

Aboriginal Leaders' Forum No. 4

Friday, 27 November 2015, 9.30am to 2.00pm

Tauondi College, 1 Lipson Street, Port Adelaide

Output report



PARTICIPANTS:

Aboriginal Leaders:

Jackie Ah Kit, Parry Agius, Yvonne Buza, Lenore Chantrelle, Sally Clark, Christine Egan, Jasmine Graham, Lyn Jones, Cindy Koolmatrie, Scharlene Lamont, Cathy Leane, Frank Lampard, June Lennon, Danielle Lovegrove, Tanya McGregor, Kim Morey, Steven Newchurch, Bob Pitson, Shirlene Sansbury, Ina Scales, John Singer, Karl Telfer, Khatija Thomas, Roger Thomas, Michael Turner, Klynton Wanganeen, Tahlia Wanganeen, Mark Waters, Sharmaine Wilson, Nola Whyman.

Health Performance Council (HPC): Anne Dunn, Barbara Hartwig, Steve Tully.

HPC Secretariat: Jane Austin, Nick Cugley, Julie Edwards.

Facilitated by: Klynton Wanganeen and Anne Dunn.

Guest speakers: Professor Ngiare Brown and Professor Dorothy Keefe.



PURPOSE OF THE FORUM:

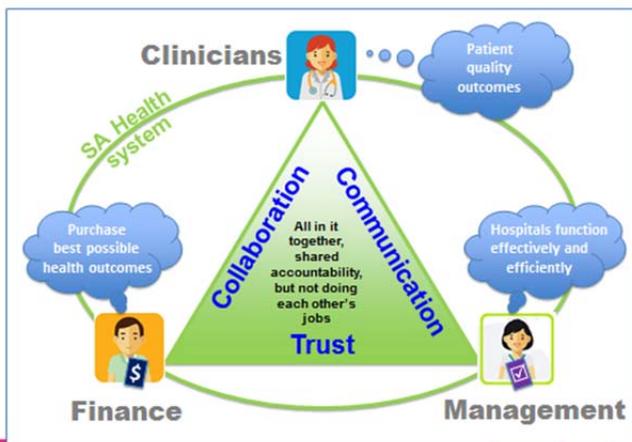
The forum primarily focused on SA Health's *Transforming Health* proposals, with Professor Dorothy Keefe (Clinical Ambassador for Transforming Health) leading the discussion.

KEY TRANSFORMING HEALTH THEMES ARISING FROM FORUM DISCUSSION:

1. Aboriginal representation
2. Aboriginal patient-centred care
3. Aboriginal patient experience
4. Aboriginal workforce
5. How Aboriginal Leaders want to be engaged
6. Agreed next steps



Institute for Healthcare Improvement: Triple Aim



Transforming Health from the clinical perspective

Symbol of Quality





1. ABORIGINAL REPRESENTATION IN THE TRANSFORMING HEALTH ROLLOUT

SA Health Aboriginal Health Impact Statement

Aboriginal Leaders asked Prof Keefe to confirm whether *Transforming Health* had incorporated an Aboriginal Health Impact Statement at the outset and whether this will continue. The development of a new paradigm for *Transforming Health* was discussed and the need to specifically include vulnerable groups at the structural level.

SA Health Ministerial Clinical Advisory Group (MCAG)

Leaders noted that Professor Alex Brown from the South Australian Health and Medical Research Institute (SAHMRI) is on the Ministerial Clinical Advisory Group (MCAG) and suggested that high level Aboriginal Leader representation would be strengthened by an invitation to AHCSA to ensure structural representation of South Australian health issues and views.

Aboriginal stakeholder input to MCAG projects (e.g. stroke, ACS, rehabilitation, orthogeriatrics)

Aboriginal Leaders would like to be involved in advancing an Aboriginal perspective on standards, models of care and guidelines that are being developed. Prof Keefe acknowledged that *Transforming Health* would benefit from this input. There is a need to match Aboriginal skill and knowledge to particular projects and allow for Aboriginal people to seek external and internal expertise. Prof Keefe is open to suggestions as to what this would look like and how it would work.



2. ABORIGINAL PATIENT-CENTRED CARE

Aboriginal Leaders asked if *Transforming Health* will address quality of patient pathways for Aboriginal inpatients coming in from rural and remote SA to metropolitan Adelaide hospitals. Leaders raised examples around inter-hospital transfers and Aboriginal patients being admitted but then discharged with no procedure done due to poor/deteriorating medical condition.

Prof Keefe reassured group that *Transforming Health* will address transport flows. Transport and accommodation of country people in metropolitan hospitals is a big issue for *Transforming Health*. Under the *Transforming Health* model, patients only go to one hospital, depending on transport options. E.g. if flying in from remote SA it would be TQEH but if driving in from regional areas it would be to the closest metropolitan hospital such as LMHS (North) or FMC (South). *Transforming Health* will respond with standard patient pathways to help people navigate through the system.

