

CREATE Leadership Group Teleconference

SAHMRI, Level 4, North Terrace, Adelaide

Thursday 12th April 2018,

11-1pm CST, 11.30-1.30 EST, 9.30 – 10.30am WST

MINUTES

1. Acknowledgement of Country

Anna Dawson welcomed everyone and acknowledged Country.

2. Attendance, welcome new members and farewell

Anna introduced and welcomed new staff members Janet Kelly, Anna Dowling, Sarah Agius, and Kimberly Taylor (RA role) and expressed thanks for all the good work that Stephen Harfield did during his time working for the CREATE team. As most people know Stephen has moved to full time study but is still located on our floor.

Attendance information is in ([Appendix A](#)) (Please follow hyperlinks to all appendices).

3. Minutes of previous meeting and actions arising

The minutes of the previous meeting were accepted as a correct record and the updated action items were discussed. Refer ([Appendix B](#)) for the updated action items.

The following were distributed for noting except where discussion notes are recorded (eg. Items 4 and 9)

4. Best Practice Case Studies

The presented papers ([Appendix C](#)) and discussion notes can be found at ([Appendix C1](#)).

5. Best Practice Case Studies Dissemination Strategy for the Framework ([Appendix D](#))

6. The Implementation Guide to support ACCHOS to Implement the framework ([Appendix E](#))

7. Case Studies Status ([Appendix F](#))

8. Academic Papers ([Appendix G](#))

9. Lowitja Workforce Grant. The presented papers and discussion notes can be found at ([Appendix H](#))

10. What keeps you strong? Resthaven Grant ([Appendix I](#))

11. Social Determinants of Health ([Appendix J](#))

12. Scoping Review Paper ([Appendix K](#))

13. Methods – Quality Appraisal Tool ([Appendix L](#))

14. Office for the Ageing Grant ([Appendix M](#))

15. DACS Grant ([Appendix N](#))

16. Master Classes YouTube Video ([Appendix O](#))

17. Master Classes Evaluation ([Appendix P](#))

18. CREATE Fellows ([Appendix Q](#))

19. CREATE PhD and Master Students

➤ Summer Finlay ([Appendix R](#))

➤ Jasmine Gregory ([Appendix S](#))

20. New Publications ([Appendix T](#)).

Anna thanked everyone for their attendance and contribution and advised that we would be in contact to determine interest in being involved in a video about the benefits of the Leadership Group and Case Studies before the next Leadership Group Meeting which is scheduled for Friday 17th August (full day face-to-face).

Meeting closed at 1pm CST.



Appendix A – Attendance and Apologies

Attendees

Anna Dawson – Wardliparingga, South Australian Health and Medical Research Institute
Ben Thomson – The Institute for Urban Indigenous Health
Damian Rigney – Moorundi Aboriginal Community Controlled Health Service Incorporated
Dawn Casey – National Aboriginal Community Controlled Health Organisation
Ed Aromataris – University of Adelaide, Joanna Briggs Institute
Janet Kelly – Wardliparingga, South Australian Health and Medical Research Institute
Janet Stajic – Wardliparingga, South Australian Health and Medical Research Institute
Karen Laverty – Wardliparingga, South Australian Health and Medical Research Institute
Karrina DeMasi – Aboriginal Medical Services Alliance Northern Territory
Kate Schwartzkopff – Aboriginal Health Council of South Australia
Louise Lyons – Victorian Aboriginal Community Controlled Health Organisation
Maida Stewart – Danila Dilba Health Service
Robert Dann – Aboriginal Health Council of South Australia
Sarah Agius – Wardliparingga, South Australian Health and Medical Research Institute
Summer Finlay – CREATE PhD Candidate

Apologies

Alex Brown – Wardliparingga, South Australian Health and Medical Research Institute
Anna Baker - The Institute for Urban Indigenous Health
Anna Dowling – Wardliparingga, South Australian Health and Medical Research Institute
Annette Braunack-Mayer – University of Adelaide, School of Population Health
Deborah Woods - Geraldton Regional Aboriginal Medical Service
Eddie Mulholland – Miwatj Health Aboriginal Corporation
Fay Adamson - Werin Aboriginal Corporation
Gokhan Ayturk – Aboriginal Health Council of South Australia
Jenny Bedford – Derbarl Yerrigan Health Service
John Singer – Nganampa Health
Julie Tongs – Winnunga Nimmityjah Aboriginal Health Services
Kimberly Taylor– Wardliparingga, South Australian Health and Medical Research Institute
Marianne Wood – Aboriginal Health Council of Western Australia
Marion Scrymgour – Tiwi Islands Regional Council
Ngiare Brown – Wardliparingga, South Australian Health and Medical Research Institute
Patricia Lewis – Geraldton Regional Aboriginal Medical Service
Paul Stephenson/Paula Arnol – Apunipima Cape York Health Council
Raylene Foster – Tasmanian Aboriginal Corporation
Shane D’Angelo – Wardliparingga, South Australian Health and Medical Research Institute
Shane Mohor/Amanda Mitchell – Aboriginal Health Council of South Australia
Suzi Berto – Wurli Wurlinjang Health Service
Tracey Brand – Central Australian Aboriginal Congress

[Back to minutes](#)

Minutes CREATE Leadership group teleconference 12th April 2018



Appendix B. Current Action Items (Updated from meeting)

Below is the list of Outstanding Action Items. Action items raised during this meeting and completed before distribution of minutes are shaded. For the full list of completed action items from all Leadership Group meetings refer to the CREATE Website, Leadership Portal.

