



CREATE Leadership Group

SAHMRI, Level 4, North Terrace, Adelaide

Tuesday 2nd and Wednesday 3rd July 2019

9am - 5pm

MINUTES

Welcome to Country

Sarah Agius welcomed all present to Kurna Country.

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

Minutes of previous meeting and actions arising

Anna Dawson noted that the minutes of the previous meeting in April 2019 (teleconference) had recently been sent out via email and invited the Leadership Group to notify the team of any feedback/revisions. A printed copy of the updated action items was also provided to the Leadership Group and noted. Refer ([Appendix B](#)) for the updated action items. Anna provided a brief introduction including that the target audience of the resource is ACCHO Board and staff at all levels, and that the resource is a combined effort reflecting strength-based perspectives with an aim to build the capacity of ACCHOs. The phrase “deadly ACCHO” has been removed throughout the chapters, and instead the chapters refer to metro, regional and remote ACCHOs.

Day 1.

Aged Care Chapter ([Appendix C](#))

Workforce Chapter ([Appendix D](#))

nKPIs Discussion (Summer Finlay’s PhD) ([Appendix E](#))

Governance Chapter ([Appendix F](#))

Summary of CREATE’s Achievements ([Appendix G](#))

Lowitja Workforce Project ([Appendix H](#))

OFTA Elder Mistreatment Project ([Appendix I](#))

Day 2.

Health Service Delivery Chapter ([Appendix J](#))

Social Determinants of Health ([Appendix K](#))

Dissemination and Social Media Discussion ([Appendix L](#))

Health Promotion Chapter ([Appendix M](#))

Funding Chapter ([Appendix N](#))

Alex Brown Wrap Up ([Appendix O](#))



Appendix A – Attendance and Apologies

Attendees

Alex Brown – Wardliparingga, South Australian Health and Medical Research Institute
Anna Dawson – Wardliparingga, South Australian Health and Medical Research Institute
Anna Dowling – Wardliparingga, South Australian Health and Medical Research Institute
Annette Braunack-Mayer – University of Wollongong
Ben Thomson – The Institute for Urban Indigenous Health
Chris Halacas – VACCHO
Eddie Mulholland – Miwatj Health Aboriginal Corporation (via teleconference, for Workforce discussion)
Ed Aromataris – University of Adelaide, Joanna Briggs Institute
Gokhan Ayturk – Aboriginal Health Council of South Australia
Karla Canuto, Wardliparingga, South Australian Health and Medical Research Institute
Karrina DeMasi – Aboriginal Medical Services Alliance Northern Territory
Kim Morey – Wardliparingga, South Australian Health and Medical Research Institute
Kimberly Taylor – Wardliparingga, South Australian Health and Medical Research Institute
Louise Lyons – CSIRO
Odette Pearson – Wardliparingga, South Australian Health and Medical Research Institute
Patricia Lewis – Geraldton Regional Aboriginal Medical Service
Robert Dann, Wardliparingga, South Australian Health and Medical Research Institute
Sarah Agius – Wardliparingga, South Australian Health and Medical Research Institute
Summer Finlay – CREATE PhD Candidate
Tracey Brand – Central Australian Aboriginal Congress

Apologies

Dawn Casey – National Aboriginal Community Controlled Health Organisation
Deborah Woods - Geraldton Regional Aboriginal Medical Service
Damian Rigney – Pika Wiya Aboriginal Health Service
Fay Adamson - Werin Aboriginal Corporation
Jenny Bedford – Derbarl Yerrigan Health Service
John Singer – Nganampa Health
Julie Tongs – Winnunga Nimmityjah Aboriginal Health Services
Karen Laverty – Wardliparingga, South Australian Health and Medical Research Institute
Maida Stewart – Danila Dilba Health Service
Marianne Wood – Aboriginal Health Council of Western Australia
Marion Scrymgour – Tiwi Islands Regional Council
Ngiare Brown – Wardliparingga, South Australian Health and Medical Research Institute
Paul Stephenson/Janet Guthrie – Apunipima Cape York Health Council
Raylene Foster – Tasmanian Aboriginal Corporation
Shane Mohor/Amanda Mitchell – Aboriginal Health Council of South Australia

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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.

