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ADELAIDE

An Australian Government Initiative

**CULTURALLY APPROPRIATE
HEALTH SERVICES FOR
ABORIGINAL & TORRES STRAIT
ISLANDER PEOPLE IN ADELAIDE**

**Summary of Community Engagement
Findings June 2017**

The Adelaide PHN would like to acknowledge the Kaurna peoples who are the traditional custodians of the Adelaide Region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present.



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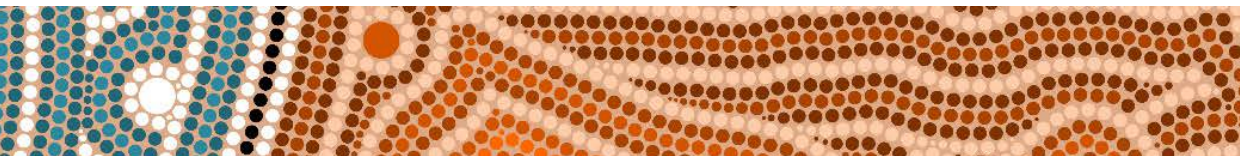
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WELCOME

On behalf of the Adelaide Primary Health Network (PHN) I would like to acknowledge the Kaurna peoples who are the traditional custodians of the Adelaide Region. I pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. I pay respect to them, their culture and to Elders past and present.

I am pleased to present this report which describes how the Adelaide PHN has worked with Aboriginal and Torres Strait Islander community members to:

- Understand the communities' experiences of utilising health services; and
- Identify how Adelaide PHN can work with primary health care providers to deliver culturally safe and appropriate services to improve experiences and health outcomes.

We are very grateful to the Aboriginal and Torres Strait Islander community members who participated in the workshops in June 2017, which are described here. We are also grateful to Wayne Oldfield, Aboriginal Elected Board member, and the Aboriginal Health Priority Group members who provided us with advice, guidance and support to undertake this work.

The Adelaide PHN is committed to improving the efficiency, effectiveness and coordination of primary health services across the Adelaide metropolitan region. Adelaide PHN is not a service provider but is responsible for commissioning services to best address local needs.

Commissioning requires us to understand the experiences of the community to ensure we provide appropriate services. Guided by community, clinical and stakeholder input, Adelaide PHN has a clear goal of improving health outcomes for the community.

We look forward to learning together on this journey as we develop new and innovative services in partnership with stakeholders and the community. We welcome opportunities to collaborate with you, our stakeholders, to improve the cultural safety and quality of primary health care services for Aboriginal and Torres Strait Islander people.

Deb Lee
Chief Executive Officer, Adelaide PHN

BACKGROUND

OUR VISION- CONNECTING YOU TO HEALTH

The Adelaide PHN has a clear goal to improve health outcomes for the people of metropolitan Adelaide, guided by both community and clinical input. The Adelaide PHN is focussed on identifying and contracting the most appropriate local organisations to provide health care services.

As a community-driven and community led organisation we focus on all sector participation and collaboration in contributing to health improvement and better outcomes. Our approach in connecting with a broad range of community stakeholders helps us to ensure we are building solutions for linked up and integrated services across the spectrum. Our priorities are underpinned by the principles of improving the patient journey and experience of health services, ensuring equity of access and supporting and building capacity in the health workforce.

Our Strategic Directions reflect the key objectives and priority areas from the Australian Government and incorporates our core local priority areas determined by our membership groups.

PRIMARY OBJECTIVE FOCUS AREAS - NATIONAL & LOCAL:

- Mental Health
- Aboriginal Health
- Aged Care
- Health Workforce
- Digital Health
- Population Health
- Alcohol & Other Drugs
- Disability
- Palliative Care
- Children & Youth
- Culturally and Linguistically Diverse Communities

