care services <input type="radio"/> NDIS <input type="radio"/> Packages <input type="radio"/> Home care <input type="radio"/> Social services <input type="radio"/> Independent living <input type="radio"/> Medical/health literacy <input type="radio"/> Other _____ 	<p>Q41 Do you think CHSA need talk to non-Aboriginal carers about different issues than Aboriginal carers?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <p>Please explain your previous answer:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>End of Section 3: Elders Questions</p>	<p>Q42 Overall, how could CHSA contact more carers? Note that you can select multiple options.</p> <ul style="list-style-type: none"> <input type="radio"/> Carer engagement strategy <input type="radio"/> Events <input type="radio"/> Social media <input type="radio"/> Email <input type="radio"/> Newsletters <input type="radio"/> Other _____ <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Start of Section 4: Carers</p> <p>This section has questions about carers. What we mean by a 'carer' is somebody that looks after another person because of their health related issues. A carer can include a person who cares for a family member such as a parent or grandparent.</p>	<p>End of Section 4: Carers</p>
<p>Q38 Do you know of any carers in your region?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No – Skip to Q42 if answered 'No' 	<p>Start of Section 5: Youth (Ages 15-25)</p>
<p>Q39 Do you think CHSA should talk to male carers about different issues than female carers?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <p>Please explain your previous answer.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Q43 Do you think young people (ages 15-25) know enough about the health services available to them?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> Maybe <input type="radio"/> Not really <input type="radio"/> No
<p>Q40 Do you think CHSA need to talk to youth carers about different issues than grandparent carers?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <p>Please explain your previous answer.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Q44 What can CHSA do to better connect with Youth? Note that you can select multiple options.</p> <ul style="list-style-type: none"> <input type="radio"/> Events <input type="radio"/> Social media <input type="radio"/> Email <input type="radio"/> Newsletters <input type="radio"/> Forums <input type="radio"/> Other _____ <p>_____</p> <p>_____</p>
<p>End of Section 5: Youth (Ages 15-25)</p>	<p>End of Section 5: Youth (Ages 15-25)</p>
<p>Start of Section 6: Community Engagement</p> <p>Q45 How do you or any of your community have contact with CHSA? Note that you can select multiple options.</p> <ul style="list-style-type: none"> <input type="radio"/> Events <input type="radio"/> Social media <input type="radio"/> Email <input type="radio"/> Newsletters <input type="radio"/> 1 on 1 consultations <input type="radio"/> 1 on 1 invitations <input type="radio"/> Community forums 	<p>Start of Section 6: Community Engagement</p>
<p>Expert by experience</p>	<p>Expert by experience</p>
<p>Aboriginal community & consumer engagement strategy survey 9</p>	<p>Aboriginal community & consumer engagement strategy survey 10</p>

ACCE Strategy post-implementation review

Q58 The community has helped CHSA with programs such as 'Keeping It Corka', 'Pulya Ways' and the 'Renal Dialysis Mobile Unit' program. Do you think the community should continue to be involved in assisting CHSA develop new programs like these?

- ☐ Yes
☐ No
☐ Unsure

End of Section 7: Working with Aboriginal Communities

Start of Section 8: Aboriginal Community Experience

Q59 If you have been to the doctor, hospital or a health clinic or program in your region/community over the past 2 years how was it?

- ☐ Very good
☐ Good
☐ Average
☐ Bad
☐ Very bad
☐ Not applicable as I haven't been

Please explain your previous answer.

Q60 Have services to Aboriginal patients and carers over the past 2 years gotten better?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q61 If you look after a family member that needs your help due to their health, are you aware of the help that CHSA can give you?

- ☐ Yes
☐ No
☐ Unsure
☐ Not applicable

Please explain your previous answer.

End of Section 8: Aboriginal Community Experience

Expert by experience

Aboriginal community & consumer engagement strategy survey 13

Start of Section 9: Network

Q62 What is the best method for the Aboriginal community to provide input into the hospital and local health service delivery across CHSA? Note you can select multiple options

- ☐ By providing advice directly to the CEO through an advisory council of Aboriginal leaders
☐ By ensuring there is an Aboriginal voice in all relevant CHSA committees
☐ By a group consisting of Community Consumers and Carers to gather community issues
☐ By an Aboriginal Health Services Strategy group
☐ Other _____

Q63 Based on your answer above who would you recommend for this group?

Q64 Would community members benefit from training prior to commencing an advisory role or having an involvement with a CHSA Committee?

- ☐ Yes
☐ No
☐ Unsure

End of Section 9 Network

Start of Section 10: Demographics

Q65 What is your gender?

- ☐ Male
☐ Female
☐ Other
☐ Prefer not to disclose

Q66 How old are you?

- ☐ 15-25
☐ 26-44
☐ 45+
☐ Prefer not to disclose

Q67 What languages are spoken in your home? Note that you can select multiple options

- ☐ English
☐ Other _____

Q68 Through reference to the accompanying map, please select what Country Health SA region you live in?

- ☐ Barossa, Hills & Fleurieu
☐ Eyre, Far North
☐ Flinders, Upper North
☐ Riverland, Mallee, Coorong
☐ South East
☐ Yorke, Northern

Expert by experience

Aboriginal community & consumer engagement strategy survey 14

The map displays the administrative regions of Western Australia. The regions are color-coded as follows:

- Eyre & Far North (light brown)
- Flinders & Upper North (orange)
- Yorke & Northern (red)
- Riverland Mallee Coorong (yellow)
- Barossa Hills Fleurieu (green)
- South East (grey)

Major cities and towns are labeled, including Perth, Adelaide, Melbourne, and various regional centers. The map also shows the coastline, major roads, and the location of the state capital, Perth.

Thank you

The Health Performance Council of South Australia would like to thank you for taking the time to complete this survey. As the council's role is a ministerial advisory body, your answers will help the Council provide key project findings to Aboriginal Health Directorate within Country Health South Australia. This feedback will be used by the Directorate to improve and aid the ACCE strategy to achieve its short, medium and long term goals to improve the Community and Consumer engagement of Aboriginal South Australians when accessing health services.

Thank you for completing the survey. Would you like to add anything further?

Expert by experience

Aboriginal community & consumer engagement strategy survey 15

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Youth register

Aboriginal community & consumer engagement strategy survey



PwC's Indigenous Consulting

Start of Section 1: Aboriginal Community & Consumer Engagement Strategy

Health Performance Council review of Country Health's Aboriginal Community & Consumer Engagement Strategy

What is this review?

The Health Performance Council, a statutory ministerial advisory body, is running a review of Country Health SA Local Health Network's Aboriginal Community & Consumer Engagement Strategy.

Why have I been invited?

You have been invited as a member of Country Health's Youth Council register.

It is entirely up to you whether you take part. Your choice will not affect your relationship with Country Health. Our team would like to know your views and opinions around the strategy to help us evaluate its short term successes, gaps in engagement that would be needed to achieve its desired outcomes, and priority areas for future focus.

How do I benefit?

The chance to have your say is vital to letting us properly determine success, gaps and areas of future focus. Through our review, we will help to make sure that the strategy is helping to achieve improved health outcomes for Aboriginal people in country South Australia.

What is involved?

As well as completing this survey (around 20 minutes), you could be invited to join us for a stakeholder engagement interview or focus group (around two hours) which we will be holding around country South Australia.

What about my rights?

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Our field research is being conducted by PwC's Indigenous Consulting, a majority Aboriginal owned and operated firm with rural South Australian expertise. We can assure that you, your Aboriginal cultural property and the information you generously provide will be respected and protected.

What if I change my mind?

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Contacts

The review is being conducted by PwC's Indigenous Consulting on behalf of the South Australian Health Performance Council.

If you have any concerns or questions, feel free to contact us at:

Health Performance Council Secretariat

T. (08) 8226 3057 E. healthhealthperformancecouncil@sa.gov.au

If you have any ethical concerns or complaints, you may contact our overseeing ethics committees:

Executive Officer

SA Health Human Research Ethics Committee

E. HealthHumanResearchEthicsCommittee@sa.gov.au

ACCE	Aboriginal Community and Consumer Engagement strategy	EBE	Experts by experience
AHD	Aboriginal Health Directorate	EXEC	Country Health SA Executive
AHIS	Aboriginal Health Impact Statement	O&I	Orientation and induction
AHL	Country Health SA Aboriginal staff	NDIS	National Disability Insurance Scheme
AHSSG	Aboriginal Health Services and Strategy Group	RAP	Reconciliation Action Plan
CE	Chief Executive	SAHMRI	South Australian Health and Medical Research Institute
CEO	Chief Executive Officer	SO	External stakeholder organisation
CHSA	Country Health SA Local Health Network	Y	Youth

Q1 Have you heard about the Aboriginal Community and Consumer Engagement (ACCE) Strategy?

- ☐ Yes
☐ No – Skip to “Section 2: Carers – Q6” if answered “No”

Q2 How were you made aware of the ACCE strategy? Note that you can select multiple options.

- ☐ Community event
☐ Community forum
☐ Social media
☐ Internet
☐ Email
☐ Newsletters
☐ Country Health SA/Aboriginal Health Directorate
☐ Other _____

Q3 Has the ACCE Strategy helped you to have a say on health services for your community?

- ☐ Unsure
☐ Yes _____
☐ No _____
 Section 2: Carers – Q6* If answered “No”
☐ Unsure
 Section 2: Carers – Q6 If answered “Unsure”

Q4 How has the ACCE Strategy helped you to have your say?

Q5 If the ACCE Strategy has not helped you have a say, how could this be improved?

End of Section 1: Aboriginal Community & Consumer Engagement Strategy

Youth Register

Aboriginal community & consumer engagement strategy survey 3

Start of Section 2: Carers

This section has questions about carers. What we mean by a ‘carer’ is somebody that looks after another person because of their health related issues. A carer can include a person who cares for a family member such as a parent or grandparent.

Q6 Do you know of any carers in your region?

- ☐ Yes
☐ No – Skip to Q10 if answered “No”

Q7 Do you think Country Health SA Local Health Network (CHSA) should talk to men carers about different issues than women carers?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q8 Do you think CHSA need to talk to youth carers about different issues than grandparent carers?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q9 Do you think CHSA need talk to non-Aboriginal carers about different issues than Aboriginal carers?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q10 Overall, how could CHSA contact more carers? Note that you can select multiple options.

- ☐ Carer engagement strategy
☐ Events
☐ Social media
☐ Email
☐ Newsletters
☐ Other _____

End of Section 2: Carers

Youth Register

Aboriginal community & consumer engagement strategy survey 4

Start of Section 3: Youth (Ages 15-25)

Q11 Do you think young people (ages 15-25) know enough about the health services available to them?

- ☐ Yes
☐ Maybe
☐ Not really
☐ No

Please explain your previous answer.

Q12 What can CHSA do to better connect with Youth? Note that you can select multiple options.

- ☐ Events
☐ Social media
☐ Email
☐ Newsletters
☐ Forums
☐ Other _____

Q13 Do you want to help CHSA plan and deliver Aboriginal health services and programs in your region in the future?

- ☐ Yes
☐ No

Q14 Did you attend a Youth workshop with CHSA to assist them in developing the Aboriginal Youth Engagement Strategy?

- ☐ Yes
☐ No – Skip to “Section 4: Community Engagement –Q19” If answered “No”

Q15 How did you find the Youth workshop experience?

- ☐ Positive
☐ Negative
☐ Unsure

Please explain your previous answer.

Q16 Has a copy of the Aboriginal Youth Engagement strategy been made available to you?

- ☐ Yes
☐ No – Skip to Q18 if answered “No”

Q17 Does the strategy include the thoughts and ideas that you discussed with CHSA at the Youth workshop?

- ☐ Yes
☐ No
☐ Unsure

Youth Register

Aboriginal community & consumer engagement strategy survey 5

Please explain your previous answer.

Q18 Since the youth workshops are you more likely to go to the health services or programs in your region/community?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

End of Section 3: Youth (Ages 15-25)

Start of Section 4: Community Engagement

Q19 How do you or any of your community, have contact with CHSA? Note that you can select multiple options.

- ☐ Events
☐ Social media
☐ Email
☐ Newsletters
☐ 1 on 1 consultations
☐ 1 on 1 invitations
☐ Community forums
☐ Experts by Experience register
☐ Word of mouth
☐ Other _____

- ☐ Unsure

Q20 How could CHSA give you more information about health services available to you? Note that you can select multiple options.

- ☐ More Events
☐ Increase Social media
☐ Targeted Email
☐ More frequent newsletters
☐ More Community forums
☐ Other _____

Q21 Do you believe that CHSA and the AHD are doing a good enough job with how they work with Aboriginal people in your region/community?

- ☐ Yes
☐ No
☐ Unsure

Youth Register

Aboriginal community & consumer engagement strategy survey 6

<p>Please explain your previous answer.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Q22 Do you believe that your community know more about health services in your region than 1 year ago?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unsure</p> <p>Please explain your previous answer.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Q28 How did you find out about these programs? Note that you can select multiple options.</p> <p><input type="radio"/> Events</p> <p><input type="radio"/> Social media</p> <p><input type="radio"/> Email</p> <p><input type="radio"/> Newsletters</p> <p><input type="radio"/> Community forums</p> <p><input type="radio"/> Experts by Experience register</p> <p><input type="radio"/> Other _____</p>
<p>Q23 Are you aware of any CHSA and Aboriginal Community controlled health service partnerships?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No – Skip to "Section 5: Working with Aboriginal Communities – Q25" if answered "No"</p> <p>Q24 What CHSA and Aboriginal Community controlled health service partnerships are you aware of?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Q29 As part of the ACCE strategy the AHD prepare a regular Aboriginal Community and Consumer Engagement newsletter for Aboriginal people across Country South Australia to share information about health services and programs around the State. Have you seen a copy of the Aboriginal Community and Consumer Engagement newsletter?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No – Skip to Q31 if answered "No"</p> <p>Q30 Did you find the information in the newsletter useful?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Please explain your previous answer.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>End of Section 4: Community Engagement</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Q31 CHSA facilitate Nunga lunches in Gawler as a means to hear feedback from community on Aboriginal peoples experience with health services in the region. Would you attend a lunch or similar event in your community?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unsure</p>
<p>Start of Section 5: Working with Aboriginal Communities</p> <p>Q25 Do you know about Aboriginal health programs that are run in your region/community?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No – Skip to Q27 if answered "No"</p> <p><input type="radio"/> Not Interested – Skip to Q27 if answered "Not Interested"</p> <p>Q26 What Aboriginal health programs are you aware of?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Q32 The community has helped CHSA with programs such as 'Keeping it Corka', 'Pulya Ways', and the 'Renal Dialysis Mobile Unit' program. Do you think the community should continue to be involved in assisting CHSA develop new programs like these?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unsure</p> <p>End of Section 5: Working with Aboriginal Communities</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Q27 Do you know about any Aboriginal health programs that are run in other regions of Country South Australia?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No – Skip to Q29 if answered "No"</p> <p>Youth Register</p> <p>Aboriginal community & consumer engagement strategy survey 7</p>	<p>Youth Register</p> <p>Aboriginal community & consumer engagement strategy survey 8</p>

Start of Section 6: Aboriginal Community Experience

Q33 If you have been to the doctor, hospital or a health clinic or program in your region/community over the past 2 years how was it?