UPDATED ACTION ITEMS – CREATE LEADERSHIP GROUP – JULY 2019

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	2019	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	2019	In progress.
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 2019.
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.
73	12/4/18	Case Studies	Ask Louise what support VACCHO provides to services re governance.	Anna Dawson	May 2018	Completed July 2019
77	12/4/18	Case Studies	Generate a proposal for a Case Study on NDIS.	Anna Dawson	May 2018	Postponed until 2019.

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Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
79	17/8/18	Case Studies	Ensure Governance final document has definitions for all acronyms (i.e. APONT, ORIC, AICD, AIGI, etc)	Janet Kelly		Completed
80	17/8/18	Grants	Put a list together of possible scenarios and questions we have (refer above), distribute to the Leadership Group for review, then if there is sufficient interest setup a roundtable discussion with SA/NT Datalink. Aim for the information to be returned by September.	Alex Brown		On hold until 2019.
83	17/8/18	SDOH	Produce a 1-page evidence brief on the SDOH review.	Kate Schwartzkopff		In Progress.
84	17/8/18	Case Studies	Discuss use of Communicare “SEWB template” with Winnunga when we visit.	Anna Dawson		Visit planned for 2019.
89	4/12/18	CS – Guide all	Add a quick tips guide to the document to make it easier to read.	ALL		In Progress.
95	4/12/18	CS – Funding Chapter	Karrina to run the CQI section pass the CQI team.	Karrina DeMasi		To be discussed at August 2019 T/C
97	4/12/18	Scoping Review	Provide feedback on the Health Promotion Scoping review paper by the 17th December.	LG members		Completed
98	12/4/19	Governance Chapter	Update the Governance chapter with the suggested changes.	CREATE Team		In Progress (edits complete, yet to finalise Checklist)

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Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
99	12/4/19	Accreditation Chapter	Update the Accreditation chapter with the suggested changes.	CREATE Team		Completed
100	12/4/19	CQI Chapter	Update the CQI chapter with the suggested changes.	CREATE Team		Completed
101	12/4/19	HP styled Chapter	Update the HP styled chapter with the suggested changes.	CREATE Team		In progress
102	2/7/19	Aged Care Chapter	<p>Update the Aged Care Chapter with the suggested changes:</p> <ul style="list-style-type: none"> • show referrals through other teams including SEWB, also add health checks in the referral flow chart. • Use capital E and an * to describe using it as a sign of respect for older Aboriginal and Torres Strait Islander community members. • Add a recommendation to include aged care staff in Aboriginal and Torres Strait Islander health workforce strategy. • Explain some of the steps are concurrent (Steps to integrate aged care into ACCHO model) • Remove Commonwealth as a partner. • Add more information regarding financial modelling as part of the scoping review section. Consider pulling it out as a separate section – look at demographics, look at income and expenditure and model this out. Add further detail around modelling out the 	CREATE Team		

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Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
			expenditure versus income to take on aged care			
103	2/7/19	Workforce Chapter	<p>Update the Workforce Chapter with the suggested changes:</p> <ul style="list-style-type: none"> • Add text to highlight that being strong in culture is important in workforce (strong in culture and engaging with the Western world, i.e., walking in two worlds). • Add a recommendation to ask those applying for jobs, ‘what is your commitment to developing Aboriginal people in this organisation?’ • Add recommendation to look for further opportunities through government (PM+C), and to include cadetships. • Look at increasing workforce at all levels, not just a focus on leadership • Highlight the important role of AHWs/AHPs within the organisation. Look at leadership programs in rural and remote. • Look at flexible approaches around recruitment procedures, e.g., supporting applicants during interviews. • Acknowledge there’s a skills deficit in Aboriginal counsellors and psychologists. There has to be an investment, that begins in primary schools and high schools. And then also pay appropriate salaries in the ACCHO sector. 	CREATE Team		

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Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
104	2/7/19	nKPIs	Create a one pager for all of the elements of the PhD, and a list of potential recommendations.	Summer Finlay		
105	2/7/19	Governance Chapter	<p>Update the Governance Chapter with the suggested changes:</p> <ul style="list-style-type: none"> • Incorporate Board roles and responsibilities plus legal obligations - could come under strategic governance - as well as cultural governance. • Use operational leadership in lieu of corporate governance/leadership • Clarify the role of the Chair of the Board, and explain the crossover between operational leadership and clinical / program governance • Change the colours of diagram (not readable for people who are colour-blind on the Cultural Governance Model) 	CREATE Team		
106	2/7/19	Health Service Delivery Chapter	<p>Update the Health Service Delivery Chapter with the suggested changes:</p> <p>CULTURE:</p> <ul style="list-style-type: none"> ▪ Add cultural safety (and two-way learning) and employment of Aboriginal and Torres Strait Islander health professionals <p>HOLISTIC HEALTH CARE</p> <ul style="list-style-type: none"> ▪ Add cultural wellbeing and social wellbeing under holistic health care ▪ Focus on environmental health (e.g., water quality) 	CREATE Team		