The Health Performance Council offered to analyse metropolitan acute hospital inpatient activity data on the 'most overrepresented' care pathways for Aboriginal people with a view to developing a 'gallery walk-through' and potential 'high impact' list for early action and Aboriginal involvement in *Transforming Health* redesign.

3. ABORIGINAL PATIENT EXPERIENCE

Prof Keefe reinforced to the group that the aim of *Transforming Health* is to make sure everyone gets the best care and same high-quality *outcome*, **not** to treat everyone the same way (i.e. **not** intended to be 'one size fits all'). However, acknowledges that more work needs to be done to measure and strengthen health literacy and cultural sensitivity as key issues for Aboriginal people in the system. Aboriginal Leaders also raised importance of Aboriginal cultural sensitivity and training throughout the workforce generally as priority issues for *Transforming Health* to incorporate. There is also a need for processes to be established to review and measure cultural change in the system.

Aboriginal Leaders asked if Aboriginal inpatient identification is in EPAS and noted more work needs to be done around staff training in relation to issues of Aboriginal people identifying to health service that they're Aboriginal, if asked.

Prof Keefe reassured the group that an Aboriginal status flag is incorporated in EPAS, and acknowledges more training may be required to get this field filled in correctly according to wishes of consumer.

Aboriginal Leaders raised issue of Aboriginal people not feeling listened to by the South Australian health system, that there's no space to tell their story and the system takes over ("health care done *to me*, not *for me*"). 'How do we change the culture of clinicians to make the consumer the centre of care, especially Aboriginal people?' Aboriginal Leaders talked about a paradigm shift needed within *Transforming Health* to specifically include vulnerable population groups. For instance, Aboriginal Leaders raised the prisoner health system (especially waiting lists) as a priority issue for *Transforming Health* to consider with respect to Aboriginal people.

The HPC offered to look at data from the Health and Community Services Complaints Commissioner (HCSCC) for Aboriginal patient experience stories and levels of Aboriginal consumer satisfaction against the HCSCC Charter of Rights.



4. ABORIGINAL WORKFORCE

Aboriginal Leaders raised with Prof Keefe the need for a stronger, larger, more dispersed Aboriginal representation of the health system workforce, and how this is integral to the success of *Transforming Health* achieving its whole population targets:

- Aboriginal Leaders discussed SA Health accounting for its own target of 2% of Aboriginal workforce and proposed a more sophisticated analysis of workforce representation in all settings, levels and types of employment from front-line patient care to the executive. There needs to be a system established of ongoing reporting of both numbers and levels of staff.

- Aboriginal Leaders described their uncertainty about the future of Commonwealth-funded *Closing the Gap* positions after 30 June 2016 affecting the SA health system. Should the Commonwealth funding cease many South Australian based Aboriginal health positions will end. This would have a disproportionate impact on capacity in Local Health Networks in particular.

5. HOW DO ABORIGINAL LEADERS WANT TO BE ENGAGED IN TRANSFORMING HEALTH?

Frank Lampard, Co-Commissioner for Aboriginal Engagement in the Department of State Development offered to be a key contact point to bring these voices together to improve engagement in *Transforming Health*.

Aboriginal Leaders discussed a set of principles for how their involvement and engagement in *Transforming Health* will be genuinely and respectfully listened to. Draft principles were suggested such as:

- Every voice should be heard, not just from within health system, AHCSA etc. and not just Aboriginal people from SA but all Indigenous people living in SA.
- Senior health officers within SA Health should be engaged without fear or penalty.
- Engagement will be data-driven and evidence-based
- Engagement will follow national health and quality standards
- Engagement will operate with a clear communications strategy.

6. AGREED NEXT STEPS

- Output report from the 27 November 2015 forum to go to all participants including our speakers
- Planning Group to re-convene and discuss outcomes and actions from the Forum.
- Debrief on forum outputs between Anne Dunn, Chairperson, HPC and SA Health (Prof Keefe/ David Swan/ Chief Transformation Officer). Discussion items to include:
 - AHCSA representation in *Transforming Health* governance structures including but not limited to MCAG
 - Suggestions on how *Transforming Health* can involve Aboriginal peoples across the system in guiding and fine-tuning the changes that are being implemented to ensure fitness-for-purpose for Aboriginal peoples' needs.
- The Commissioners for Aboriginal Engagement's office to process a model for representation on an Aboriginal *Transforming Health* engagement group.
- Health Performance Council Secretariat to undertake data analysis on:
 - What are the most overrepresented care pathways for Aboriginal people?
 - What are the potential 'high impact' clinical areas for early action?
 - What are the levels of Aboriginal consumer satisfaction?
- Convene next Aboriginal Leaders' Forum meeting in the first half of 2016.



