



NHMRC

CREATE

The Centre of Research Excellence in Aboriginal
Chronic Disease Knowledge Translation and Exchange

CREATE Leadership Group Meeting
SAHMRI, Level 8, North Terrace, Adelaide
Friday 18th November 2016 1-3pm
MINUTES

18th November 2016

1. Meeting Attendance

Meeting attendees and apologies are presented in ([Appendix A](#)). (Please follow hyperlinks to all appendices).

2. Acknowledgement of Country

Alex Brown welcomed everyone and acknowledged Country.

3. Minutes of previous meeting and actions arising

Minutes from the previous meeting of 4th and 5th of August 2016 were accepted as correct by Annette Braunack-Mayer and Paula Myott. The action items arising from the previous minutes were discussed. Refer to ([Appendix B](#)) for updated Action item list.

Alex asked if there were any concerns by Leadership Group members re the current status of the project. Louise Lyons and Paul Myott both agreed things were progressing well.

4. CREATE overview and Introduction for new members

Carol represented the CREATE outcomes slide and lead discussions on the CREATE plans. Slides and discussion notes are in ([Appendix C](#))

5. Building the Body of Evidence

The following information was presented to the Leadership Group:

Future Work

NHMRC Partnership Grant – Aboriginal and Torres Strait Islander Culturally Safe Aged Care. The flyer and discussion notes are in ([Appendix D](#)).

ARC Linkage Grant – Developing a Social Determinants of Health Domain. The discussion notes are in ([Appendix E](#)).

Systematic and Scoping Reviews

- Enablers and Barriers to efficient and equitable Aboriginal Community Controlled Health Organisation funding modalities. See ([Appendix F](#)) for flyer and discussion notes.

- Effectiveness of Indigenous Service Delivery Models flyer and discussion notes are in [\(Appendix G\)](#).
- Scoping Review – Health Promotion initiatives for Aboriginal and Torres Strait Islander peoples. The flyer and discussion notes are in [\(Appendix H\)](#).

Case Studies underway - see [\(Appendix I\)](#) for information and discussion notes:

- Miwajt Health Aboriginal Corporation Case Study
- Aboriginal Community Care SA Case Study
- Nunyara Aboriginal Health Service
- Resthaven
- Nunkuwarnin Yunti
- Port Lincoln Aboriginal Health Service

What keeps you strong – Supporting the Wellbeing of Older Aboriginal Peoples. Resthaven Grant discussion notes and flyer are at [\(Appendix J\)](#).

6. Capacity Strengthening

The Capacity Strengthening Business Case - Flyer and discussion notes are at [\(Appendix K\)](#).

7. Knowledge Translation

Methods - Discussion notes are at [\(Appendix L\)](#)

New Publications and Briefs – Details and discussion notes are at [\(Appendix M\)](#)

8. Moving Forward 2017

Future direction, discussions and closing remarks discussion notes are at [\(Appendix N\)](#).

9. Meeting dates and venues

Proposed future meeting dates are:

Friday 7th April 2017 – 1 day face to face meeting

Thursday and Friday 3rd - 4th August 2017 – 2 day face to face meeting

Friday 3rd November 2017 – 1 day face to face meeting

Carol thanked everyone for their attendance and advised the information will be sent out in a few weeks.

Meeting closed at 2.30pm.

Appendix A – Attendance and Apologies

Attendees

Alex Brown – Wardliparingga, South Australian Health and Medical Research Institute
 Annette Braunack-Mayer – University of Adelaide, School of Population Health (to 2.15pm)
 Carol Davy – Wardliparingga, South Australian Health and Medical Research Institute
 Elaine Kite – Wardliparingga, South Australian Health and Medical Research Institute
 Karen Glover – Wardliparingga, South Australian Health and Medical Research Institute
 Karla Canuto – Wardliparingga, South Australian Health and Medical Research Institute
 Karrina DeMasi – Danila Dilba (from 1.30pm)
 Louise Lyons – Victorian Aboriginal Community Controlled Health Organisation
 Paula Myott – Miwatj Health Aboriginal Corporation
 Stephen Harfield – Wardliparingga, South Australian Health and Medical Research Institute
 Summer Finlay – CREATE PhD Candidate
 Yvette Roe – Institute for Urban Indigenous Health (from 2pm)

Karen Laverty – Wardliparingga, South Australian Health and Medical Research Institute
 Kimberly Taylor – Wardliparingga, South Australian Health and Medical Research Institute

Apologies

Adrian Carson – Institute of Urban Indigenous Health
 Barbara Henry – Derbarl Yerrigan Health Service
 Damian Rigney – Moorundi Aboriginal Community Controlled Health Organisation
 Eddie Mulholland – Miwatj Health Aboriginal Corporation
 Edoardo Aromataris – University of Adelaide, Joanna Briggs Institute
 John Gregg – National Aboriginal Community Controlled Health Organisation
 John Singer – Nganampa Health
 Judith Gomersall – University of Adelaide, Joanna Briggs Institute
 Julie Tongs – Winnunga Nimmityjah Aboriginal Health Services
 Marianne Wood – Aboriginal Health Council of Western Australia
 Marion Scrymgour – Tiwi Islands Regional Council
 Ngiare Brown – Wardliparingga, South Australian Health and Medical Research Institute
 Rod Carpio – Derbarl Yerrigan Health Service
 Sandy Davies – Geraldton Regional Aboriginal Medical Service
 Shane Mohor/Amanda Mitchell – Aboriginal Health Council of South Australia
 Suzi Berto – Wurli Wurlingjang
 Tracey Brand – Central Australian Aboriginal Congress

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Appendix B. Action Items (Updated from meeting)

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	Comments
14a	11/12/15	Annual Brief	To be prepared	Karen Laverty	30 Nov 2016	In Progress.
16	8/4/16	Leadership / Health Promotion	Prepare an evidence “brief” about ACCHOs being the preferred provider for Aboriginal and Torres Strait Islander Health services; give to John Gregg for Senior public servants.	Stephen Harfield / Carol Davy	August 2017	In Progress. Will come from the Best Practice Framework.
18	8/4/16	Leadership Group	Investigate including someone from Tasmania on the Leadership Group to make it truly national. John Gregg can assist with contacts (TACINC, plus 4 others)	Elaine Kite	April 2016	A number of attempts to contact have been made. Waiting to hear back from them.
25	8/4/16	KPIs	Map the Best Practice framework and principles back to the KPIs to see what is missing.	Summer Finlay	2017	In progress.