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Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
			<ul style="list-style-type: none"> ▪ Bush foods ▪ Cultural practices ▪ Early childhood education and child care centres ▪ Begin with: Based on historical factors, context, size, local community needs... ACCHOs provide some or all of the following holistic services: <p>COMMUNITY PARTICIPATION</p> <ul style="list-style-type: none"> ▪ Revise title from Community Participation to community control <p>SELF DETERMINATION AND EMPOWERMENT</p> <ul style="list-style-type: none"> ▪ No changes <p>CULTURALLY APPROPRAITE AND SKILLED WORKFORCE</p> <ul style="list-style-type: none"> ▪ Revise to: Employing a range of skilled <u>local</u> community staff ▪ Revise to: <u>Investing in local staff through</u> providing training and development opportunities such as for Indigenous health workers ▪ Revise to: <u>Supportive culturally safe environments that</u> recognise the cultural, community and family obligations of staff ▪ Add in: Ongoing cultural competency training for all staff ▪ Add in: Skilled staff that deliver culturally appropriate and safe practices <p>ACCESSIBLE HEALTH SERVICE</p> <ul style="list-style-type: none"> ▪ <u>Revise to</u> 'low cost or no cost to patients' <p>RESPONSIVE AND FLEXIBLE</p>			

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Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
			<ul style="list-style-type: none"> ▪ Add <u>responsive</u> health services including outreach services, community events, home visits ▪ Add in a HEALTH PROMOTION characteristic including the following elements: <ul style="list-style-type: none"> ○ Focus on prevention ○ Awareness ○ Health literacy ○ Health education ○ Advocacy ○ Management ○ Strengthening, empowering and uniting communities CQI - embed and support, client complaints, embedding whole of organisation processes, outwardly focused, creating a supportive and culturally safe organisation ▪ update text to: Embedding whole-of-organisation CQI processes that is outwardly focused and centred on community needs and feedback ▪ revise to: <u>Collecting and analysing relevant</u> data to improve service delivery and health outcomes but also program evaluation and development ▪ delete: Establishing CQI processes ▪ revise to: Embedding whole-of-organisation CQI processes that is outwardly focused and centred on community needs and feedback 			

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Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
107	2/7/19	Social Determinants of Health Chapter	<p>Update the Social Determinants of Health Chapter with the suggested changes:</p> <ul style="list-style-type: none"> • Leave visual on page 3. Take out content page 4. Go straight into what ACCHOs do. Principles and practices. Cross comparison with models and visuals. Putting table on page 3 into a diagrammatic form. (Colour code table on page 4). • Add a leading couple of sentences that talks about what will happen if ACCHOs didn't exist in this model structure. What does the evidence say about the assimilation process and moving everything into mainstream? What will happen to community? • Add housing security and quality, justice, food security, environmental health, early childhood education and childcare centres.. and include that 'Based on historical factors, context, size and local community need ACCHOs provide some or all of the following services:..' • Highlight in the table under social cohesion and social capital the focus on social inclusion and non-health programs, e.g., cultural practices, Men's Sheds. Should be made more prominent here. • Add the term 'directly address' the SDH • ACCHOs need more training on negotiation skills for adequate administration/program funding. 	CREATE Team		

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Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
			<p>Needs to be funded at the actual cost of delivering service at a salary level that remunerates ACCHO staff appropriately.</p> <ul style="list-style-type: none"> • Need to ensure when ACCHOs cost out programs and put in tenders that we think of CPI increases across the life of the funding. • Recommendation that ACCHOs should apply for and governments should fund travel costs, CPI increases, evaluation of the program, admin costs • Consider adding to executive summary that this work supports NACCHOs ongoing efforts to ensure services are appropriately funded to provide the full scope of services Aboriginal people need and deserve • We can speak to that in the discussion, include that if ACCHOs were supported and funded for their SDH (that unseen glue between systems), there could be expanded scope to address overcrowding, housing, linking more with employment services. We can also include in the discussion what would happen if ACCHOs didn't exist. 			
108	2/7/19	Health Promotion Chapter	<p>Update the Health Promotion Chapter with the suggested changes:</p> <ul style="list-style-type: none"> • Include empowerment on number 4. 	CREATE Team		