(https://create.sahmri.org/?page_id=113).

Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
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.	Anna Dawson	August 2017	In Progress. Will come from the Best Practice Framework.
25	8/4/16	KPIs	Map the Best Practice framework and principles back to the KPIs to see what is missing.	Summer Finlay	2018	In progress.
36	4/8/16	Social Determinants of Health	Distribute a one-page briefing paper on social determinants of health (includes housing).	Anna Dawson	December 2017	Progressing – a student is working on coding remaining annual reports. Background paper sent August 2017 meeting.
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 mid 2018.
65	31/3/17	Grants	Alex suggested that a future grant application should focus on the development of a culturally appropriate model of service delivery for Aboriginal people who require access to disability services.	Anna Dawson	August 2018	On hold whilst other work progressing.

Minutes CREATE Leadership group teleconference 12th April 2018



70	12/4/18	Case Studies	Anna to discuss with Damian the possibility of a Case Study at Moorundi (around Organisation change or Governance).	Anna Dawson	May 2018	
71	12/4/18	Case Studies	Contact AICD regarding what they do to support governance in ACCHOs	Anna Dawson	April 2018	
72	12/4/18	Case Studies	Anna to contact Karrina re AMSANTs training and guidelines around Governance.	Anna Dawson	April 2018	Teleconference held in April.
73	12/4/18	Case Studies	Ask Louise what support VACCHO provides to services re governance.	Anna Dawson	May 2018	
74	12/4/18	Case Studies	Ask Ben Thompson whether there is a Summary Report for this student work on Governance in South East Queensland.	Anna Dawson	May 2018	
75	12/4/18	Case Studies	Contact Kimberly Land Council to ask for their content (papers/guidelines) regarding governance.	Anna Dawson	May 2018	
76	12/4/18	Case Studies	Refine the approach to the Governance Case Study using the feedback from the Leadership Group (including need for historical context). Report back to LG at August meeting about Governance work.	Janet Kelly/ Anna Dawson	August 2018	
77	12/4/18	Case Studies	Generate a proposal for a Case Study on NDIS.	Anna Dawson	May 2018	
78	12/4/18	Lowitja Grant	Send Robert Dann, Summer Finlay's details to allow them to discuss AH&MRC ethics requirements offline and Karrina DeMasi details to allow discussions around the grants.	Karen Laverty	April 2018	Details sent.