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	Comments
36	4/8/16	Social Determinants of Health	Distribute a one page briefing paper on social determinants of health (includes housing).	Carol Davy	February 2017	
37	4/8/16	Social Determinants of Health	Attempt to Skype Josee Lavoie (Canadian colleague) who focuses on the social determinants of health for First Nation peoples into the next Leadership Group Meeting.	Karen Laverty	18 November 2016	Josee is currently on sabbatical and will not be available in the near future. It was decided to remove this as an action item.
38	4/8/16	Health Promotion	Turn the Health Promotion question / papers around to make them more “prevention and wellness” focused rather than sickness.	Karla Canuto	31 October 2016	In progress.
39	4/8/16	Health Promotion	Send information to the Leadership Group members for their input early in the process.	Karla Canuto	15 September 2016	Noted and actioned.

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	Comments
41	4/8/16	What keeps you Strong?	Follow up Louise re: possible case study with Winda-Mara (the Hayworth and Hamilton area) where Michael Bell is working on housing opportunities and ageing.	Carol Davy	31 August 2016	Jill Gallagher to nominate Victorian sites. Planned for 2017.
46	4/8/16	Master Classes	Discuss with AMSANT about holding a joint Master Class with Danila Dilba.	Karrina DeMasi	October 2016	On hold until 2017.
50	4/8/16	Case Studies	Distribute the Miwatj case study to Leadership Group when Eddie and Paula have approved it.	Carol Davy	October 2016	Waiting on final approval before distributing.
51	4/8/16	Website	Website – Discuss with the CIs about the future of the website once the project is complete. Possibly move it to the Wardliparingga website	Carol Davy	September 2016	Discussed at Chief Investigators meeting on 16 th September. Major revamp planned for 2017.
53	4/8/16	Leadership Group	Discuss at the next CI meeting if we should formally evaluate the role of the Leadership Group and the	Carol Davy	September 2016	Discussed at Chief Investigator's meeting on 16 th September.

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	Comments
			impact it has had on the direction of the project.			Currently looking for an appropriate person to undertake this work.
54	18/11/16	Website	Add the outline of the DACS grant to the Leadership Group portal.	Karen Laverty	December 2016	
55	18/11/16	Aged Care	Alex Brown requested we prepare a strategy to obtain information from Aboriginal leaders about what needs to be delivered to achieve culturally safe aged care.	Carol Davy	January 2017	
56	18/11/16	Grants	Consider an ARC Linkage Grant application for 2017	Carol Davy		
57	18/11/16	Funding	Write up a proposal for a one day workshop of interested Leadership Group members to discuss how to progress the Funding modalities work. Attempt to hold the workshop before the end of 2016.	Carol Davy		

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	Comments
58	18/11/16	Funding	Karen Glover to send documents for the funding modalities work to Karen Laverty for distribution.	Karen Glover		
59	18/11/16	Capacity Strengthening	Louise Lyons to ask Dr Gee to email Alex details of the Aboriginal Resilience and Recovery Assessment tool.	Louise Lyons		
60	18/11/16	Capacity Strengthening	Arrange an appointment for Alex to meet with Minister Simon Birmingham. Organise a meeting with representatives from each University and the Aboriginal Health Council of SA to discuss the Capacity Strengthening business case.	Karen Laverty	March 2017	
61	18/11/16	Capacity Strengthening	Supply Alex Brown with resources to take to the NACCHO forum.	Carol Davy	2 December 2016	
62	18/11/16	Capacity Strengthening	Distribute You tube video to CROAKY, and check with the World Health Conference organising	Karen Laverty	January 2017	

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	Comments
			committee if it could be included on the program.			
63	18/11/16	Capacity Strengthening	Jasmine to provide update of her work at next leadership group meeting.	Jasmine Gregory	May 2017	

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Appendix B (cont)

Completed Action Items

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	comments
1	11/12/15	Leadership Portal	Send log on information and password to John Gregg	Karen Laverty	Jan 2016	completed
2	11/12/15	Environmental scan	Discuss ways forward with Barbara Henry – possibly set up sub group and adapt existing template	Karen Glover	Ongoing	Completed
3	11/12/15	Holman Review	Feedback discussion to Barbara and John to prepare for a meeting	Karen Glover	Ongoing	Completed
4	11/12/15	Holman Review	Meeting to discuss review and develop ways forward	Barbara Henry and John Singer	Ongoing	Completed
5	11/12/15	Income management	Discussion and update to Barbara Henry	Brita	May 2016	Completed
8	11/12/15	Childhood trauma and chronic disease	Work with Ngiare Brown to further investigate – identify trauma and chronic disease early intervention and prevention, 0 – 3yrs, where and what is emerging evidence? Refer	Karen Glover	On hold till October	Closed

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	comments
			systematic review Leonie Segal NT/SA data link			
12	11/12/15	Communications strategy	To also 'stream on apps'	Summer Finlay	Apr 2016	Completed
14	11/12/15	Fellowships	Send information out about the Fellowships in mid-January	Karen Glover	Jan 2016	completed
15	8/4/16	Leadership/ NACCHO	Document "Rapid Response" process for John Gregg.	Karen Glover	May 2016	Completed. Process refined in August 2016 at request of Leadership Group.
17	8/4/16	Case Studies	Present to CIs re: Case study on SDOH also discuss with Judith Dwyer and investigate if other countries have similar SDOH.	Carol Davy	Aug 2016	Presented at 15 July CI Meeting and on LG Agenda 4 August
19	8/4/16	Aged Care	Discuss residential aged care with Louise Lyons and Vicki Wade	Carol Davy	June 2016	Completed. Noeleen Tunny now included in aged care project.
20	8/4/16	Aged Care	Identify some good examples in SA of Aged care	Carol Davy	June 2016	Completed

