



CREATE Leadership Group Teleconference

SAHMRI, Level 4, North Terrace, Adelaide

Friday 12th April 2019,

11-1pm (SA & NT), 9.30-11.30am (WA), 11.30-1.30pm (ACT, NSW, QLD, Tas, Vic)

MINUTES

1. Welcome to Country

Sarah Agius welcomed everyone to Country.

2. Welcome Kim Morey, all members and teleconferencing rules

Anna welcomed Kim Morey, who explained the new structure within Wardliparingga and thanked everyone for attending.

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

3. Minutes of previous meeting and updated action list

Refer ([Appendix B](#)) for the updated action items.

4. Best Practice Guide

- Governance Chapter - Notes from discussion are at ([Appendix C](#))
- Accreditation Chapter - Notes from discussion are at ([Appendix D](#))
- CQI Chapter - -- Notes from discussion are at ([Appendix E](#))
- Styled Health Promotion Chapter – Notes from chapter and new style discussion are at ([Appendix F](#))
- Social Determinants of Health Chapter – **Held over until next meeting.**
- Funding Chapter – **Held over until next meeting.**

The following items were noted but not discussed during the teleconference.

5. Items for Noting -

- **Case Study Status Updated.** ([Appendix G](#))
- **Update on Papers / New Publications** ([Appendix H](#))
- **Grants**
 - i. **Office for the Ageing Well – What keeps you safe?** ([Appendix I](#))
 - ii. **Resthaven** ([Appendix J](#))
- **Master Classes Update** ([Appendix K](#))
- **CREATE Students**
 - i. **Summer Finlay update** ([Appendix L](#))
 - ii. **Jasmine Gregory update** ([Appendix M](#))
 - iii. **CREATE Fellows** ([Appendix N](#))

Anna thanked everyone for their attendance and contributions and suggested that we would welcome any additional feedback on any of the items, including the style and title at any time. It was decided to discuss the other items at the July meeting, which will now cover revised Social Determinants of Health Chapter, revised Funding chapter and new Aged Care, Workforce and Health Service Delivery Chapters.

The guide to be distributed 3 weeks before the meeting.

Meeting closed at 1pm (SA).



Appendix A – Attendance and Apologies

Attendees

Anna Dawson – Wardliparingga, South Australian Health and Medical Research Institute (AD)
Annette Braunack-Mayer – University of Adelaide, School of Population Health (ABM)
Damian Rigney – Pika Wiya Health Service Aboriginal Corporation (DR)
Fay Adamson - Werin Aboriginal Corporation (FA)
Karen Laverty – Wardliparingga, South Australian Health and Medical Research Institute (KL)
Kimberly Taylor– Wardliparingga, South Australian Health and Medical Research Institute (KT)
Marianne Wood – Aboriginal Health Council of Western Australia (MW)
Patricia Lewis – Geraldton Regional Aboriginal Medical Service (TL)
Sarah Agius – Wardliparingga, South Australian Health and Medical Research Institute (SA)
Tracey Brand – Central Australian Aboriginal Congress (TB)

Apologies

Alex Brown – Wardliparingga, South Australian Health and Medical Research Institute
Anna Dowling – Wardliparingga, South Australian Health and Medical Research Institute
Ben Thomson – The Institute for Urban Indigenous Health
Ed Aromataris – University of Adelaide, Joanna Briggs Institute
Eddie Mulholland – Miwatj Health Aboriginal Corporation
Dawn Casey – National Aboriginal Community Controlled Health Organisation
Gokhan Ayturk (Proxy for Shane Mohor / Amanda Mitchell) – Aboriginal Health Council of South Australia
Janet Guthrie – Apunipima Cape York Health Council
Jenny Bedford – Derbarl Yerrigan Health Service
John Singer – Nganampa Health
Julie Tongs – Winnunga Nimmityjah Aboriginal Health Services
Karrina DeMasi – Aboriginal Medical Services Alliance Northern Territory
Louise Lyons – Victorian Aboriginal Community Controlled Health Organisation
Maida Stewart – Danila Dilba Health Service
Ngiare Brown – Wardliparingga, South Australian Health and Medical Research Institute
Raylene Foster – Tasmanian Aboriginal Corporation
Summer Finlay – CREATE PhD Candidate

[Back to minutes](#)

Minutes CREATE Leadership group teleconference 12th April 2019



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.
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	Discussion to be held shortly.
77	12/4/18	Case Studies	Generate a proposal for a Case Study on NDIS.	Anna Dawson	May 2018	Postponed until 2019.
79	17/8/18	Case Studies	Ensure Governance final document has definitions for all acronyms (i.e. APONT, ORIC, AICD, AIGI, etc)	Janet Kelly		In Progress.