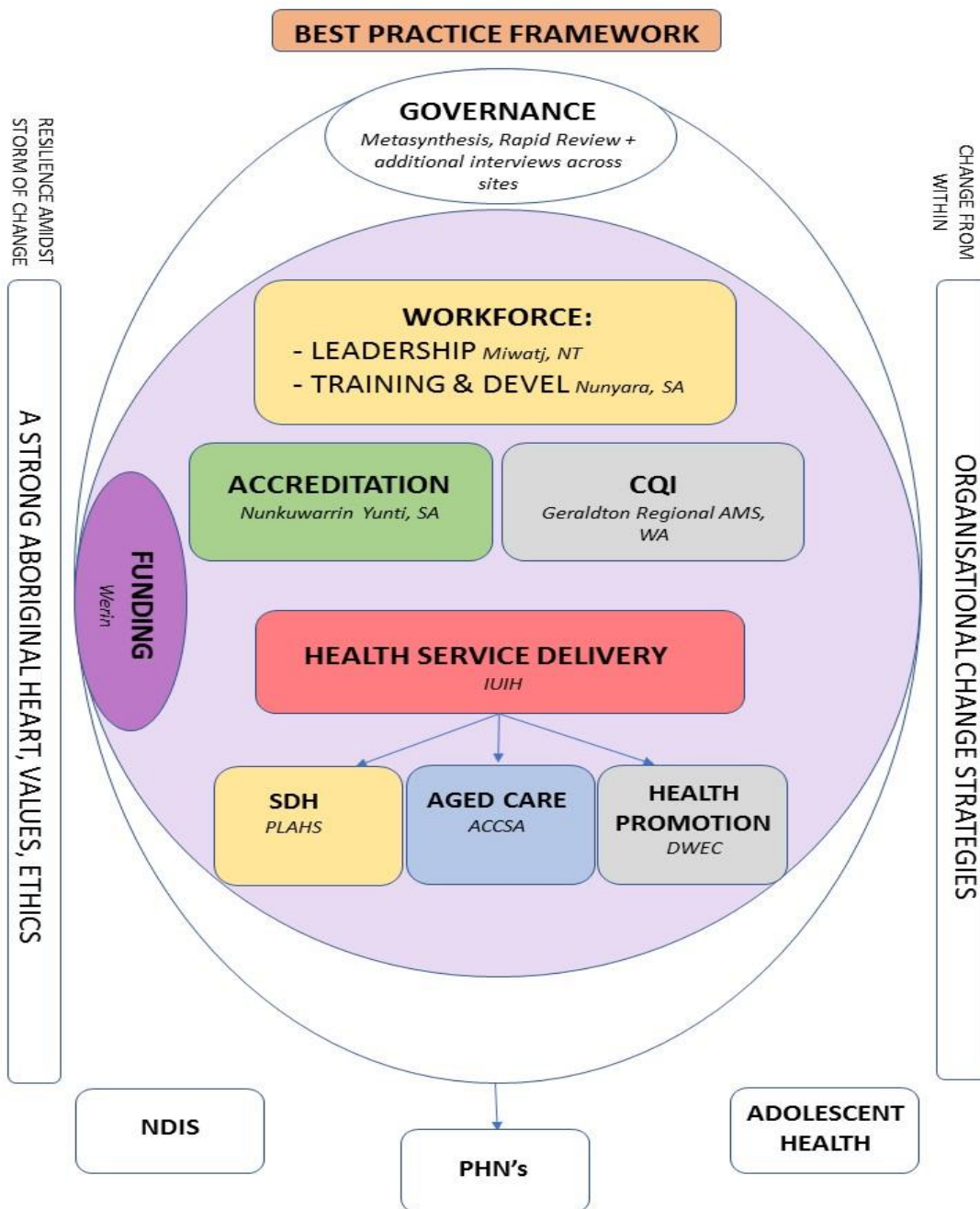


Completed Action Items

Refer to CREATE website, Leadership Portal (https://create.sahmri.org/?page_id=113) for the full list of Completed action items from all Leadership Group meetings.

[Back to minutes](#)

Appendix C. Best Practice Case Studies – Framework discussion



Best Practice Case Studies – Framework – What else do we need to cover

1. Governance

We could synthesise all content regarding Boards and governance mechanisms from existing Case Studies, develop a Model, then seek feedback from Boards (when presenting Final Reports at existing Case Study sites) and finalise. Additional interviews may be undertaken as necessary. Is this appropriate?

[Note: Is use of the word 'Governance' appropriate or is this government people's talk? What words do you use to describe how your Board helps run your ACCHO/s.]

2. Have we missed any important domains?

- Organisational change (change from within) [We need content to inform the Implementation Guides]
 - Internal change management processes when introducing new policy or programs to the organisation (e.g., where?)
 - Changing from a mainstream service to an ACCHO (e.g., Moorundi, Murray Bridge SA)
- A Strong Aboriginal heart, values, ethics (resilience to change)
 - We could explore how ACCHO's maintain their Aboriginal heart, values, ethics in the presence of change (e.g., Winnunga, ACT, in the presence of changing political climate)
- PHNs: A Case Study on how to work with PHN's?
- Other health service programs: NDIS and Adolescent health?

Appendix C1 – Best Practice FRAMEWORK discussion notes

Governance

The group had different opinions on what Governance means, is it board, CEO or internal leadership/management.

Ben Thompson – IUIH (QLD)

- Our IUIH board has 4 members and 4 additional specialist appointments that are a mixture of Indigenous and non-Indigenous people.
- Governance structure to bring in expert advice, but also ensuring there is not an imbalance.
- Do use the word governance, but IUIH is a little bit different, it considers governance at all different levels.

Would be useful to identify:

- Strength of current boards across the sector
- Specific configurations, structures



- Types of governance models and the strengths and gaps of these
- Representing member services or board
- Different levels of governance – boards, clinical governance etc

Damian Rigney – Moorundi (SA)

- Differing levels of governance similar to what Ben discussed – clinical, board, Chief Executive
- There are varying levels of understanding about what exactly the board does - Stephen (CE) keeps staff informed of what is occurring at Board level.
- There is not the same emphasis on specialist expertise on the board (ie. Pika Wiya) business, lawyer, etc.
- Is a new board, only ACCHS for a year, so it is all new
- Don't like the word governance – many people don't understand what it means
- It is a mystery exactly what the Board does, there is a lot of confusion about the role
- We have a consultant supporting the board helping them to understand their role
- Who does the board represent? What are the governance mechanisms?

Damian has discussed with Stephen and the consultant the idea of doing a case study on organisational change.

Action item LG70: Anna to discuss with Damian the possibility of a Case Study at Moorundi (around Organisation change or Governance).

Dawn Casey - NACCHO

- Explained governance is a term used by white Australia and government linked to grant management and funding provided.
- In order to receive money, they need to implement best practice in governance
- Australian Institute of Company Directors (AICD) has done a lot of work in this area.
 - What is the director's role, board's role and staff's role.
 - Ensure spending occurs in the correct area.
- Very strong on the ethics and ownership of data.
- IUIH great model bring other experts in, but doesn't forget community
- NACCHO only has Aboriginal people on the Board, they are going through changes (145 members), the constitution is being upgraded. Needed 70% of vote to change. Currently have 16 members on the board, very large, everyone has to have the opportunity to have a say.
- NACCHO does not need anything done on Governance
- The minister/government put through the affiliates money, in a pool, to NACCHO. There were a number of CEO's on the board and this led to a conflict of interest.

Core elements

- Can have total Aboriginal Board, but need expertise, audit and insurance – so have a sub-committee of the Board with an independent Chair.
- Board should review own performance to see how they are tracking, etc.
- Each state and territory could elect a member, then the group could elect the Chair then bring on own expertise.

Action Item LG71: Contact AICD regarding what they do to support governance in ACCHOs.

Karrina DeMasi – AMSANT (NT)

- Believes they have good structures. AMSANT member of APO NT (Aboriginal Peak Organisations in the Northern Territory region)
- AMSANT conduct training in governance for health and other areas – housing, justice etc
- Strengths involved with transition to community control.
- Look at some strengths around new Boards in remote communities.
- Transitions to ACCHS – what are the mechanisms
- What the training is and guidelines, roles, the board's role in guidance and principles vs the board being too directive and managing.
- Perhaps we need some community-based training.