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	comments
21	8/4/16	Case Studies	Conduct a quick environmental scan / investigation around what other CREs are doing around Social Determinates of Health to determine if there is any overlap.	Carol Davy	Nov 2016	Presented at 4 th August Meeting
22	8/4/16	Case Studies	Ngiare Brown requested information on homelessness and if we could do a brief scan of policy documents.	Carol Davy		Refer LG Agenda 8 Aug - Future work items
23	8/4/16	Case Studies	Discuss case study checklist with Louise Lyons and Yvette Roe prior to distribution to Leadership Group.	Carol Davy	May 2016	Completed
24	8/4/16	Case Studies	Create a case study pack which includes the case study template, case study tool, semi structured interview questions, etc. Distributed to Leadership Group.	Carol Davy	April 2016	Completed
26	8/4/16	Case Studies	Suggest and provide guidance on sites and timing for case studies.	Leadership Group	Aug 2016	Completed
27	8/4/16	Case Studies	Discuss case study plans with John Singer	Carol Davy	May 2016	Was included in the distribution. Completed.

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	comments
28	8/4/16	Master Classes	Look at strategy for increasing availability of master classes	Carol Davy	May 2016	Completed
29	8/4/16	Master Classes	Need a contact person on website and reflective points	Carol Davy	June 2016	Completed.
30	8/4/16	Master Classes	Develop and distribute capacity strengthening program to peak bodies	Carol Davy	Aug 2016	On LG Agenda 4 August under Capacity Strengthening
31	8/4/16	Fellowships	Contact Carol if you have anyone interested in a PhD or Masters.	Leadership Group	Aug 2016	On LG Agenda 4 August under Capacity Strengthening
32	8/4/16	Leadership Portal	Send logon information and password to new Leadership Group members	Karen Laverty	April 2016	Completed
33	8/4/16	Master Classes	Need to record on all study guides etc. that this project has been funded by NHMRC.	Carol Davy	April 2016	Completed
33a	8/4/16	Leadership Portal	Information on the Leadership Group Portal to be appropriately watermarked as either a) For your	Carol Davy	June 2016	Completed

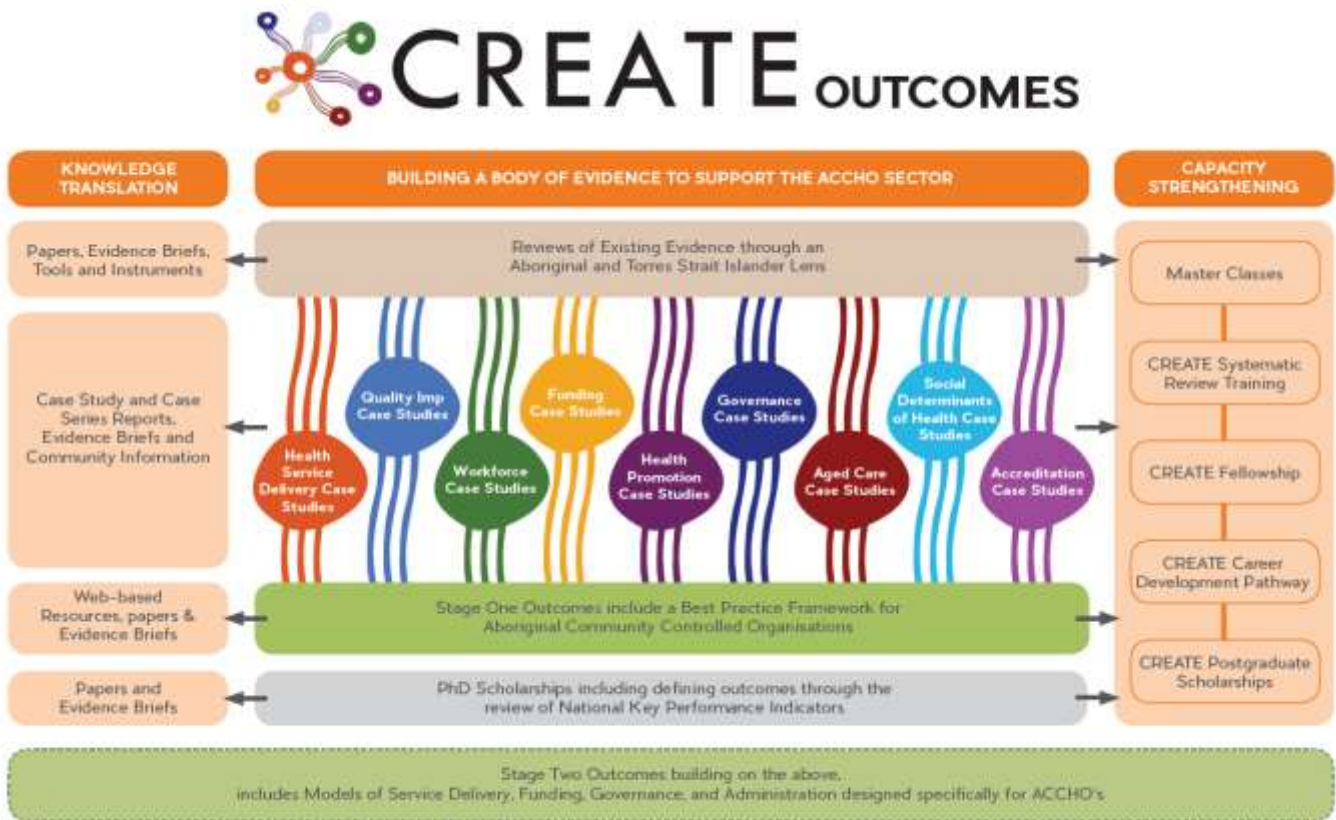
Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	comments
			information only or b) Share widely within the sector.			
34	8/4/16	Health Promotion / Master Classes	Investigate the IP legalities and then design a process that allows CREATE specific documents to be utilised by local groups, who can then put their artwork etc. on these documents.	Carol Davy	Aug 2016	Completed
35	4/8/16	Leadership Group	Draft summaries of papers and findings (warts and all) would be provided to the Leadership Group for initial feedback. These papers would be uploaded to the Leadership Group Portal and notifications sent to all members via email.	Karen Laverty	August 2016	Completed. Leadership Portal has a "CREATE draft documents for your review" section.
40	4/8/16	Best Practice	Prepare a 1 page briefing paper that discusses why we are doing this question on effectiveness of identified characteristics of Indigenous primary health care service delivery models, how we think it will work, what the specific question(s) will look like, and	Stephen Harfield	31 August 2016	Paper loaded onto the CREATE Leadership Group Portal.

