The characteristics and value of Aboriginal Community Controlled Health Organisations from patients' perspective: A systematic review of qualitative evidence

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On behalf of CREATE I would like to acknowledge the Wurundjeri people of the **Kulin Nation** who are the traditional custodians of this land and that we respect their spiritual relationships with their country.

Also, I would like to pay my respects to **Elders**, past and Present, of the Wurundjeri people of the Kulin Nation.
Overview

• Background
• Review objectives / questions and aim
• Method
• Findings
• Conclusion
• Limitations
• Implications
Background

• **High level of chronic disease** affecting Aboriginal and Torres Strait Islander people in Australia and persistent racially based **health inequality**

• Aboriginal and Torres Strait Islander people **access PHC at lower rate** than non-Indigenous Australians (various factors at play)
  • **Increasing engagement** with appropriate PHC **key** to closing health divide in Australia

• **ACCHOs** (1971 community birth), a **significant player in PHC delivery** for Aboriginal and Torres Strait Islander people
  • About 150 heterogeneous ACCHOs provide to 30-50%

• **Other PHC providers**: other AMS, mainstream, NGOs
Background

• Funding an issue undermining service delivery in ACCHO sector:
  • Insufficient funding levels in many ACCHOs
  • Inefficient funding arrangements (waste of resources)
  • High levels of uncertainty (undermines planning & innovations)

• Building the systematic review evidence base on what Aboriginal and Torres Strait Islander people value about a PHC service (including ACCHOs) important to
  • Help policy makers, funders and health care practitioners working in the Aboriginal PHC sector align policy, funding and service delivery with Aboriginal and Torres Strait Islander preferences and notions of quality

• Alignment will
  • Enable more engagement with services
  • Improve service quality
  • enhance quality of life / improve health outcomes
Objectives / Questions

To identify and synthesise the best available qualitative evidence on how patients view Aboriginal Community Controlled Health Organisations (ACCHOs):

- Characteristics
- Characteristics compared to mainstream PHC characteristics
- Value
- Value compared to mainstream PHC value
Aims

Provide decision makers working in PHC policy, funding and service delivery with systematic review based profile on patients view of ACCHOs characteristics and value compared to mainstream PHC.

Disseminate findings and support decision makers to align PHC policy funding and service delivery with Aboriginal and Torres Strait Islander peoples’ values and preferences.

Better quality PHC services, enable more engagement with services by Aboriginal and Torres Strait Islander people, help improve health.
Method – Intro

- Systematic review (JBI protocol for qual. evidence)

- Aboriginal Health Sector identified review and input at all stages

- Standard 6 steps of systematic review however
  - Additional steps to ensure input from Aboriginal and Torres Strait Islander contextual experts. Why?
  - To comply with unique ethical obligations, ensure review relevance, promote validity of findings and ensure use / impact of findings
Method – Systematic Review Steps

- **Step 1:** Published a protocol for the review
- **Step 2:** Comprehensively searched available literature
- **Step 3:** Selected studies that matched inclusion criteria
- **Step 4:** Assessed methodological quality of identified studies
- **Step 5:** Extracted data from included studies
- **Step 6:** Synthesised findings (meta-aggregation 4, 1 per review question)
Method: Inclusion Criteria

**Study type**
- All qualitative research designs
- Academic & grey literature
- Only English language, 1971- April 30 2015
- No dissertations

**Population and context**
- Aboriginal and/or Torres Strait Islander clients (patients and/or their family members) reporting experiences of PHC (any program or all)
  - delivered in one or more ACCHO in Australia; or/and
  - delivered in ACCHO(s) compared to mainstream
**Phenomena of interest**

- Studies that reported a finding for one or more of the following phenomena were considered:
  - experiences of the **characteristics and/or value** of PHC provided by one or more ACCHO
  - experiences of how the characteristics and/or value of care provided by one or more ACCHOs for Aboriginal and Torres Strait Islander peoples **differs** from the characteristics and/or value of care provided by mainstream PHC
Method: Search

Database search
- Pubmed
- Scopus
- Healthbusinesselite
- Econlit
- Infromit (Indigenous peoples databases)

Website search
- Australian Policy Online, Centre for Aboriginal Economic Policy, Lowitja Institute, Australian Indigenous Health Infonet (HealthBibliography and Australian Indigenous Health Bulletin), Google Advanced

- Also consulted experts and conducted hand search of recent reviews and reference lists of included studies
Results: Search & Study Selection

Study citations identified through electronic and hand search  
\( n = 4405 \)

Duplicate citations removed  
\( n = 694 \)

Screening of titles and abstracts  
\( n = 3711 \)

