CREATE Leadership Group Teleconference

SAHMRI, Level 4, North Terrace, Adelaide

Tuesday 4th December 2018,

2-4pm (SA), 1-3pm (NT), 11.30am-1.30pm (WA), 2.30-4.30pm (ACT, NSW, Tas, Vic), 1.30-3.30pm (Qld)

MINUTES

1. Welcome to Country

Sarah Agius welcomed everyone to Country.

2. Welcome members and teleconferencing rules

Anna welcomed 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

A few minor corrections were made to the minutes of the previous meeting, Gokhan Ayturk will be recorded as a proxy for Amanda Mitchell and the reference to the number of 715s was removed. The corrected minutes will be redistributed with these minutes. Refer (Appendix B) for the updated action items. No further changes were requested.

4. Best Practice Guide

- Health Promotion Chapter – Notes from discussion are at (Appendix C)
- Funding Chapter – Notes from discussion are at (Appendix D)
- Social Determinants of Health Chapter – Notes from discussion are at (Appendix E)
- CQI Chapter - – Notes from discussion are at (Appendix F)

5. Scoping Review Paper. The presented papers and discussion notes can be found at (Appendix G)

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

6. Lowitja Workforce Grant. (Appendix H)

7. Office for the Ageing Grant – What keeps you safe? (Appendix I)

8. Items for Noting -

- **Case Study Status Updated.** (Appendix J)
- **Update on Papers / New Publications** (Appendix K)
- **Grants**
    - i. **Resthaven** (Appendix L)
    - ii. **DACS Grant** (Appendix M)
- **Master Classes Update** (Appendix N)
- **CREATE Students**
    - i. **Summer Finlay update** (Appendix O)
    - ii. **Jasmine Gregory update** (Appendix P)
- **CREATE Fellows** (Appendix Q)

9. Future Direction

Anna thanked everyone for their attendance and contribution and advised that we would be in contact in the new year to setup the next meeting date, avoid May budget dates. **The guide to be distributed 3 weeks before the meeting.**

Meeting closed at 4pm (SA).

Appendix A – Attendance and Apologies

Attendees

Anna Dawson – Wardliparingga, South Australian Health and Medical Research Institute (AD)
Anna Dowling – Wardliparingga, South Australian Health and Medical Research Institute (ADo)
Ben Thomson – The Institute for Urban Indigenous Health (BT)
Ed Aromataris – University of Adelaide, Joanna Briggs Institute (EA)
Eddie Mulholland – Miwatj Health Aboriginal Corporation (EM)
Janet Kelly – Wardliparingga, South Australian Health and Medical Research Institute (JK)
Karen Laverty – Wardliparingga, South Australian Health and Medical Research Institute (KL)
Karrina DeMasi – Aboriginal Medical Services Alliance Northern Territory (KD)
Kimberly Taylor– Wardliparingga, South Australian Health and Medical Research Institute (KT)
Louise Lyons – Victorian Aboriginal Community Controlled Health Organisation (LL)
Patricia Lewis – Geraldton Regional Aboriginal Medical Service (TL)
Sarah Agius – Wardliparingga, South Australian Health and Medical Research Institute (SA)

Apologies

Alex Brown – Wardliparingga, South Australian Health and Medical Research Institute
Anna Baker - The Institute for Urban Indigenous Health
Annette Braunack-Mayer – University of Adelaide, School of Population Health
Damian Rigney – Moorundi Aboriginal Community Controlled Health Service Incorporated
Dawn Casey – National Aboriginal Community Controlled Health Organisation
Deborah Woods - Geraldton Regional Aboriginal Medical Service
Fay Adamson - Werin Aboriginal Corporation
Gokhan Ayturk (Proxy for Shane Mohor and Amanda Mitchell) – Aboriginal Health Council of South Australia
Janet Stajic – Wardliparingga, South Australian Health and Medical Research Institute
Jenny Bedford – Derbarl Yerrigan Health Service
John Singer – Nganampa Health
Julie Tongs – Winnunga Nimmityjah Aboriginal Health Services
Maida Stewart – Danila Dilba Health Service
Marianne Wood – Aboriginal Health Council of Western Australia
Ngiare Brown – Wardliparingga, South Australian Health and Medical Research Institute
Paul Stephenson/Janet Guthrie – Apunipima Cape York Health Council
Raylene Foster – Tasmanian Aboriginal Corporation
Summer Finlay – CREATE PhD Candidate
Shane D'Angelo – Wardliparingga, South Australian Health and Medical Research Institute
Tracey Brand – Central Australian Aboriginal Congress