Forum closed at 2:00pm.

Thank you to everybody for their valuable contributions.

APPENDICES

Aboriginal Leaders' Forum Planning Group membership

Anne Dunn (Planning Group Chair), Dale Agius, Jackie Ah Kit, Alex Brown, Rick Callaghan, Nick Cugley, Julie Edwards, Odette Gibson, Barbara Hartwig, April Lawrie-Smith, Tanya McGregor, Tamara Mackean, Amanda Mitchell, Shane Mohor, Kim Morey, Khatija Thomas, Klynton Wanganeen.

Aboriginal Leaders' Forum agenda and guest speaker bios

See attachment.

Aboriginal people in metropolitan Adelaide public hospitals – factsheet

See attachment.



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Friday, 27 November 2015, 9.30am to 2.00pm
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Time	Item	Delivered by
9.30am	Welcome and Introductions	Klynton Wanganeen – Facilitator Anne Dunn – Chair, Health Performance Council
10.00am	Guest speaker	Professor Ngiare Brown
10.45am	Morning tea	All
11.00	Discussion on Transforming Health to: <ul style="list-style-type: none">• understand the topic and the directions the Government is taking• begin to understand how Transforming Health can improve the health outcomes for Aboriginal people, and• explore how Aboriginal people generally can be made aware of the reforms and be included in consultations and decision making that affects them.	Professor Dorothy Keefe – Clinical Ambassador, Transforming Health (SA Health)
1.00pm	Lunch and leadership networking	All
2.00pm	Conclusion	Klynton Wanganeen – Facilitator

Professor Ngiare Brown

Ngiare is a Yuin nation woman from the south coast of NSW. She is a senior Aboriginal medical practitioner with qualifications in medicine, public health and primary care, and has studied bioethics, medical law and human rights. She was the first identified Aboriginal medical graduate from NSW, and is one of the first Aboriginal doctors in Australia. Over the past two decades she has developed extensive national and international networks in Indigenous health and social justice, including engagement with the UN system.

Ngiare is a founding member and was Foundation CEO of the Australian Indigenous Doctors' Association (AIDA); is a founding member of the Pacific Region Indigenous Doctors' Congress (PRIDoC); and is Chair of the Health, Rights and Sovereignty committee of PRIDoC. Along with colleagues from Aotearoa, Hawaii, Canada and mainland US, she is also part of an emerging international network addressing cultural governance protocols, and the ethical and legal impacts of genomic research and Indigenous peoples (the International Indigenous Genomics Alliance). Ngiare is convening a governance council for a newly established biorepository for Indigenous genomic research. She is also undertaking doctoral research in law, addressing Aboriginal child protection systems and practice.

Her interests are largely twofold, addressing i) culturally relevant approaches to child and adolescent health and wellbeing, including building the evidence base through collaborative and multidisciplinary research, translation and service delivery; and ii) a cultural determinants approach to Indigenous health and wellbeing.

Prof Brown has made extensive contributions to Aboriginal and Torres Strait Islander health, research process, bioethics, policy, translation and practice. She is dedicated to Aboriginal child and adolescent wellbeing, and supporting communities to develop initiatives focused on cultural education, and breaking the intergenerational cycles of disparity.

Professor Dorothy M K Keefe PSM MBBS MD FRACP FRCP

Professor Keefe is the Clinical Ambassador for the Transforming Health initiative in SA, Professor of Cancer Medicine at the University of Adelaide, and a Senior Medical Oncologist at Royal Adelaide Hospital Cancer Centre. She is the Immediate Past-President of the Multinational Association of Supportive Care in Cancer (MASCC).

Dorothy Keefe graduated in Medicine from the University of London in 1986, migrated to Australia and became a Fellow of the Royal Australasian College of Physicians (FRACP) in 1996. She received her Doctorate of Medicine from the University of Adelaide in 1999, for a thesis entitled 'The effect of cytotoxic chemotherapy on the mucosa of the small intestine'.

Professor Keefe's research interest is in toxicity of cancer treatment, particularly mucositis and how it links to other toxicities. Her laboratory work investigates chemotherapy and radiotherapy-induced whole gut damage, and the efficacy of new agents in prevention and treatment. She has authored over 100 peer-reviewed publications in this area.

In the 2013 Queen's Birthday Honours Professor Keefe received the Public Service Medal for "outstanding service in the areas of Public Health, Medical Research and Oncology". And in 2014 she received the MASCC Distinguished Service Award for "longstanding, devoted and exemplary service to MASCC".