- ☐ Very good
- ☐ Good
- ☐ Average
- ☐ Bad
- ☐ Very bad
- ☐ Not applicable as I haven't been – Skip to Q34 if answered 'Not applicable as I haven't been'

Please explain your previous answer.

Q34 Have services to Aboriginal patients and carers over the past 2 years gotten better?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your previous answer.

Q35 If you look after a family member that needs your help due to their health, are you aware of the help that CHSA can give you?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable – Skip to 'Section 7: Network – Q36' if answered 'Not applicable'

Please explain your previous answer.

End of Section 6: Aboriginal Community Experience

Youth Register

Aboriginal community & consumer engagement strategy survey 9

Start of Section 7: Network

Q36 What is the best method for the Aboriginal community to provide input into the hospital and local health service delivery across CHSA? Note you can select multiple options

- ☐ By providing advice directly to the CEO through an advisory council of Aboriginal leaders
- ☐ By ensuring there is an Aboriginal voice in all relevant CHSA committees
- ☐ By a group consisting of Community Consumers and Carers to gather community issues
- ☐ By an Aboriginal Health Services Strategy group
- ☐ Other _____

Q37 Based on your answer above who would you recommend for this group?

Q38 Would community members benefit from training prior to commencing an advisory role or having an involvement with a CHSA Committee?

- ☐ Yes
- ☐ No
- ☐ Unsure

End of Section 7: Network

Start of Section 8: Demographic

Q39 What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to disclose

Q40 What languages are spoken in your home? Note that you can select multiple options

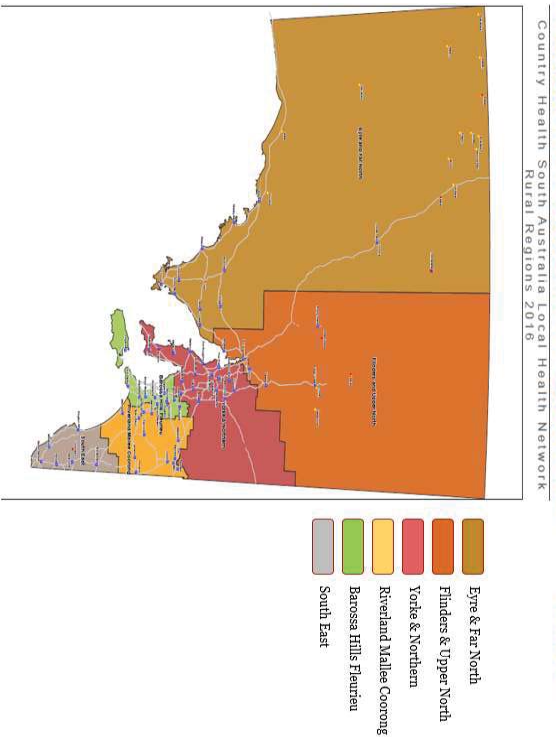
- ☐ English
- ☐ Other _____

Q41 Through reference to the accompanying map, please select what Country Health SA region you live in?

- ☐ Barossa, Hills & Fleurieu
- ☐ Eyre, Far North
- ☐ Flinders, Upper North
- ☐ Riverland Mallee Coorong
- ☐ South East
- ☐ Yorke, Northern

Youth Register

Aboriginal community & consumer engagement strategy survey 10



End of Section 8: Demographic

Thank you

The Health Performance Council of South Australia (‘the Council’) would like to thank you for taking the time to complete this survey. As the council’s role is a ministerial advisory body, your answers will help the Council provide key project findings to Aboriginal Health Directorate within Country Health South Australia. This feedback will be used by the Directorate to improve and aid the ACCE strategy to achieve its short, medium and long term goals to improve the Community and Consumer engagement of Aboriginal South Australians when accessing health services.

Thank you for completing the survey. Would you like to add anything further?

Youth Register

Aboriginal community & consumer engagement strategy survey 11

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WVL127059550

Country health SA executive

Aboriginal community & consumer engagement strategy survey



PwC's Indigenous
Consulting

Start of Section 1: Aboriginal Community & Consumer Engagement Strategy

Health Performance Council review of Country Health's Aboriginal Community & Consumer Engagement Strategy

What is this review?

The Health Performance Council, a statutory ministerial advisory body, is running a review of Country Health SA Local Health Network's Aboriginal Community & Consumer Engagement Strategy.

Why have I been invited?

You have been invited as a member of Country Health's executive staff

It is entirely up to you whether you take part. Your choice will not affect your employment with Country Health.

Our team would like to know your views and opinions around the strategy to help us evaluate its short term successes, gaps in engagement that would be needed to achieve its desired outcomes, and priority areas for future focus.

How do I benefit?

The chance to have your say is vital to letting us properly determine success, gaps and areas of future focus. Through our review, we will help to make sure that the strategy is helping to achieve improved health outcomes for Aboriginal people in country South Australia.

What is involved?

You are invited to complete this survey (around 20 minutes).

What about my rights?

We guarantee your responses will be kept private and confidential by our researchers and your personal information will be deleted at the end of the study with only anonymised data being kept by the Health Performance Council for audit purposes.

Our field research is being conducted by PwC's Indigenous Consulting, a majority Aboriginal owned and operated firm with rural South Australian expertise. We can assure that you, your Aboriginal cultural property and the information you generously provide will be respected and protected.

What if I change my mind?

We ask you to participate only with your full consent. You are free to withdraw your consent without question. If you do, we will ensure your personal responses are removed from all records and not used. Note that once your responses have been anonymously combined with others into aggregated analyses, we can remove your original responses from our records only and not from any aggregate analysis.

Contacts

The review is being conducted by PwC's Indigenous Consulting on behalf of the South Australian Health Performance Council.

If you have any concerns or questions, feel free to contact us at:

Health Performance Council Secretariat

T. (08) 8226 3057 E. healthhealthperformancecouncil@sa.gov.au

If you have any ethical concerns or complaints, you may contact our overseeing ethics committee:

Executive Officer

SA Health Human Research Ethics Committee

E. HealthHumanResearchEthicsCommittee@sa.gov.au

ACCE	Aboriginal Community and Consumer Engagement strategy	EBE	Experts by experience
AHD	Aboriginal Health Directorate	EXEC	Country Health SA Executive
AHIS	Aboriginal Health Impact Statement	O&I	Orientation and induction
AHL	Country Health SA Aboriginal staff	NDIS	National Disability Insurance Scheme
AHSSG	Aboriginal Health Services and Strategy Group	RAP	Reconciliation Action Plan
CE	Chief Executive	SAHMRI	South Australian Health and Medical Research Institute
CEO	Chief Executive Officer	SO	External stakeholder organisation
CHSA	Country Health SA Local Health Network	Y	Youth

Q1 Have you heard about the Aboriginal Community and Consumer Engagement (ACCE) Strategy?

- ☐ Yes
☐ No – Skip to 'Section 2: Experience by Elders – Q8' if answered 'No'

Q2 How were you made aware of the ACCE strategy? Note that you can select multiple options.

- ☐ Management
☐ Aboriginal Health Directorate (AHD)
☐ Intranet
☐ Event
☐ Newsletter
☐ Staff briefing/CE check
☐ Other _____

Q3 Is the ACCE strategy relevant to your role with Country Health SA Local Health Network (CHSA)?

- ☐ Yes
☐ No
☐ Unsure

Q4 Has the ACCE Strategy helped you to have a say on health services for your community?

- ☐ Yes
☐ No – Skip to 'Section 2: Experience by Elders – Q8' if answered 'No'
☐ Unsure – Skip to 'Section 2: Experience by Elders – Q8' if answered 'Unsure'

Q5 How has the ACCE Strategy helped you to have your say?

Q6 If the ACCE Strategy has not helped you have a say, how could this be improved?

Country health SA executive

Aboriginal community & consumer engagement strategy survey 3

Q7 How have you implemented the ACCE strategy at your local regional level?

End of Section 1: Aboriginal Community & Consumer Engagement Strategy

Start of Section 2: Experts by Experience (EBE)

Country Health SA has established an Aboriginal Health Experts by Experience register that promotes and encourages Aboriginal participation in the planning and delivery of health services and programs in country South Australia. Members of the register are Aboriginal health consumers who live in country South Australia and who have an interest in being engaged by Country Health SA in regards to Aboriginal health business. The register is a database of self-nominated Aboriginal consumers, as noted above, who have an interest, knowledge and experience in a range of topics relating to Aboriginal health and Country Health SA. The register is managed by the Aboriginal Health Directorate within Country Health SA.

Q8 Do you know of the Experts by Experience (EBE) register?

- ☐ Yes
☐ No – Skip to 'Section 3: Elders – Q14' if answered 'No'

Q9 How do you engage with the Aboriginal community on the EBE register in your region?

Q10 How do you promote the EBE register in your region?

Q11 Where do you think the EBE Orientation and Induction training should be held?

- ☐ Adelaide
☐ Regional locations
☐ Both options

Please explain your previous answer.

Country health SA executive

Aboriginal community & consumer engagement strategy survey 4

Q12 Do you think the EBE's in your region includes people who can give advice on a range of health issues?

- ☐ Yes
☐ No

Please explain your previous answer.

Q13 Do you think the EBE strategy could be improved?

- ☐ Yes
☐ No
☐ It is too early to tell

Please explain your previous answer.

End of Section 2: Experience by Experience (EBE)

Start of Section 3: Elders

Q14 Should CHSA connect with Elders in a different way than to other groups?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q15 What can CHSA do to better connect with Elders? Note that you can select multiple options.

- ☐ Events
☐ Social media
☐ Email
☐ Newsletters
☐ 1 on 1 consultations
☐ 1 on 1 invitations
☐ Other _____
☐ Unsure

Country health SA executive

Aboriginal community & consumer engagement strategy survey 5

Q16 What do you think are the most important issues currently affecting Elders? Note that you can select multiple options.

- ☐ Aged Care services
☐ NDIS
☐ Packages
☐ Home care
☐ Social services
☐ Independent living
☐ Medical/health literacy
☐ Other _____

End of Section 3: Elders

Start of Section 4: Carers

This section has questions about carers. What we mean by a 'carer' is somebody that looks after another person because of their health related issues. A carer can include a person who cares for a family member such as a parent or grandparent.

Q17 Do you think CHSA should talk to men carers about different issues than women carers?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q18 Do you think CHSA need to talk to youth carers about different issues than grandparent carers?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q19 Do you think CHSA need talk to non-Aboriginal carers about different issues than Aboriginal carers?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Country health SA executive

Aboriginal community & consumer engagement strategy survey 6

Q20 Overall, how could CHSA contact more carers? Note that you can select multiple options.

- ☐ Carer engagement strategy
- ☐ Events
- ☐ Social media
- ☐ Email
- ☐ Newsletters
- ☐ Other _____

End of Section 4: Carers

Start of Section 5: Youth (Ages 15 to 25)

Q21 How engaged are the youth (ages 15-25) in your community/region in regards to accessing the health services available to them?

- ☐ Very engaged
- ☐ Engaged
- ☐ Unsure
- ☐ Partially engaged
- ☐ Not engaged

Please explain your previous answer.

Q22 What can CHSA do to better connect with Youth? Note that you can select multiple options.

- ☐ Events
- ☐ Social media
- ☐ Email
- ☐ Newsletters
- ☐ Forums
- ☐ Other _____

End of Section 5: Youth (Ages 15 to 25)

Start of Section 6: Community Engagement

Q23 How does CHSA engage the Aboriginal community, consumers and carers in your community/region? Note that you can select multiple options.

- ☐ Events
- ☐ Social media
- ☐ Email
- ☐ Newsletters
- ☐ 1 on 1 consultations
- ☐ 1 on 1 invitations
- ☐ Community forums
- ☐ Experts by Experience register

Country health SA executive

Aboriginal community & consumer engagement strategy survey 7

- ☐ Word of mouth
- ☐ Other _____
- ☐ Unsure

Q24 What else could CHSA do to further engage the community about the health services and programs in your region? Note that you can select multiple options.

- ☐ Community working groups
- ☐ Roadshows/workshops
- ☐ Events
- ☐ Social media
- ☐ Experts by Experience
- ☐ Targeted engagement
- ☐ 1 on 1 mentoring
- ☐ Other _____

Q25 Do you believe that your community know more about health services in your region than 1 year ago?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your previous answer.

Q26 Are you aware of any CHSA and Aboriginal Community controlled health service partnerships?

- ☐ Yes
- ☐ No – Skip to Q28 If answered “No”

Q27 What CHSA and Aboriginal Community controlled health service partnerships are you aware of?

Q28 Do you know about the ACCE Strategy Regional Action Plan in your region?

- ☐ Yes
- ☐ No – Skip to Q30 If answered “No”

Q29 Do you have any idea where this plan is up to? Please explain your answer.

- ☐ Yes _____
- ☐ No _____
- ☐ Unsure

Q30 Do you know if ACCE Strategy Status Reports are used in your region

- ☐ Yes
- ☐ No
- ☐ Unsure

Country health SA executive

Aboriginal community & consumer engagement strategy survey 8

Q31 Have you personally worked on an ACCE Strategy Regional Action Plan and/or Status Reports?

- ☐ Yes
- ☐ No
- ☐ Not applicable – I don't know about them

End of Section 6: Community Engagement

Start of Section 7: Working with Aboriginal Communities

Q32 Has the Aboriginal Health Directorate (AHD) and/or CHSA contacted you about getting input from local Aboriginal people when developing programs? Note that you can select multiple options.

- ☐ Yes – Community
- ☐ Yes – Consumers
- ☐ Yes – Carers
- ☐ No – Skip to Q33 if answered 'No'

Q32A If you were involved in these local meetings, what did you think?

Q33 Has AHD and/or CHSA contacted you about getting input from local Aboriginal people when running programs? Note that you can select multiple options.

- ☐ Yes – Community
- ☐ Yes – Consumers
- ☐ Yes – Carers
- ☐ No – Skip to Q35 if answered 'No'

Q34 If you were involved in these local meetings, what did you think?

Q35 Do you know about any Aboriginal health programs that are run in other regions of Country South Australia?

- ☐ Yes
- ☐ No – Skip to Q37 if answered 'No'

Q36 How did you find out about these programs? Note that you can select multiple options

- ☐ Events
- ☐ Social media
- ☐ Email
- ☐ Newsletters
- ☐ Community forums
- ☐ Experts by Experience register
- ☐ Other _____

Country health SA executive

Aboriginal community & consumer engagement strategy survey 9

Q37 As part of the ACCE strategy the AHD prepare a regular Aboriginal Community and Consumer Engagement newsletter for Aboriginal people across Country South Australia to share information about health services and programs around the State. Internally the AHD prepare and distribute Cooeel for CHSA staff. Have you read the Aboriginal Community and Consumer Engagement newsletter and/or Cooeel?

- ☐ Note that you can select multiple options.
- ☐ Yes – Newsletter
- ☐ Yes – Cooeel
- ☐ No – Skip to Q39 if answered 'No'

Q38 Did you get the information you needed?