Minutes CREATE Leadership group teleconference 12th April 2019



Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
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		
95	4/12/18	CS – Funding Chapter	Karrina to run the CQI section pass the CQI team.	Karrina DeMasi		
97	4/12/18	Scoping Review	Provide feedback on the Health Promotion Scoping review paper by the 17th December.	LG members		
98	12/4/19	Governance Chapter	Update the Governance chapter with the suggested changes.	CREATE Team		
99	12/4/19	Accreditation Chapter	Update the Accreditation chapter with the suggested changes.	CREATE Team		
100	12/4/19	CQI Chapter	Update the CQI chapter with the suggested changes.	CREATE Team		

Minutes CREATE Leadership group teleconference 12th April 2019



Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
101	12/4/19	HP styled Chapter	Update the HP styled chapter with the suggested changes.	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.

[Back to minutes](#)

Appendix C. Best Practice Guide – Governance Chapter - Discussion Notes

Anna Dawson explained the Governance chapter and described a replacement visual model including two boomerangs representing Cultural Governance which wrap around the ACCHO's strategic and clinical/program governance.

The following feedback was received:

- Too wordy, more visuals would be better, the use of “Deadly ACCHO” is a good idea and more examples would be useful. Add information on “Where to go if things go wrong”. To overcome some of the challenges if things go wrong, Fay will often invite them back into the organisation for a 1:1 or get ORIC involved, providing they can provide timely support. (FW)
- Werin have an expression of interest process for any community members who would like to be a director, they must complete a form advising of their skills and what they can bring to the board. This information is distributed to the members/community before the AGM. It still comes down to a community vote, but it helps to ensure the community has adequate information to make an informed vote(s). (FW)
- Membership with AHMRC and NHMRC dictates that directors must be 100% Indigenous. The non-Indigenous directors are often bought on to fill a particular “skill” and are “ex officio” advisors to board, in that they have no voting power. (FW)
- CAAC's Board consists of 8 members elected from the membership and 3 independent directors with specific expertise. This appears to work with good respect across the Board. The chapter should make it clear that there is a place for “skill based” board members, who fill expertise gaps in the composition of the board. (TB)
- GRAMS have a policy and procedure manual for their board, plus board members must attend an induction and sign off stating that they have read and understood the manual and their role. The manual contains an introduction, board responsibilities, competencies, roles and responsibilities, legalities, Director's code of conduct, etc. The Board Induction is usually conducted by the Executive to the Board and held in the evening and lasts about 4 hours. The board is also included in a yearly performance review and formal Governance training, provided by the Governance Institute, has also been organised for Board members. (TL)
- Board training is sometimes also provided by the peak bodies, i.e. AHCSA. (KM)
- CAAC's documents often say that Aboriginal extends to our Torres Strait Islander clients. (TB)

Action item LG98: The following suggestions were made to update the Governance chapter:

- **Add a section on what to do if things go wrong. i.e. ORIC can appoint mediators and attend board meetings**
- **Create a checklist for the Board which could include the practical items such as:**
 - **How to recruit**
 - **How often the Board should meet (i.e. monthly)**
 - **Structure of the meetings (i.e. agendas, minutes, action items, list of attendees, etc)**
 - **Practicalities such as what reports are required (i.e. finance reports, operational reports, etc), when they are delivered, etc**
 - **Who sits at the meetings, whether there is an Executive to the Board, etc**
 - **Mandatory agenda items such as Conflicts of Interest (especially the Director's Interest), HR updates, WH&S, Stakeholder feedback, etc. Also, important that Directors have a declaration they complete of any possible conflict of interests. Conflict of interest is anything that involves**



directors or staff as part of an external contact i.e. talking about tafe, if that person is involved the Board, the Board decides what happens. This must be minuted. Most organisations will have a register of their conflict of interest and this is documented such as the person was asked to leave the room, etc.