Action Item LG72: Anna to contact Karrina re AMSANTs training and guidelines around Governance.

Louise Lyons - VACCHO

- Not one (single) Best Practice model
- Need to comply with funders.
- Types of questions that need answering are:
 - What is the community understanding and expectation of the board?
 - What is the board's role in connecting community to government sector and reverse?
 - How does information get back to community members?
 - How are community expectations and government expectations met? – good community-based boards, and good governance from Government perspective
- Community governance forums – educating young people what the requirements are
- Equipping community members to have the capacity to be on Boards
- Community decision making – community perspectives and understandings.
- Concerned that this work won't cover these kinds of issues.

Action Item LG73: Ask Louise what support VACCHO provides to services re governance.

Anna advised that Janet has spoken with Kim O'Donnell who has experience in traditional community perspectives of governance and boards – linked to Land Council work.

Ben

- Had a student who looked at some of this – what was community members knowledge of governance structure and boards.
- Majority of the people weren't interested about who was on the board – more focused on the services received and whether they suited community.

Action Item LG74: Ask Ben whether there is a Summary Report for this student work on Governance in South East Queensland.



Robert Dann - AHCSA

- Has had previous governance experience – meeting KPI's around funding and benefits around best practice – not enough focus on culture structure
- Self-determination or self-management are not always embedded into the process
- It's a big learning curve when you first start. You were the community member who people thought would bring in changes, but it soon changes, you can feel disenchanting, constraints put on by the government that impacts your decision-making process. Recognise the aims and objectives of the Board and responsibility. Wording such as confidentiality leads to people feeling that they can't talk about things to community.
- They become disconnected from the community they went in to represent
- Not every Board will look the same – it depends on their aims and objectives
- Talk to Board members
- What are the barriers to delivering what community members want?

Maida Stewart – Danila Dilba

- Governance is a bureaucratic word linked to government funding
- It means nothing to many community members, they give a blank look
- We need to use it but it means nothing to people. Not sure there is a good word to replace the governance word, with a very transient population, and if English is not their first language and there are often many different language groups involved.
- There might be a word or term that means something.

Summer Finlay - SAHMRI

- Community understanding of Boards and governance varies significantly, some community members are very politically active
- Impact that Board and CEO has on a service's capacity to deliver on KPIs
- Kimberly land council has papers on community and corporate concepts of governance.

Action Item LG75: Contact Kimberly Land Council to ask for their content (papers/guidelines) regarding governance.

Dawn

- It would be good to ask the affiliates

Summer

- We could use these case studies to promote that ACCHOs can and do these things well.
- Use good case studies as promotion but also to counter act negativity in the media.

Dawn

- Respond quickly to show that there is good governance rather especially when there is press about the bad ones.



Karrina

- Might be community-based training.

Louise

- We could write a historical piece, ACCHOs setup 40 – 20 - 10 years ago was a result of the struggle, but today is different, now need to be professionals with better understanding

Summer

- Roles of Boards have changed, some ACCHO's are now multi-million-dollar companies.

Robert Dann

- Often in SA people put a word before the word Governance to give an idea of the flavour of this governance i.e. Nunga Governance

Anna discussed the possibility of looking at different models of governance, community expectation, interviews with board members, etc.

Action Item LG76: Anna to work with Janet Kelly to refine the approach to the Governance Case Study using this feedback from the Leadership Group (including need for historical context). Report back to LG at August meeting about Governance work.

ORGANISTIONAL CHANGE within and outside

Ben

- Valuable to capture any organisational change. Important that we share these across the sector, whether it be at the individual, organisational or community level.

Dawn

- Great opportunity (refer to people in different states) document major changes not just individual organisations. It is also not just about staff but also community. Changing culture, demarcation between what nurses, health workers and what doctors do causes friction. Anna Dawson advised that Paul Stephenson (Apunipima) contacted us and wants to share their information.

Louise

- Advised it is not a priority for Victoria.

Karrina

- Could reflect the organisations changing to community control. There have been a lot transitioning at the various levels - individual, service delivery, etc. Miwatj is a great example as a number of services are transitioning across to Miwatj.

The group agreed a meta analysis would be a good way to find information on this.



NDIS and PHN

Ben

- Advised that they are the last region to come on line with NDIS, currently planned for 1/1/2019.
- Busy working towards it, there is a lot of misinformation out there, plus the horror stories around raising client's expectations, then being unable to deliver and not discussing this with clients. Working on ensuring that when it is rolled out it will work in their environment.

Louise

- Service delivery models important as small services will struggle, regional models that allow sharing of services appear to work better.
- Mainstream will discard Aboriginal clients first as needs too complex and they believe the ACCHO's can afford to offer packages.

Summer

- Very similar to the aged care model.

Karrina

- Advised that AMSANT has done a lot of work in this space, they have worked closely with Affiliates and NACCHO's on overcome the disadvantages of the system.
- Lots of concerns have been raised with NDIS. Very high proportion in the NT and it appears that approximately \$20m in plans have not being used in the NT, which means people are not getting the care they need.
- Leaders including Miwatj, have made a huge upfront investment by putting the right people and systems in place to make it work.
- In many communities it is difficult for services to prioritise.
- Could get evidence around the models used to gain funding and grow the workforce to cope with NDIS.

Group agreed it is important to go down this path.

Action Item LG77: Anna to generate a proposal for a Case Study on NDIS.