- ☐ Yes _____
- ☐ No _____

Q39 What more could CHSA do to build stronger relationships and get more feedback from SA Aboriginal communities? Note that you can select multiple options.

- ☐ Community working groups
- ☐ Roadshows/workshops
- ☐ Events
- ☐ Social media
- ☐ Experts By Experience
- ☐ Word of mouth
- ☐ Other _____

Q40 Did you know that the Aboriginal Health Services & Strategy Group (AHSSG) was set up in 2016

- ☐ Yes
- ☐ No – Skip to 'Section 8: Cultural Competency – Q47' if answered 'No'

Q41 Did you help establish the group?

- ☐ Yes
- ☐ No

Q42 Do you participate in the group?

- ☐ Yes
- ☐ No – Skip to Q44 if answered 'No'

Q43 Did you find the meetings meaningful?

- ☐ Yes
- ☐ No

Please explain your previous answer.

Q44 What was the AHSSG set up to achieve?

Country health SA executive

Aboriginal community & consumer engagement strategy survey 10

Q45 What has the AHSSG achieved since its set up?

Q46 Who should be a part of the AHSSG?

End of Section 7: Working with Aboriginal Communities

Start of Section 8: Cultural Competency

The cultural competency learning and development program is the program that Country Health SA is implementing to create cultural respect and awareness across the organisation. The term cultural safety is generally accepted to refer to the working environment and cultural competency is reference to the staff within the working environment. A culturally safe environment for Aboriginal peoples is generally one where one feels safe and secure in their identity, culture and community. A culturally competent workforce is one where a culturally safe environment is in existence through cultural training and education.

Q47 Do you know about the CHSA Cultural Competency Learning & Development program?

- ☐ Yes
☐ No – Skip to Q52 if answered "No"
☐ Unsure – Skip to Q52 if answered "Unsure"

Q48 How did you find out about it? Note that you can select multiple options.

- ☐ Management
☐ Intranet
☐ Event
☐ Newsletter
☐ Staff briefing/CE check
☐ Other _____

Q49 How could CHSA make the program more effective?

Q50 How can CHSA staff keep their program knowledge up to date and relevant?

Country health SA executive

Aboriginal community & consumer engagement strategy survey 11

Q51 Do you think people have found the program useful?

- ☐ Yes
☐ Not really
☐ No

Please explain your previous answer.

Q52 Do you know about the Aboriginal Workforce and Cultural Learning frameworks mandatory phase 1 online training that was launched in 2017?

- ☐ Yes
☐ No
☐ Unsure

Q53 Have you done the mandatory Phase 1 online training?

- ☐ Yes
☐ No Skip to Q56 if answered "No"
☐ Unsure – Skip to Q56 if answered "Unsure"

Q54 Do you think the training helped you think about cultural considerations at work?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q55 Has the online training made a difference in your workplace?

- ☐ Yes
☐ No
☐ It is too early to tell

Please explain your previous answer.

Country health SA executive

Aboriginal community & consumer engagement strategy survey 12

Q56 Does an understanding of Aboriginal cultural issues help you at work?

- ☐ No
☐ Not really
☐ Yes

Please explain your previous answer.

Q57 Do you think CHSA understands Aboriginal cultural issues relating to the workplace?

- ☐ Yes
☐ No
☐ Unsure

End of Section 8: Cultural Competency

Start of Section 9: Reconciliation Action Plan

Q58 Did you know that CHSA has a Reconciliation Action Plan (RAP)?

- ☐ Yes
☐ No – Skip to 'Aboriginal Community Experience – Q63' if answered 'No'
☐ Unsure – Skip to 'Section 10: Aboriginal Community Experience – Q63' if answered 'Unsure'

Q59 Have you seen any RAP activities by CHSA?

- ☐ Yes _____
☐ No _____

Q60 How did you find out about the CHSA RAP? Note that you can select multiple options.

- ☐ Management
☐ Intranet
☐ Event
☐ Newsletter
☐ Staff meeting/CE check
☐ Other _____

Q61 Since the launch of the RAP have you developed a local RAP implementation plan?

- ☐ Yes
☐ No

Q62 Do you think the RAP has helped CHSA to build better relationships with the Aboriginal community?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

End of Section 9: Reconciliation Action Plan

Start of Section 10: Aboriginal Community Experience

Q63 Do you think Aboriginal staff feel comfortable working at CHSA?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q64 Do you think Aboriginal patients and carers feel comfortable when they come into contact with CHSA?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q65 Have you done any training around Aboriginal community engagement and/or customer satisfaction? Note that you can select multiple options.

- ☐ Yes – community engagement
☐ Yes – customer satisfaction
☐ No

Q66 Have you heard directly from the Aboriginal community, consumers and/or carers on their experience of healthcare service provisions in your region/community?

- ☐ Yes
☐ No – Skip to Q69 if answered "No"

Q67 What have you heard?

Q68 Are you responsible for acting on this feedback?

- ☐ Yes
☐ No
☐ Unsure

Q69 Have you seen a change in procedure due to feedback from the Aboriginal community, consumers or carers?

- ☐ Yes
☐ No

Please explain your previous answer.

Q70 How is Aboriginal consumer satisfaction monitored and recorded in your area of service?

Q71 How would you improve the Aboriginal consumer experience in your area of service?

End of Section 10: Aboriginal Community Experience

Country health SA executive

Aboriginal community & consumer engagement strategy survey 15

Start of Section 11: Stakeholder Engagement

Q72 Has the AHD engaged with your regional Health Advisory Councils regarding the ACCE Strategy?

- ☐ Yes
☐ No
☐ Unsure

Q73 Do you meet regularly with key Aboriginal Health stakeholders in your region/community?

- ☐ Yes
☐ No – Skip to Q75 if answered "No"

Q74 Are the meetings making a difference?

- ☐ Yes
☐ No
☐ Unsure

Q75 Are there Aboriginal health stakeholders that you do not meet with but should?

- ☐ Yes
☐ No – Skip to Q77 if answered "No"

Q76 Who are these stakeholders?

Q77 Has the Aboriginal consumer experience improved through your meetings with Aboriginal health stakeholders?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q78 Do you meet regularly with the CHSA Aboriginal Health Directorate?

- ☐ Yes – regularly – Skip to Section 12: Network – Q80* if answered "Yes – regularly"
☐ Yes – every now and then – Skip to "section 12: Network – Q80* if answered "Yes – every now and then"
☐ No

Q79 Why not?

End of Section 11: Stakeholder Engagement

Country health SA executive

Aboriginal community & consumer engagement strategy survey 16

Start of Section 12: Network

Q80 What is the best method for the Aboriginal community to provide input into the hospital and local health service delivery across CHSAs? Note you can select multiple options

- ☐ By providing advice directly to the CEO through an advisory council of Aboriginal leaders
- ☐ By ensuring there is an Aboriginal voice in all relevant CHSA committees
- ☐ By a group consisting of Community Consumers and Carers to gather community issues
- ☐ By an Aboriginal Health Services Strategy group
- ☐ Other _____

Q81 Based on your answer above who would you recommend for this group?

Q82 Would community members benefit from training prior to commencing an advisory role or having an involvement with a CHSA Committee?

- ☐ Yes
- ☐ No
- ☐ Unsure

End of Section 12: Network

Start of Section 13: System

Q83 Are you aware of the Aboriginal Health Impact Statement (AHIS) policy?

- ☐ Yes
- ☐ No – Skip to "Section 14: Demographic – Q85" if answered "No"
- ☐ Unsure – Skip to "Section 14: Demographic – Q85" if answered "Unsure"

Q84 Have you received any feedback, positive or negative, on the use of AHISs?

- ☐ Yes
- ☐ No

Please explain your previous answer.

Country health SA executive

Aboriginal community & consumer engagement strategy survey 17

End of Section 13: System

Start of Section 14: Demographic

Q85 What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to disclose

Q86 How old are you?

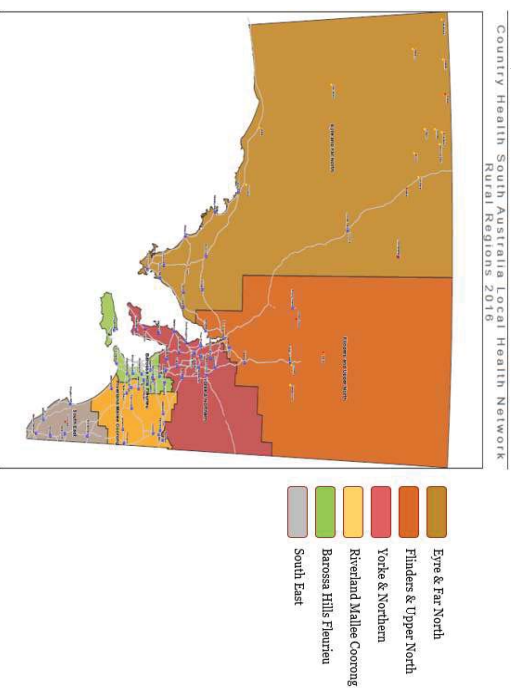
- ☐ 15-25
- ☐ 26-44
- ☐ 45+
- ☐ Prefer not to disclose

Q87 What languages are spoken in your home? Note that you can select multiple options

- ☐ English
- ☐ Other _____

Q88 Through reference to the accompanying map, please select what Country Health SA region you live in?

- ☐ Barossa, Hills & Fleurieu
- ☐ Eyre, Far North
- ☐ Flinders, Upper North
- ☐ Riverland, Mallee Coorong
- ☐ South East
- ☐ Yorke, Northern



Country health SA executive

Aboriginal community & consumer engagement strategy survey 18



End of Section 14: Demographic

Thank you

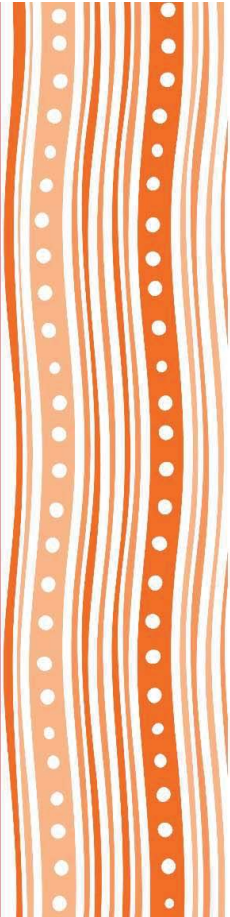
The Health Performance Council of South Australia (‘the Council’) would like to thank you for taking the time to complete this survey. As the Council’s role is a ministerial advisory body, your answers will help the Council provide key project findings to Aboriginal Health Directorate within Country Health South Australia. This feedback will be used by the Directorate to improve and aid the ACCE strategy to achieve its short, medium and long term goals to improve the Community and Consumer engagement of Aboriginal South Australian’s when accessing health services.

Would you like to add anything further?

Country health SA executive

Aboriginal community & consumer engagement strategy survey 19

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Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey



PwC's Indigenous
Consulting

Start of Section 1: Aboriginal Community & Consumer Engagement Strategy

Health Performance Council review of Country Health's Aboriginal Community & Consumer Engagement Strategy

What is this review?

The Health Performance Council, a statutory ministerial advisory body, is running a review of Country Health SA Local Health Network's Aboriginal Community & Consumer Engagement Strategy.

Why have I been invited?

You have been invited as a member of Country Health's staff.

It is entirely up to you whether you take part. Your choice will not affect your employment with Country Health.

Our team would like to know your views and opinions around the strategy to help us evaluate its short term successes, gaps in engagement that would be needed to achieve its desired outcomes, and priority areas for future focus.

How do I benefit?

The chance to have your say is vital to letting us properly determine success, gaps and areas of future focus. Through our review, we will help to make sure that the strategy is helping to achieve improved health outcomes for Aboriginal people in country South Australia.

What is involved?

As well as completing this survey (around 20 minutes), you could be invited to join us for a stakeholder engagement interview or focus group (around two hours) which we will be holding around country South Australia.

What about my rights?

We guarantee your responses will be kept private and confidential by our researchers and your personal information will be deleted at the end of the study with only anonymised data being kept by the Health Performance Council for audit purposes.

Our field research is being conducted by PwC's Indigenous Consulting, a majority Aboriginal owned and operated firm with rural South Australian expertise. We can assure that you, your Aboriginal cultural property and the information you generously provide will be respected and protected.

What if I change my mind?

We ask you to participate only with your full consent. You are free to withdraw your consent without question. If you do, we will ensure your personal responses are removed from all records and not used. Note that once your responses have been anonymously combined with others into aggregated analyses, we can remove your original responses from our records only and not from any aggregate analysis.

Contacts

The review is being conducted by PwC's Indigenous Consulting on behalf of the South Australian Health Performance Council.

If you have any concerns or questions, feel free to contact us at:

Health Performance Council Secretariat

T. (08) 8226 3057 E. healthperformancecouncil@sa.gov.au

If you have any ethical concerns or complaints, you may contact our overseeing ethics committee:

Executive Officer

SA Health Human Research Ethics Committee

E. HealthHumanResearchEthicsCommittee@sa.gov.au

ACCE	Aboriginal Community and Consumer Engagement strategy	EBE	Experts by experience
AHD	Aboriginal Health Directorate	ESEC	Country Health SA Executive
AHIS	Aboriginal Health Impact Statement	O&I	Orientation and Induction
AHL	Country Health SA Aboriginal staff	NDIS	National Disability Insurance Scheme
AHSSG	Aboriginal Health Services and Strategy Group	RAP	Reconciliation Action Plan
CE	Chief Executive	SAHMRI	South Australian Health and Medical Research Institute
CEO	Chief Executive Officer	SO	External stakeholder organisation
CHSA	Country Health SA Local Health Network	Y	Youth

Q1 Have you heard about the Aboriginal Community and Consumer Engagement (ACCE) Strategy?

- ☐ Yes
☐ No – Skip to "Section 2: Community Engagement – Q7" if answered "No"

Q2 How were you made aware of the ACCE strategy? Note that you can select multiple options.

- ☐ Management
☐ Aboriginal Health Directorate (AHD)
☐ Intranet
☐ Event
☐ Newsletter
☐ Staff briefing/CE check
☐ Other _____

Q3 Is the ACCE strategy relevant to your role with Country Health SA Local Health Network (CHSA)?

- ☐ Yes
☐ No
☐ Unsure

Q4 Has the ACCE Strategy helped you to have a say on health services for your community?

- ☐ Yes
☐ No – Skip to "Section 2: Community Engagement – Q7" if answered "No"
☐ Unsure – Skip to "Section 2: Community Engagement – Q7" if answered "Unsure"

Q5 How has the ACCE Strategy helped you to have your say?

Q6 If the ACCE Strategy has not helped you have a say, how could this be improved?