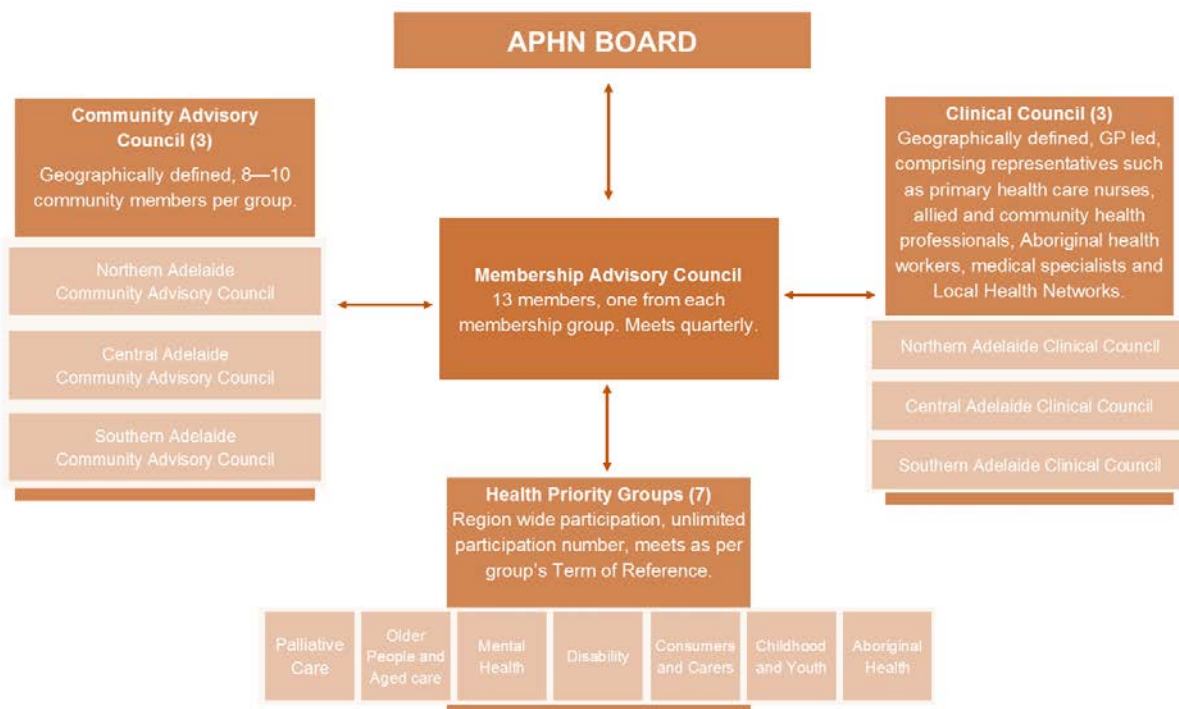


MEMBERSHIP IDENTIFIED THEMES

- Provide timely, early and equitable access to appropriate services
- Improve health literacy and education for consumers and primary health care providers
- Provide equitable and easy access to primary health services for Aboriginal and Torres Strait communities
- Improve care coordination, integration and navigation of the primary health care sector
- Address mental health, alcohol and other drug and physical health issues

ADELAIDE PHN – GOVERNANCE STRUCTURE

The Adelaide PHN has a unique governance structure led by a skill based Board with input into strategic direction and priorities from 3 Clinical Councils, 3 Community Councils and 7 Health Priority Groups (HPGs). Collaboration is a core part of the structure of the Adelaide PHN. The 13 membership groups have been created to provide clinical, community and stakeholder input, to help inform the organisation’s decision making process.



APHN’s Governance Structure Diagram can be found on our About Us document [here](#)

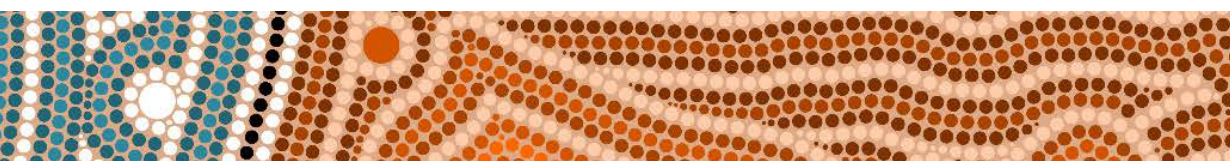
The Aboriginal HPG brings together a range of stakeholders including health professionals and service providers specifically working to provide services for Aboriginal and Torres Strait Islander people and Aboriginal and Torres Strait Islander community members to raise and discuss relevant primary healthcare issues for local communities.

ENGAGEMENT ACTIVITIES



The three Aboriginal Community Engagement workshops described in this report are an outcome of the recommendations and advice of the Aboriginal Health HPG as part of the Membership Groups' *'priority identification'* work in 2016. The Aboriginal Health HPG identified mental health, chronic disease, and training and education as the top three priorities for the Adelaide PHN. Along with this the Aboriginal Health HPG reflected that the foundation for accessible and appropriate service delivery is that the service is culturally competent and responsible. So, it has been recommended to the Adelaide PHN that measures are taken to ensure Adelaide PHN Commissioned Services are culturally safe and appropriate.