- Add a Legal section, which includes Director's legal responsibility and declaration of Conflict of Interest –Refer Australian Institute of Company Directors
- On Page 2 it should read "Aboriginal Community Control" not just "Community Control". Check what NACCHO say and ensure this is in the lead chapter. Also obtain advice from IUIH, Apunipima or Miwatj re: Aboriginal Community Control extending to include Torres Strait Islanders.
- Add a Policy recommendation about ORIC responding to requests for help in a more timely and effective manner.
- Add a Legal section, including Director's legal responsibility or where they should go to find this information, such as the Australian Institute of Company Directors. Director's can be at risk if things go wrong.
- Under challenges add something around the difficulties of building a strong workable Board
- Include something about the importance of a "skill based" board, and that sometimes this might result in non-indigenous "ex officio" (non-voting) board members.
- Trish confirmed that it is "Essential to gain accreditation under QIC standards" (refer page 10)

[Back to minutes](#)

Appendix D. Best Practice Guide – Accreditation Chapter – Discussion Notes

Kimberly Taylor introduced the Accreditation chapter advising that we are aiming for a consistent layout across all chapters.

The following feedback was received:

- Congress are a large organisation and have a dedicated team and a dedicated Chief Risk and Compliance Officer (core funded) and an Accreditation Officer (Medicare funded). They receive good support from AMSANT the peak body. Congress undertakes regular audits. Accredited is with AGPAL, ISO and ACECQA (Australian Children’s Education and Care Quality Authority). The Accreditation Officer position was added as they have 13 clinics across Alice Springs plus 6 remote communities and several social support, childcare and early childhood programs. The early childhood needed its own accreditation – under ACECQA. (TB)
- QIC is the Quality Improvement Council (AD)
- GRAMS is funded through core and Trish is the only person. There is no funding or support from AHCWA for Accreditation. NACCHO used to run a National Accreditation face to face meeting twice a year and the Peak bodies used to run state-based ones, now neither of these exist. It would be very useful, especially for new people, to have this again to network, share ideas and explore new ways of working. (TL)
- Do not list the standards as this would be too much information and it is possibly available already. The QIC portal contains a list of the standards and shows how information can be used across different areas. The portal also provides useful paper resources. (TL)
- **If things go wrong?** GRAMS are with QIC, if you only partly meet standards you have time to get the evidence back to them. It takes about four weeks to receive the report after the audit and then they will often give you a “grace period” (about 8 -12 weeks) to get the evidence to them, you can even send the information to your Liaison Officer who will advise if it enough to obtain signoff. If you don’t manage to get the evidence to them by the due date, then you must pay to have the whole Accreditation audit done again, this can cost around \$20-25k for the reviewers to come out again, as you need to pay for airfares, accommodation, etc. It is important to have a good strong relationship with the Liaison Officer as they will give you tips along the way. (TL)
- Support the cultural ways of working – challenges - there is a standard on Aboriginal Cultural ways of working.
- QIC is for the whole organisation, AGPAL more clinical. There is a standard on Aboriginal Culture, which states something along the lines of: All services and programs are to be provided in a culturally safe and appropriate manner, it is about how your organisation considers and respects the culture and values of the Aboriginal and Torres Strait Islanders in the community in the planning and provision of services and programs. For instances do you run “cultural safety” education sessions for staff and external organisations you work with. For more information check the QIC standard. (TL)
- Important to consider the cross-cultural orientation, ensure all staff are aware of cultural safety and how it is practiced, then that becomes embedded in the care model. (TB)
- Moorundi as a new service, achieved their accreditation a few years ago and during the process one of their people (clients) asked what the AGPAL sticker was all about. The response was interesting in that it gave them confidence - “confidence, that you guys know what you are doing”. It was feedback like this that made the exercise worthwhile, it was stressful for staff, but they were proud to achieve it. Moorundi approached the process organisationally, funding was challenging as there was little Medicare rebate available to use, so each team was given different responsibilities and it initially took up a lot of staff meeting time. The approach taken is that “We are doing this” it was not just “a staff member” or a small group. For instance, new health workers were asked to go and get a policy around “Home Visiting”. It was suggested to staff, try other ACCHOs who are accredited to do this. The Administration Manager was responsible for keeping people on task and keeping them moving, so it was well coordinated and the whole organisation was committed. There were a few costs involved, such as Licencing costs (AGPAL) and we had to pay a company for a “Disaster Recovery Plan around IT” to make sure our Information was backed up and recoverable.



