My Life, My Lead
Implementation Plan Advisory Group (IPAG)

Consultation Notes
Adelaide – 1 May 2017

A range of face to face consultations, coupled with an online submission process, was established to hear from stakeholders and community on how to best address the social and cultural determinants of health.
The twelfth consultation was held in Adelaide on 1 May 2017. Outcomes from the forum are below.

Session One:

The first session focused on what can be done to address the social and cultural determinants of health. The following themes were raised, including some suggested case studies to look at what is working well on the ground in South Australia.

Key Observations:

Connection to family, community, country, language and culture

- Need recognition and appropriate remuneration for traditional healers/ngangkaris.
- Welcome to Country/Acknowledgement of Country to be embedded as normal practice in all settings.
- Role for Elders to connect with young people within schools and workplaces.
- Need to increase access to interpreter services in all settings.
- Recognition of Aboriginal Community Controlled Health sector as preferred provider of comprehensive primary health care services - but these are not always accessible (eg on weekends is the local GP/hospital culturally safe?)
- Need to increase the number of Aboriginal and Torres Strait Islander people working in healthcare and hospitals.
- Efforts to address provision of culturally sensitive care within the mainstream sector need to go beyond the role of one person in an organisation.
- Need stronger accountability mechanisms for the provision of culturally safe care.
- Aboriginal Maternal Infant Care (AMIC) a positive program.
- Communication issues in hospitals eg contributes to patient discharge against medical advice.
- Constitutional recognition important.
- Need to change ways that governments engage and consult in policy development.

Healthy Living

- Models need to suit the community: Aboriginal and Maternal Infant Care (AMIC) program is good example - support to expand this.
- Need to address racism and lateral violence within existing models.

- Recognition that programs targeting Indigenous smoking and increasing health checks are working well.
- Further work needs to be done to support uptake of care plan MBS items - access to workforce is a limiting factor (ie GPs needed in ACCHs to sign off on care plans and allied health workers to implement).
- National policy agenda parameters do not always accommodate local community needs: self-determination needs to be supported, with greater consultation with non-metro communities needed in developing programs. Eg NDIS and other funding models do not fit well with the Aboriginal holistic view of health.

Education

- There are some good examples that are working well in SA: eg AFL teams working with communities on smoking cessation. Mentoring linked to improvements in school completion.
- The University of Newcastle was recognised as improving educational pathways for Aboriginal students through support, with graduate numbers increasing.
- Noted increasing content relating to Aboriginal studies within national curriculum.
- Increase support for Aboriginal students to be prepared to go to university.
- On and off-Country scholarship programs are working well to improve opportunities.
- Programs to combat racism within schools (eg through Reconciliation SA) appear to be effective.
- Early childhood models featuring joined up services (eg Challis) well received.
- Need to explore opportunities to train Aboriginal Health Workers within communities.
- Need to explore opportunities for IT-based learning.
- Room for improvement in cultural competency levels in schools.
- Need to explore mechanisms to attract and retain experienced, quality teachers.
- Need better career pathways for Aboriginal teachers.
- Expansion of programs to provide Aboriginal language classes within schools.

Trauma and Healing

- Acknowledge health impact of intergenerational and ongoing stress and trauma (epigenetic research) and physiological impact of racism.
- Need to educate mainstream population to understand deep impacts of colonisation and racism eg school curriculum to include true Australian history.
- Component of health workforce training should include trauma education - requirement for accreditation.

Racism

- Mainstream workforce need to improve to provide culturally sensitive/appropriate services to Aboriginal clients, consistently across the sector. Cultural competency training needs to be linked to accreditation, and embedded as continuous education through career.
- Evidence of stigma within Local Hospital Networks and hospitals - cognitive bias associated with clients who present as Aboriginal.

- Aboriginal patients grouped within programs to address Culturally and Linguistically Diverse clients.
- Noted that Aboriginal staff assume 'default' roles within organisations to work with or advocate for Aboriginal clients.
- Need to support Aboriginal workforce to identify by ensuring workplaces are culturally safe.
- Need cultural competency KPIs - clear, measurable, outcomes focused.
- Split of responsibilities between Commonwealth and states unclear for Aboriginal health - who is accountable?

Environmental Health

- Access to healthy food - links to health issues.
- Retail food standards/obligations. Pricing of food an issue. Processed food vs fresh.
- Stockpiling of food in remote areas - food safety issues.
- Transport of food - high cost to remote areas.
- School based food programs - education and access.
- APY Lands program to cultivate food - training and business opportunities - locally driven case study.
- SA Health Aboriginal Environmental Health Worker traineeship program a good model of training local community members - opportunities to be further expanded.
- Advocating for dual traineeships for environmental health and health workers - expands career opportunities and enhances public health advocacy role within communities. University of Newcastle's traineeships provide a good model.

Healthy Ageing

- Recognition this is a growing demographic with differences in the ageing experience for Aboriginal and non-Aboriginal people: higher co-mobidities, lower age threshhold.
- Although Aboriginal people over 70 are likely to be healthier, there is acceptance of ill-health as the norm.
- Role of Elders as volunteers:
    - community based volunteering, including caring for family
    - opportunities for government to support - eg models for col-location of aged care and childcare/preschools
- Role of Elders in the education system:
    - bilingual education
    - interpreters
- Indigenous workforce issues - career burnout and lack of development opportunities.
- Need better communication to ensure Aboriginal people are aware of services they are eligible to receive, and to better access and navigate these services
- Models of care need to be culturally aligned and fit for purpose - Urban Institute of Indigenous Health uses aged care funding as part of a package to address health needs.
- Growth of the sector - some organisations will emerge as 'leaders' but which organisations will have strengths in cultural competence - accountability?