End of Section 1: Aboriginal Community & Consumer Engagement Strategy

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 3

Start of Section 2: Experts by Experience (EBE)

Country Health SA has established an Aboriginal Health Experts by Experience register that promotes and encourages Aboriginal participation in the planning and delivery of health services and programs in country South Australia. Members of the register are Aboriginal health consumers who live in country South Australia and who have an interest in being engaged by Country Health SA in regards to Aboriginal health business. The register is a database of self-nominated Aboriginal consumers, as noted above, who have an interest, knowledge and experience in a range of topics relating to Aboriginal health and Country Health SA. The register is managed by the Aboriginal Health Directorate within Country Health SA.

Q7 Do you know of the Experts by Experience register?

- ☐ Yes
☐ No – Skip to "Section 3: Elders – Q14" if answered "No"

Q8 Are you registered as an EBE?

- ☐ Yes
☐ No

Q9 How do you engage with the Aboriginal community on the EBE register in your region?

Q10 How do you promote the EBE register in your region?

Q11 Where do you think the EBE Orientation and Induction training should be held?

- ☐ Adelaide
☐ Regional locations
☐ Both options

Please explain your previous answer.

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 4



Q12 Do you think the EBE's in your region includes people who can give advice on a range of health issues?

- ☐ Yes
☐ No

Please explain your previous answer.

Q13 Do you think the EBE strategy could be improved?

- ☐ Yes
☐ No
☐ It is too early to tell

Please explain your previous answer.

End of Section 2: Experts by Experience (EBE)

Start of Section 3: Elders Questions

Q14 Should CHSA connect with Elders in a different way than with other groups?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q15 What can CHSA do to better connect with Elders? Note that you can select multiple options.

- ☐ Events
☐ Social media
☐ Email
☐ Newsletters
☐ 1 on 1 consultations
☐ 1 on 1 invitations
☐ Other _____

- ☐ Unsure

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 5



Q16 What do you think are the most important issues currently affecting Elders? Note that you can select multiple options.

- ☐ Aged Care services
☐ NDIS
☐ Packages
☐ Home care
☐ Social services
☐ Independent living
☐ Medical/health literacy
☐ Other _____

End of Section 3: Elder Questions

Start of Section 4: Carer

This section has questions about carers. What we mean by a 'carer' is somebody that looks after another person because of their health related issues. A carer can include a person who cares for a family member such as a parent or grandparent.

Q17 Do you think CHSA should talk to male carers about different issues than female carers?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q18 Do you think CHSA need to talk to youth carers about different issues than grandparent carers?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 6



Q19 Do you think CHSA need talk to non-Aboriginal carers about different issues than Aboriginal carers?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q20 Overall, how could CHSA contact more carers? Note that you can select multiple options.

- ☐ Carer engagement strategy
☐ Events
☐ Social media
☐ Email
☐ Newsletters
☐ Other _____

End of Section 4: Carer

Start of Section 5: Youth (Ages 15-25)

Q21 How engaged are the youth (ages 15-25) in your community/region in regards to accessing the health services available to them?

- ☐ Very engaged
☐ Engaged
☐ Unsure
☐ Partially engaged
☐ Not engaged

Please explain your previous answer.

Q22 What can CHSA do to better connect with Youth? Note that you can select multiple options.

- ☐ Events
☐ Social media
☐ Email
☐ Newsletters
☐ Forums
☐ Other _____

End of Section 5: Youth (Ages 15-25)

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 7



Start of Section 6: Community Engagement

Q23 How does CHSA engage the Aboriginal community, consumers and carers in your community/region? Note that you can select multiple options.

- ☐ Events
☐ Social media
☐ Email
☐ Newsletters
☐ 1 on 1 consultations
☐ 1 on 1 invitations
☐ Community forums
☐ Experts by Experience register
☐ Word of mouth
☐ Forums
☐ Other _____

☐ Unsure

Q24 What else could CHSA do to further engage the community about the health services and programs in your region? Note that you can select multiple options.

- ☐ Community working groups
☐ Roadshows/workshops
☐ Events
☐ Social media
☐ Experts By Experience
☐ Targeted engagement
☐ 1 on 1 mentoring
☐ Other _____

Q25 Do you believe that your community know more about health services in your region than 1 year ago?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q26 Are you aware of any CHSA and Aboriginal Community controlled health service partnerships?

- ☐ Yes
☐ No – Skip to Q28 if answered 'No'

Q27 What CHSA and Aboriginal Community controlled health service partnerships are you aware of?

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 8

Q28 Do you know about the ACCE Strategy Regional Action Plan in your region?

- ☐ Yes
☐ No – Skip to Q30 if answered ‘No’

Q29 Do you have any idea where this plan is up to? Please explain your answer.

- ☐ Yes _____
☐ No _____
☐ Unsure _____

Q30 Do you know if ACCE Strategy Status Reports are used in your region?

- ☐ Yes
☐ No
☐ Unsure

Q31 Have you personally worked on an ACCE Strategy Regional Action Plan and/or Status Reports?

- ☐ Yes
☐ No
☐ Not applicable – I don't know about them

End of Section 6: Community Engagement

Start of Section 7: Working with Aboriginal Communities

Q32 Has the Aboriginal Health Directorate (AHD) and/or CHSA contacted you about getting input from local Aboriginal people when developing programs? Note that you can select multiple options.

- ☐ Yes – Community
☐ Yes – Consumers
☐ Yes – Carers
☐ No – Skip to Q33 if answered ‘No’

Q32A If you were involved in these local meetings, what did you think?

Q33 Has AHD and/or CHSA contacted you about getting input from local Aboriginal people when running programs? Note that you can select multiple options.

- ☐ Yes – Community
☐ Yes – Consumers
☐ Yes – Carers
☐ No – Skip to Q35 if answered ‘No’

Q34 If you were involved in these local meetings, what did you think?

Q35 Do you know about any Aboriginal health programs that are run in other regions of Country South Australia?

- ☐ Yes
☐ No – Skip to Q37 if answered ‘No’

Country health SA Aboriginal staff

Aboriginal community & consumer engagement strategy survey 9

Q36 How did you find out about these programs? Note that you can select multiple options

- ☐ Events
☐ Social media
☐ Email
☐ Newsletters
☐ Community forums
☐ Experts by Experience register
☐ Other _____

Q37 As part of the ACCE strategy the AHD prepare a regular Aboriginal Community and Consumer Engagement newsletter for Aboriginal people across Country South Australia to share information about health services and programs around the State. Internally the AHD prepare and distribute Cooeel for CHSA staff. Have you read the Aboriginal Community and Consumer Engagement newsletter and/or Cooeel? Note that you can select multiple options.

- ☐ Yes – Newsletter
☐ Yes – Cooeel
☐ No – Skip to Q39 if answered ‘No’

Q38 Did you get the information you needed?

- ☐ Yes _____
☐ No _____

Q39 What more could CHSA do to build stronger relationships and get more feedback from SA Aboriginal communities? Note that you can select multiple options.

- ☐ Community working groups
☐ Roadshows/workshops
☐ Events
☐ Social media
☐ Experts By Experience
☐ Word of mouth
☐ Other _____

Q40 Did you know that the Aboriginal Health Services & Strategy Group (AHS&SG) was set up in 2016?

- ☐ Yes
☐ No – Skip to ‘Section B: Cultural Competency – Q47’ if answered ‘No’

Q41 Did you help establish the group?

- ☐ Yes
☐ No

Q42 Do you participate in the group?

- ☐ Yes
☐ No – Skip to Q44 if answered ‘No’

Q43 Did you find the meetings meaningful?

- ☐ Yes
☐ No

Please explain your previous answer.

Country health SA Aboriginal staff

Aboriginal community & consumer engagement strategy survey 10

Q44 What was the AHSSG set up to achieve?

Q45 What has the AHSSG achieved since its set up?

Q46 Who should be a part of the AHSSG?

End of Section 7: Working with Aboriginal Communities

Start of Section 8: Cultural Competency Learning & Development Program

The cultural competency learning and development program is the program that Country Health SA is implementing to create cultural respect and awareness across the organisation. The term cultural safety is generally accepted to refer to the working environment and cultural competency is reference to the staff within the working environment. A culturally safe environment for Aboriginal peoples is generally one where one feels safe and secure in their identity, culture and community. A culturally competent workforce is one where a culturally safe environment is in existence through cultural training and education.

Q47 Do you know about the CHSA Cultural Competency Learning & Development program?

- ☐ Yes
☐ No
☐ Unsure – Skip to Q52 if answered 'No'

Q48 How did you find out about it? Note that you can select multiple options.

- ☐ Management
☐ Intranet
☐ Event
☐ Newsletter
☐ Staff briefing/CE check
☐ Other _____

Q49 How could CHSA make the program more effective?

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 11

Q50 How can CHSA staff keep their program knowledge up to date and relevant?

Q51 Do you think people have found the program useful?

- ☐ Yes
☐ No really
☐ No

Please explain your previous answer.

Q52 Do you know about the Aboriginal Workforce and Cultural Learning Frameworks mandatory phase 1 online training that was launched in 2017?

- ☐ Yes
☐ No
☐ Unsure

Q53 Have you done the mandatory Phase 1 online training?

- ☐ Yes
☐ No – Skip to Q56 if answered 'No'
☐ Unsure

Q54 Do you think the training helped you think about cultural considerations at work?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q55 Has the online training made a difference in your workplace?

- ☐ Yes
☐ No
☐ Too early to tell

Please explain your previous answer.

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 12

<p>Q56 Does an understanding of Aboriginal cultural issues help you at work?</p> <p> <input type="radio"/> No <input type="radio"/> Not really <input type="radio"/> Yes </p> <p>Please explain your previous answer.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Q57 Do you think CHSA understands Aboriginal cultural issues relating to the workplace?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure </p>	
<p>End of Section 8: Cultural Competency Learning & Development Program</p> <p>_____</p>	
<p>Start of Section 9: Reconciliation Action Plan</p>	
<p>Q58 Did you know that CHSA has a Reconciliation Action Plan (RAP)?</p> <p> <input type="radio"/> Yes <input type="radio"/> No Skip to "Section 10: Aboriginal Community Experience – Q66 If answered "No" <input type="radio"/> Unsure Skip to "Section 10: Aboriginal Community Experience – Q66 If answered "Unsure" </p>	
<p>Q59 Have you seen any RAP activities by CHSA?</p> <p> <input type="radio"/> Yes _____ <input type="radio"/> No _____ </p> <p>Q60 How did you find out about the CHSA RAP? Note that you can select multiple options.</p> <p> <input type="radio"/> Management <input type="radio"/> Intranet <input type="radio"/> Event <input type="radio"/> Newsletter <input type="radio"/> Staff meeting/CE check <input type="radio"/> Other _____ </p>	
<p>Q61 Since the launch of the RAP have you developed a local RAP implementation plan?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>	
<p>Q62 Do you think the RAP has helped CHSA to build better relationships with the Aboriginal community?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p> <p>Please explain your previous answer.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Country health SA aboriginal staff	Aboriginal community & consumer engagement strategy survey 13
<p>Q63 As an Aboriginal staff member have you been asked to help develop the RAP?</p> <p> <input type="radio"/> Yes <input type="radio"/> No – Skip to Q64 If answered "No" </p>	
<p>Q63A Was this work outside of your normal hours?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>	
<p>Q64 As an Aboriginal staff member have you been asked to assist in delivering RAP initiatives?</p> <p> <input type="radio"/> Yes <input type="radio"/> No – Skip to "Section 10: Aboriginal Community Experience – Q66 If answered "No" </p>	
<p>Q65 Was this work outside of normal work hours?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>	
<p>End of Section 9: Reconciliation Action Plan</p> <p>_____</p>	
<p>Start of Section 10: Aboriginal Community Experience</p>	
<p>Q66 Do you think Aboriginal staff feel comfortable working at CHSA?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure </p> <p>Please explain your previous answer.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Q67 Do you think Aboriginal patients and carers feel comfortable when they come into contact with CHSA?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure </p> <p>Please explain your previous answer.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Q68 Have you done any training around Aboriginal community engagement and/or customer satisfaction?</p> <p>Note that you can select multiple options.</p> <p> <input type="radio"/> Yes – community engagement <input type="radio"/> Yes – customer satisfaction <input type="radio"/> No </p>	
Country health SA aboriginal staff	Aboriginal community & consumer engagement strategy survey 14

Q69 Have you heard directly from the Aboriginal community, consumers and/or carers on their experience of healthcare service provisions in your region/community?

- ☐ Yes
☐ No – Skip to Q72 if answered ‘No’

Please explain your previous answer.

Q70 What have you heard?

Q71 Are you responsible for acting on this feedback?

- ☐ Yes
☐ No
☐ Unsure

Q72 Have you seen a change in procedure due to feedback from the Aboriginal community, consumers or carers?

- ☐ Yes
☐ No

Please explain your previous answer.

Q73 How is Aboriginal consumer satisfaction monitored and recorded in your area of service?

Q74 How would you improve the Aboriginal consumer experience in your area of service?

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 15

Q75 If you have been to the doctor, hospital or a health clinic or program in your region/community over the past 2 years how was it?

- ☐ Very good
☐ Good
☐ Average
☐ Bad
☐ Very bad
☐ Not applicable as I haven't been

Please explain your previous answer.

Q76 Have services to Aboriginal patients and carers over the past 2 years gotten better?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q77 If you look after a family member that needs your help due to their health, are you aware of the help that CHSA can give you?

- ☐ Yes
☐ No
☐ Unsure
☐ Not applicable

Please explain your previous answer.

End of Section 10: Aboriginal Community Experience

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 16

Start of Section 11: Stakeholder Engagement

Q78 Has the AHD engaged with your regional Health Advisory Councils regarding the ACCE Strategy?

- ☐ Yes
☐ No
☐ Unsure

End of Section 11: Stakeholder Engagement

Start of Section 12: Network

Q79 What is the best method for the Aboriginal community to provide input into the hospital and local health service delivery across CHSA? Note you can select multiple options

- ☐ By providing advice directly to the CEO through an advisory council of Aboriginal leaders
☐ By ensuring there is an Aboriginal voice in all relevant CHSA committees
☐ By a group consisting of Community Consumers and Carers to gather community issues
☐ By an Aboriginal Health Services Strategy group
☐ Other _____

Q80 Based on your answer above who would you recommend for this group?

Q81 Would community members benefit from training prior to commencing an advisory role or having an involvement with a CHSA Committee?

- ☐ Yes
☐ No
☐ Unsure

End of Section 12: Network

Start of Section 13: Systems

Q82 Are you aware of the Aboriginal Health Impact Statement (AHIS) policy?

- ☐ Yes
☐ No – Skip to “Section 14: Demographic – Q86” if answered “No”
☐ Unsure – Skip to “Section 14: Demographic – Q86” if answered “Unsure”

Q83 Are you aware of the process of when and how to use an AHIS? Provide explanation on next page

- ☐ Yes
☐ No
☐ Unsure

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 17

Please explain your previous answer:

Q84 Do you know where to look to find information on how to use the AHIS?

- ☐ Yes
☐ No

Please explain your previous answer:

Q85 Do you think that AHISs are being used as intended?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer:

End of Section 13: Systems

Start of Section 14: Demographics

Q86 What is your gender?

- ☐ Male
☐ Female
☐ Other
☐ Prefer not to disclose

Q87 How old are you?