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Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
			<p>Strengthening</p> <ul style="list-style-type: none"> • Community Development Program – work for the dole – add to chapter • Highlight within the chapter the importance of multi-lingual/ multi skills workforce. 			
109	2/7/19	Funding Chapter	<p>Update the Funding Chapter with the suggested changes:</p> <ul style="list-style-type: none"> • Add short-term funding opportunities from state and federal governments to the IAHP income • Change recommendation into a challenge and a burden. The challenge for ACCHOs including having staff with time to invest in relationships with funders, having time to write tenders. • Don't include research funding as revenue. 	CREATE Team		

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.

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DAY ONE

Appendix C. Aged Care Chapter

Sarah Agius provided an overview of the Aged Care chapter and an introduction to the 'one stop shop for Elders' referral flow chart.

Action Item LG102: Update the Aged Care Chapter with the suggested changes:

- show referrals through other teams including SEWB, also add health checks in the referral flow chart.

Terms were discussed: i.e., elder v Elder:

- Use capital E and an * to describe using it as a sign of respect for older Aboriginal and Torres Strait Islander community members.

Open feedback was then given on the chapter

- Add a recommendation to include aged care staff in Aboriginal and Torres Strait Islander health workforce strategy.

Directed questions.

Steps to integrate aged care into ACCHO model

- Explain some of the steps are concurrent (Steps to integrate aged care into ACCHO model)
- Remove Commonwealth as a partner.
- Add more information regarding financial modelling as part of the scoping review section. Consider pulling it out as a separate section – look at demographics, look at income and expenditure and model this out. Add further detail around modelling out the expenditure versus income to take on aged care



Appendix D. Workforce Chapter

EM joined by phone for 30 minutes and provided key feedback.

Action Item LG103: Update the Workforce Chapter with the suggested changes:

- Add text to highlight that being strong in culture is important in workforce (strong in culture and engaging with the Western world, i.e., walking in two worlds).

Discussion around including within recruitment procedures and applicant interviews a question regarding commitment to growing Aboriginal workforce.

- Add a recommendation to ask those applying for jobs, ‘what is your commitment to developing Aboriginal people in this organisation?’

Discussion around opportunities available through Dept PM+C including cadetships that were available

- Add recommendation to look for further opportunities through government, and to include cadetships.

Discussion around how not everyone aspires to be a leader.

- Look at increasing workforce at all levels, not just a focus on leadership

Discussion around the important role of AHWs and AHPs

- Highlight the important role of AHWs/AHPs within the organisation. Look at leadership programs in rural and remote.

Discussion around recruitment procedures

- Look at flexible approaches around recruitment procedures, e.g., supporting applicants during interviews.

Aboriginal counsellors and EAPs

- Acknowledge there’s a skills deficit in Aboriginal counsellors and psychologists. There has to be an investment, that begins in primary schools and high schools. And then also pay appropriate salaries in the ACCHO sector.

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Appendix E. nKPIs Results and Chapter Discussion

Summer provided a detailed summary of her PhD method and findings, followed by considerable discussion with the Leadership Group.

CH: there's a huge opportunity for a group of organisations to come together nationally to create something that's more meaningful. The challenge is that there's a new health data portal, they're so invested in this new thing as a warehouse for the nKPIs to live. AIHW just led a national review on nKPIs and OSR, but there's no transparency in the outcomes from it. Out of this there needs to be some non-government led work to create measures that are more meaningful that can be delivered in a timely manner.

AB: It's not outside the realms of possibility to come together to create an architecture for nKPIs that can help the sector. You'd assume that if we were to build an accountability and monitoring system for us in terms of the outcomes that matter most to us, it would be around financial sustainability and workforce and the domains you identified. And then services can choose their own adventure, there's 20 you have to report on and there's other modules you can buy in to and collect information on if you want to. It's something we can think about.

SF: recommendations from the government for greater consultation, qualitative indicators, having indicators that demonstrate what the service does as a totality. Investment in data literacy. For smaller services, greater support so that less people are penalised. Other recommendations included additional KPIs. My question for you, is how involved would like to be in developing those recommendations in the next 6 weeks to two months?

TB: A summary would be useful.