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	comments
			what we plan to do based on today's discussion.			
42	4/8/16	Funding	John requested a change to the statement " But Aboriginal people are the most likely to receive their primary health care from sources that are insecure..." this should be reworded to "... funding sources that are insecure..."	Judith Dwyer	September 2016	Complete – refer slides in Appendix K
43	4/8/16	Funding	Send out Judith Dwyer's email to Leadership Group	Karen Laverty	September 2016	Complete, sent out with minutes.
44	4/8/16	Funding	Distribute the draft funding papers within two weeks, if unable to achieve this advice accordingly.	Carol Davy	19 August 2016	Completed. Email sent 22 August 2016.
45	4/8/16	Capacity Strengthening	Followup John Gregg re Deeble potential scholarship for an Indigenous person, Carol to obtain information and send out details.	Carol Davy	September 2016	Completed 19 August 2016.
47	4/8/16	Leadership Portal	Resend passwords for the both Leadership and Capacity portals	Karen Laverty	September 2016	Completed.

Action Item No.	Raised at Meeting	Topic	Action	By Who	By when	comments
48	4/8/16	Case Studies	Distribute a one page briefing paper on where the case studies are heading. Continue to talk with Noeleen Tunny, Matt (IUIH) etc.	Carol Davy	September 2016	Completed.
49	4/8/16	Leadership Group	Refine the system for responding to requests and redistribute within two weeks	Carol Davy	September 2016	Complete - Refer Leadership Group Portal
52	4/8/16	Website	Add a link for the Executive Summaries for the Diabetes Strategy, Heart and Stroke Plan and Cancer Control Plan to the Leadership Portal.	Karen Laverty	September 2016	Added.

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Appendix C. CREATE Outcomes diagram



Discussion Notes

We plan to redevelop the website to match this configuration. Alex Brown discussed collation of evidence between what is written and the evidence of how they are working. Feedback from attendees is that they are comfortable and happy with the progress to date. Paula Myott was pleased with the output and process followed in the Miwatj case study.

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Appendix D. Building a body of evidence - NHMRC Partnership Grant - Aboriginal and Torres Strait Islander Culturally Safe Aged Care

NHMRC Partnership Grant - Aboriginal and Torres Strait Islander Culturally Safe Aged Care

The life expectancy of Aboriginal and Torres Strait Islander peoples (thereafter referred to as Aboriginal peoples) is improving. As such we anticipate an increase in the percentage of Aboriginal peoples living with chronic disease and disability that will need aged care services. There is, however, little evidence to suggest that current mainstream aged care services will be able to meet the cultural, emotional and spiritual needs of older Aboriginal peoples. The Australian Government must therefore act quickly to ensure that both sufficient and acceptable aged care places are available to meet the future needs of older Aboriginal populations.

Prior research demonstrates that culturally safe care is crucial for not only improving the acceptability of aged care services but also the wellbeing of older Aboriginal peoples. Unlike cultural sensitivity which implies an awareness of cultural differences or cultural competency that focuses on understanding specific cultural beliefs, cultural safety requires the service and their providers to reflect upon the way in which care is provided to ensure clients feel that their cultural needs are being met. While ideally Aboriginal staff would be best placed to understand and meet the needs of older Aboriginal peoples, non-Indigenous practitioners can learn the necessary reflective skills providing they are also supported by a culturally safe environment and policies.

Culturally safe environments put the cultural needs of clients at the centre of service delivery. Organisational policies are required to ensure all clients are understood and respected. At a systems level, formal partnerships with Aboriginal stakeholders which shift the balance of power away from institutions towards control by Aboriginal peoples are needed. Accreditation standards and assessment measures should not just value their clients' culture but also ensure that individual providers have received cultural safety training and that services have strategies in place to support a culturally safe environment for their older Aboriginal clients.

We aim to assist aged care services to do this by:

Objective 1: describing cultural safety from the perspectives of older Aboriginal peoples;

Objective 2: developing strategies to assist aged care providers to provide culturally safe services;

Objective 3: identifying existing aged care policies, standards and guidelines that promote and undermine culturally safe care, and

Objective 4: piloting and evaluating a cultural safety framework in residential and community care aged care services.

We are now seeking partners to work with us on meeting these four objectives. Our partners will have an opportunity to contribute to the development of these strategies as well as recommendations to the Commonwealth Government on future guidelines and accreditation standards to ensure the cultural safety of all community and residential aged care services. For more information, please contact Dr Carol Davy ph: 08 8128 4220 or email: carol.davy@sahmri.com .