Law and Justice

- Redfern National Centre of Indigenous Excellence working well.
- Programs to ensure pre-release access to services are working well in SA.
- Engaging schools to support young offenders upon release working well in SA.
- Nunga Court/Grannies Group a good model.
- Recognition of the value of Cowra and Bourke Justice Reinvestment models. Also need to look at international examples.
- "No More" domestic violence campaign seen to be working. Need to expand on family approach.
- Increasing incarceration rates must be addressed - recognised that social and cultural determinants must be addressed to do this - education levels, disability and alcohol/other drugs all linked to incarceration. Also trauma and grief and loss issues - linked to incarceration.
- Need greater efforts to provide services that can prevent arrests eg driver training.
- Need greater focus on restorative approaches - SA seen to have a more punitive approach: "tough on crime".
- Need to review and implement recommendations from the Royal Commission into Aboriginal Deaths in Custody.
- Recognise that "Don Dale" issues are likely widespread - need to be vigilant.
- Room for improvement in the relationship between police and Aboriginal people - linked to past histories.
- Health services lacking in jails, particularly rehabilitation. This can result in another form of punishment.

Infrastructure/Housing/Economic Development/Transport/Municipal Services

- Noted that there is better quality housing available in communities - but recognised that housing options for traditional Aboriginal people still needed.
- SA Homemaker programs (from 1970s!) seen as good model - upskill and support parents in their efforts to create safe and healthy home environments for their children.
- CDEP program enabled training and upskilling within local communities.
- Not all communities have adequate transport options - needed to access health services on Country.
- Flushing toilets need to be standard.

Health Workforce

- Noted that the [SA?] Health Department not hitting its employment targets.
- Institutional racism impacts Aboriginal people entering workforce - unable to compete for positions. Need to give priority to employing Aboriginal people.
- More workforce placements needed to provide experience - quarantine funding.
- Aboriginal Health Worker roles - transferability across borders and use within NGOs to enable upskilling.
- State and Commonwealth need to work together to roll out workforce initiatives.
- Comprehensive mapping of workforce needs must be undertaken to collect evidence of local needs and inform planning.

- National workforce leadership programs working well and some good examples in SA of leadership forums to keep staff engaged.

Employment

- Recognition that the Aboriginal community controlled health sector is the largest employer of Aboriginal people outside of the mining sector.
- More trainee positions and funding required for employment pathways.
- Exemptions for Aboriginal Health Workers working well.
- Aboriginal Registered Training Organisations are training Aboriginal people within communities - need continuity of funding to support more being established.
- Need to recognise organisations that offer the right work conditions and right culture as employers of choice.
- Strategies to attract (and retain) people to regional and remote areas - high salaries don't always attract the right people. Longer contracts may help to retain staff.
- Need more on-the-job training and mentoring opportunities.
- Recognition that employing Aboriginal people has broader benefits within communities, eg increased health literacy.
- Need more scholarships and mentoring for university education.
- Identify and address what can attract Aboriginal people into roles.
- Longer funding contracts can ensure continuity and security in staff contracts.
- Recognition that mainstream sector 'poaches' Aboriginal people from Aboriginal health sector roles.
- CDEP seen as valuable and effective program - look at reviving.
- Employers recognising the need for culturally supportive workplaces.
- Succession planning needs to be improved.

Session Two - Next iteration of the Implementation Plan

The second session was an open microphone format focusing on some ideas in developing the next iteration of the Implementation Plan. The following are a summary of these:

- Health Workforce Framework (developed by ATSIHWG) needs to be included in the Implementation Plan. This Framework covers key issues such as:
    - Scope of practice
    - Career pathways
    - Gaps in service systems
- But noted there is currently no implementation plan for this Framework.
- Need to better support good health of the workforce itself.
- Need better synchronisation between Commonwealth and states (and sector) for education and training.
- Need equity to achieve equality.
- Evidence that competitive funding processes do not lead to improved health outcomes.
- Disproportionate levels of accountability/expectations when evaluating Aboriginal programs.
- Language of existing Implementation Plan is unsuitable for communities.

- Strategy 1C needs to acknowledge shared responsibilities for early intervention/ prevention, ie states' role, role of primary care.
- Evidence based programs versus evidence based policy:
    - programs need to be developed in consultation with communities to give context
    - policies need room for flexibility when implementing.
- Strategy 1B: for 2023, deliverable should mandate that every health professional has undergone cultural safety training.
- Need to ensure regional priorities of mainstream health bodies are linked to the needs and priorities of the Aboriginal health sector, and of Aboriginal community controlled organisations.
- Aboriginal Community Controlled Health Services:
    - Business Plans used to identify needs/gaps
    - Need to make better use of MBS (sector models)
    - mainstream doctors keen to work in the sector.
- Incarceration, justice and housing are clear gaps in current Implementation Plan.
- Need to look to private sector to fund and drive the next Implementation Plan:
    - social impact bonds
    - employment targets for private sector.
- NACCHO recommends five year funding cycles for Aboriginal organisations.