Action Item LG104: Summer to create a one pager for all of the elements of her PhD, and a list of potential recommendations.

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Appendix F. Governance Chapter

Anna provided an overview of the content of the chapter.

FEEDBACK Cultural Governance Model/ Visual description of three elements (strategic, corporate leadership, clinical and program governance)

Action Item LG105: Update the Governance Chapter with the suggested changes:

- Incorporate Board roles and responsibilities plus legal obligations - could come under strategic governance - as well as cultural governance.

Question: Should we use term 'corporate governance' or 'corporate leadership'?

- Use operational leadership in lieu of corporate governance/leadership
- Clarify the role of the Chair of the Board, and explain the crossover between operational leadership and clinical / program governance
- Change the colours of diagram (not readable for people who are colour-blind on the Cultural Governance Model)

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Appendix G. CREATE Achievements

Anna Dawson presented an overview of CREATE's achievements

ALEX: Suggest we talk through two or three case studies to be published – Also publish: what CREATE means, what we have learnt, horizon challenges for Aboriginal Primary Care and what is needed for a new approach

General notes from discussion on CREATE's achievements, and moving forward:

- Appetite for Masterclasses, need to find \$ for next journey for this, speak to RTOs
- Look for opportunities to deliver Masterclasses
- MRFF, Translation Centres
- Wrap up the story of CREATE
- A paper on the horizon challenges of Aboriginal PHC
- Re-set the policy conversation – a paper for policy makers and government
- Review of EAPs
- Review of RAPs
- Review of cultural safety training
- Paper on SDoH for an academic audience, circulate ideas for this
- Opinion piece: What does the future of Aboriginal PHC look like?
- Projects – national study collecting every 715 done in a year; look at health of mob through 715s and compare against funding by geographic area
- Targeted call NHMRC consultation 12 months aged care intervention
- ROSA – aged care assessments over 20 years, data link MBS and PBS to ACAT
- Adolescent health Pete Azzopardi
- Workforce stress and wellbeing
- Grattan Institute - NDIS

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Appendix H. Lowitja Workforce Grant – Mr Robert Dann, AHCSA

Robert presented to the Leadership Group the findings of the Understanding Stress and Staying Strong in Aboriginal and Torres Strait Islander Health and Human Services' Workforce project recently presented at the Lowitja International Indigenous Health conference in Darwin.

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Appendix I. OFTA Elder Mistreatment Project

Anna Dowling presented to the Leadership Group the findings of the Elder Mistreatment project funded by the Office for Ageing Well, SA Dept of Health.

Differences and similarities across different nationalities not just Older aboriginal. Financial mistreatment. And food and resources mistreatment.

Encouraging strong intergenerational relationships. Education around elder abuse – government policies and infrastructure. Resources available to prevent mistreatment. See presentation.

Promoting community champions. Neutral persons to mediate problems/issues etc.

Community driven/ co-design with Aboriginal communities.

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DAY TWO

Appendix J. Health Service Delivery Chapter

Anna Dawson welcomed Stephen Harfield to the meeting, and then presented the findings of Stephen’s international scoping review on Indigenous primary health care service delivery. The Leadership Group were then invited to share their feedback regarding the international review, and how the elements of the visual model related to ACCHO service delivery.

The visual model:



Action Item LG106: Update the Health Service Delivery Chapter with the suggested changes:

- CULTURE:
 - Add **cultural safety** (and two-way learning) and **employment of Aboriginal and Torres Strait Islander health professionals**

- HOLISTIC HEALTH CARE
 - Add **cultural wellbeing and social wellbeing** under holistic health care
 - Note later in the meeting when discussing the SDoH, there were additional notes added to the description of holistic health care in the visual model:
 - Focus on environmental health (e.g., water quality)
 - Bush foods
 - Cultural practices
 - Early childhood education and child care centres
 - Begin with: Based on historical factors, context, size, local community needs... ACCHOs provide some or all of the following holistic services:

- COMMUNITY PARTICIPATION
 - Revise title from Community Participation to **community control**



- SELF DETERMINATION AND EMPOWERMENT
 - No changes

- CULTURALLY APPROPRAITE AND SKILLED WORKFORCE
 - Action:
 - Revise to: Employing a range of skilled local community staff
 - Revise to: Investing in local staff through providing training and development opportunities such as for Indigenous health workers
 - Revise to: Supportive culturally safe environments that recognise the cultural, community and family obligations of staff
 - Add in: Ongoing cultural competency training for all staff
 - Add in: Skilled staff that deliver culturally appropriate and safe practices