The Adelaide PHN wanted to hear from the Aboriginal and Torres Strait Islander community about their experience of primary health services and so community members were invited to share their ideas about how they think primary health services can best provide services which are culturally safe, responsible and appropriate. In June 2017, three workshops were held across Adelaide, with a total of 60 participants.



The aims of the workshops were to:

- Discover the barriers people experienced in finding and using culturally safe and appropriate health services and support across metropolitan Adelaide
- Determine the opportunities and what people want to experience in finding and using culturally safe and appropriate health services and support across metropolitan Adelaide
- Measure the quality of culturally safe and appropriate health services and support across metropolitan Adelaide

The workshops were facilitated by the Enzyme Group. Two members of the Aboriginal Health HPG and the Adelaide PHN Aboriginal Elected Board member assisted with the workshops in collaboration with Adelaide PHN staff. (Refer to Appendix A - Engagement Methodology)



SUMMARY OF WORKSHOPS

METHOD

Workshop participants were guided through a set of activities which encouraged deep thinking and reflection about experiences of receiving health services and support, whether it be their own experience or that of someone they knew.

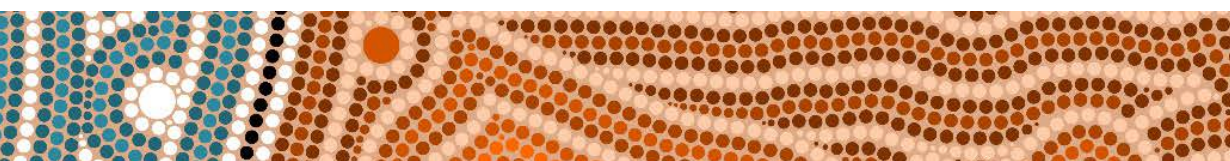
They reflected on and identified the main problems, barriers or issues around services and support being appropriate for the Aboriginal and Torres Strait Islander Community and the important inclusions that assist in making them feel safe. They considered possible barriers around access, the physical environment, coordination, appropriateness, safety, how they are treated, gaps in services and who in the community was most affected by inadequate or poor health care that is not culturally safe or appropriate.

Participants then selected up to six of the most severe, frustrating or irritating barriers and expressed each idea in separate succinct phrases which captured their essence. They rated the barrier in terms of its severity and frequency. These ideas were consolidated into themes, and recorded. The barriers to good health care for each workshop are shown in Tables 1-3; Table 4 shows the consolidated barriers to good health care for all three workshops.

In the next part of the workshop, participants reflected on the elements that would comprise their vision of culturally appropriate health care. Participants were asked to think 12 months in advance and to imagine that they are very happy with the range, quality and accessibility of health care and services in their area: What would a quality, accessible service look like; what stands out about these services and makes them so culturally appropriate and safe; what has improved; how has access, coordination, provision of information and education, and the way they and family are treated and communicated with improved?

They then selected up to six most important opportunities which reflect what they want to experience and therefore ensure they can access and receive quality, culturally safe and appropriate health care services and support. These were expressed in separate succinct phrases which captured their essence. These opportunities (what people want to experience) for each workshop are shown in Tables 1-3; Table 4 shows the consolidated barriers and opportunities for all three workshops.

Participants then indicated how well health services are currently doing at providing culturally appropriate services and support in relation to the opportunities identified. This information was quantified as a current performance score, shown in Figure 1.



NORTHERN WORKSHOP

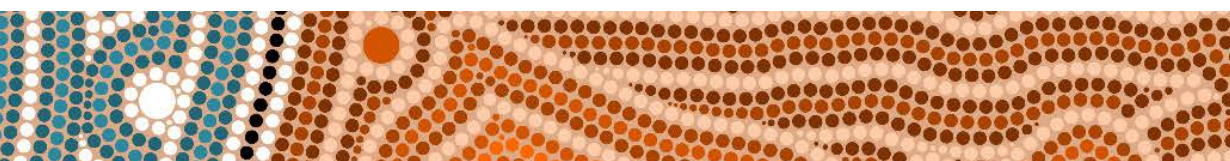
Table 1: The top 3 'barriers' and 'what people want to experience' identified by the Northern Workshop

BARRIERS	WHAT PEOPLE WANT TO EXPERIENCE
They treat me as second rate because I'm Aboriginal	Easy access to services when I need them
Lack of appropriate available services (including specific Aboriginal services)	Being treated with dignity and respect and without prejudice
Lack of support and coordination of mainstream services	Well-coordinated holistic approach to services

