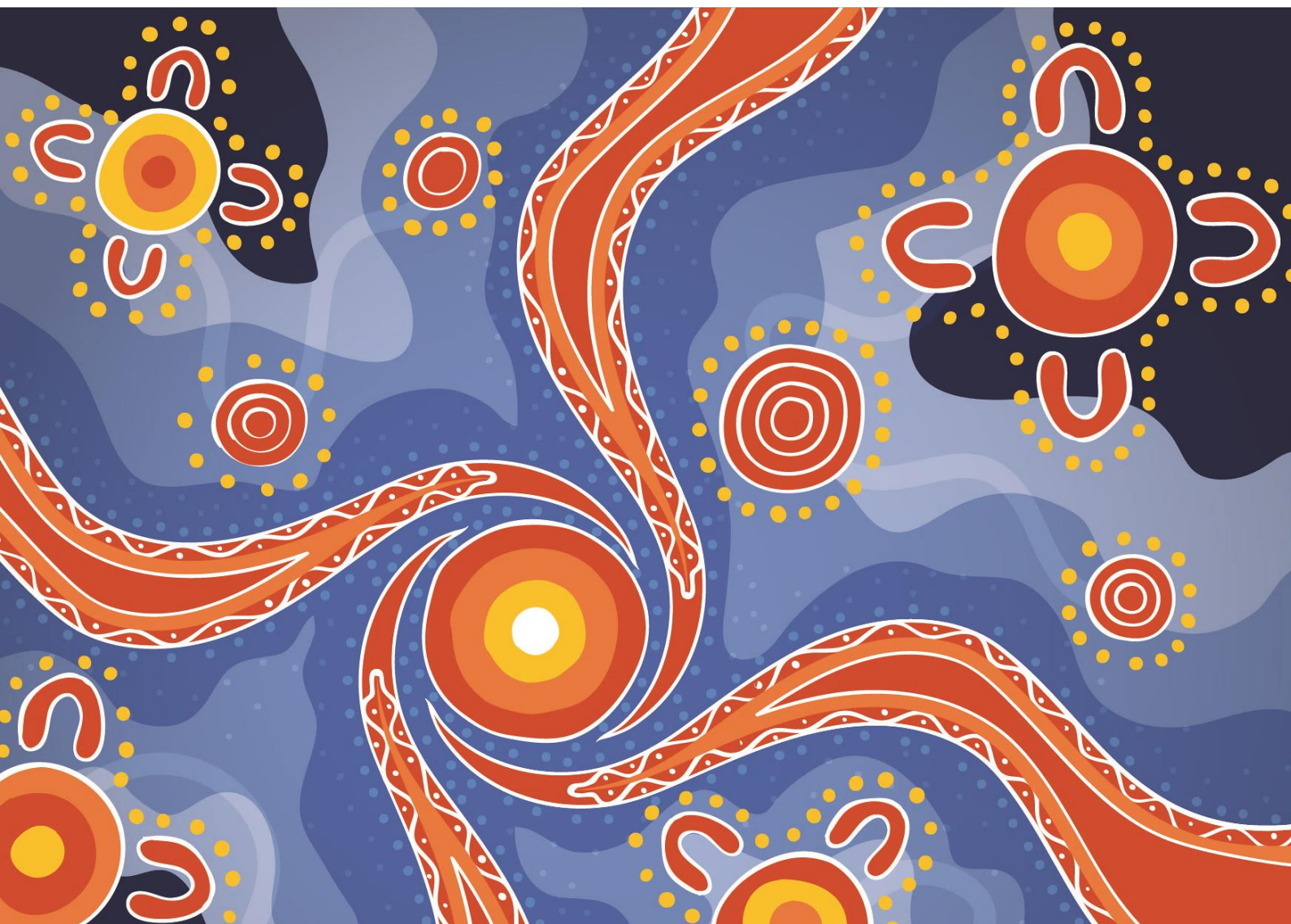




Limestone Coast Aboriginal Elders' lunch

Mount Gambier, 12 September 2019



Limestone Coast Aboriginal Elders' lunch — Mount Gambier, 12 September 2019

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Disclaimer

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

Cover art

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

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 the Aboriginal peoples of South Australia and their ongoing contributions to and participation in the life of South Australia. We acknowledge and respect their spiritual relationship with their respective countries.