Later this was discussed with another ACCHO who paid for the same body of work from the same company it was a pity we hadn't spoken with them first. A national or state network would have been very helpful. Perhaps it could be negotiated with the peak body and cost shared across everyone. It would also be very helpful if the peak body had a team to support you. Damian also advised that he is now at Pika Wiya. (DR)

- AMSANT provides a proactive role in supporting member services. (TB)
- When Werin was setup as a new organisation/clinic they started with the Accreditation practices in mind from the beginning, they had a policy and procedure manual, so the evidence started from day one. Trish agreed this is the best way to go about things. Usually, if you register with PIP as an organisation you can receive PIP funding prior to being Accredited, but you must obtain your Accreditation within the 12 months. Werin use AGPAL in NSW, and they talk to the Accreditation body to ensure they receive an auditor who is culturally appropriate to interview Aboriginal and Torres Strait Islander staff and who has had experience working with other ACCHOs. It needs to be positive experience otherwise people dread it. (FA)
- RACGP were offering to help develop emergency response plans for free for a while. (TL)
- Kim Morey shared her involvement in the National safety and quality standards handbook for publicly funded health services. Came back with what do assesses need to know and it was difficult to explain what we wanted the assess to know and how they should work culturally. These learnings around ensuring culturally appropriate auditors could be shared across the broader health system. (KM)

Action item LG99: The following suggestions were made to update the Accreditation chapter:

- **Add text above Table 1, explaining that some ACCHOs choose to be accredited by ISO or QIC and that each ACCHO should choose the standard that best suits their organisation.**
- **Add a recommendation for Peak bodies to provide support (including financial support) or they could coordinate accreditation items. This could be discussed at the CEO forums**
- **Add recommendations for NACCHO to fund a yearly national networking meeting of Accreditors and for the peak bodies to fund yearly state-based networking meetings of Accreditors.**
- **Add comments that some peak bodies currently offer support to ACCHOs around Accreditation.**
- **Add comments about what is available on the QIC portal.**
- **Add more information about the process and if things go wrong (i.e. if you only partly meet QIC standards) you have time to provide the necessary documentation and how you go about this.**
- **Add importance of close and open relationship with the Accreditation body (in particular your Liaison Officer) to get ideas and tips and it also gives you someone to call if things go wrong. This relationship can also be used to have a say in who comes to conduct the audit (i.e. you can request an auditor who has worked with other ACCHOs and is culturally appropriate to interview your staff).**
- **AddIf you register with PIP as an Organisation working towards Accreditation you can receive PIP funding prior to being Accredited, but you must obtain your Accreditation within the 12 months.**

[Back to minutes](#)



Appendix E. Best Practice Guide – Continuous Quality Improvement – Discussion Notes

Kimberly Taylor described the chapter.

The following feedback was received:

- Werin do not call it CQI, we brainstorm better ways of working or call it “How can I improve?” We test, we talk then change. If it works, it embeds itself as everyone owns it. We should include something around corporate cultural. Each organisation is different, and we all have different management styles. Believe people gaze over if it is called CQI. Operate a different way but it does happen, the non-structured way works OK in a small organisation. What is written is good quality just we do it a bit differently. Need to include a “Deadly ACCHO” about small services. Management team does “CQI” too. Important to remember change can be painful. The changes to the way we work are documented in Management / team leader meeting minutes, so it can then be used for Accreditation purposes. (FA)
- The chapter represents Congress very well. Big organisation (400 staff), with a big CQI team (7 people). The CQI team (funded by core) and Accreditation team are across 2 separate divisions, one public health the other business services. They have a big role particularly with data informs our ongoing improvements and where we need to invest greater focus. Very important service for Congress. (TB)
- GRAMS is similar to Werin, but a bigger organisation so it is about educating the staff and getting them on board. Staff just do it, as part of their everyday life in the organisation. (TL)

Action item LG100: The following suggestions were made to update the CQI chapter:

- **Add a “Deadly ACCHO” example of how “CQI” works in a small service.**
- **Add something around Corporate culture**
- **Add something around calling CQI a different name? i.e. “How can I improve?”**

[Back to minutes](#)



Appendix F. Best Practice Guide – Health Promotion Chapter / Style– Discussion Notes

Sarah Agius introduced the Health Promotion chapter/style reminding people that they have seen the content a few times now. Explained the symbol has come from the CREATE logo

Everyone liked the design and agreed it was an improvement on the previous versions.