Discussion Notes

We are currently applying for three grants focusing on cultural safety:

- Dementia and Aged Care Services (DACs), Research and Innovation Funding Round
- NHMRC grant
- ARC Linkage grant

We plan to apply for the DACs grant first because this work will then lead into the NHMRC grant. The DACs grant has four grants on offer of which one is specifically to Aboriginal and Torres Strait Islander aged care services.

Action Item 54. Add the outline of the DACs grant to the Leadership Group portal.

The proposal will be to design a framework for delivery of culturally safe aged care from the ground up. Annette Braunack-Mayer described the planned process as being a series of conversations and activities with a group of older aboriginal people. The Research Fellow will follow the person around for one week, interviewing, observing and recording interactions with families and communities. This will be done with 30 different people. It is also planned to interview managers in the aged care areas and leaders of organisations that deal with policy. The aim is to obtain a clear description of what culturally safe services look like. This should help train people and recommend proposals for changes to policy and guidelines. It is a 3 year project.

Carol Davy advised that we have buy in from Silverchain (Rural District Nursing Service), TafeSA, Aboriginal Community Care SA, etc. The plan is to develop an accredited unit of training so every potential aged care worker has to go through a culturally safe training program.

Alex Brown asked if anyone had any comments or questions. Louise Lyons requested confirmation that it will be around cultural safety as opposed to cultural awareness. This was confirmed.

Carol Davy expressed her gratitude to Noeleen Tunny, from VACCHO who has been very helpful and actively involved in the process.

Karla Canuto advised that in Cape York there has been a disability rollout being trialled in a few communities, with the understanding that the scope will be expanded shortly.

Action Item 55. Alex Brown requested we prepare a strategy to obtain information from Aboriginal leaders about what needs to be delivered to achieve culturally safe aged care.

Need to be wary that this does not consumer all of CREATE resources.

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Appendix E. ARC Linkage Grant – Developing a Social Determinants of Health Domain

Discussion Notes

Carol provided information on the case study on Social Determinants of Health that has recently been completed at Port Lincoln Aboriginal Health Services. Findings from this case study are expected to feed into the other work that Alex Brown and Odette Gibson are leading which focuses on measuring the social and cultural determinants of health as they relate to Quality of Life.

Action Item 56 – Consider an ARC Linkage Grant application for 2017

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Appendix F. Building a body of evidence - Enablers and barriers to efficient and equitable Aboriginal Community Controlled Health Organisation funding modalities

Enablers and barriers to efficient and equitable Aboriginal Community Controlled Health Organisation funding modalities

Judith Streak Gomersall, Karen Glover, Odette Gibson, Judith Dwyer, Annette Braunack-Mayer

Aboriginal Community Controlled Health Organisations (ACCHOs) provide culturally appropriate comprehensive primary healthcare to Aboriginal and Torres Strait Islander communities. Each ACCHO is unique as each is located within a community with differing history, knowledge and experience and each has differing access to staff and resources.

ACCHOs rely on government funding provided through a range of funding modalities. These modalities specify the policies, structural arrangements and processes that determine how funding is received, including how it is translated into provision of local services. All ACCHOs are funded through more than one modality, and they experience similar benefits and challenges with respect to these modalities. ACCHO stakeholders are many and varied, and have a key role to play in describing and interpreting their unique characteristics. Further, understanding how the perspectives of ACCHO stakeholders interact with the various funding modalities is important if we are to ensure that all ACCHOs can provide services that meet the needs of their population efficiently and effectively.

The objective of this systematic review is to understand ACCHO stakeholder perceptions of:

- 1) how various ACCHO funding modalities influence ACCHO service delivery performance, including impacts on the social determinants of health; and
- 2) the enablers and barriers that support and/or limit the capacity for ACCHO funding modalities to contribute to health improvement.

We are using standardised systematic review methodology with two adjustments informed by methodological and ethical considerations relevant to research involving Indigenous Australians. We have performed a comprehensive search to identify all qualitative studies meeting pre-determined inclusion criteria published between January 1971 and August 2016. ACCHO stakeholders include government funders and policy makers, ACCHO managers, Aboriginal Health Workers, other staff who work in ACCHOs, and representatives from ACCHO peak bodies. All ACCHO funding models and their related conditions, policies, structures and processes are considered.

We identified 3,910 unique abstracts from the search from which we have identified 172 for full text examination. Thirty six articles, reporting 30 studies, have met the review inclusion criteria.

Discussion Notes

The review team has specific questions around language, such as the use of the term “Funding Modalities”. The concern is that readers may not understand this terminology. We want to ensure that the Leadership Group find this paper useful. The group was asked if anyone from the Leadership Group would like to be involved to provide feedback and suggestions?

Action Item 57 - Write up a proposal for a one day workshop of interested Leadership Group members to discuss how to progress the Funding modalities work. Attempt to hold the workshop before the end of 2016.

Action Item 58 – Karen Glover to send documents for the funding modalities work to Karen Laverty for distribution.

Annette Braunack-Mayer asked the Leadership Group what questions they would like answered. Members in the meeting were in agreement with the first objective listed in the draft abstract (I.e. To understand ACCHO stakeholder perceptions of how various ACCHO funding modalities influence ACCHO service delivery performance, including impacts on the social determinants of health). It’s the community controlled model, which should be acknowledged and/or understood by government.

Members spoke about acknowledging that the ACCHO service delivery model has a 40 year history that demonstrates that it works. In comparison, the pathways that mainstream clients have to take for specialist health care is complicated and difficult. The result being that people often withdraw from the health service. ACCHOs don’t work like this, the majority of services are in the one location this seems to work better by delivering better health outcomes.

Members discussed the possibility of looking at what’s included in a service delivery model, what would happen if people didn’t access ACCHO services, and what the consequences would be for patients. This could be done through a case study which compared the delivery of care for a person with complex care needs and what they received through mainstream and what a similar person received through an ACCHO. It would not only consider the cost benefit but also an analysis from a social and emotional wellbeing outcomes. While administrative datasets could provide an outline of the different service delivery models it would be necessary to also collect data on what it feels like and/or looks like from a patient’s perspective. This discussion in regards to cost benefit research could be continued with Jon Karnon, who has already looked at this for the delivery of diabetes care. The Services Connect program, run by Mary Wooldridge is also currently trialling this approach in Victoria.