WESTERN WORKSHOP

Table 2: The top 3 'barriers' and 'what people want to experience' identified by the Western workshop

BARRIERS	WHAT PEOPLE WANT TO EXPERIENCE
Lack of respect and sensitivity from service providers	Providing early intervention and education for healthy living
Waiting times and poor follow through	Being treated with dignity and respect and without prejudice
Lack of support for carers / families	Well-coordinated holistic approach to services



SOUTHERN WORKSHOP

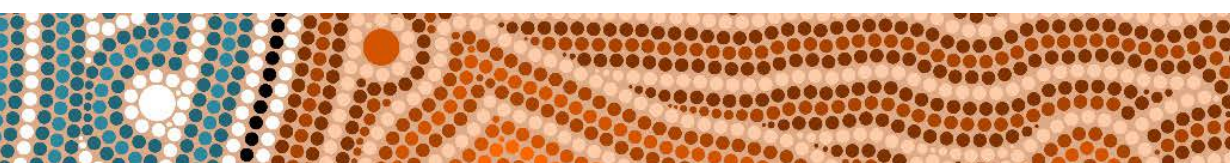
Table 3: The top 3 'barriers' and 'what people want to experience' identified by the Southern Workshop

BARRIERS	WHAT PEOPLE WANT TO EXPERIENCE
Lack of understanding of my culture by staff	More Aboriginal workers in the workforce
Lack of respect and dignity; being judgemental and confront	Being treated with dignity and respect and without prejudice
Difficult to access specific services I need	Easy access to services when I need them; and well-coordinated holistic approach to services

CONSOLIDATED FINDINGS

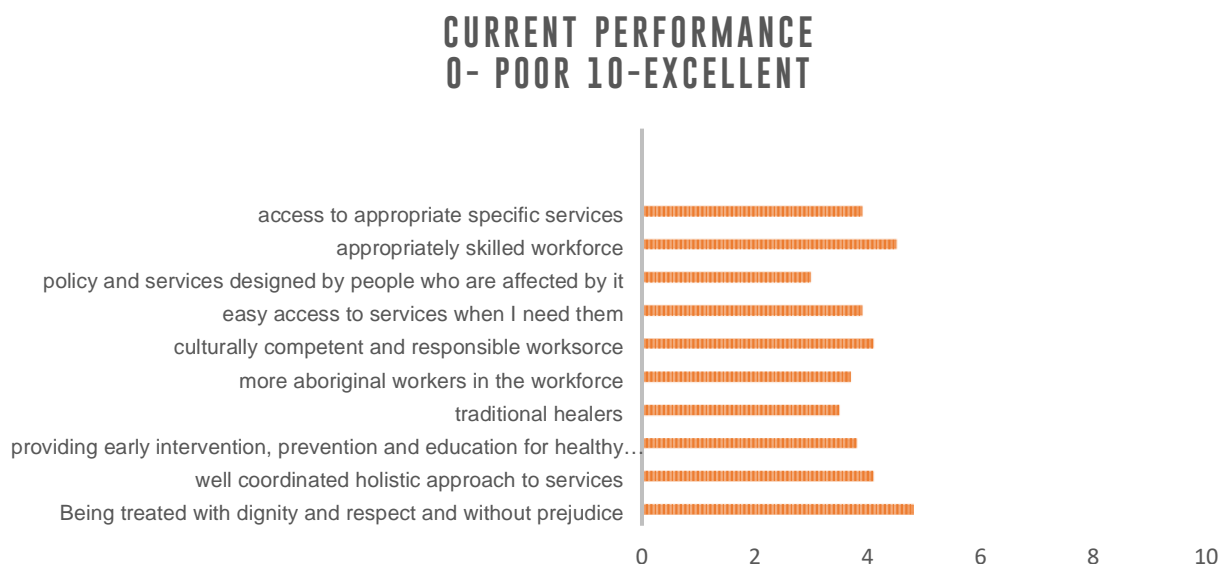
Table 4: The top 3 'barriers' and 'what people want to experience' identified across all three groups

BARRIERS	WHAT PEOPLE WANT TO EXPERIENCE
Lack of respect and sensitivity from service providers	Being treated with dignity and respect and without prejudice
Poor support, communication and coordination between services	Easy access to services when I need them
Long wait times and follow through	Well-coordinated holistic approach to services



The current performance score reflecting participants experience of the current performance of the system in providing culturally appropriate health services and support is shown in Figure 1. Current performance falls well below expectations.