- ☐ 15-25
☐ 26-44
☐ 45 +
☐ Prefer not to disclose

Q88 What languages are spoken in your home? Note that you can select multiple options

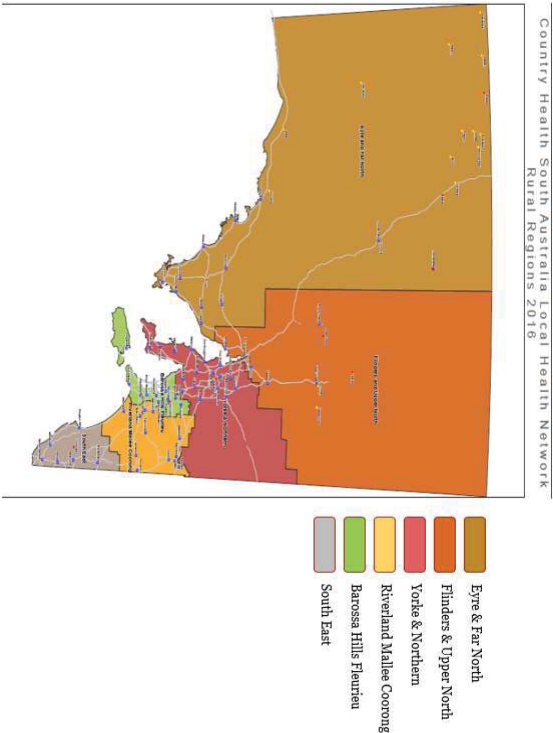
- ☐ English
☐ Other _____

Country health SA aboriginal staff

Aboriginal community & consumer engagement strategy survey 18

Q89 Through reference to the accompanying map, please select what Country Health SA region you live in?

- ☐ Barossa, Hills & Fleurieu
- ☐ Eyre, Far North
- ☐ Flinders, Upper North
- ☐ Riverland, Mallee Coorong
- ☐ South East
- ☐ Yorke, Northern



End of Section 14: Demographics

Thank you

The Health Performance Council of South Australia would like to thank you for taking the time to complete this survey. As the Council's role is a ministerial advisory body your answers will help the Council provide key project findings to Aboriginal Health Directorate within Country Health South Australia. This feedback will be used by the Directorate to improve and aid the ACCE strategy to achieve its short, medium and long term goals to improve the Community and Consumer engagement of Aboriginal South Australians when accessing health services

Would you like to add anything further?

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Country health SA staff

Aboriginal community & consumer engagement strategy survey



PwC's Indigenous Consulting

Start of Section 1: Aboriginal Community & Consumer Engagement Strategy

Health Performance Council review of Country Health's Aboriginal Community & Consumer Engagement Strategy

What is this review?

The Health Performance Council, a statutory ministerial advisory body, is running a review of Country Health SA Local Health Network's Aboriginal Community & Consumer Engagement Strategy.

Why have I been invited?

You have been invited as a member of Country Health's staff.

It is entirely up to you whether you take part. Your choice will not affect your employment with Country Health.

Our team would like to know your views and opinions around the strategy to help us evaluate its short term successes, gaps in engagement that would be needed to achieve its desired outcomes, and priority areas for future focus.

How do I benefit?

The chance to have your say is vital to letting us properly determine success, gaps and areas of future focus. Through our review, we will help to make sure that the strategy is helping to achieve improved health outcomes for Aboriginal people in country South Australia.

What is involved?

As well as completing this survey (around 20 minutes), you could be invited to join us for a stakeholder engagement interview or focus group (around two hours) which we will be holding around country South Australia.

What about my rights?

We guarantee your responses will be kept private and confidential by our researchers and your personal information will be deleted at the end of the study with only anonymised data being kept by the Health Performance Council for audit purposes.

Our field research is being conducted by PwC's Indigenous Consulting, a majority Aboriginal owned and operated firm with rural South Australian expertise. We can assure that you, your Aboriginal cultural property and the information you generously provide will be respected and protected.

What if I change my mind?

We ask you to participate only with your full consent. You are free to withdraw your consent without question. If you do, we will ensure your personal responses are removed from all records and not used. Note that once your responses have been anonymously combined with others into aggregated analysis, we can remove your original responses from our records only and not from any aggregate analysis.

Contacts

The review is being conducted by PwC's Indigenous Consulting on behalf of the South Australian Health Performance Council.

If you have any concerns or questions, feel free to contact us at:

Health Performance Council Secretariat

T. (08) 8226 3057 E. healthperformancecouncil@sa.gov.au

If you have any ethical concerns or complaints, you may contact our overseeing ethics committee:

Executive Officer

SA Health Human Research Ethics Committee

E. HealthHumanResearchEthicsCommittee@sa.gov.au

ACCE	Aboriginal Community and Consumer Engagement strategy	EBC	Experts by experience
AHD	Aboriginal Health Directorate	EXEC	Country Health SA Executive
AHIS	Aboriginal Health Impact Statement	O&I	Orientation and induction
AHL	Country Health SA Aboriginal staff	NDIS	National Disability Insurance Scheme
AHSSG	Aboriginal Health Services and Strategy Group	RAP	Reconciliation Action Plan
CE	Chief Executive	SAHMRI	South Australian Health and Medical Research Institute
CEO	Chief Executive Officer	SO	External stakeholder organisation
CHSA	Country Health SA Local Health Network	Y	Youth

Q1 Have you heard about the Aboriginal Community and Consumer Engagement (ACCE) Strategy?

☐ Yes
☐ No – Skip to ‘Section 2: Community Engagement – Q7’ if answered ‘No’

Q2 How were you made aware of the ACCE strategy?

☐ Management
☐ Aboriginal Health Directorate (AHD)
☐ Intranet
☐ Event
☐ Newsletter
☐ Staff briefing/CE check
☐ Other _____

Q3 Is the ACCE strategy relevant to your role with Country Health SA Local Health Network (CHSA)?

☐ Yes
☐ No
☐ Unsure

Q4 Has the ACCE Strategy helped you to have a say on health services for your community?

☐ Yes
☐ No – Skip to ‘Section 2: Community Engagement – Q7’ if answered ‘No’
☐ Unsure – Skip to ‘Section 2: Community Engagement – Q7’ if answered ‘Unsure’

Q5 How has the ACCE Strategy helped you to have your say?

Q6 If the ACCE Strategy has not helped you have a say, how could this be improved?

End of Section 1 : Aboriginal Community & Consumer Engagement Strategy

Country health SA staff Aboriginal community & consumer engagement strategy survey 3

Start of Section 2: Community Engagement

Q7 Are you aware of any CHSA and Aboriginal Community controlled health service partnerships?

☐ Yes
☐ No – Skip to ‘Section 3: Working with Aboriginal Communities – Q9’ if answered ‘No’

Q8 What CHSA and Aboriginal Community controlled health service partnerships are you aware of?

End of Section 2: Community Engagement

Start of Section 3: Working with Aboriginal Communities

Q9 Do you know about Aboriginal health programs that are run in your region/community?

☐ Yes
☐ No – Skip to Q11 if answered ‘No’
☐ Not interested – Skip to Q11 if answered ‘Not interested’

Q10 What Aboriginal health programs are you aware of?

Q11 Do you know about any Aboriginal health programs that are run in other regions of Country South Australia?

☐ Yes
☐ No – Skip to Q13 if answered ‘No’

Q12 How did you find out about these programs? Note that you can select multiple options.

☐ Events
☐ Social media
☐ Email
☐ Newsletters
☐ Community forums
☐ Experts by Experience register
☐ Other _____

End of Section 3: Working with Aboriginal Communities

Country health SA staff Aboriginal community & consumer engagement strategy survey 4

Q13 As part of the ACCE strategy the AHD prepare a regular Aboriginal Community and Consumer Engagement newsletter for Aboriginal people across Country South Australia to share information about health services and programs around the State. Internally the AHD prepare and distribute Cooeel for CHSA staff. Have you read the Aboriginal Community and Consumer Engagement newsletter and/or Cooeel ?

Note that you can select multiple options.

☐ Yes – Newsletter
☐ Yes – Cooeel
☐ No – Skip to "Section 4: Cultural Competency Learning and Development Program – Q15" If answered "No"

Q14 Did you get the information you needed?

☐ Yes _____
☐ No _____

End of Section 3: Working with Aboriginal Communities

Start of Section 4: Cultural Competency Learning and Development Program

The cultural competency learning and development program is the program that Country Health SA is implemented to implement cultural respect and awareness across the organisation. The term cultural safety is generally accepted to refer to the working environment and cultural competency is reference to the staff within the working environment. A culturally safe environment for Aboriginal peoples is generally one where one feels safe and secure in their identity, culture and community. A culturally competent workforce is one where a culturally safe environment is in existence through cultural training and education.

Q15 Do you know about the CHSA Cultural Competency Learning & Development program?

☐ Yes
☐ No – Skip to Q20 If answered "No"
☐ Unsure – Skip to Q20 If answered "Unsure"

Q16 How did you find out about it? Note that you can select multiple options.

☐ Management
☐ Intranet
☐ Event
☐ Newsletter
☐ Staff briefing/CE check
☐ Other _____

Q17 How could CHSA make the program more effective?

Q18 How can CHSA staff keep their program knowledge up to date and relevant?

Country health SA staff Aboriginal community & consumer engagement strategy survey 5

Q19 Do you think people have found the program useful?

☐ Yes
☐ Not really
☐ No

Please explain your previous answer.

Q20 Do you know about the Aboriginal Workforce and Cultural Learning frameworks mandatory phase 1 online training that was launched in 2017?

☐ Yes
☐ No
☐ Unsure

Q21 Have you done the mandatory Phase 1 online training?

☐ Yes
☐ No – Skip to Q24 If answered "No"
☐ Unsure – Skip to Q24 If answered "Unsure"

Q22 Do you think the training helped you think about cultural considerations at work?

☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q23 Has the online training made a difference in your workplace?

☐ Yes
☐ No
☐ Too early to tell

Please explain your previous answer.

Country health SA staff Aboriginal community & consumer engagement strategy survey 6

Q24 Does an understanding of Aboriginal cultural issues help you at work?

- ☐ No
☐ Not really
☐ Yes

Please explain your previous answer.

Q25 Do you think CHSA understands Aboriginal cultural issues relating to the workplace?

- ☐ Yes
☐ No
☐ Unsure

End of Section 4: Cultural Competency Learning and Development Program

Start of Section 5: Reconciliation Action Plan

Q26 Did you know that CHSA has a Reconciliation Action Plan (RAP)?

- ☐ Yes
☐ No – Skip to Section 6: Aboriginal Community Experience – Q30* If answered "No"
☐ Unsure – Skip to Section 6: Aboriginal Community Experience – Q30* If answered "Unsure"

Q27 Have you seen any RAP activities by CHSA?

- ☐ Yes
☐ No

Q28 How did you find out about the CHSA RAP? Note that you can select multiple options.

- ☐ Management
☐ Intranet
☐ Event
☐ Newsletter
☐ Staff briefing/CE check
☐ Other _____

Q29 Do you think the RAP has helped CHSA to build better relationships with the Aboriginal community?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Country health SA staff

Aboriginal community & consumer engagement strategy survey 7

End of Section 5: Reconciliation Action Plan

Start of Section 6: Aboriginal Community Experience

Q30 Do you think Aboriginal staff feel comfortable working at CHSA?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q31 Do you think Aboriginal patients and carers feel comfortable when they come into contact with CHSA?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q32 Have you done any training around Aboriginal community engagement and/or customer satisfaction? Note that you can select multiple options.

- ☐ Yes – community engagement
☐ Yes – customer satisfaction
☐ No

Q33 Have you heard directly from the Aboriginal community, consumers and/or carers on their experience of healthcare service provisions in your region/community?

- ☐ Yes
☐ No – Skip to Q36 if answered "No"

Please explain your previous answer.

Country health SA staff

Aboriginal community & consumer engagement strategy survey 8

Q34 What have you heard?

Q35 Are you responsible for acting on this feedback?

- ☐ Yes
☐ No
☐ Unsure

Q36 Have you seen a change in procedure due to feedback from the Aboriginal community, consumers or carers?

- ☐ Yes
☐ No

Please explain your previous answer.

Q37 How is Aboriginal consumer satisfaction monitored and recorded in your area of service?

Q38 How would you improve the Aboriginal consumer experience in your area of service?

End of Section 6: Aboriginal Community Experience

Start of Section 7: Network

Q39 What is the best method for Aboriginal community to provide input into the hospital and local health service delivery across CHSA? Note you can select multiple options

- ☐ By providing advice directly to the CEO through an advisory council of Aboriginal leaders
☐ By ensuring there is an Aboriginal voice in all relevant CHSA committees
☐ By a group consisting of Community Consumers and Carers to gather community issues
☐ By an Aboriginal Health Services Strategy group
☐ Other

Country health SA staff

Aboriginal community & consumer engagement strategy survey 9

Q40 Based on your answer above who would you recommend for this group?

End of Section 7: Network

Start of Section 8: Systems

Q41 Are you aware of the Aboriginal Health Impact Statement (AHIS) policy?

- ☐ Yes
☐ No – Skip to "Section 9: Demographic – Q45" if answered "No"
☐ Unsure – Skip to "Section 9: Demographic – Q45" if answered "Unsure"

Q42 Are you aware of the process of when and how to use an AHIS?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

Q43 Do you know where to look to find information on how to use the AHIS?

- ☐ Yes
☐ No

Please explain your previous answer.

Country health SA staff

Aboriginal community & consumer engagement strategy survey 10

Q44 Do you think that AHIIS's are being used as intended?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your previous answer.

End of Section 8: Systems

Start of Section 9: Demographic

Q45 What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to disclose

Q46 How old are you?

- ☐ 15-25
- ☐ 26-44
- ☐ 45+
- ☐ Prefer not to disclose

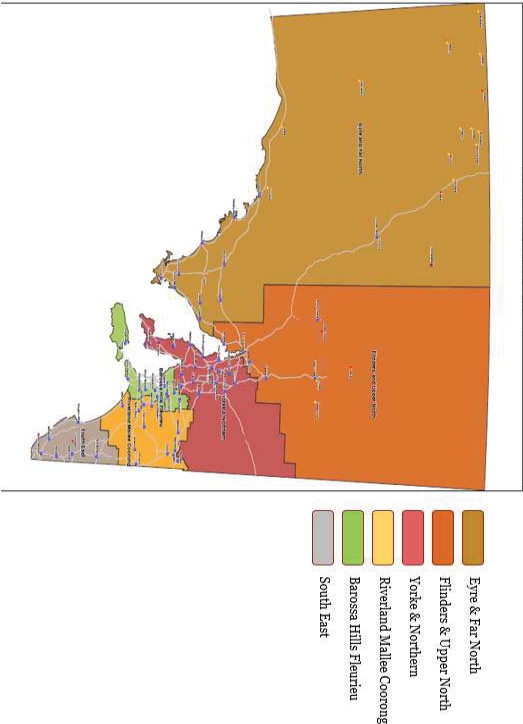
Q47 What languages are spoken in your home? Note that you can select multiple options

- ☐ English
- ☐ Other

Q48 Through reference to the accompanying map, please select what Country Health SA region you live in?