[Back to minutes](#)

Appendix D. Best Practice Case Studies – Dissemination Strategy

Printed: A Full Report outlining the Best Practice Framework will be distributed to participating services and stakeholders.

Online: An online interactive platform could be developed within the CREATE website and provide:

- A 'landing page' with a description of the Case Study work and a PDF of the Full Report
- Best Practice Framework interactive diagram (e.g., page 3)

Once the end-user clicks on a domain, they could be taken to a separate page with:

- Visual Diagram that depicts the Best Practice Model
- Best Practice Summary (1-page, deidentified)
- Implementation Guide
- A 6-page downloaded PDF which provides the Visual Diagram, 4-page Summary of Key Findings and the Implementation Guide
- ? 2-minute video showcasing the Best Practice Model
- ? link to academic publication (Full Paper or Brief Report)
- ? evidence brief outlining key recommendations for policy makers
- Users could choose to download the content they need (e.g. 6-page PDF, 1-page summaries, evidence brief, etc)
- Are there any other ideas?

[Back to minutes](#)

MIWATJ LEADERSHIP MODEL



[Back to minutes](#)

THE LEADERSHIP MODEL

'Attract, Retain and Develop Aboriginal staff into Leadership Positions'

Yolngu leaders are chosen by communities because they demonstrate 'ngayangu wanggany' (one feeling) and 'mulkurr wanggany' (one mind): they think and feel the same way as the people they lead.

The Leadership Model includes three key elements:

ATTRACT: Local Yolngu peoples are recruited in to the health service using targeted strategies including...

RETAIN: The physical, emotional and cultural wellbeing of Yolngu staff is of paramount importance to the organisation. Strategies to support staff include debriefing opportunities,

DEVELOP: Yolngu staff employed within the organisation receive training and development and support to move into leadership positions. The strategies include mentoring, succession planning, ...

BENEFITS OF THE MODEL:

There are a number of reported benefits from a targeted Leadership Model including increased numbers of Aboriginal staff, self-determination, local language used in service provision, improved patients outcomes, cultural safety...

CHALLENGES RELATED TO THE MODEL:

Staff have reported challenges related to the 24/7 nature of work and humbugging from community. They have also experienced criticism when moving into leadership positions without formal qualifications....

[Back to minutes](#)



Appendix E. Best Practice Case Studies – Implementation Guide

The Implementation Guide will act as a companion to each of the Best Practice Models, and could be tailored to each Model.

The Guide could cover some of the following:

- Identify who is going to manage the change/implementation process (e.g. a Change Champion)
- Provide training and support to the Change Champion regarding implementation processes and procedures
- Consult with the Board, Staff and Community regarding the proposed implementation of the Model
 - Provide adequate lead-in time for consultation and feedback
- Develop a Communication Strategy
- Implement Slowly (including training staff in new processes, as appropriate)
- Manage Resistance
- Evaluate the implementation and impact of the Model
- Adapt the Model based on Board/Staff/Community feedback

The content for this Implementation Guide could be drawn from the *Organisational Change Case Study* (if undertaken)

[Back to minutes](#)



Appendix F. Status of Best Practice Case Studies

Sites completed.

Site	State	Person Responsible	Suggested topic	Status
1. Miwatj Health Aboriginal Corporation	NT	Stephen	Workforce	Final report presented to Board 24 May 2017. Paper in progress.
2. Nunyara Aboriginal Health Service Incorporated.	SA	Stephen	Workforce	Final report presented to Board on 13th December. Paper to be written.

Best Practice Case Study Sites in progress

Site	State	Person Responsible	Suggested topic	Status
3. Aboriginal Community Care SA (Metro)	SA	Anna Dawson	Aged Care	Draft report presented to Board by CEO. Executive Summary and recommendations written. Anna Dawson reviewing before final presentation to Board.
4. Aboriginal Community Care SA (APY Lands)	SA	Janet Kelly	Aged Care	To be discussed with Graham Aitken before progressing further.
5. Nunkuwarrin Yunti of South Australia	SA	Anna Dawson	Accreditation	Final report with Executive Summary and recommendations accepted by Nunkuwarrin Yunti staff. To be presented to Board in April and paper to be written.
6. Port Lincoln Aboriginal Health Service (PLAHS)	SA	Alex Brown	Social Determinants of Health	Executive Summary and Recommendations written. Alex to present to PLAHS Board in May 2018.
7. Institute for Urban Indigenous Health (IUIH)	QLD	Anna Dawson	Health Service Delivery	Invited Anna Baker to come and assist writing of report in May.
8. WERIN Aboriginal Corporation Medical Centre (Pt Macquarie)	NSW	Anna Dawson	Funding	Data Analysis and report writing in progress.
9. Dhauwurd-Wurrung Elderly and Community Health Service (DWECH)	VIC	Janet	Health Promotion	Work planned for 9 th April. Letter of Support and signed MOU received.



Possible future Best Practice Case Study sites:

Site	State	Person Responsible	Suggested topic	Status
10. Winda-Mara, Heywood	VIC	Janet	Quality Improvement	High priority. Janet visited week of 11 th December. They would like to postpone for the short term. We will visit week of the 9 th April.
11. Winnunga Nimmityjah Aboriginal Health Service	ACT	Alex		High priority. Plan for 2018.
12. Geraldton Regional Aboriginal Medical Services (GRAMS)	WA	Anna Dawson	Quality Improvement	High priority. Initial meeting in March 2017. Letter of support received, awaiting response from ethics. Plan for 2018.