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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).

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	Paper being submitted to journal. The one-pager will be completed shortly.
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.

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Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
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 (ie. APONT, ORIC, AICD, AIGI, etc)	Janet Kelly		In Progress.
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.
81	17/8/18	Case Studies	Expand the HP model further and ensure the recommendation to policy makers and funders clearly explains that we do this work unfunded. Possible Recommendations include the need for succession planning, additional health promotion roles and culture, time, flexibility required for holistic health promotion to occur in clinic setting.	Sarah Agius		Refer agenda item.
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.

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Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
86	17/8/18	Case Studies	Add the links to the funding flowcharts to the BP Framework guide.	Anna Dawson		In Progress.
87	17/8/18	Case Studies	Consider the 1, 3, 20 Model as a way of presenting the case study information.	Anna Dawson		Refer to Agenda for guide's current format.
88	4/12/18	CS – Health Promotion Chapter	Add more emphasis in the Developing Personal skills level on the importance of Health Literacy	Sarah Agius		
89	4/12/18	CS – Guide all	Add a quick tips guide to the document to make it easier to read.	ALL		
90	4/12/18	CS – Health Promotion Chapter	Add a recommendation to the HP Chapter requesting more dedicated HP positions.	Sarah Agius		
91	4/12/18	CS – Funding Chapter	Consider adding some of the MBS discussions and the possible transport options to Funding model and recommendation.	Anna Dawson		
92	4/12/18	CS – Funding Chapter	Create a recommendation for PHNs around how funding, meetings and reporting should be better synchronised.	Anna Dawson		
93	4/12/18	CS – Funding Chapter	Funding recommendations should include the need to reduce the burden of reporting and that the funding model should be outcome focused.	Anna Dawson		
94	4/12/18	CS – SDOH Chapter	Add more to the recommendations about how ACCOs do so much more, could create policy brief	Sarah Agius		

Action Item	Raised at Meeting	Topic	Action	By Who	By when	Comments
			that lists or illustrates the examples of all the unfunded work that ACCOs do.			
95	4/12/18	CS – Funding Chapter	Karrina to run the CQI section pass the CQI team.	Karrina DeMasi		
96	4/12/18	CS – CQI Chapter	Add a recommendation around additional funding required for the peaks and affiliates to support the sector with CQI.	Kimberly Taylor		
97	4/12/18	Scoping Review	Provide feedback on the Health Promotion Scoping review paper by the 17th December.	LG members		

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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Appendix C. Best Practice Guide – Health Promotion Chapter - Discussion Notes

Sarah Agius explained the content of the Health Promotion Chapter. The following discussion was noted:

- Health promotion is a multilayered approach, ie. pamphlets and brochures, Aboriginal Workforce, etc. Health Literacy is very important as is the benefits of having Aboriginal people in the workforce. (BT)

Action item LG88: Add more emphasis in the Developing Personal skills level on the importance of Health Literacy

- Agree with Ben's comments. We focus on trying to empower the patient to take care of their own health (PL)
- In Victoria we believe the ACCOs (Aboriginal Community Controlled Organisations) have cultural at the centre of health promotion, via cultural activities. The best benefit would be for the Funders and bureaucrats, we could point the bureaucrats to this document to help them understand how ACCOs do business. Need a Quick Tips Guide as ACCOS probably don't have the time to read it as it is a big document. (LL)
- The HP recommendation could also ask for more dedicated HP positions. (BT)

Action item LG89: Add a Quick Tips Guide to the document to make it easier to read.