- ☐ Barossa, Hills & Fleurieu
- ☐ Eyre, Far North
- ☐ Fintlers, Upper North
- ☐ Riverland, Mallee, Coorong
- ☐ South East
- ☐ Yorke, Northern

Country Health South Australia Local Health Network
Rural Regions 2016



End of Section 9: Demographic

Thank you

The Health Performance Council of South Australia (‘the Council’) would like to thank you for taking the time to complete this survey. As the Council’s role is a ministerial advisory body, your answers will help the Council provide key project findings to Aboriginal Health Directorate within Country Health South Australia. This feedback will be used by the Directorate to improve and aid the ACCE strategy to achieve its short, medium and long term goals to improve the Community and Consumer engagement of Aboriginal South Australian’s when accessing health services

Would you like to add anything further?

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External stakeholder

Aboriginal community & consumer engagement strategy survey



PwC's Indigenous Consulting

Start of Section 1: Aboriginal Community & Consumer Engagement Strategy

Health Performance Council review of Country Health's Aboriginal Community & Consumer Engagement Strategy

External stakeholder organisation

This survey has been prepared for organisations, outside of Country Health SA, who are impacted or have had involvement with the ACCE strategy since its launch. Organisations will include Aboriginal Community Controlled Health Organisations and SAHMRI etc.

What is this review?

The Health Performance Council, a statutory ministerial advisory body, is running a review of Country Health SA Local Health Network's Aboriginal Community & Consumer Engagement Strategy.

Why have I been invited?

You have been invited to take part as you work for an organisation associated with Country Health that has direct involvement with actions and initiatives of the Aboriginal community and consumer engagement strategy.

It is entirely up to you whether you take part. Your choice will not affect your employment or your relationship with Country Health.

Our team would like to know your views and opinions around the strategy to help us evaluate its short term successes, gaps in engagement that would be needed to achieve its desired outcomes, and priority areas for future focus.

How do I benefit?

The chance to have your say is vital to letting us properly determine success, gaps and areas of future focus. Through our review, we will help to make sure that the strategy is helping to achieve improved health outcomes for Aboriginal people in country South Australia.

What is involved?

As well as completing this survey (around 20 minutes), you could be invited to join us for a stakeholder engagement interview or focus group (around two hours) which we will be holding around country South Australia.

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What if I change my mind?

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AHSSG	Aboriginal Health Services and Strategy Group	RAP	Reconciliation Action Plan
CE	Chief Executive	SAHMRI	South Australian Health and Medical Research Institute
CEO	Chief Executive Officer	SO	External stakeholder organisation
CHSA	Country Health SA Local Health Network	Y	Youth

Q1 Have you heard about the Aboriginal Community and Consumer Engagement (ACCE) Strategy?

- ☐ Yes
☐ No – Skip to “Section 2: Community Engagement – Q7” if answered “No”

Q2 How were you made aware of the ACCE strategy? Note that you can select multiple options.

- ☐ Community event
☐ Community forum
☐ Social media
☐ Internet
☐ Email
☐ Newsletters
☐ Country Health SA/Aboriginal Health Directorate
☐ Other _____

Q3 Has the ACCE strategy helped you to have a say on health services for your community?

- ☐ Yes
☐ No – Skip to “Section 2: Expert by Experience – Q6” if answered “No”
☐ Unsure – Skip to “Section 2: Expert by Experience – Q6” if answered “Unsure”

Q4 How has the ACCE Strategy helped you to have your say?

Q5 If the ACCE Strategy has not helped you have a say, how could this be improved?

End of Section 1: Aboriginal Community & Consumer Engagement Strategy

External stakeholder

Aboriginal community & consumer engagement strategy survey 3

Start of Section 2: Expert by Experience (EBE)

Country Health SA (CHSA) has established an Aboriginal Health Experts by Experience register that promotes and encourages Aboriginal participation in the planning and delivery of health services and programs in country South Australia. Members of the register are Aboriginal health consumers who live in country South Australia and who have an interest in being engaged by Country Health SA in regards to Aboriginal health business. The register is a database of self-nominated Aboriginal consumers, as noted above, who have an interest, knowledge and experience in a range of topics relating to Aboriginal health and Country Health SA. The register is managed by the Aboriginal Health Directorate within Country Health SA.

Q6 Do you know of the Experts by Experience register?

- ☐ Yes
☐ No – Skip to “Section 3: Elder Questions – Q9” if answered “No”

Q7 Do you think the EBEs in your region includes people who can give advice on a range of health issues?

- ☐ Yes
☐ No

Please explain your previous answer.

Q8 Do you think the EBE strategy could be improved?

- ☐ Yes
☐ No
☐ It is too early to tell

Please explain your previous answer.

End of Section 2: Expert by Experience

Start of Section 3: Elder Questions

Q9 Should CHSA connect with Elders in a different way than with other groups?

- ☐ Yes
☐ No
☐ Unsure

Please explain your previous answer.

External stakeholder

Aboriginal community & consumer engagement strategy survey 4



Q10 What can CHSA do to better connect with Elders? Note that you can select multiple options.

- ☐ Events
- ☐ Social media
- ☐ Email
- ☐ Newsletters
- ☐ 1 on 1 consultations
- ☐ 1 on 1 invitations
- ☐ Other _____
- ☐ Unsure _____

Q11 What do you think are the most important issues currently affecting Elders? Note that you can select multiple options.

- ☐ Aged Care services
- ☐ NDIS
- ☐ Packages
- ☐ Home care
- ☐ Social services
- ☐ Independent living
- ☐ Medical/health literacy
- ☐ Other _____

End of Section 3: Elder Questions

Start of Section 4: Carer Questions

This section has questions about carers. What we mean by a 'carer' is somebody that looks after another person because of their health related issues. A carer can include a person who cares for a family member such as a parent or grandparent.

Q12 Do you think CHSA should talk to male carers about different issues than female carers?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your previous answer.

Q13 Do you think CHSA need to talk to youth carers about different issues than grandparent carers?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your previous answer.

External stakeholder

Aboriginal community & consumer engagement strategy survey 5



Q14 Do you think CHSA need talk to non-Aboriginal carers about different issues than Aboriginal carers?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your previous answer.

Q15 Overall, how could CHSA contact more carers? Note that you can select multiple options.

- ☐ Carer engagement strategy
- ☐ Events
- ☐ Social media
- ☐ Email
- ☐ Newsletters
- ☐ Other _____

End of Section 4: Carer Questions

Start of Section 5: Youth (Ages 15-25)

Q16 How engaged are the youth (Ages 15-25) in your community/region in regards to accessing the health services available to them?

- ☐ Very engaged
- ☐ Engaged
- ☐ Unsure
- ☐ Partially engaged
- ☐ Not engaged

Please explain your previous answer.

Q17 What can CHSA do to better connect with Youth? Note that you can select multiple options.

- ☐ Events
- ☐ Social media
- ☐ Email
- ☐ Newsletters
- ☐ Forums
- ☐ Other _____

End of Section 5: Youth (Ages 15-25)

External stakeholder

Aboriginal community & consumer engagement strategy survey 6

Start of Section 6: Community Engagement

Q18 How does CHSA engage the Aboriginal community, consumers and carers in your community/region? Note that you can select multiple options.

- ☐ Events
- ☐ Social media
- ☐ Email
- ☐ Newsletters
- ☐ 1 on 1 consultations
- ☐ 1 on 1 invitations
- ☐ Community forums
- ☐ Experts by Experience register
- ☐ Word of mouth
- ☐ Unsure
- ☐ Other _____

Q19 What else could CHSA do to further engage the community about the health services and programs in your region? Note that you can select multiple options.

- ☐ Community working groups
- ☐ Roadshows/workshops
- ☐ Events
- ☐ Social media
- ☐ Experts By Experience
- ☐ Targeted engagement
- ☐ 1 on 1 mentoring
- ☐ Other _____

Q20 Do you believe that your community know more about health services in your region than 1 year ago?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your previous answer.

Q21 Are you aware of any CHSA and Aboriginal Community controlled health service partnerships?

- ☐ Yes
- ☐ No – Skip to "Section 7: Working with Aboriginal Communities – Q23" if answered "No"

Q22 What CHSA and Aboriginal Community controlled health service partnerships are you aware of?

End of Section 6: Community Engagement

External stakeholder

Aboriginal community & consumer engagement strategy survey 7

Start of Section 7 : Working with Aboriginal Communities

Q23 Has the Aboriginal Health Directorate (AHD) and/or CHSA contacted you about getting input from local Aboriginal people when developing programs? Note that you can select multiple options.

- ☐ Yes – Community
- ☐ Yes – Consumers
- ☐ Yes – Carers
- ☐ No – Skip to Q24 if answered "No"

Q23A If you were involved in these local meetings, what did you think?

Q24 Has AHD and/or CHSA contacted you about getting input from local Aboriginal people when running programs? Note that you can select multiple options.

- ☐ Yes – Community
- ☐ Yes – Consumers
- ☐ Yes – Carers
- ☐ No – Skip to Q26 if answered "No"

Q25 If you were involved in these local meetings, what did you think?

Q26 Do you know about any Aboriginal health programs that are run in other regions of Country South Australia?

- ☐ Yes
- ☐ No – Skip to Q28 if answered "No"

Q27 How did you find out about these programs? Note that you can select multiple options

- ☐ Events
- ☐ Social media
- ☐ Email
- ☐ Newsletters
- ☐ Community forums
- ☐ Experts by Experience register
- ☐ Other

Q28 As part of the ACCE strategy the AHD prepare a regular Aboriginal Community and Consumer Engagement newsletter for Aboriginal people across Country South Australia to share information about health services and programs around the State. Have you seen a copy of the Aboriginal Community and Consumer Engagement newsletter?

- ☐ Yes
- ☐ No – Skip to Q30 if answered "No"

Q29 Did you find the information in the newsletter useful?

- ☐ Yes
- ☐ No

Please explain your previous answer.

External stakeholder

Aboriginal community & consumer engagement strategy survey 8



Q30 What more could CHSA do to build stronger relationships and get more feedback from SA Aboriginal communities? Note that you can select multiple options.

- ☐ Community working groups
- ☐ Roadshows/workshops
- ☐ Events
- ☐ Social media
- ☐ Experts by Experience
- ☐ Word of mouth
- ☐ Other

End of Section 7: Working with Aboriginal Communities

Start of Section 8: Cultural Competency Learning & Development Program

The cultural competency learning and development program is the program that Country Health SA is implementing to create cultural respect and awareness across the organisation. The term cultural safety is generally accepted to refer to the working environment and cultural competency is reference to the staff within the working environment. A culturally safe environment for Aboriginal peoples is generally one where one feels safe and secure in their identity, culture and community. A culturally competent workforce is one where a culturally safe environment is in existence through cultural training and education.

Q31 Do you think CHSA understands Aboriginal cultural issues relating to the workplace?

- ☐ Yes
- ☐ No
- ☐ Unsure

End of Section 8: Cultural Competency Learning & Development Program

Start of Section 9: Aboriginal Community Experience

Q32 Do you think Aboriginal staff feel comfortable working at CHSA?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your previous answer.

Q33 Do you think Aboriginal patients and carers feel comfortable when they come into contact with CHSA?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your previous answer.

External stakeholder

Aboriginal community & consumer engagement strategy survey 9



End of Section 9: Aboriginal Community Experience

Start of Section 10: Stakeholder Engagement

Q34 Do you meet regularly with the CHSA regional directorates in your region/community?

- ☐ Yes – regularly
- ☐ Yes – every now and then
- ☐ No – Skip to Q37 if answered "No"

Q35 Has the Aboriginal consumer experience improved through your meetings with CHSA regional directorates?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your previous answer.

Q36 Do you discuss how to improve the Aboriginal consumer experience with CHSA regional directorates?

- ☐ Yes
- ☐ No

Please explain your previous answer.

Q37 Do you meet regularly with the CHSA Aboriginal Health Directorate?

- ☐ Yes – regularly – Skip to Section 11: Network* if answered "Yes – regularly"
- ☐ Yes – every now and then – Skip to Section 11: Network* if answered "Yes – every now and then"
- ☐ No

Q38 Why not?

End of Section 10: Stakeholder Engagement

External stakeholder

Aboriginal community & consumer engagement strategy survey 10

Start of Section 11: Network

Q39 What is the best method for the Aboriginal community to provide input into the hospital and local health service delivery across CHSAs? Note you can select multiple options

- ☐ By providing advice directly to the CEO through an advisory council of Aboriginal leaders
- ☐ By ensuring there is an Aboriginal voice in all relevant CHSA committees
- ☐ By a group consisting of Community Consumers and Carers to gather community issues
- ☐ By an Aboriginal Health Services Strategy group
- ☐ Other _____

Q40 Based on your answer above who would you recommend for this group?

End of Section 11: Network

Start of Section 12: Demographics

Q41 What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to disclose

Q42 How old are you?

- ☐ 15-25
- ☐ 26-44
- ☐ 45+
- ☐ Prefer not to disclose

Q43 What languages are spoken in your home? Note that you can select multiple options

- ☐ English
- ☐ Other _____

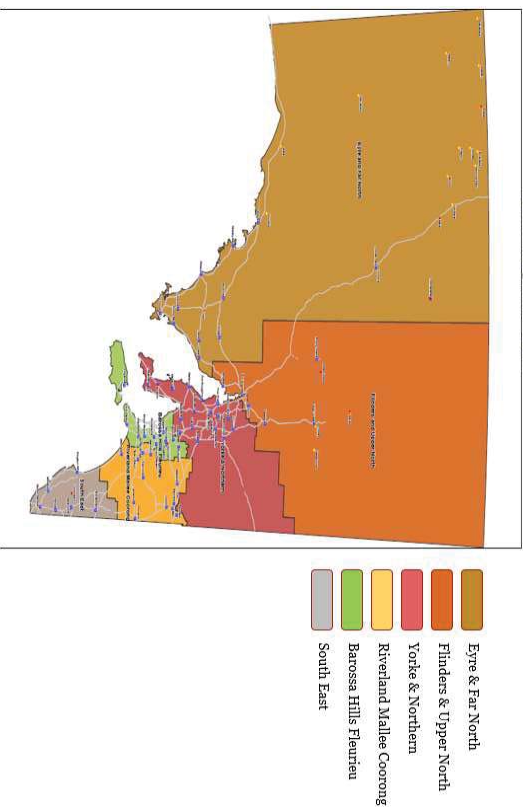
Q44 Through reference to the accompanying map, please select what Country Health SA region you live in?

- ☐ Barossa, Hills & Fleurieu
- ☐ Eyre, Far North
- ☐ Finders, Upper North
- ☐ Riverland Mallee Coorong
- ☐ South East
- ☐ Yorke, Northern

External stakeholder

Aboriginal community & consumer engagement strategy survey 11

Country Health South Australia Local Health Network
Rural Regions 2016



End of Section 12: Demographics

Thank you

The Health Performance Council of South Australia (‘the Council’) would like to thank you for taking the time to complete this survey. As the Council’s role is a ministerial advisory body, your answers will help the Council provide key project findings to Aboriginal Health Directorate within Country Health South Australia. This feedback will be used by the Directorate to improve and aid the ACCE strategy to achieve its short, medium and long term goals to improve the Community and Consumer engagement of Aboriginal South Australian’s when accessing health services.