Did not match eligibility criteria  
\( n = 3591 \)

Records for full text examination  
\( n = 122 \)

Studies excluded at full text examination  
\( n = 97 \)

Identified by expert  
\( n = 2 \)

Full text not available  
\( n = 6 \)

Studies meeting review inclusion criteria but PHC provider and client participants  
\( n = 19 \)

Studies with only provider participants (no patient/client perspective)

Included studies  
\( n = 9 \)
Results: Methodological Quality

- Of the 9 studies assessed using the JBI tool
  - 7 classified good quality (7/10 quality criteria achieved)
  - 1 very high quality (9/10 criteria)
  - 1 moderate quality (6/10 criteria)

- Therefore the evidence informing the synthesised findings in this review is mostly good or very good

- Lack of clarity about how researcher values and views may have influenced credibility of study findings only issue
Results: Study Characteristics

Date of publication & research design

- Rapid growth over last ten years
- Two published 2004, one 2013, three each 2013 & 2014
- 5/9 mixed method, mix of focus groups and interviews, mostly thematic analysis

Participants

- Overwhelming majority Aboriginal or Torres Strait Islander patients (some family members of patients), most women
- Overall n = 171 (if 1 large study, Menzies 2013 ICDP evaluation which contributed only 1 finding)
Results: Study Characteristics

Study settings

ACCHOs

- Participants drawn from 9 ACCHOs of various size (budget capacity and service coverage)
- Some studies focused on patients experiences of care in more than one ACCHO setting
- ACCHO sample small (6% of total ACCHOs in Australia) but good jurisdictional representation

PHC provider comparators

- Poorly defined
Patient perspective on ACCHOs characteristics

3 Synthesized Findings

Accessible services — Making health care easily accessible is a characteristic of ACCHOs identified by clients (facilitated by transport, proactive service provision, culturally safe care, range of services, welcoming environment and meeting place where patients feel sense of belonging)

Qualities of health care - Patients identified particular qualities of health care provision that ACCHOs had: sufficient time spent on patient care, communicating in an understandable way, investing in patients’ ability to manage their health.

Workforce qualities – Patients identified qualities that the ACCHO workforce had: being respectful, kind, trustworthy and supportive and which influenced their decision to seek care. Some identified Aboriginal identity of staff as a key characteristic.
Patients perspective on ACCHO characteristics compared to mainstream PHC characteristics

Aboriginal and Torres Strait Islander people are treated with respect at ACCHOs and feel known by staff; whereas they are more likely to experience racism, discrimination and feel isolated in mainstream services. Relationship with service providers and feeling known influences people’s want to seek care.

*Patients spotlight difference between characteristics of providers and mainstream.*

*Two types of difference*

Behavior towards patients & relationships
Patients valued particular organisational characteristics such as time spent with health providers and the welcoming social meeting place aspect of ACCHOs waiting room, service delivery features including the provision of culturally safe care, flexible delivery of services, caring positive qualitative in staff, as well as ACCHOs group based social programs and ACCHOs participation in social and cultural events. People also valued the way they felt when accessing health care services. Peoples’ experiences of healthcare impacted on their health and wellbeing.
Aboriginal and Torres Strait Islander patients identified differences between receiving health care in ACCHOs and mainstream services; key differences meant that ACCHOs provided additional services that enabled access to care including welcoming and safe spaces, holistic health care and care delivered in a culturally safe way.
Conclusion

- Patients experience ACCHOs as having unique positive characteristics & unique positive value compared to mainstream PHC

- The unique characteristics and value of ACCHOs
  - enable Aboriginal and Torres Strait Islander people to access more PHC on an ongoing basis
  - provide additional services and in a manner that ensures unique contributions to health and wellbeing defined in the holistic Aboriginal and Torres Strait Islander peoples’ sense
Limitations

• Not a representative sample of Aboriginal and Torres Strait Islander PHC users
  • Only 10% of ACCHOs represented
  • All participants ACCHO users
  • Mostly female patients

• Date of data - Recent studies but not today!

• Judgement of quality of included studies based on generic tools, not tailored for Aboriginal and Torres Strait Islander understanding of quality research
Implications

- Government and community work together to more rapidly implement the policy vision of strengthening ACCHO PHC.
  - Government should invest in service delivery, workforce and organisational features patients value and ensure level of funding sufficient to enable them to be maintained in services that have them, and built in those that do not
  - Practitioners to be provided with guidance on how to deliver what patients value

- Measures to identify and where necessary remedy negative characteristics in mainstream PHC.

- Update research & add quants (mixed method best)

- Continue to monitor over time to hold government & community controlled sector accountable from patient/citizen perspective
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