Alex Brown is happy to support the path of looking at funding mechanisms. NDIS and aged care - health in the home initiative may be important to consider within the funding mix.

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Appendix G. Effectiveness of Indigenous Service Delivery Models - Systematic Review Protocol

Stephen presented the following flyer:

Effectiveness of Indigenous Service Delivery Models

The completed *Characteristic of Indigenous Primary Health Care Service Delivery Scoping Review* demonstrated that the characteristics of Indigenous Service Delivery models are very different to those models implemented with mainstream primary care services. In particular, we found that local culture underpins the way in which Indigenous primary health care services provide care. Yet in many countries, Indigenous primary health care services are often required to report against the same measures that have been developed for their mainstream counterparts. This new review aims to identify measures that may better reflect success for Indigenous primary health care services.

The aim of this paper is to answer the following two questions:

1. How is success defined within Indigenous PHC services?
2. How is success measured?

A new search will be conducted based on the review questions and limited to the last 10 years. Search terms will include:

- Indigenous or Aboriginal or Torres Strait Islander
- Primary health care or Aboriginal community controlled health services/organisations
- Success or effectiveness or value or achievement

Where appropriate, we will map the identified measures of success against the eight characteristics that were identified in the recently completed scoping review.

Discussion Notes

Protocol being developed and the paper should be ready by early next year.

No feedback or questions.

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Appendix H. Scoping Review - Health Promotion initiatives for Aboriginal and Torres Strait Islander peoples

Scoping Review - Health Promotion initiatives for Aboriginal and Torres Strait Islander peoples

The aim of the scoping review is to identify and describe the existing research on health promotion programs focusing on the four leading risk factors associated with the metabolic and physiological changes which lead to non-communicable chronic diseases: tobacco smoking, poor nutrition, alcohol consumption and physical inactivity (collective acronym 'SNAP').

Note: SEWB (Social and Emotional Wellbeing), stress and mental health were excluded as they have been recently reviewed by Dudgeon et al (2014) "Effective strategies to strengthen mental health and wellbeing of Aboriginal and Torres Strait Islander People".

The scoping review identified ~ 100 programs. To make it manageable it has been divided into 3 review papers;

1. Identification and description of programs that included a Primary Health Care (PHC) service
2. Identification and description of programs that didn't include a PHC service
3. Identification and description of existing reviews

Background from last Leadership Group Meeting (August 2016):

Leadership Group members asked that the emphasis be placed on being well not on sickness or illness. Louise advised that VACCHO have removed the term poor lifestyle choices and trying to come up with a more positive way of phrasing this. John advised we need to make sure we put out things that encourages people to embrace our work.

The Leadership Group also suggested the need to ensure the paper speaks to the people who control the purse strings about where to invest the money and focus on what is keeping us well. Turn this around to make the papers more "prevention and wellness" focused rather than sickness.

Role of the Leadership Group

We are looking to the Leadership Group to play a vital role in guiding these publications to make them as useful as possible for the Aboriginal Health Sector. In particular, we seek the Leadership Group's advice on readability, usefulness of the tables and terminology/language used.

Questions for the Leadership Group meeting 18 November 2016

- Are you, or someone from your service interested and available in providing feedback on a draft of scoping review 1 in the next few weeks?
- Are you, or someone from your service interested and available in providing feedback to Karla on scoping reviews 2 & 3?

Discussion Notes

Karla advised that there has been limited output as she is only working two days a week.

As requested by the Leadership Group, the review has been turned around to focus on the strengths of health promotion. The paper will be sent out in draft format shortly. Karla is looking for people to review and provide input into the draft paper.

Louise Lyons asked what evidence was found. Karla advised that the review looked at all four areas (tobacco smoking, poor nutrition, alcohol consumption and physical inactivity) and only found a small number of RCT (Randomized controlled trial).

Members agreed that the quality of papers should be considered in terms of whether the health promotion initiatives were community designed and lead. Carol Davy suggested we could review papers to determine if the initiatives they describe were community driven or at least established with community involvement. Louise Lyons offered to review the paper for Karla.

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Appendix I – Case Studies

The case study work has been a major priority this past few months. Below is an update on the current status of the case study work:

Miwatj Health Aboriginal Corporation Case Study (Workforce)

The draft report is with Miwatj. Plan to present to the staff and board shortly.

Aboriginal Community Care SA Case Study (Aged Care)

The majority of the interviews have been completed and transcribed. Data interpretation required. Work has commenced on the draft report. Expected completion date is early 2017

Nunyara Aboriginal Health Service (Workforce)

The majority of interviews and transcripts are complete. Data coding has commenced. Data interpretation required. Expected completion date is early 2017

Resthaven – includes APY lands (Aged Care)

Ethics approval received. Presented to APY board. Commencing 2017

Nunkuwarrin Yunti (Accreditation/Quality)

Initial meeting held on 31st October, second meeting was on 14th November. Nunkuwarrin Yunti has requested a staff member participate as an Aboriginal Research Fellow in the Case Study. Interviews will commence later this year. Expected completion date mid 2017.

Port Lincoln Aboriginal Health Service (Health Promotion)

Interviews commenced 14 November 2016. Expected completion date mid 2017.

Institute for Urban Indigenous Health (Aged Care)

Initial discussions held with key staff. Followup planned for 2017.

Geraldton Regional Aboriginal Medical Service (Continuous Quality Improvement)

Initial discussions held with key staff. Followup planned for 2017.

Victorian Aboriginal Community Controlled Health Organisation Inc. (to be advised)

Initial discussions held with key staff. Followup planned for 2017.

Other sites are on hold until 2017.