Figure 1: Current Performance Score

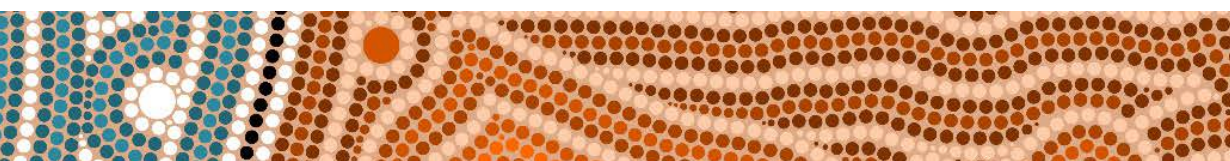


CONCLUSIONS

The workshops provided rich information from people who access primary health care services across metropolitan Adelaide. It was clearly identified by participants that they expect to receive culturally safe and competent primary health care services that treat community members with respect and dignity. It was also clearly identified that health service delivery falls below their expectations in this respect.

ADELAIDE PHN'S ROLE IN PROVIDING CULTURALLY APPROPRIATE SERVICES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

PHNs are part of the Australian healthcare landscape with a focus on primary health care. The PHNs are developing new models of service delivery, as regionally based system stewards with responsibility for working across systems to improve integration and thus health outcomes, particularly those at risk of poor outcomes.



The objectives of the PHNs are to increase the efficiency and effectiveness of primary health care services and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

Central to this are the key activities of working towards national and local priorities through the commissioning of primary care services. Aboriginal and Torres Strait Islander Health is both a national and local priority and our efforts are directed towards commissioning both specific and general services which are culturally safe, appropriate and responsive to Aboriginal and Torres Strait Islander people who are at risk of poor outcomes.

Integral to this is a collaborative approach to capacity building of services and providers to continually identify, implement and monitor improvements to the delivery of culturally safe and responsive services. The Draft Commonwealth PHN Performance Framework, performance indicators and service delivery principles set the foundation for this work. Performance indicators include: cultural safety training programs provided/commissioned by the Adelaide PHN for GPs, primary health care service providers and Adelaide PHN commissioned health services; and training programs to facilitate Aboriginal Torres Strait Islander self-identification (see Appendix 2). Adelaide PHN is now including the requirement to ensure services are culturally safe and appropriate in all relevant contract agreements.

To date, Adelaide PHN commissioned primary care service providers (specifically mental health services, both specific for Aboriginal and Torres Strait Islander people and mainstream) have told us about some of the ways they ensure their services are culturally appropriate, including through:

- Providing training – for clinical staff and others such as reception
- Providing professional support for clinical staff
- Enabling access to Aboriginal advisors in designated roles who can provide support
- Designing culturally appropriate and evidenced based models of care
- Employing culturally competent workers

Furthermore, they are improving services by:

- Ensuring appropriate referral pathways between services
- Working closely with other services specifically Aboriginal and Torres Strait Islander organisations
- Providing resources in Aboriginal and Torres Strait Islander languages
- Making it easier for people to get services (no wrong door)
- Having meaningful connections and engagement with the Aboriginal and Torres Strait Islander communities



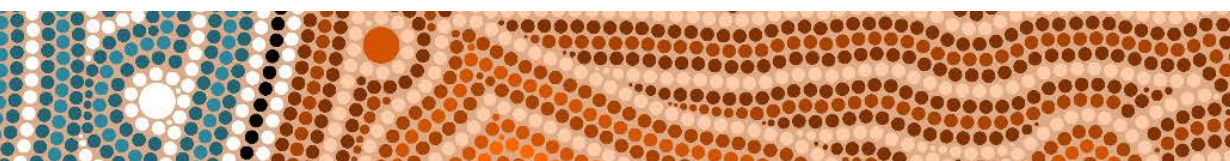
ADELAIDE PHN – NEXT STEPS

In addition to the community regional workshops, Adelaide PHN facilitated an internal consolidation and value modelling workshop to consider all findings, identify priorities, focus areas, as well as opportunities to increase access to, and improve delivery of culturally safe and competent services.