- ACCESSIBLE HEALTH SERVICE
 - Action: revise to 'low cost or no cost to patients'

- RESPONSIVE AND FLEXIBLE
 - Action: add responsive health services including outreach services, community events, home visits

- Action: add in a HEALTH PROMOTION characteristic including the following elements:
 - Focus on prevention
 - Awareness
 - Health literacy
 - Health education
 - Advocacy
 - Management
 - Strengthening, **empowering** and uniting communities

- CQI - embed and support, client complaints, embedding whole of organisation processes, outwardly focused, creating a supportive and culturally safe organisation
 - Action:
 - update text to: **Embedding whole-of-organisation CQI processes that is outwardly focused and centred on community needs and feedback**
 - revise to: Collecting and analysing relevant data to improve service delivery and health outcomes but also program evaluation and development
 - delete: ~~Establishing CQI processes~~
 - revise to: Embedding whole-of-organisation CQI processes that is outwardly focused and centred on community needs and feedback

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Appendix K. Social Determinants of Health

Anna Dawson introduced the chapter content then facilitated general feedback on the format of the chapter.

Action Item LG107: Update the Social Determinants of Health Chapter with the suggested changes:

- Leave visual on page 3. Take out content on page 4. Go straight into what ACCHOs do. Principles and practices. Cross comparison with models and visuals. Putting table on page 3 into a diagrammatic form. (Colour code the table on page 4).
- Add a leading couple of sentences that talks about what will happen if ACCHOs didn't exist in this model structure. What does the evidence say about the assimilation process and moving everything into mainstream? What will happen to community?
- Add housing security and quality, justice, food security, environmental health, early childhood education and childcare centres.. and include that 'Based on historical factors, context, size and local community need ACCHOs provide some or all of the following services:..'
- Highlight in the table under social cohesion and social capital the focus on social inclusion and non-health programs, e.g., cultural practices, Men's Sheds. Should be made more prominent here.
- Add the term 'directly address' the SDH
- ACCHOs need more training on negotiation skills for adequate administration/program funding. Needs to be funded at the actual cost of delivering service at a salary level that remunerates ACCHO staff appropriately.
- Need to ensure when ACCHOs cost out programs and put in tenders that we think of CPI increases across the life of the funding.
- Recommendation that ACCHOs should apply for and governments should fund travel costs, CPI increases, evaluation of the program, admin costs
- Consider adding to executive summary that this work supports NACCHOs ongoing efforts to ensure services are appropriately funded to provide the full scope of services Aboriginal people need and deserve
- We can speak to that in the discussion, include that if ACCHOs were supported and funded for their SDH (that unseen glue between systems), there could be expanded scope to address overcrowding, housing, linking more with employment services. We can also include in the discussion what would happen if ACCHOs didn't exist.

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Appendix L. Dissemination and Social Media Discussion

Summer Finlay led the discussion around dissemination and social media platforms. Communication plan for clinical staff. Social Media package. How this can benefit the sector. Social Media action platform. Consistent messages.

Social media, links for resources on websites, pre-written tweets (Summer), consistent messaging, memes

Physical document: peaks support distribution, create PowerPoint presentation for staff meetings

Noticeboards in services, social marketing flyer, newsletters, AHP Communique,

LL: Note that VACCHO did a survey about their newsletter and stopped producing it

Mail chimp

Tweets and FB posts

Create a pack for ACCHO Boards including 1-page brief summaries

? is there a space for a community communication package?

1st audience – ACCHO workforce, policy makers, need to create policy briefs – 2 pages, with recommendations up front

State and territory PHNs, Croakey, NITV, the Conversation

National aboriginal and Torres Strait Islander standing committee; Coalition of Peaks

Peak body member forums

Martin Rocks social and cultural determinants of health division established under Ken Wyatt

My Lead My Way

Kate Tomin Dept Health

Ian Anderson

IAHP Funding Committee

Communication – driven by the sector not the research team

State based jurisdictional advocacy

Target Depts of Health Chief Execs

SO WHAT? Need tailored messaging

Look for links

Raise awareness, why should government be interested, do you know it resonates with the ATSI workforce strategy?