[Back to minutes](#)

Appendix G. Best Practice Case Studies – Academic Papers

Where: Open Access journals accepting Full Papers or Brief Reports, selected based on fit

How long: 1500 – 3000 words

What: The framework for constructing each manuscript will be based on:-

Introduction

Drawn from the Background of the full report (which includes content from the Rapid review and the Context node from Nvivo)

Methods

Brief summary – fairly consistent across the 12 or so case studies. A mixed method synthesis of: (1) rapid review of literature, 2) case study tool, 3) qualitative interviews

Results

Full Papers will provide full qualitative analysis.

Brief Reports will provide a narrative synthesis of the qualitative analysis outlining the BP model, contributing factors and challenges and, where relevant, outcomes of the BP model. Reference made to:

- *A figure that visually depicts the best practice model (SDH, funding, accreditation etc) (fig 1)*
- *A table that provides illustrative participant quotes for each of the model elements (table 1)*

Discussion

Describe recommendations for policy makers and ACCHOs (drawn from Conclusion of full report) and elaborate regarding how ACCHO management might draw on the BP Model to integrate some elements, tailored to local needs and contexts, within their service. Also describe limitations of the work in regards to selecting service for BP model development, rapid nature of review (possible omitting key prior work)

Who: We intend to invite the Research Officer (if the ACCHO had one involved in the case study) or the CEO or other nominated person to co-author each Brief Report with the CREATE team.

When:

Service	Best Practice Model	Brief Report drafted by:	Brief Report Submitted by:
Miwatj	Workforce: Leadership	Paper with Stephen	
PLAHS	SDH	End April	
ACCSA	Aged Care	End April	
Nunyara	Workforce: Training	June	
Nunkuurrin Yunti	Accreditation	May	
IUIH	Health Service Delivery	June	
Werin	Funding	May	
Dhauwurd-Wurrung	Health Promotion	July	
GRAMS	Quality Improvement		
Winnunga	TBC		
Winda-Mara	TBC		

[Back to minutes](#)

Appendix H. Lowitja Workforce Grant

Understanding Stress and Staying Strong in the Aboriginal and Torres Strait Islander Health and Human Services' Workforce

Description of Project

To determine best practice measurement of stress and staying strong in the Aboriginal and Torres Strait Islander health and human services' workforce.

Partners – AHCSA, SAHMRI, UniSA

TIMEFRAME: December 2017 – March 2019.

Method

STUDY 1: systematic review of existing tools

STUDY 2: qualitative study across SA, WA, NT, Qld, Vic, NSW

STUDY 3: Delphi Study and Expert Roundtable discussions

STUDY 4: Instrument development and pilot

Status

Ethics have been submitted, Aboriginal Governance Panel invitations underway, currently developing a stakeholder engagement and data collection framework for Study 2.

Next Steps

Seeking guidance from the Leadership Group regarding potential sites to engage with for Study 2 consultations.

Discussion

Robert provided the background information about the grant – it is a national project with the main aim of describing the best view of what workforce should look like at a national level. The Tobacco cessation project identified some of the best views around workforce. The expected outcome should assist organisations and individuals to progress careers and provide pathways for personal growth and development.

Karrina advised that AMSANT has a similar grant through Lowitja and is happy to work with Robert to determine where they intersect and complement each other. Briefs for both grants are on the Lowitja website.

Robert advised he is looking for assistance with contacts in NSW, Victoria and Department of child protection area, in both metropolitan and remote. Suggestions can be forwarded to Anna. Robert is also seeking assistance with coming up with right questions that are open ended but not directing.

Robert is currently working on ethics. Karrina advised that AMSANT has a sub-committee and it is good to have endorsement by AMSANT for CAHREC and Menzies. AH&MRC are similar.

Action Item LG78: Karen to send Robert, Summer Finlay's details to allow them to discuss AH&MRC ethics requirements offline and Karrina DeMasi details to allow discussions around the grants.

[Back to minutes](#)



Appendix I. Resthaven Grant Update – What keeps you strong? Supporting the Wellbeing of Older Aboriginal Peoples.

Description of Project

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
- develop a “Keeping you Strong Framework”

Status

- Framework and report delivered in February 2018 to Resthaven
- Framework presented at the Department for Communities and Social Inclusion’s Aboriginal HACC and Disability Workers’ Forum in Port Augusta. Attendees at this forum include staff of aged care providers in addition to Garth Dodd and Janice Rigney from the Council of Aboriginal Elders of South Australia in March 2018.

Next Steps

- Waiting for approval from Resthaven to further distribute the Framework to
- Two presentations at relevant National Conferences
- Two publications in peer reviewed national and international journals

Leadership Group input

Once fully approved, would copies of the framework be useful for you?

[Back to minutes](#)



Appendix J. Social Determinants of Health Project

Identifying social determinants of health from an Aboriginal Community Controlled Health Organization (ACCHO) perspective

Description of Project

This study aims to identify the range of services that are offered by Aboriginal Community Controlled Health Organizations (ACCHOs) that directly or indirectly address social and cultural determinants of health at the mesa/community level.

The study explores the work of ACCHOs in enabling effective and sustainable intersectoral programs, as well as building social participation and community empowerment to craft local solutions to tackle the intermediate as well as structural determinants of health.

The WHO Commission on Social Determinants of Health conceptual framework has been used to develop the framework for the analysis.

The anticipated findings from this project can be used to advocate for support including improved funding models that ensure these critical services are sustained.