It was agreed the discussion section should be included but keep it at the very back of each chapter, after recommendations.

Sarah explained that there is a checklist to come which is 2-3 pages.

Funding is often not available or restrictive for Health Promotion, for instance the current funding program under TIS says that you can employ an Aboriginal Health Practitioner, but they cannot do front line interventions. (TB)

Action item LG101: The following suggestions were made to update the HP styled chapter:

- **Move recommendations to be in front of discussion section (this should always be the last section)**
- **Check with NACCHO if they have anything that speaks to Health Promotion.**
- **Add a recommendation about more flexible funding.**

[Back to minutes](#)



Appendix G. Case Study Status Update

Paper for noting



A P R I L 2 0 1 9

[Back to minutes](#)

Appendix H. Update on papers/New publications

[Paper for noting](#)

Update on Papers/New Publications

Masterclass Evaluation Paper

Published by *Australian Journal of Primary Health* no further action required.

Social Determinants of Health

To be submitted shortly. Kate Schwartzkopff finalising

Quality appraisal Tool

To be resubmitted to a different journal. Stephen Harfield finalising

Scoping Review Health Promotion

Submitted to Health Promotion Journal of Australia, awaiting acceptance.

Case Study Papers

Miwatj – Workforce Case Study Paper

Waiting for review

DWECH – Health Promotion Case Study paper

First draft in progress.

GRAMS – CQI Case Study paper

First draft in progress.

[Back to minutes](#)

Appendix I. Office for the Ageing Well Grant – What keeps you safe?

Paper for noting

Approaches to Promote the safety of older Aboriginal People – SA Health, Office for the Ageing Well

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 February 2019 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 Anna Dowling, Research Officer at SAHMRI on 08 8128 4202 or by email at anna.dowling@sahmri.com.

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

Status

- Final report submitted in February 2019
- Financial Report submitted February 2019

Next Steps

- Submit article for the Weekend Plus magazine in May 2019.
- Present at the Lowitja conference in June 2019

[Back to minutes](#)

Appendix J. Grants - Resthaven

[Paper for noting](#)

Resthaven 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.

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

- Nothing new to report, one publication still in progress.

Next Steps

- Two publications in peer reviewed national and international journals

[Back to minutes](#)

Appendix K. Master Classes Update

[Paper for noting](#)

Master Class Update

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, to improve healthcare for Aboriginal and Torres Strait Islander peoples.

Status

Evaluation Master Class held at DWECH – 25-26th October 2018. A Masterclass will be offered to Geraldton when we return in 2019.

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

- Master Class offered to Geraldton.

[Back to minutes](#)

Appendix L. CREATE Student – Summer Finlay

[Paper for noting](#)

Summer Finlay (PhD Student)

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

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 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
- 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 of the case study data,
- Analysis of survey near completion
- Completed the draft individual case study reports
- Presented to all ACCHO Boards
- Currently writing up findings/results
- Conference

Next Steps

- Synthesis the findings from all phases
- Draft final recommendations
- Plan to discuss and share findings/results with the Leadership Group in July

[Back to minutes](#)

Appendix M. CREATE Student – Jasmine Gregory

[Paper for noting](#)

Jasmine Gregory – Masters Student

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

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

- Interviewed 11 women.
- Thesis submitted in January 2019

Next Steps

- Waiting for feedback on Thesis

[Back to minutes](#)

Appendix N. CREATE Fellows

[Paper for noting](#)

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 (complete)
- Kelli Bartlett, on hold due to change of employment.
- Fiona Djerrkura, Miwatj (Attended first week in May 2018, 2nd week was scheduled for October 2018, postponed until 2019)

Status

Nothing new to report.

Next Steps

Fiona Djerrkura to complete 2nd week.

Seeking additional nominations.

[Back to minutes](#)