Target at the strategic level

Saturate the market

Email the story – describe good work, updates, practical applications, community read these posts



Present at NACCHO in November,

RTO's – map it against performance criteria, write a lesson plan

Masterclass approach – built around what CREATE has documented, share with IAHA, AIDA, NATSIHWA

Teaching resource – training purposes/ inductions etc.

LL: face to face may be the best way to target ACCO staff.

CH: Notice boards within the services.

TB: Package for ACCHO staff/ or Boards? Community package? (Might not have the biggest impact)

KD: Secondary target audience – policy briefs

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Appendix M: Health Promotion Chapter

Sarah Agius provided a brief introduction and summary of chapter. Opened up to the floor for feedback.

Action Item LG108: Update the Health Promotion Chapter with the suggested changes:

- Include empowerment on number 4. Strengthening
- Community Development Program – work for the dole – add to chapter
- Highlight within the chapter the importance of multi-lingual/ multi skills workforce.

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Appendix N. Funding chapter.

Anna introduced the chapter including that it was based on a service that was newly established, having come out of auspice in 2016.

Action Item LG109: Update the Funding Chapter with the suggested changes:

- Add short-term funding opportunities from state and federal governments to the IAHP income

Anna gave an overview of the recommendations for policy makers and asked for feedback.

Discussion around recommendations (cost benefit of purchasing service vs renting, and identifying a member of staff who can work to determine services eligible for funding). There is no 'how to'. Last point was a narrow view and no substance as to how to do that.

- Change these recommendation into a challenge and a burden. The challenge for ACCHOs including having staff with time to invest in relationships with funders, having time to write tenders.
- Don't include research funding as revenue.

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Appendix O. Alex Wrap Up.

Where to from here? Alex thanked the LG for the immense support and commitment over the life of the project. We are so proud of the continued efforts and contribution of the ACCHO sector.

We've got plenty to work on. There's so many perspectives to incorporate, but we'll do our best. Some compromises will happen. The critical thing is what we are going to do with it. Start with laying out a Communications strategy. Need to be doing something with feds, NACCHO. Step that out. Feed that process if you can. Have a look and say you've forgotten indigenous allied health, RTOs all around the country you should be talking to. Let us know what we've missed.

If you're keen to have another look, we'll welcome that. It's worthwhile. We'll send out another copy, we can do it offline. If we don't hear, we'll assume you're cool.

We have to think about other outputs from CREATE, there are a couple of case studies to be written from this which are novel and unique. **A lot of work on SDH which makes a very unique contribution from an academic perspective.** Need outputs for an academic audience. We'll have a conversation from our investigator group and circulate for your consideration.

Need something which ties it all together. What does future of Aboriginal PHC look like? What are the key challenges, and the critical ways forward. A nuanced piece, will take a while, but worth it.

Be thinking about other work which keeps us connected. Funding through Indigenous funds within MRFF.

- Masterclass, writing curriculum. Any new content should focus on these new domains. Masterclass can take on this form. Funding in to JBI fellowship programs. Pathway for people to take the next step.
- National study on collecting 715 data. Odette Gibson beginning engaging to talk through that to release data.
- Aged care. Recently received funding under a targeted call for NHMRC. Consultation and aged care intervention.
- Registry of Older South Australians. Every aged care assessment undertaken in Australia. They don't have Aboriginal governance. Alex will muscle this and circulate for review. Capacity for datalink, MBS, PBS.
- Adolescent health. Pete Azzopardi. Will keep you abreast.
- Workforce stress and wellbeing.
- Talk to Grattin Institute, about NDIS.
- Some work around defining our outcomes – nKPIs, CTG. Code of conduct – this is what we expect everyone to do. What matters most to us as a sector. If we were measuring performance what would this look like. We could build a framework around that.

Connection – Leadership Group come together twice a year, TC another 1 or 2, to discuss challenges and identify what we should do. The job of CREATE is not done, translation of CREATE will happen over the next 3-5 years, it will be the 'PHC Expert Advisory Panel'.

LL: Need to push publications from CREATE as there is a paucity of evidence for our sector, it's really important for other groups to appreciate what happens in our sector. It's important to elevate knowledge in to the academic, it's just as important as translating in to practice on the ground. Thanks for allowing our input to change what it is you are doing. Gracious in accepting those changes, absorbing and taking it forward. Creates a safe space for sharing and doing that.

LL: A final challenge, how to get the community voice up? How we get up the voice of those who have never accessed the ACCHO? Some prefer chemists/ pharmacists, falling through the gaps.