Action item LG90: Add a recommendation to the HP Chapter requesting more dedicated HP positions.

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

Anna Dawson explained the content of the Funding Chapter and asked for it to be noted that this chapter was based on a service that is relatively new and consequently funding is very tight. This service is currently unable to fund transport but we know that other ACCHOs believe transport is key to increasing access for community. Anna asked for feedback on the transport issue and any challenges on funding and the chapter in general. The following feedback was received:

- Transport is a huge barrier to accessing services. We use Medicare and aged care dollars to provide a transport service. Medicare pays for non-aged care transport. We have a regional transport hub that can support transport to hospitals in the region. There is a criteria for transport (i.e., people having difficulty in accessing the service, but this is fluid and can include elderly people, young people that have issues (ie. broken legs) or young mothers). (BT)
- This chapter merges with the SDOH chapter as very similar – multi funded. (BT)
- Funding – can be both state and commonwealth. In IUIH we have a small team that looks at it all day and every day along with the CEO and Board. Smaller organisations may not have that opportunity. (BT)
- Unaware of any flowcharts from QAIC, as not a member. (BT)
- AH&MRC create funding models and send out to members (AD)
- GRAMS receive both state and commonwealth funding. We have two buses for our clients and AHCWA sends out funding opportunities for the year and what we can apply for. What's included in the chapter would help a new organisation. It is Medicare and PIP that funds transport. When GRAMS first started we did not have transport – it takes a couple of years to build this up. Lack of transport would definitely impact attendance. (PL)
- Miwajt provides transport, it's essential, or we would not get people at appointments. (EH)
- The Commonwealth want to redistribute the pool of money amongst all AMS without adding any more money to the pool. Their plan is to pool all of the existing money together and redistribute amongst all AMS' with a 5-year status quo. NACCHO has been very vocal about it and are putting up a very good argument against it as it will disadvantage most services particularly the remote services. (EH & KD)
- The new funding formula and modelling is very important. We need flexibility, NT in particular has specific challenges in that we have only one NT PHN. Our funding is driven by windows of opportunity and being reactive to what the PHN puts out to tender. They put out some specific funding that is available, they say they want our sector to be the preferred provider of choice, but it is difficult to see it that way. We want to avoid the separate buckets and separate deliverables, plus it should be more long term, not just the usual yearly bit of funding. For instance, a tender for training came out - there was nothing in it about motivational interviewing, grief intervention or about it being culturally appropriate, it was just around the dollars, not around what is the best fit for the sector. This is one example of many. They should stop using service delivery money for other activities, there needs to be a bit of accountability around where the money is going. (KD)
- There are indirect and direct costs of providing the transport service. The direct is obviously the costs of car, fuel, etc, the indirect cost can be things such as the loss of revenue and service availability from the Aboriginal Health Worker who accompanies a community member to an appointment for the day. Even though Victoria is not considered very remote, it can still take a round trip of 5-6 hrs for the AHW to perform this important task and whilst they are doing this they are not bringing in any income for the service for the day, plus it puts extra workload on other staff members. VACCHO are investigating things such as telehealth and trying to determine if this is

appropriate for clients and might help reduce travel costs. Currently advocating for an MBS item number for Telehealth between clients and the GP; the existing MBS number is for specialist to client only. It would also be useful to have an MBS item for the AHW and client in home service. Some VACCHO sites are also looking at mobile clinics and/or the possibility of upgrading RVs and making them clinical workspaces that can be taken out to communities. Supports comments from others. (LL)

Action item LG91: Consider adding some of the MBS discussions and the possible transport options to Funding model and recommendation.