Discussion Notes

Aboriginal community care

Elaine Kite advised that the case study is progressing well and was well accepted. The key was presenting to staff prior to commencement of data collection which ensured that researchers were well accepted and staff were happy to participate. Key findings from the Aboriginal Community Care SA case study focused on a service that was not just caring for people but also caring about people. First draft of the case study is due to be sent to Aboriginal Community Care SA before the end of the year

Nunyara Health Service

Focused on shutdown week. This workforce initiative involves the clinic closing for a week each year to undertake staff training, awareness and team building exercises. Still chasing a couple of interviews. Elaine visiting on Monday to finish off.

Nunkuwarrin Yunti

This case study will focus on Accreditation, the start date has been pushed back whilst we finalise the paperwork to bring one of their staff on as a Research Fellow for the Case Study. Nunkuwarrin Yunti will receive funds to compensate the salary of the staff member involved.

Port Lincoln Aboriginal Health Service

This case study focuses on their Social Determinants of Health program - education and employment opportunities and transport. Majority of data collection has already occurred. Staff were very happy to participate, there were 14 interviews in the first few days. Elaine has scheduled two more phone interviews which will be conducted in the next couple of weeks.

Miwatj

The case study report has now been accepted by Eddie and arrangements will shortly be made to present back to staff seeking Background is very crucial and well captured. Reiterates why the success factors are how they are. Hoping for signoff shortly. Presenting to staff shortly. Once complete will go on the Leadership portal.

Other case study sites

Initial discussions have also been held with Geraldton Regional Aboriginal Medical Service, Institute for Urban Indigenous Health, VACCHO, and Danila Dilba. These will be followed up in 2017.

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Appendix J – What keeps you strong

Elaine presented the following information on the grant from Resthaven.

What Keeps You Strong – Supporting the Wellbeing of Older Aboriginal Peoples

The number of Aboriginal and Torres Strait Islander persons requiring aged care service is increasing. However often aged care providers struggle to understand and subsequently fail to address the social, cultural and spiritual needs of older Aboriginal and Torres Strait Islander people. This study will develop a *Keeping You Strong Framework* which articulates and provides strategies to assist aged care services to support the wellbeing of older Aboriginal and Torres Strait Islander peoples. This new Framework will ensure that aged care providers will be better positioned to provide culturally acceptable care to older Aboriginal and Torres Strait Islander peoples.

In order to realise this aim, the Study will:

- ascertain how older Aboriginal people conceptualise wellbeing,
- identify principles which underpin the conceptualisations of wellbeing,
- develop contextually relevant strategies that aged care providers can use to support wellbeing principles and
- identify enablers and barriers to implementing these strategies.

Achievements to date:

- Ethics approvals have been provided by Aboriginal Human Research Ethics Committee (South Australia), Central Australian Human Research Ethics Committee and University of South Australia
- Aboriginal Community Care SA and Resthaven SA is assisting to identify older Aboriginal peoples who may be interested in participating
- Research team has presented to the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands Council to approach communities within this region.

Proposed schedule:

Activity	Nov – Dec 2016	Jan – Mar 2017	April – June 2017	July – Aug 2017
Element One: Develop a Keeping You Strong Framework based on older Aboriginal peoples definition of wellbeing				
Data collection Older Aboriginal Peoples Adelaide Metro Area				
Data collection Older Aboriginal Peoples APY Lands				
Develop Keeping You Strong Framework				
Element Two: Consider the feasibility of implementing the Keeping You Strong Framework in their respective aged care services				

Data collection aged care providers in Adelaide Metro Area				
Data collection aged care providers in APY Lands				
Update Keeping You Strong Framework				

Discussion notes

Elaine Kite advised that this work was the result of feedback from the What Keeps You Strong Reference Group and ongoing discussions with staff from the Aboriginal Community Care SA. The work will cover urban, regional and remote areas in SA. Ethics approval has been obtained. We will be visiting one of the services here in Adelaide and going to Anangu Pitjantjatjara Yankunytjatjara (APY) lands early in 2017. Also working with Nganampa Health Council. Staff and services at Hetti Perkins in Alice springs are also keen to be involved as are the people at Docker River.

Louise Lyons discussed a Dr Graeme Gee who has developed an Aboriginal Resilience and Recovery Assessment tool. Dr Gee is looking to obtain validation of the tool with a broader range of Aboriginal people within the different communities and thought that it may be something we could look at collaborating on with the CREATE research program or even future research programmes. Alex responded with CREATE would be happy to work with Graeme if there were opportunities for collaboration. Graeme should send Alex an email with the details.

Action Item 59. Louise Lyons to ask Dr Gee to email Alex details of the Aboriginal Resilience and Recovery Assessment tool.

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Appendix K – Capacity Strengthening Program Business Case - Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange

The NHMRC Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE) is a unique program of research focusing on two broad objectives:

- (1) To collate and synthesise existing evidence and, where necessary, develop new evidence to inform guidelines, policies and other tools focused on improving care and outcomes in Aboriginal and Torres Strait Islander peoples with, or at risk of developing, a chronic disease.
- (2) To strengthen the capacity of Aboriginal and Torres Strait Islander healthcare providers and researchers to use evidence to improve health outcomes. Here, our particular focus has been on supporting Aboriginal and Torres Strait Islander health care providers in the context of their current employment. We currently offer master-classes, training opportunities and fellowships focused in developing practical skills relevant to the issues faced by Aboriginal Community Controlled Health Organisations (ACCHOs).

CREATE has an Aboriginal and Torres Strait Islander Leadership group which guides all aspects of our research program. The Leadership group has strongly supported our current capacity strengthening activities and encouraged us to go further.