Would you like to add anything further?

External stakeholder

Aboriginal community & consumer engagement strategy survey 12







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Appendix 6. Focus groups

Focus group locations

Date	Country Health region	Locations
Friday 25 May 2018	Barossa, Hills, Fleurieu	Gawler
Friday 01 June 2018	Riverland, Mallee, Coorong	Murray Bridge Meningie  Barmera 
Monday 04 June 2018	Yorke and Northern	Point Pearce
Tuesday 05 June 2018	Yorke and Northern	Port Pirie
Wednesday 06 June 2018	Flinders and Upper North	Port Augusta Whyalla  Hawker  Quorn 
Friday 08 June 2018	South East	Mount Gambier
Thursday 14 June 2018	Eyre and Far North	Ceduna Port Lincoln 

 By video-conference

Focus group questions

These questions have been transcribed verbatim from the focus group guide that was used by the data collection contractor's focus group facilitating team, but facilitating notes and other rubric have been omitted.

General questions

The purpose of this Focus Group today is to verify information received to date and test initial findings with key stakeholders of CHSALHN.

- 1) What involvement have you had with CHSALHN in relation to the Aboriginal Community and Consumer Engagement Strategy?

Individual, Community and Consumer Engagement

The overarching Goal 1 of the ACCE Strategy is to: Build and maintain relationships and strong partnerships with Aboriginal community members across all Country Health SA Local Health Network (CHSALHN) regions. With this particular Goal in mind:

- 2) Would you say that CHSALHN fosters meaningful relationships and partnerships with Aboriginal community members in this region?

If not, could you provide an example of why you don't think CHSALHN fosters meaningful relationships and partnerships?

If yes, could you provide an example of why you think CHSALHN fosters meaningful relationships and partnerships?

- 3) What could be done to improve CHSALHN's relationships and partnerships with Aboriginal community members in this region?

Experts by experience register

- 4) Are you aware CHSALHN have a register of Aboriginal health experts who they engage with for advice about Aboriginal health matters in the region?

For those of you who are aware, what do you think CHSALHN can do to improve the effectiveness of the experts by experience strategy?

For those of you who are not aware and are interested to find out more, please speak with the AHD.

Engagement with Youth and Elders

- 5) A key objective of the ACCE Strategy is to better communicate and engage Aboriginal youth and elders in health services. Do you think CHSALHN communicate and engage well with Aboriginal youth and elders in this region?

If no, what makes you believe CHSALHN are not communicating or engaging well?

If yes, can you provide an example of how CHSALHN has engaged with youth or elders well?

- 6) What could be done to improve CHSALHN's communication and engagement with youth and elders in this region?

Directorates, Programs and Services

The overarching Goal 2 of the ACCE Strategy aims to: Embed a philosophy and create practices in Country Health SA Local Health Network (CHSALHN) that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement. With this particular Goal in mind:

- 7) Would you say that CHSALHN meaningfully engages and values Aboriginal community participation in this region?

If not, could you provide an example?

If yes, could you provide an example?

- 8) What could be done to improve CHSALHN's engagement activities to encourage greater Aboriginal community participation in this region?

Identification and elevation of existing engagement programs

- 9) CHSALHN hold a number of events and programs across South Australia to engage with Aboriginal community members and key Aboriginal health stakeholders. Have you participated in any CHSALHN events or programs in your region?

If yes, what particular event or program was this? How do you usually hear about CHSALHN events?

- 10) What is the best way CHSALHN can improve their communication about events and programs to Aboriginal community members and key Aboriginal health stakeholders in this region?

CHSALHN Reconciliation Action Plan (RAP)

- 11) In addition to the ACCE Strategy, are you aware CHSALHN have a Reconciliation Action Plan?

If yes, are you noticing improvement in CHSALHN's approach to building respectful relationships and providing opportunities with Aboriginal people in your community?

Network: Aboriginal Community and Consumer Engagement

The overarching Goal 3 of the ACCE Strategy aims for: Country Health SA Local Health Network (CHSALHN) to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHSS). With this particular Goal in mind:

12) What do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with Aboriginal community members in this region?

13) CHSALHN are required to comply to the National Safety and Quality Health Service Standards which has a particular focus on the health needs of Aboriginal and Torres Strait Islander peoples. What could CHSALHN do to improve their delivery of health services to Aboriginal people in this region that follows a model of best practice?

Elevating Aboriginal community voice

14) What do you think CHSALHN could do to improve their governance structure to allow for Aboriginal community voices to be heard in relation to their own and community wide health needs?

15) What could be done to elevate Aboriginal community voices and perspectives in the governing operations of CHSALHN?

Regional strategies for engagement

16) CHSALHN currently engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

System: Aboriginal Community and Consumer Engagement

The overarching Goal 4 of the ACCE Strategy aims to: Implement effective processes and practices that support culturally safe environment for delivering quality services. With this particular Goal in mind:

17) In your engagement with CHSALHN to date, would you say that CHSALHN processes and practices provide culturally safe delivery of health services in this region?

If not, could you provide an example?

If yes, could you provide an example?

18) What do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in the region?

Aboriginal Health Impact Statement process

19) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' process?

If yes, what involvement have you had? Do you think this process has been effective in assisting CHSALHN to understand and assess the health impacts of Aboriginal people?

Aboriginal health employment priorities

20) CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?

Expert by Experience Member Questions

Individual, Community and Consumer Engagement

Experts by experience register

1) As an Expert by Experience member, do you feel that CHSALHN approach to having an expert by experience register is effective to build and maintain relationships/partnerships with Aboriginal community members in this region?

2) Have you participated in the Orientation and Induction training delivered by CHSALHN for registered experts by experience members?

If not, why?

If yes, was the quality and content of the training useful to understand your role as an expert by experience member?

Expert by experience Orientation and Induction

3) To date, Orientation and Induction training for experts is held in Adelaide. In terms of CHASLHN providing the best access for experts to this training, do you feel the location of this training is accessible and held often enough?

Directorates, Programs and Services

4) As an Expert by Experience member, do you feel that CHSALHN meaningfully engages with you and values your participation/contribution?

If not, why?

If yes, why?

5) What could be done to improve CHSALHN's engagement activities to encourage greater expert member participation/contribution?

Network: Aboriginal Community and Consumer Engagement

6) As an Expert by Experience member, what do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with yourselves as experts and Aboriginal community members in this region?

Elevating Aboriginal community voice

7) As an Expert by Experience member, do you think that the governance structure of CHSALHN allows for Aboriginal community voices to be heard in relation to their own and community wide health needs?

If no, why?

If yes, why?

8) What could be done to elevate Aboriginal community voices within CHSALHN?

Regional strategies for engagement

9) CHSALHN currently engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

System: Aboriginal Community and Consumer Engagement

10) In your engagement with CHSALHN as an Expert by Experience member, what do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in the region?

Aboriginal Health Impact Statement process

11) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' reporting process?

If yes, what involvement have you had and do you think this approach is assisting CHSALHN to effectively understand and address health impacts of Aboriginal people and communities?

Aboriginal health employment priorities

12) CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?

External Stakeholder Member Questions

1) As an identified External Stakeholder to CHSALHN, does your organisation partner with CHSALHN in this region?

If yes, what is the nature of this partnership?

2) What do you think could be done to improve CHSALHN's relationships with Aboriginal stakeholders and Aboriginal community members in the region?

Directorates, Programs and Services

3) As an identified External Stakeholder to CHSALHN, do you feel that CHSALHN meaningfully engages with you and values your participation?

If no, could you provide an example why?

If yes, could you provide an example about how CHSALHN engages with you/your organisation? Do you meet with CHSALHN regularly? Do you share information about health services and practices in the region?

4) What could be done to improve CHSALHN's engagement activities to encourage greater partnerships with key Aboriginal stakeholders?

Network: Aboriginal Community and Consumer Engagement

5) As an External Stakeholder, what do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with key Aboriginal stakeholders and Aboriginal community members in this region?

Regional strategies for engagement

6) CHSALHN engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

System: Aboriginal Community and Consumer Engagement

7) In your engagement with CHSALHN as an External Stakeholder, what do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in the region?

Aboriginal Health Impact Statement process

- 8) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' reporting process?

If yes, what involvement have you had and do you think this approach is assisting CHSALHN to effectively understand and address health impacts of Aboriginal people and communities?

Aboriginal health employment priorities

CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?

Aboriginal Youth Questions

Individual, Community and Consumer Engagement

- 1) As a young Aboriginal person, do you feel you have a good relationship with CHSALHN?

If not, why?

If yes, why?

- 2) What could be done to improve your relationship with CHSALHN?

Directorates, Programs and Services

- 3) As a young Aboriginal person, do you feel that CHSALHN meaningfully engages with you and values your participation?

If not, why?

If yes, why?

- 4) What could be done to improve CHSALHN's engagement activities to encourage greater youth participation?

Network: Aboriginal Community and Consumer Engagement

- 5) As a young Aboriginal person, what do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with Aboriginal youth in this region?

Elevating Aboriginal community voice

- 6) As a young Aboriginal person, do you think CHSALHN allows for Aboriginal youth voices to be heard in relation to their own and community wide health needs?

If no, could you provide an example of why not?

If yes, could you provide an example?

- 7) What could be done to increase youth voice in relation to identifying their health needs?

System: Aboriginal Community and Consumer Engagement

- 8) In your engagement with CHSALHN as a young Aboriginal person, do you feel that CHSALHN provide culturally safe delivery of health services to youth?

If not, could you provide an example of why not?

If yes, could you provide an example?

- 9) What do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services to youth in this region?

CHSALHN Staff Questions

- 1) In your words, how would you describe the objectives of the ACCE Strategy and how they relate to CHSA and CHSALHN overall strategic organisational objectives?

Individual, Community and Consumer Engagement

- 2) As a CHSALN Staff member, what could be done to improve CHSALHN's relationships with Aboriginal community members in this region?

Staff capability and resourcing to deliver training

- 3) As a CHSALHN staff member, have you had responsibility to deliver/facilitate Orientation and Induction Training to experts on the experts by experience register?

If yes, how was your experience facilitating this training? Was the content appropriate for purpose, particularly in engaging expert members who have a diverse range of skills in all regions, and was this work manageable with other responsible tasks of your role?

If no, would you like to receive training to deliver Orientation and Induction training to experts on the experts by experience register?

Directorates, Programs and Services

- 4) As a CHSALN Staff member, do you feel that CHSALHN meaningfully engages and values Aboriginal community member participation in this region?

If not, why?

If yes, why?

- 5) What could be done to improve CHSALHN's engagement activities to encourage greater Aboriginal community participation?

ACCE Strategy monitoring and reporting

- 6) As a CHSALHN staff member, do you have responsibility or have been involved in reporting on ACCE Strategy deliverables in either the national office or regional offices?

- 7) What do you think could improve CHSALHN regional monitoring and reporting on the deliverables of the ACCE Strategy?

Staff engagement training

- 8) In your role, do you regularly engage with Aboriginal people in South Australia?

If yes, have you received formal training on how to best engage in health related matters with Aboriginal people in a way that is appropriate and culturally respectful?

If yes, how was the training delivered, how effective was the training and how long ago did you receive this training?

If no, are you interested to receive training on how to engage with Aboriginal people in a culturally respectful and appropriate way, such as cultural capability training?

Network: Aboriginal Community and Consumer Engagement

- 9) What do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with Aboriginal community members in this region?

Staff training on health consumer advocacy

10) As a CHSALHN Staff member, what do you think could be done to improve staff capability around health consumer advocacy specifically focused for Aboriginal peoples and communities?

Regional strategies for engagement

11) CHSALHN engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

Governance of ACCE Strategy

12) A number of governance structures exist to deliver community and consumer engagement and Aboriginal community engagement within CHSA and CHSALHN. Given the CHSALHN Aboriginal Health Service Strategy Group (AHSSG) has not yet been established, what do you think could improve the effective implementation of the ACCE Strategy and reporting on progress of actions?

System: Aboriginal Community and Consumer Engagement

13) As a CHSALN Staff member, what do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in this region?

Aboriginal Health Impact Statement process

14) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' reporting process?

If yes, what involvement have you had and do you think this approach is assisting CHSALHN to effectively understand and address health impacts of Aboriginal people and communities?

Aboriginal health employment priorities

15) CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?

CHSALHN Aboriginal Staff Questions

Individual, Community and Consumer Engagement

1) As an Aboriginal CHSALN Staff member, do you feel CHSALHN have good relationships with Aboriginal community members in this region?

If not, why?

If yes, why?

Experts by experience register

2) Given Aboriginal CHSALN Staff members are able to be listed on the experts by experience register, do you feel that CHSALHN approach to having an expert by experience register is effective to build and maintain relationships/partnerships with Aboriginal community members in this region?

3) Have you participated in the Orientation and Induction training delivered by CHSALHN for registered experts by experience members?

If not, why?

If yes, was the quality and content of the training useful to understand your role as an expert by experience member?

Staff capability and resourcing to deliver training

- 4) As a CHSALHN staff member, have you had responsibility to deliver/facilitate Orientation and Induction Training to experts on the experts by experience register?

If yes, how was your experience facilitating this training? Was the content appropriate for purpose, particularly in engaging expert members who have a diverse range of skills in all regions, and was this work manageable with other responsible tasks of your role?

If no, would you like to receive training to deliver Orientation and Induction training to experts on the experts by experience register?

Directorates, Programs and Services

- 5) As an Aboriginal CHSALN Staff member, do you feel that CHSALHN meaningfully engages and values Aboriginal community member participation in this region?

If not, could you provide an example of why not?

If yes, could you provide an example?

- 6) What could be done to improve CHSALHN's engagement activities to encourage greater Aboriginal community participation?

Staff engagement training

- 7) In your role, have you received formal training on how to best engage in health related matters with Aboriginal people in a way that is appropriate and culturally respectful?

If yes, how was the training delivered, how effective was this training and how long ago did you receive this training?

If no, are you interested to receive job specific training on engaging with Aboriginal people, such as cultural capability training?

Network: Aboriginal Community and Consumer Engagement

- 8) What do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with Aboriginal community members in this region?

Elevating Aboriginal community voice

- 9) As an Aboriginal CHSALN Staff member, what do you think CHSALHN could do to improve their governance structure to allow for Aboriginal community voices to be heard in relation to their own and community wide health needs?

- 10) What could be done to elevate Aboriginal community voices and perspectives in the governing operations of CHSALHN?

Staff training on health consumer advocacy

- 11) As an Aboriginal CHSALHN Staff member, what do you think could be done to improve staff capability around health consumer advocacy specifically focused for Aboriginal peoples and communities?

Regional strategies for engagement

- 12) CHSALHN engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

System: Aboriginal Community and Consumer Engagement

13) As an Aboriginal CHSALN Staff member, what do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in this region?

Aboriginal Health Impact Statement process

14) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' reporting process?