- Happy with how things are progressing. (EM)
- Would like to see a recommendation around the take up of Medicare billing. (BT)
- The different source of funding is a real challenge and issue. Currently IUIH receives three separate funding streams from the PHN on Mental health, drug & alcohol and suicide prevention. For each of these streams they must report quarterly and attend two meetings per quarter, so six meetings about funding over a three month period. Each stream has a separate project officer at the PHN. IUIH combines the funds for a client, the clients don't realise they are funded by 3 different buckets. The AMS also only sees the funding grouped together. Separating them does not make sense to the client and is at odds with actual service delivery models. It would be much easier if the funding was combined and the meetings were combined, and all handled in one session instead of multiple. (BT)
- Louise is on the IHP funding model working group and the feedback from that is that the Commonwealth is still encouraging the use of Medicare by ACCOS without reducing their grant funding. We have the data about how much AMS funding is being used but it is very low as there is a 60% deficiency in the use of GPs, this is a real barrier to accessing MBS revenue. (LL)

Action item LG92: Create a recommendation for PHNs around how funding, meetings and reporting should be better synchronised.

- PHNs are now trying to do research, act as a workforce agency, etc. It appears that they are trying to create a solo approach when we want to do comprehensive primary healthcare approach. (KD)
- The Commonwealth are pushing for ACCHOs to present full funding statements as part of the new model and want us to declare other sources of funding. VACCHO is pushing back hard that ACCOs don't just do primary health care, they do a range of activities. It comes back to the self-determination model, as long as it is outcome focused. The client just wants to make sure they get their services. It is important that this is explained clearly, that we want to reduce the burden of reporting, we want an outcomes focused model. (LL)

Action item LG93: Funding recommendations should include the need to reduce the burden of reporting and that the funding model should be outcomes focused.

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Appendix E. Best Practice Guide – Social Determinants of Health Chapter – Discussion Notes

Sarah Agius explained the content of the Social Determinants of Health Chapter and explained again that this is only drawn on one case study site so feedback from the Leadership Group is really important. The following discussion was noted:

- AD asked if we should include the WHO SDOH framework? No comments on this were received.
- The SDOH definition could be expanded. IUIH has lawyers who will help the client write letters to schools, they deal with the justice systems, housing, Centrelink, etc. Everyone will have different areas they deal with. (BT)
- AMSANT does a lot of work in the juvenile justice system, following on from the royal commission. This goes above and beyond the normal role. (KD)
- In Victoria we try to contextualise why the SDOH are important, i.e., intergenerational trauma, stolen generation policy and racism. It is this background that explains why Aboriginal people don't want to go to mainstream services, because they get better service from the ACCOs and this is what we need to be able to conceptualise for Government. (LL)
- GRAMS is the same, they do a lot of things they are not funded for, such as bringing deceased people home to be buried, because this is what the community want. It is costly, time consuming and difficult as two staff go out, so the service is down two staff for the day and the staff members, who are often under 30 find it traumatic as it can be someone they know or a family member. Vast distances are covered. Advocacy is a big thing that ACCHOs do whether it is at the local level or dealing with Centrelink, helping with funeral prep, etc. This needs to be drawn out in the recommendations more. (TL)
- Good at engaging with partner organisations. This is very important. For instance, not education experts but we can help along the way. Can't change the gap just by looking at health alone. We do whatever we can and whatever is necessary. This needs to be captured to get additional funding to be able to continue to do this. We will do whatever it takes to get someone through the system – even though we are not paid for this. (BT)
- Perhaps rather than accounting for small deliverables, it needs to be a Community Benefit Model – as all this work is unfunded, it becomes a burden for Aboriginal Organisations in the community. (KD)
- The types of unfunded services are: financial services, managing debt, court integration, justice support, employment assistance, inviting the sheriffs in to deal with outstanding fines, things that impact on their capacity to work, gambling support services, drug support services, etc (LL)
- Perhaps the Government could acknowledge that we do this. The "One Stop Shop" (BT)

Action item LG94: Add more to the recommendations about how ACCOs do so much more, could create a policy brief that lists or illustrates the examples of all the unfunded work that ACCOs do.