We are seeking partners to collaborate with us in developing a **Business Plan** to extend and complement our existing activities. The distinctive element of our proposal is that it will both strengthen the capacity of Aboriginal and Torres Strait Islander health workforce to improve healthcare and health outcomes and retain that workforce in the ACCHO sector. Our intent is to:

- *develop additional master classes* which strengthen the capacity of staff to deal with challenges identified by senior members of the ACCHO sector such as workforce, funding, service delivery, health promotion, governance, accreditation, quality improvement, models of ageing and the social determinants of health.
- *extend the CREATE Fellowship program* in two ways. First, the program is currently particularly suited to clinical staff and we wish to develop a program suited to non-clinical Aboriginal and Torres Strait Islander staff. As well we also want to develop components of the program to underpin the particular needs of ACCHO staff, including a formalized mentoring program with regular onsite supervision.
- *develop career pathways* for ACCHO staff that enable them to complete formal tertiary qualifications. Ideally, these pathways would recognize prior learning, including through the master classes and CREATE Fellowships, offer mentorship and a cohort experience and be flexible with respect to both content and mode of delivery. As with the other components of our program the primary aim would be to keep ACCHO staff in their workplaces.

This initiative is a response to a widely perceived need within the Aboriginal and Torres Strait Islander sector. We hope you will join us in responding to this need by:

- providing support for the development of the business case,
- establishing an advisory group to guide the development of the business case; and
- playing a key role in seeking funding for this capacity strengthening program.

Discussion Notes:

Annette Branauck-Mayer is currently discussing the capacity strengthening program of work business case with the universities and TAFE. The plan is to build the masterclasses to and add a grad level qualification. Keep them working why they are undertaking program of study.

Carol Davy believes this work should be expanded to include capacity strengthening in all areas relevant to ACCHOs including finance, administration and management.

Action Item 60. Arrange an appointment for Alex to meet with Minister Simon Birmingham. Organise a meeting with representatives from each University and the Aboriginal Health Council of SA to discuss the Capacity Strengthening business case.

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Appendix L – Capacity Strengthening Program

You Tube Video – to be distributed when released.

New Master Class for 2017 – Systematic Literature Review, work is progressing.

Master Classes held during 2016:

Understanding Research – three classes, 29 students, 3 different organisations

Undertaking Research – one class, 4 students, 1 organisation

Evaluation Master Class – five classes, 70 students, 4 different organisations.

CREATE Fellowship

CREATE Post Graduate Studies

Summer to discuss - Understanding the impact of national Key Performance Indicators on the Aboriginal Community Controlled Health Organisation

CREATE Post Graduate Scholarships

Discussion Notes:

Louise Lyons thanked Carol and Elaine for the recent VACCHO master classes. They were very well received and people are implementing in the workforce what they have learned already. Yvette Roe also expressed her appreciate on behalf of the IUIH recent master class.

Action Item 61. Supply Alex Brown with resources to take to the NACCHO forum.

Action Item 62. Distribute You tube video to CROAKY, and check with the World Health Conference organising committee if it could be included on the program.

CREATE Fellows – Maida from Danila Dilba has completed her audit and Sandy Hogg from IUIH has had her paper accepted by JBI for publication.

Summer Finlay provided a brief update on her project. Full ethics approval received. The documented analysis was presented at Lowitja, with good feedback. Starting the systematic review stage. Received 4 acceptance for case study in different states. Ready to commence Case Studies next year.

Post Graduate, Jasmine Gregory is progressing with her work on Resilience of young Aboriginal women in her community and what supports them.

Action Item 63. Jasmine to provide update of her work at next leadership group meeting.

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Appendix M – Knowledge Translation and Exchange

Stephen discussed the Methods – Critical Appraisal Tool.

Discussion Notes:

Methods critical appraisal tool is progressing well. CREATE will commence initial piloting in the near future following the internal pilot which is due to be completed this week.

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Appendix N – New publications and briefs

Three new publications and one evidence brief have been published and loaded to the CREATE website since our last meeting.

- Davy, C., Cass, A., Brady, J., DeVries, J., Fewquandie, B., Ingram, S., Mentha, R., Simon, P., Rickards, B., Togni, S., Liu, H., Peiris, D., Askew, D., Kite, E., Sivak, L., Hackett, M., Lavoie, J., & Brown, A. (2016). **Facilitating engagement through strong relationships between primary healthcare and Aboriginal and Torres Strait Islander peoples.** *Australian and New Zealand Journal of Public Health – Early View -Wiley Online Library*. Available at: <http://onlinelibrary.wiley.com/wol1/doi/10.1111/1753-6405.12553/full> [Read Evidence Brief here](#)
- Reilly, R., Evans, K., Gomersall, J., Gorham, G., Peters, M.D.J., Warren, S., O’Shea, R., Cass, A., & Brown, A. (2016). **Effectiveness, cost effectiveness, acceptability and implementation barriers/enablers of chronic kidney disease management programs for Indigenous people in Australia, New Zealand and Canada: a systematic review of mixed evidence.** *BMC Health Services Research*. Available at: <http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1363-0>
- Davy, C., Harfield, S., McArthur, A., Munn, Z., & Brown, A. (2016). **Access to primary health care services for Indigenous peoples: A framework synthesis.** *International Journal for Equity in Health* (2016) 15:163; Online; doi: 10.1186/s12939-016-0450-5. Available at: [Access to primary health care services for Indigenous peoples: A framework synthesis](#)

Discussion Notes

Other evidence briefs under revision.

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Appendix O – Moving Forward 2017

Alex led the discussion on future direction, discussion and closing remarks.

Discussion Notes

Alex summarised what has been achieved including the systematic reviews, bedding down case studies, capacity development, methods tool which is close to being finished.

Alex also spoke about the new work around aged care and the potential for further funding through DACS and NHMRC. CREATE has two years to run and in that time we must complete the best practice framework and have started to implement as a pilot. Next year, the Leadership Group may like to consider the sustainability and future work going forward after 2018 as a primary topic for discussion.

Yvette Roe offered recognition to Alex Brown and the CREATE staff for their hard work. Laying the foundation and getting the conversations happening. Alex advised we will build the future plan together.

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