Identified next steps for action include:

- Adelaide PHN will continue to engage with workshop participants to develop an Aboriginal and Torres Strait Islander community engagement plan, this plan will include actions on Adelaide PHN providing feedback on its ongoing work to workshop participants
- Adelaide PHN will work with its current commissioned service providers on their contractual and reporting obligations to monitor activities in the area of providing culturally safe services
- Adelaide PHN will commission activity in cultural competency training. Face to face sessions will be delivered to Adelaide PHN commissioned services providers, and more broadly to primary health care providers across the Adelaide PHN region. Training sessions will be delivered regionally across Adelaide
- Adelaide PHN will implement activities and work together with all primary health care service providers to support the connection of services to improve referral pathways and patient experience
- Workshop participants will be invited to future meetings to continue to provide feedback and progress with the outcomes identified in the workshops. This will take place early to mid-2018

In addition, the Adelaide PHN is developing a Reconciliation Action Plan (RAP) as a commitment to working towards the organisation's vision for reconciliation: to respect and acknowledge the unique connection that Aboriginal and Torres Strait Islander people have, to the land on which Adelaide PHN is situated and to build genuine, respectful relationships with Aboriginal and Torres Strait Islander communities and peoples. The RAP is a visible demonstration of the organisation's approach to testing new and innovative ways to grow relationships with our Aboriginal and Torres Strait Islander stakeholders, through cultural learning, employment and supplier diversity.

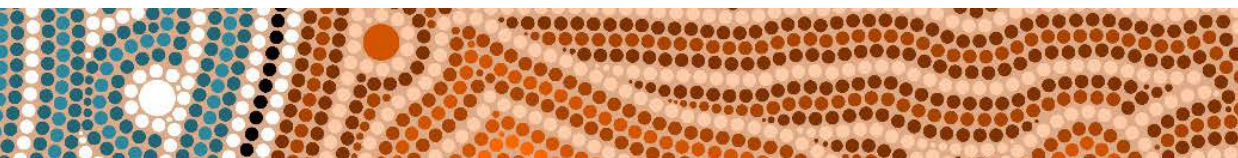


APPENDIX

APPENDIX A

Engagement Method:

ENGAGEMENT METHOD	DESCRIPTION OF METHODOLOGY
Value Discovery, 'what people want to experience'	<p>There were five (5) steps in the overall process:</p> <ul style="list-style-type: none">○ Positioning – Participants introduced to the context, background and topic under review.○ Discovery – Relevant open-ended questions asked and participant's thoughts recorded in workbooks in silence.○ Integration/Synthesis – Participants record six (6) most important Barriers/Opportunities (what they want to experience) Factors onto Stikki sheets. Selection of most important individual ideas to develop common themes using an 'affinity diagram' technique.○ Prioritisation/Ranking - Headings for each theme sets are entered into the computer for electronic voting by participants on most important Opportunities (what they want to experience) - participants prioritised a list developed by themselves. Staff from the Adelaide PHN were involved in the workshops as Observers and with the analysis of the results.○ Interpretation/Impact – Results analysed and results presented in graphs and Pareto charts, reflecting the participants overall experience with primary health care and support services. Results presented the most severe Barriers to good health care (Issues) as identified by participants and how often the barriers occur, as well as the most important Value and Opportunities and the current performance of the system in meeting participant's needs.



Definitions

Barriers to good health care

A barrier or issue occurs when a person's basic expectations are not met and delivery of a product or service does not make the person happy. We also want to know the impact of the things that the person is not happy with – do they frustrate and annoy or do they really make you angry.

Opportunities (what people want to experience)

The things that the person would like to have in the product or service delivery to make it better. What can be done to make the product or service outstanding? How important is it, to you, that these improvements are delivered? What do you truly value? What are the things that are most important to you?



APPENDIX B

In July 2017, Version 2 of the Draft Commonwealth PHN Performance Framework was released to all PHNs. While these are still being developed, the following provide an indication of intent:

1. Number of participants in cultural safety training programs provided/commissioned by the PHN for both GPs and commissioned health services over the last 12 months.

Cultural safety has an important influence on the accessibility of services for Aboriginal and Torres Strait Islander people. The PHNs can play a role in improving cultural safety of mainstream primary health care service providers.

2. Number of PHN commissioned/delivered training programs provided to primary health care service providers to facilitate Aboriginal Torres Strait Islander self-identification.

Difficulties with under identification of Aboriginal and Torres Strait islander people can result in reduced access to eligible services and reduce the accuracy of data used to support comprehensive understanding of health needs. The PHNs play a role in encouraging primary healthcare service providers to improve self-identification.

3. Proportion of primary care service providers that participated in training delivered/commissioned by PHNs.

The PHNs have a direct role in providing education to the primary health care sector, and this provides a means of assessing the penetration of the education across the sector.

4. Focus areas of training provided/commissioned for primary care service providers

It is important to know the content areas in which PHNs and their commissioned organisations provide training for primary healthcare service providers.