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Appendix F. Best Practice Guide – CQI Chapter – Discussion Notes

Kimberly Taylor and Janet Kelly explained the content of the Continuous Quality Improvement Chapter and explained that this is still very much in draft format and the recommendations are still to be written. The following discussion was noted:

- If you don't have the one person on the ground talking/driving CQI it tends to fall away. (TL)
- Funding bodies want you to be accredited but you are not funded for it. They also want you to do a CQI action plan, on top of the plans required for accreditation such as the accreditation and an improvement action plan. More work that you are not funded for. (TL)
- The CQI position should be funded, but it is not. (TL)
- AMSANT has a dedicated team and gets funding from the Territory. It is the dedicated positions that help drive CQI, it is everyone business, but we are having training, pulling data, etc. Some services have lots of agency nurses so it is important that CQI is driven by someone with expertise. (KD)

Action item LG95: Karrina to run the CQI section pass the CQI team.
Action item LG96: Add a recommendation around additional funding required for the peaks and affiliates to support the sector with CQI.

- A Recommendation around additional funding for the peaks and the affiliates to support the sector would be useful. AMSANT does it well but has to fight for funding. It is not about telling the service how to do it, it is about supporting them. AMSANTs recent session had over 170 participants with 88 different speakers. They work collaboratively and bring people together to talk about ideas, bring data and special speakers and look at key areas in our KPIs. For example, they looked at general data around immunisation and identified it as a key area to work towards. This allows a mechanism to drive the action. Created an Immunisation Working Party who will then try and look for funding. (KD)
- It is a struggle to understand what is CQI, what is program evaluation and what is service delivery evaluation. There are some differences but also huge overlap. Funders get confused, they are all interrelated but quite different. VACCHO run an annual CQI forum "movement by improvement" which is well received by services. We think we are quite mature with this but maybe we don't articulate it very well but we are good at identifying what we are going to measure. For the past 5-6 years the Commonwealth have been trying to develop a national CQI framework – it is an enormous burden to ACCHOs and everyone else involved (affiliates), it is only applicable to our sector, other primary health care providers and other areas don't have to do this type of thing. We think we are doing well on the ground but it is a big burden, people are trying to bring this back on track and articulate what we do in this framework. They are trying to tie it to future funding. It does not focus on the outcomes and impacts and doesn't include the unfunded activities we do. Strong link between KPIs and CQI. (LL)

- IUIH has a structure and system and process in and around CQI for clinical governance. A GP regularly prints off the data and reports, then has conversations with each of the clinics. They go through different nKPIs and other KPIs and drill down into the detail to check that the data is captured and the followup care for the patient is adequate. (BT)
- GRAMS has a clinical governance committee too (SMO) – all under accreditation. They use Logicq quality management system. Also used by IUIH. CQI is incorporated in the whole organisation. They work together to lift data and give better health service. (TL/BT)
- CQI is enabled by the team, if the CEO, Board, Senior Management, QI committee are all saying that we should be doing this, it gets support.

Janet Kelly asked if there is a link between organisation strategic direction and CQI and is this factored in and can you measure against it?

- Strategic plan will link quality as well as service to our client. It is same as the action plan that you give to funders. People don't realise they are doing CQI, they just redesign or fix things. Sometimes you have to explain to staff that the standards are what you have to do gain or keep your accreditation "Not my standard it is an accreditation standard" (TL/BT)

Terminology discussion:

- Victoria doesn't use the term Indigenous. They use both ACCHOs and ACCOs but prefer ACCOS to show that is broader and beyond just health services. (LL)
- Queensland and NT use Aboriginal and/or Torres Strait Islander (BT)

Acknowledgement discussion:

- The case study sites will be not be named during the chapter but will be listed at the start. Writing a letter to all sites. Will acknowledge at the beginning.
- The Leadership Group will be included and contacted with regards to any future Publications.