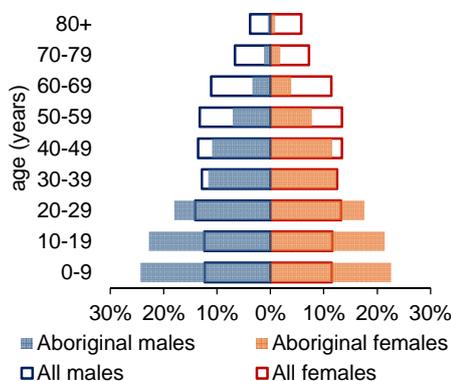
Aboriginal people in metropolitan Adelaide public hospitals

There are more than 37,000 Aboriginal people in South Australia, representing around one in 50 (2%) of our state's population. Aboriginal people living in South Australia are evenly split between metropolitan Adelaide and Country SA.

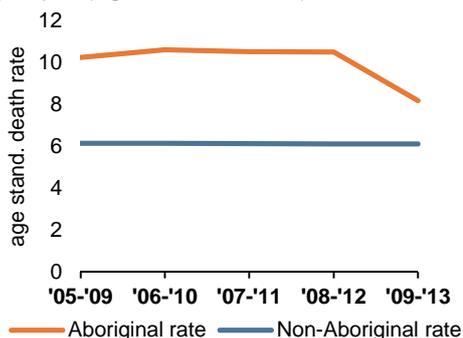
Where Aboriginal people reside

Metropolitan Adelaide	48.6%
- Northern Adelaide LHN	22.6%
- Central Adelaide LHN	14.5%
- Southern Adelaide LHN	11.5%
Country SA	51.4%
South Australia	100.0%

The age profile of this state's Aboriginal population is much younger (median age 23 years) than SA's general population (median age 40 years).



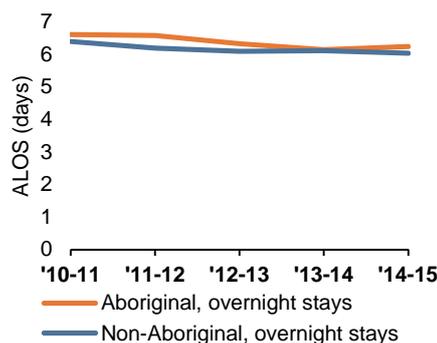
The death rate for Aboriginal people is falling, but remains higher in South Australia compared to the non-Aboriginal rate, at 8.2 deaths per 1000 people (age-standardised) vs. 6.1.



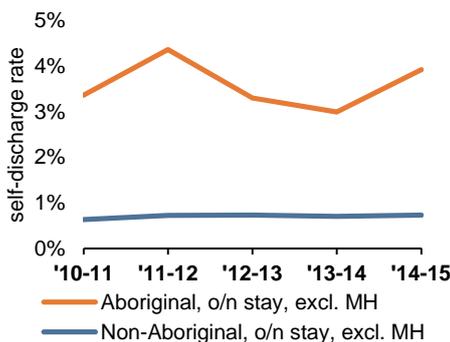
Aboriginal people are over-represented in Adelaide's admitted public hospital system. Although 2% of the population, Aboriginal people make up almost 4% of metropolitan public acute hospital

inpatient activity (i.e. twice the expected rate), including around 9% of admitted same-day dialysis care (almost five times the expected rate). Aboriginal inpatients also account for over 6% of mental health related admissions in metropolitan Adelaide public hospitals, which is three times the expected rate.

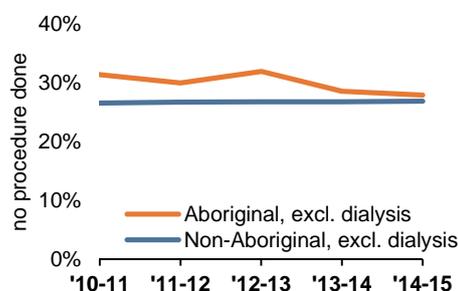
There is negligible difference in average length of overnight stay between Aboriginal and non-Aboriginal inpatients in metropolitan public acute hospitals...



...however a significantly higher self-discharge rate (i.e. against medical advice) rate following overnight admissions...



Metro. public acute hospitalisations (excl. dialysis) with no procedure performed has been more common for Aboriginal inpatients until recently.



This factsheet was tabled at the at the HPC Aboriginal Leaders' Forum on 27 November 2015.

For more information, you can download the HPC's *State of Our Health Aboriginal Population Compendium* and *Aboriginal Health in South Australia 2011-2014: A Case Study* from our website at hpcsa.com.au/reports or contact us on email HealthHealthPerformanceCouncil@sa.gov.au or telephone 08 8226 3188.