Status

UPDATE INFORMATION

We had a reduced representation of Annual Reports from NSW, hence engaged Summer Finlay (CREATE PhD Student) to contact services on our behalf. We have three further reports to date.

Kate is finalising coding over the next fortnight and we have to have a full draft of the Report in the next month.

Next Steps

- Finalise the paper for publication
- Prepare a one page Policy Brief for review by the Leadership Group

Leadership Group input

- Is a Policy Brief useful?
- Are there any other outputs that would be useful for the sector?

[Back to minutes](#)



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

Description of Project

The aim of the scoping review is to identify and describe the existing research on health promotion programs focusing on the leading risk factors associated with the metabolic and physiological changes which lead to noncommunicable chronic diseases: tobacco smoking, poor nutrition, alcohol consumption and physical inactivity and SEWB (Social and Emotional Wellbeing) (collective acronym 'SNAPS'). Studies have been included where the majority of participants were Aboriginal or Torres Strait Islander.

Status

The scoping review has identified ~ 100 programs. Work has been ongoing to ensure accuracy and integrity of data. All primary studies are extracted and analytical work is in the final phase of extracting the eligible reviews that have been published.

Next Steps

The first full draft of the manuscript is currently being finalised for review by the leadership group.

[Back to minutes](#)



Appendix L. Methods – CREATE Quality Appraisal Tool

Description of Project

Critical appraisal tools are used in systematic reviews to assist the quality of literature. Standard critical appraisal tools are grounded in Western notions of research quality. These tools do not incorporate criteria that assess research from an Aboriginal and Torres Strait Islander perspective.

The CREATE Methods Group have developed a critical appraisal tool which aims to assess the quality of health research in Aboriginal and Torres Strait Islander settings, from an Aboriginal and Torres Strait Islander lens. The CREATE tool includes 14 criteria to assess against, they include: need or priority determined by community; community consultation and engagement; research leadership and governance; community protocols; intellectual and cultural property rights; collection and management of research materials; Indigenous research paradigm; strengths based approach; translation of findings into policy and/or practice; benefit; and two-way learning. In addition to the CREATE tool we've also develop a Companion Document (user guide) to assist with using the tool.

Status

Piloting is complete, and a draft paper and associated companion document is currently under review.

Next Steps

Review the requested changes and redistribute for a final review prior to submitting for publishing.

[Back to minutes](#)

Appendix M. Approaches to Promote the safety of older Aboriginal People – SA Health Office for the Ageing

“What keeps you safe?” project - Promoting the safety of older Aboriginal people (keeping safe from mistreatment)

Description of Project

The Office for the Ageing, SA Health has provided funding to the Wardliparingga Aboriginal Health Research Unit at the South Australian Aboriginal Health Research Institute (SAHMRI) to undertake this project.

The project will run for 18 months from July 2017 to December 2018 and the overall aim is to develop resources for the Office for the Ageing to promote the safety of older Aboriginal peoples in South Australia from mistreatment (including physical, financial, and psychological mistreatment and neglect).

To achieve this a systematic literature review will be carried out to examine peer and grey literature involving Indigenous populations in Australia, New Zealand, USA and Canada, that reports on strategies and interventions that have been or could be developed, or that have been used to promote the safety of older Indigenous peoples.

An Expert Advisory Group consisting of older Aboriginal community members and service providers that could identify and/or support older Aboriginal peoples at risk, will be consulted throughout the project in relation to the design of the systematic review, interpretation of results and development of appropriate resources. The consultation process will seek to understand the contextual appropriateness and feasibility of the strategies or interventions identified and identify barriers and enablers to implementing such approaches.

For more information about this project contact Janet Stajic, Research Officer at SAHMRI on 08 8128 4217 or by e-mail at janet.stajic@sahmri.com.

This project has been funded by the Office for the Ageing, SA Health

Status

- Systematic literature review complete
- Finalising the writing up of the systematic literature review
- Ethics applications submitted for Consultation process

Next Steps

Present the findings to the Expert Advisory Panel.

Conduct the consultation, this will be led by Anna Dowling.

[Back to minutes](#)

Appendix N. Dementia and Aged Care Services (DACS) Grant

Culturally Safe Workforce Models for Rural and Remote Indigenous Organisations

Description of Project

Gathering evidence around culturally safe models of aged care. Develop a training package to support organisations in providing culturally safe aged care services. The training packages will support both Community Care and Residential Care organisations. The work will be undertaken in three South Australian sites – APY lands, Port Lincoln and Port Augusta. The training packages will be piloted in three South Australian field sites as well as three other sites outside of South Australia, these sites are still to be identified.

The project is with the Department of Health and Ageing and is a two year project which commenced in June 2017.

Status

Currently piloting the “tag along” interviews at a metropolitan South Australian site.

Appointed a Research Assistant and a Senior Research Officer.

Next Steps

Conduct interviews. Progressing accordance to schedule.

[Back to minutes](#)

Appendix O. Master Class YouTube Video and Status of Master Classes

Master Class YouTube Video's

Description of Project

Creation of our next YouTube video on Developing your research topic/question. After discussion with the CREATE team and Chief Investigators this was turned into three short videos.

Status

The three YouTube videos are now on the [CREATE website](#). They are called:

Video 1 – The Research Process

In this 3 minute video, Summer May Finlay explains the “The Research Process” in lay person terms and describes what it means for Aboriginal and Torres Strait Islander peoples and their communities.