If yes, what involvement have you had and do you think this approach is assisting CHSALHN to effectively understand and address health impacts of Aboriginal people and communities?

Aboriginal health employment priorities

15) CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?

CHSALHN Executive Questions

Individual, Community and Consumer Engagement

1) As a member of CHSALHN Executive team, do you feel CHSALHN have good relationships with Aboriginal community members in this region?

If not, why?

If yes, why?

2) What could CHSALHN do to improve relationships with Aboriginal community members in this region?

Staff capability and resourcing to deliver training

3) Given expert members on the 'experts by experience register' are a key engagement stakeholder for CHSALHN, as a CHSALHN Executive member, have you participated or been involved in the Orientation and Induction Training to experts on the experts by experience register?

If yes, what role did you have in this training session? Do you believe the content was appropriate for purpose, particularly in engaging expert members who have a diverse range of skills in all regions?

If no, would you consider participating or being involved in this training to experts on the experts register in the future? If no, why?

Directorates, Programs and Services

4) As a member of the CHSALHN Executive team, do you feel that CHSALHN meaningfully engages and values Aboriginal community member participation in this region?

If not, could you provide an example of why?

If yes, could you provide an example?

5) What could be done to improve CHSALHN's engagement activities to encourage greater Aboriginal community participation?

Network: Aboriginal Community and Consumer Engagement

6) What do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with Aboriginal community members in this region?

Staff training on health consumer advocacy

7) As a member of the CHSALHN Executive team, what do you think could be done to improve staff capability around health consumer advocacy specifically focused for Aboriginal peoples and communities?

Regional strategies for engagement

8) CHSALHN engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

System: Aboriginal Community and Consumer Engagement

9) As a member of the CHSALHN Executive team, what do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in this region?

Aboriginal Health Impact Statement process

10) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' reporting process?

If yes, what involvement have you had and do you think this approach is assisting CHSALHN to effectively understand and address health impacts of Aboriginal people and communities?

Aboriginal health employment priorities

11) CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?

Appendix 7. Ethical oversight

The Human Research Ethics Committee of the South Australian Department for Health and Ageing^{xvii} granted full ethics approval for the data collection and analysis components of the project. Our application to the committee was submitted on 16 February 2018, we received a request for further information on 15 March, we submitted our further information on 29 March, and the committee granted approval on 24 April. We had also submitted an application to the Health Research Ethics Committee of the Aboriginal Health Council of South Australia, which determined that it did not require to provide formal oversight.

In addition to ethical approval, and in accordance with SA Health's Research Governance Policy⁴⁷, we did not commence work – issuing surveys and conducting focus group session – on Country Health sites until we had separately obtained a Site Specific Assessment and governance approval from Country Health's research governance office. Following lengthy work to obtain approval in principle from Country Health executives, we submitted our application on 03 May 2018 and approval was granted to us on 23 May. On advice from our overseeing ethics committee and despite our not having ever intended to commence research work with any of their sites, we also made a nugatory application for Site Specific Assessment approval from the Department for Health and Ageing^{xvii}, we submitted an application on 26 April 2018 and, as at December 2018 during the writing of this report, we continue to have had no response to our application and remain unsure of its status, but this has not in any way affected our project.

Everyone invited to participate in the data collection, as a survey respondent or by attending a focus group, was provided with a participant information sheet about the purpose of the project, the nature of their involvement and essential information on the protections in place to protect their rights. Participants at focus groups were also asked to sign to indicate their informed consent, but, by agreement with the overseeing ethics committee, consent to take part in the survey was taken as implied by its completion. Consent forms were distributed by, and on completion retained by, the data collection contractor. Examples of the information and consent forms are shown below.

^{xvii} Now the Department for Health and Wellbeing

Participant information sheet

Example shown for Experts by Experience cohort; sheets varied slightly for other cohorts. There were some modifications to style and layout for incorporation into survey front matter, but the content was exactly as shown.



Health Performance Council review of Country Health's Aboriginal Community & Consumer Engagement Strategy

What is this review?

The Health Performance Council, a statutory ministerial advisory body, is running a review of Country Health SA Local Health Network's *Aboriginal Community & Consumer Engagement Strategy*.

Why have I been invited?

You have been invited as a member of Country Health's *Aboriginal Experts by Experience* register.

It is entirely up to you whether you take part. Your choice will not affect your employment or relationship with Country Health.

Our team would like to know your views and opinions around the strategy to help us evaluate its short term successes, gaps in engagement that would be needed to achieve its desired outcomes, and priority areas for future focus.

How do I benefit?

The chance to have your say is vital to letting us properly determine success, gaps and areas of future focus. Through our review, we will help to make sure that the strategy is helping to achieve improved health outcomes for Aboriginal people in country South Australia.

What is involved?

You are invited to join us for a stakeholder engagement interview or focus group (around two hours) which we are holding around country South Australia.

What about my rights?

Our field research is being conducted by PwC's *Indigenous Consulting*, a majority Aboriginal owned and operated firm with rural South Australian expertise.

Please be advised that although the researchers will take every precaution to maintain confidentiality of the data, the nature of the focus groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others.

We can assure you that you, your Aboriginal cultural property and the information you generously provide will be respected and protected.

What if I change my mind?

We ask you to participate only with your full consent. You are free to withdraw your consent without question. If you do, we will ensure your personal responses are removed from all records and not used. Note that once your responses have been anonymously combined with others into aggregated analyses, we can remove your original responses from our records only and not from any aggregate analysis.

Reimbursement

We will pay you a fee for your time (\$30 per hour) and your travel expenses such as bus fares, 'mileage' for the use of your car and car parking costs. Please fill in a payment form, sign it, and give it back to a member of staff at your focus group session. Please give us receipts for travel costs.

Under SA Health policy, we cannot pay you if you work for the South Australian public sector or if someone else is already paying for you to take part in this work.

Contacts

The review is being conducted by PwC's *Indigenous Consulting* on behalf of the South Australian Health Performance Council.

If you have any concerns or questions, feel free to contact us at:

Health Performance Council Secretariat
(08) 8226 3057
healthhealthperformancecouncil@sa.gov.au

If you have any ethical concerns or complaints, you may contact our overseeing ethics committee:

Executive Officer
SA Health Human Research Ethics Committee
Health.HumanResearchEthicsCommittee@sa.gov.au

Health Performance Council, PO Box 3246, Rundle Mall SA 5000

Header art cropped from an original by J Jordan Lovegrove, Ngarrindjeri, Dreamtime Public Relations

Participant consent form

Example shown for Experts by Experience cohort; forms varied slightly for other cohorts.



Health Performance Council review of Country Health's Aboriginal Community & Consumer Engagement Strategy

Participant consent form

Participant declaration

- > **I have been provided with information** about this review
- > I understand that **I have the right to withdraw my consent** at any time, whereupon all personal responses provided by me will be destroyed and not further used. I further understand that once my responses have been anonymously combined with others' into aggregated analyses, it is possible only to remove my original responses from your records and not any aggregate analysis.
- > I understand that **information I provide may be used in the review's final publication** but my name and other identifying information will be kept anonymous.
- > If under 18 years of age please provide parent or guardian consent to participate below.

Name of participant: _____

Parent or guardian signature (if under 18): _____

Signed: _____ Date: _____

Researcher declaration

- > I have provided the participant with sufficient and adequate information about this review and I believe that they understand what is involved and have given their consent freely to participate.

Signed: _____ Date: _____

Health Performance Council, PO Box 3246, Rundle Mall SA 5000

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Notes and references

- ¹ Health Care Act 2008 [South Australia], section 18(1).
- ² Government of South Australia. *The South Australian Government Gazette*, number 29 (05 June 2008), page 1842.
- ³ Health Care Act 2008 [South Australia], section 101(1).
- ⁴ <https://hpcsa.com.au/reports#X-201609291500115>
- ⁵ Country Health SA Local Health Network; 2015. *Aboriginal Community & Consumer Engagement Strategy*. SA Health, Government of South Australia
- ⁶ Australian Commission on Safety and Quality in Health Care; 2012. *National Safety and Quality Health Standards*. <https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-advisories/>, accessed 11 July 2018
- ⁷ Health Care Act 2008 [South Australia], section 13.
- ⁸ Department for Health and Ageing, Government of South Australia; 2012. *A Framework for Active Partnership with Consumers and the Community*. Policy directive number D0306.
- ⁹ Country Health SA Local Health Network; 2015. *Country Health SA Community and Consumer Engagement Strategy*. SA Health, Government of South Australia
- ¹⁰ Country Health SA Hospital Incorporated; 2011. *Annual Report 2010-11*. SA Health, Government of South Australia.
- ¹¹ Social Development Committee, Parliament of South Australia; 2017. *Inquiry into regional health services — fortieth report of the Social Development Committee*.
- ¹² International Association for Public Participation. *IAP2's Public Participation Spectrum*.
- ¹³ *Inquiry into regional health services — fortieth report of the Social Development Committee*, op. cit.
- ¹⁴ *Aboriginal Community & Consumer Engagement Strategy*, op. cit., page 3
- ¹⁵ Based on Australian Bureau of Statistics data; 2018. Extract from database 'ERP by SA2 and above (ASGS 2016), 2001 onwards', *ABS.stat*, generated 19 Oct 2018
- ¹⁶ Based on Australian Bureau of Statistics data; 2016. 'Greater Capital City Statistical Area (GCCSA) Edition 2016', *Australian Statistical Geography Standard (ASGS): Volume 1 - Main Structure and Greater Capital City Statistical Areas, July 2016*, cat. no. 1270.0.55.001
- ¹⁷ Health Performance Council [South Australia]; 2017. *Aboriginal health in South Australia: 2017 case study*.
- ¹⁸ Based on Australian Bureau of Statistics data; 2018. Extract from database 'B07 Indigenous Status by Age by Sex', *ABS.stat*, generated 08 August 2018
- ¹⁹ Based on Australian Bureau of Statistics data; 2017. 'Statistical Area Level 3 2016 to Primary Health Network 2017', *ASGS Geographic Correspondences (2016)*. ABS Geospatial Solutions
- ²⁰ Based on Australian Bureau of Statistics data; 2013. *Life Tables for Aboriginal and Torres Strait Islander Australians*, cat. no. 3302.0.55.003
- ²¹ Health Care (Governance) Amendment Act 2018 [South Australia]
- ²² 'The governing board for [a local health network] must develop and publish [...] a strategy to promote consultation with health consumers and members of the community about the provision of health services by the [local health network]' – section 33A(1)(b) Health Care Act 2008 [South Australia] as prospectively to be amended upon the coming into force of section 11 Health Care (Governance) Amendment Act 2018 [South Australia]
- ²³ Non-verbatim reproduction of scope from project terms of reference endorsed by Health Performance Council [South Australia], 08 September 2016 and as subsequently modified.
- ²⁴ Department of State Development, Government of South Australia; 2016. *South Australian Aboriginal Regional Authority Policy*. <https://industryandskills.sa.gov.au/upload/aard/ara/ara-policy.pdf?t=1470797832300>, accessed 10 September 2018
- ²⁵ National Health and Medical Research Council, Australian Government; 2007. *Keeping research on track — A guide for Aboriginal and Torres Strait Islander peoples about health research ethics*.

- ²⁶ Wardliparingga Aboriginal Research Unit, South Australian Health and Medical Research Institute; 2014. *South Australian Aboriginal Health Research Accord: Companion Document*.
- ²⁷ National Health and Medical Research Council, Australian Government; Australian Research Council; Australian Vice-Chancellors' Committee; 2015. *National Statement on Ethical Conduct in Human Research 2007 (Updated May 2015)*. National Health and Medical Research Council, Australian Government.
- ²⁸ National Health and Medical Research Council, Commonwealth of Australia; 2003. *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*.
- ²⁹ National Health and Medical Research Council, Australian Government; Australian Research Council, Australian Government; Universities Australia; 2007. *Australian Code for the Responsible Conduct of Research*.
- ³⁰ Wardliparingga Aboriginal Research Unit, South Australian Health and Medical Research Institute. South Australian Aboriginal Health Research Accord. <https://www.sahmriresearch.org/our-research/themes/aboriginal-health/research-list/south-australian-aboriginal-health-research-accord>, accessed 11 November 2018.
- ³¹ *Aboriginal Community & Consumer Engagement Strategy*, op. cit., pages 6–7
- ³² *Aboriginal Community & Consumer Engagement Strategy*, op. cit., pages 28–29
- ³³ *Aboriginal Community & Consumer Engagement Strategy*, op. cit., page 9.
- ³⁴ *Aboriginal Community & Consumer Engagement Strategy*, op. cit., pages 11–14
- ³⁵ Maree Geraghty; 2018. *Aboriginal Community and Consumer Engagement Strategy Review*. CEO Bulletin no. 18-017, 27 April 2018 [staff email circular]. Country Health SA Local Health Network.
- ³⁶ For instance, a finding from analysis of 490 published studies that organisational studies using data collected from individuals had average response rate of 52.7% (standard deviation 20.4%), and more particularly for emailed surveys an average of 55% (standard deviation 23.9% and a minimum observed of 23.7%). (1) Abstract from: Yehuda Baruch; Brooks C Holtom; 2008. *Survey response rate levels and trends in organizational research*. Human Relations, volume 61, issue 8, pages 1139–1160; DOI: 10.1177/0018726708094863. (2) Op. cit. as cited in: Robert Schuff; Julie Mitchell; Bridget Adams. Presentation slide-deck *Survey Design and Tools Part II*. Oregon Clinical + Translational Research Institute.
- ³⁷ Health Performance Council; Wardliparingga Aboriginal Research Unit, South Australian Health and Medical Research Institute. *Aboriginal Leaders' Forum*. Forum number 10, October 2018.
- ³⁸ Country Health SA Local Health Network; 2019. Personal correspondence.
- ³⁹ Country Health SA Local Health Network; 2015. *CHSALHN Governing Council Health Advisory Councils Presiding Member Panel — Terms of Reference*. SA Health, Government of South Australia.
- ⁴⁰ Australian Commission on Safety and Quality in Health Care, 2017. *National Safety and Quality Health Service Standards*, Second edition.
- ⁴¹ Wardliparingga Aboriginal Research Unit, South Australian Health and Medical Research Institute; 2017. *National Safety and Quality Health Service Standards user guide for Aboriginal and Torres Strait Islander health*. Australian Commission on Safety and Quality in Health Care.
- ⁴² Department for Health and Ageing, Government of South Australia; 2014. *Aboriginal Health Impact Statement Policy Directive*. Policy directive number D0128.
- ⁴³ *Aboriginal Community & Consumer Engagement Strategy*, op. cit., page 17
- ⁴⁴ SA Health, Government of South Australia; 2017. *Aboriginal Cultural Learning Framework*.
- ⁴⁵ For instance: Adrian Marrie; Henrietta Marrie; 2014. *A Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services*. Bukal Consultancy Services.
- ⁴⁶ Health Care Act 2008 [South Australia], section 11(1)(a).
- ⁴⁷ Department for Health and Ageing, Government of South Australia; 2017. *Research Governance Policy Directive*. Policy directive number D0264



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