We also acknowledge the diversity of Aboriginal people in South Australia. Our Australian continent is known to have been inhabited for at least 55,000 years. The first inhabitants comprised over 270 different Aboriginal language/cultural groups across Australia, with 40 independent groups living in South Australia. Each group occupied its own territory and had its own unique culture, beliefs, laws, language, stories, ceremonies and art*. Aboriginal peoples in their diversity have demonstrated resilience and have made significant contributions to South Australia despite the ongoing effects of colonisation and dispossession.

* Source: *Reconciliation SA, 2017.*

Summary

The Health Performance Council was hosted by the University of South Australia in Mount Gambier for a visit to the Limestone Coast in September 2019. With assistance from Burramies Aboriginal Corporation, we welcomed Aboriginal Elders from the region to join us for a lunchtime forum. This was an opportunity to hear directly from Elders about their local priorities and interests in health, health services and community wellbeing.

The output report highlights some of the discussion topics to encourage greater discussion and attention. Among the many issues and concerns that Elders discussed, some priorities that emerged from the discussions included:

1. Improvements needed to access to hospital and healthcare services in the region.
2. Difficulties in navigating the sometimes complex health and wellbeing systems.
3. Missing or inconsistent cultural considerations in mainstream services.

We also heard about gaps in caring for Country, in providing a healthy start to life, and in understanding about the ongoing nature of colonisation and its continuing impacts. We know this output report will not be an exhaustive record of the event but is intended to be a respectful effort to capture multiple threads of group conversations over our shared lunch..

We thank all those who attended for their honest and valuable contributions, which will help the Health Performance Council in setting its future priorities for work, which at present include:

- In conjunction with the South Australian Health and Medical Research Institute's Wardliparingga Aboriginal research unit, we are organising South Australia's next *Aboriginal Leaders' Forum* in November 2019 with a focus on Aboriginal child and youth health.
- We are progressing work on a project to measure and report on institutional racism in South Australia's health system. Working with Indigenous researcher Dr Chris Bourke, we have now produced and published on our website a prototype of a tool for measuring institutional racism and we are planning work over the next few months to validate the tool and put it into practice to assess each of the state's local health networks for institutional racism. Our assessments will be published on our website when they are complete.

The Health Performance Council takes photos at its events only with permission and offers for people to 'opt-out' of being photographed if they wish.

Welcome

We were welcomed to Country by Aunty Penny followed by a smoking ceremony conducted by Ngarrindjeri Elder, Uncle Doug Nicholls.



Uncle Doug Nicholls conducting a smoking ceremony



Aunty Penny welcoming us to Country

Introduction

The Health Performance Council is South Australia's expert health system monitoring and evaluation body, providing advice to the health minister about the operation and effectiveness of South Australia's health systems. Our reports are published on our website: <https://www.hpcs.sa.com/>.

We engage widely with stakeholders and communities to help decide our priorities for review, making particular effort to seek out stakeholder groups who are commonly less well heard. This was the second of our regional Elders' stakeholder lunches which we initiated following the success of our long-running series of *Aboriginal Leaders' Forum* meetings which we co-host with the South Australian Health and Medical Research Institute's Wardliparingga Aboriginal research unit and our occasional series of *Culturally and Linguistically Diverse Leaders' Forum* meetings held in conjunction with the Multicultural Communities Council of SA.

Discussion

Health Performance Council member Rick Callaghan, who is from an extended Potaruwutj family originally from the Padthaway or Tatiara region of South Australia, introduced the Council and talked about its functions. The Elders in attendance then each introduced themselves, their diverse backgrounds and areas of expertise.



Over a buffet lunch, Elders congregated for small group discussions. To help foster diversity of opinions and candour in the conversation, even where opinions might be seen as controversial, the discussions were held under the *Chatham House* rule, wherein it is permitted to make full use of everything discussion but on a strictly non-attributable basis¹. The discussions that followed were respectful, honest, free, and at times contentious but never divisive.