Video 2 – Developing a research question

In this 3½ minute video, Summer May Finlay outlines different types of research questions in Aboriginal and Torres Strait Islander health research.

Video 3 – Practical examples of Aboriginal and Torres Strait Islander research

In this 5½ minute video, Summer May Finlay interviews emerging researchers about how their research projects were designed to be novel, ethical, feasible and relevant to Aboriginal and Torres Strait Islander peoples and communities.

The existence of these videos have been announced in the Aboriginal Health Newsletter – April Edition.

Next Steps

The videos will be announced in CREATE's next newsletter.

Master Classes

Description of Project

CREATE runs a series Master Classes to strengthen the capacity of policy makers, managers and practitioners working within the Aboriginal Community Controlled Health sector, in order to improve healthcare for Aboriginal and Torres Strait Islander peoples.

Status

Currently no Master Classes are scheduled for 2018 and the future development of additional Master Classes is on hold until the Best Practice Case Study work is complete. The decision was made that Master Classes will be offered to sites where Best Practice Case Studies are undertaken.

Next Steps

- Offer a Master Classes to DWECHS

[Back to minutes](#)

Appendix P. Evaluation of Masterclasses

Description of Project

The aim of this project was to identify long-term outcomes from attending a Research Masterclass.

Objectives:

- To identify any changes to awareness, understanding or behavior that participants feel have resulted from attending a Master Class.
- To identify and describe any outcomes that participants believe have been influenced by or are a direct result of attending a Master Class.
- To explore ways in which participants believe future Master Classes and/or associated resources and support could be improved

Status

The work is complete, currently finalising the paper.

Next Steps

Publish the paper and complete the final ethics reporting.

[Back to minutes](#)



Appendix Q. CREATE JBI Clinical Fellows

CREATE JBI Clinical Fellows

- Sandy Hogg, UIIH (complete) – published first paper.
- Renee Blackman, Brisbane Aboriginal and Torres Strait Islander Community Health Service (complete)
- Maida Stewart, Danila Dilba (complete)
- Sam Brennan, Mallee District Aboriginal Services (complete)
- Roxanne Highfold, Congress (Complete)
- Walbira Murray and Natalee Norsworthy, from Congress (completing week 2, May 2018)
- Kelli Bartlett, on hold due to change of employment.
- Fiona Djerrkura, Miwatj will attend week 1 in May 2018

CREATE Yarning Session – 18th May 2018

A ½ day yarning session is planned for 18th May 2018 to provide an opportunity for Fellows to become better connected to one another, develop peer-support mechanisms and also seek mentorship from the CREATE team. These support mechanisms may then encourage people to complete or continue their project(s) or complete the writing of their paper.

[Back to minutes](#)

Appendix R. Understanding the impact of national Key Performance Indicators on the Aboriginal Community Controlled Health Organisation

Summer Finlay (PhD Student)

Description of Project

The aim of this research project is to understand the impact of the national Key Performance Indicators (nKPIs) on Aboriginal Community Controlled Health Organisations (ACCHOs). The objectives are:

- To understand what available evidence suggest about the effectiveness of Performance Indicators in improving the accountability, monitoring and outcomes of health care delivery in Australian and Internationally.
- To describe the measurement of nKPI's and their performance over the last three years.
- To document the perspectives of policy makers, funders and content experts', health service staff and managers, on the utility and appropriateness of existing nKPIs and their ability to improve health outcomes for clients of heterogeneous Aboriginal Community Controlled Health Services.
- To collate the barriers and enablers of policy makers, funders and content experts, health service staff and managers for implementing and sustaining nKPI-reporting requirements in Aboriginal Community Controlled Health Services.
- To make recommendations for nKPIs and their measurement that deliver better health outcomes and reflect the needs, aspirations of Aboriginal Community Controlled Health Organisations.

Status

- Completed analysing the case study data and interviewing stakeholders
- Completed the draft individual case study reports
- Presented to two boards (three to go)
- Survey closing mid-April, over 40 responses already received

Next Steps

- Present to the remaining three boards during April
- Synthesis the findings from all phases
- Draft final recommendations
- Aim to be finished by the middle of 2018

[Back to minutes](#)



Appendix S. How did we survive? Aboriginal women sharing their lived experiences and knowledge of lessons learned in life through story-telling.

Jasmine Gregory – Masters Student

Description of Project

The aim of this study is to understand what contributes to the resilience of Aboriginal women. The outcome will include sharing this knowledge and the insights to guide future policy and program development for Aboriginal women.

Status

- 2017 Major and Annual review with Adelaide University complete
- 2018 minor review with Adelaide University complete
- Interviewed 10 women, transcripts received
- Initial NVIVO training complete in preparation for analysis
- Analysis complete
- On-going reports to WAAHEC/ HREC and Aboriginal community representative groups.
- 1st draft of Methodology, Results and Literature Review chapter submitted

Next Steps

- Complete writing.
- On track to complete in June.

[Back to minutes](#)



Appendix T. New Publications

One New publications have been published and loaded to the CREATE website since our last meeting. The CREATE team have also presented at several conferences.

- Harfield, S., Davy, C., McArthur, A., Munn, Z., Brown, A., & Brown, N. (2018). **Characteristics of Indigenous primary health care service delivery models: a systematic scoping review.** Globalization and Health (2018) 14:12 [https://DOI 10.1186/s12992-018-0332-2](https://doi.org/10.1186/s12992-018-0332-2).

[Back to minutes](#)