Key points

Access to healthcare services

A recurring theme that emerged from discussions was community and consumers seeing there are missed opportunities for improving health outcomes in regional health services since access to general practitioners (GPs) and hospital services is less integrated and not as good as in cities. We know that there are many factors that go to the issue of generally poorer health outcomes in rural and remote areas, but at least some arises from poorer access to health services. Improving access means tackling long waiting times in hospital emergency departments, addressing inaccessible or unaffordable dental services, and reducing waiting times for GP clinic services — we heard of waits being as long as two weeks. We were also told specifically about specialist services such as mental health that only operate during business hours, when there are suggestions that investment in seven day a week outreach could pay for itself in savings made from reduced emergency and crisis hospital visits. What was certainly not helping with better access to services was racism. We heard invidious reports of ambulances that simply did not pick up Aboriginal people: family members had to be relied on instead.

¹ 'When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed' — The Royal Institute of International Affairs ('Chatham House')



Elders were keen to reassure us that many doctors were very good, but services just did not have enough qualified staff in any discipline to provide the timely access to services that were required. Some health services required travel to other regional towns, another disadvantage to overcome that is little seen in metropolitan areas. As the Health Performance Council has noted in publications, there should be robust methods by which SA Health seeks to understand the equity of access challenges by (1) listening to consumers and service providers including the

measurement of institutional harassment and discrimination including racism in the public health service and (2) using the data to identify how things are going and to see trends and patterns. The health service should no longer be allowed to be silent on issues such as

- equity of access to rural public health services at no cost to the rural consumer; and
- equity of access to training and development opportunities for rural workforce and service providers.

The poverty of health service and outreach access rankled with Elders all the more so given the national government strategy of 'Closing the Gap'² which seems to sit incongruously with how difficult and hence rare it is to be able to attend a GP who can access 'Closing the Gap' funding for prescriptions. An inconsistency in funding arrangements also extends to hospital services, whether an emergency department visit will cost out of pocket or not depending on which hospital is attended.

Navigating the system

We heard of frustration at how difficult it could be to work out how to navigate community health and other services, the 'My Aged Care' system being especially complicated. Health literacy and computer literacy can be a stumbling block for many to be able to get the services they need. Undue bureaucracy needed to be tackled. And inconsistencies abounded, we heard, as to whether it was going to be necessary to pay for services: some people have to in some case, and others do not.



Culture

Elders told us that cultural health was missing from the provision of community health services, even though there was praise about some good cultural development programmes and some local council-led services that involve Elders. Good cultural governance mechanisms exist but they must be applied consistently and monitored to ensure they are spread and maintained. The Country Health *Aboriginal Experts by Experience* register was also said to be going well, albeit cautiously as it was still early days for the program.

² 'Closing the Gap' is an Australian Government framework aimed at reducing inequalities in Aboriginal and Torres Strait Islander life expectancy and health, which originated from a 2005 report by the then Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma AO.

Although difficult to establish precisely due to paucity of reporting, we also heard that there were fewer Aboriginal health liaison workers than were needed at some hospitals and a concern expressed that cultural understandings were patchy so carers were not always being allowed to assist with appointments and attendances.



Wider wellbeing

We were told good things about some services of benefit to health, such as men's group meetings, and that spirituality helped with wellbeing. But social and healthcare links could do with being improved, we were told, with home support needed for home services and a need to work to improve family wellbeing.

Drugs were of concern to many. We were told that 'ice'³ in particular was easy to come by and was widely used in the area. Parents needed help to assist children who had become addicted. With detoxification centres simply not available to people, evidence-based addiction and rehabilitation services are in desperately short supply in regional and rural areas.

We heard too of the unhealed enduring repercussions for many of the former government policies which created the 'Stolen Generations', of not knowing family.



The needs of younger Aboriginal people were of concern to Elders. Alarm was expressed at the rate of youth unemployment, and hence or otherwise the stress that young people had to bear. Young people, we were told, should be encouraged to continue their education; respect must be had for Indigenous ways to learn & Indigenous learning pathways to bridge to university entrance.

Lengthy waits to be provided with public housing and poor provision of public transport in the region were also areas of concern that were noted by Elders.

We thank all of the Elders who attended this stakeholder lunch for their participation and contributions. We are grateful to Burrandies Aboriginal Corporation for assistance with running the event and to the University of South Australia for hosting.

³ Crystal methamphetamine, a central nervous system stimulant, commonly referred to as 'ice'.



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of South Australia**

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