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

Discussion Notes:

Ed discussed the scoping review, advising that the search was in 2015, they identified 71 programs from 83 different articles. 30% focused on children, 40% addressed 2 or more of the snap (smoking, nutrition, alcohol, physical activity) factors. 40 programs addressed nutrition. Alcohol came in last (only 16 programs).

Most programs focused on individual, knowledge and skills with education a big component.

There has never been a national nutrition program for Aboriginal people, VACCHO have been advocating for a very long time. This would be helpful to put in front of the Government, to show the ACCHOs are trying to change behaviour. A lot of other programs (smoking, etc) have a framework approach. Obesity is going to be addressed shortly. It would be worth checking Jennifer Brown's PhD paper, this can be found on the VACCHO website. (LL)

Action item LG97: Provide feedback on the Health Promotion Scoping review paper by the 17th December.

Presented paper

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 71 programs. The manuscript for publication is drafted and has received feedback from all authors.

Next Steps

Please review the final draft of the manuscript and provide feedback to Karla.Canuto@sahmri.com. Karla is contacting the Editor-In-Chief of the Health Promotion Journal of Australia to gauge their interest in publishing the manuscript as it is longer than their usual reviews published. If you have suggestions for other journals that may be appropriate, please let Karla or Ed know.

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Appendix H. Lowitja Workforce grant

Paper for noting

Lowitja Grant

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

Yarning with Aboriginal and Torres Strait Islander Workforce Project

Description of Project

Refer: https://www.lowitja.org.au/staying-strong-workforce

Partners – AHCSA, SAHMRI, UniSA

TIMEFRAME: December 2017 – March 2019.

Method

STUDY 1: systematic review of existing tools is underway and near completion

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

STUDY 3: Expert Roundtable discussions (To be confirmed)

STUDY 4: Instrument development and pilot

Status

Ethics Approvals

- SA: SA Health HREC = approved
- WA: WAAHEC = approved
- WA Health SSA = Site Specific Assessment has now been granted this has been a long process despite having a very supportive organisation from very early in the project.
- NSW: AH&MRC = approved
- Central NT: CAHREC = approved

Recruitment and Qualitative Data collection

Data collection is currently underway with a view to close collection on the 14th December The study has been very well received with all workforce sectors, The NATSIHWA have been very supportive to the project team throughout the data collection phase.

Qualitative Analysis

Interviews are being transcribed. Analysis in NVivo currently in its initial phases. This phase will include training for Rob in qualitative analysis methods and coding using Nvivo software.

Systematic Review

We have undertaken database searches, assessed abstracts in Covidence, and are undertaking data extractions and drafting a report to Lowitja. We are behind on this deliverable (Oct 30th) due to an intensive period of travel and data collection. We are addressing this as a matter of priority.

Conference Presentations

Our team attended the National Indigenous Health Workforce Leadership Conference in Brisbane on November 2nd 2018 and presented an overview of our project including emerging qualitative findings.

The Lowitja Institute Reporting

We have submitted a draft Knowledge Translation Plan in June 2018 and a revised version following Lowitja Institute feedback in July 2018. We also submitted three progress reports (Research Activity, Finance, and In-kind contributions) to the Portal in July 2018.

Next Steps

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

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Appendix I. OFTA Grant – What keeps you safe?

Paper for noting

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

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

- Finalising the Grey material from the Systematic literature
- Finalising the writing up of the systematic literature review
- 2nd Progress report submitted
- Ethics approval received for Consultation process
- Consultation and resource development in progress
- Contract extension negotiated to February 2019.
- Anna Dowling and Dr Carol Davy presented on this at the Australian Association of Gerontology conference in Melbourne in November 2018

Next Steps

Finalise the grey material literature review, complete the consultation and develop the resources.

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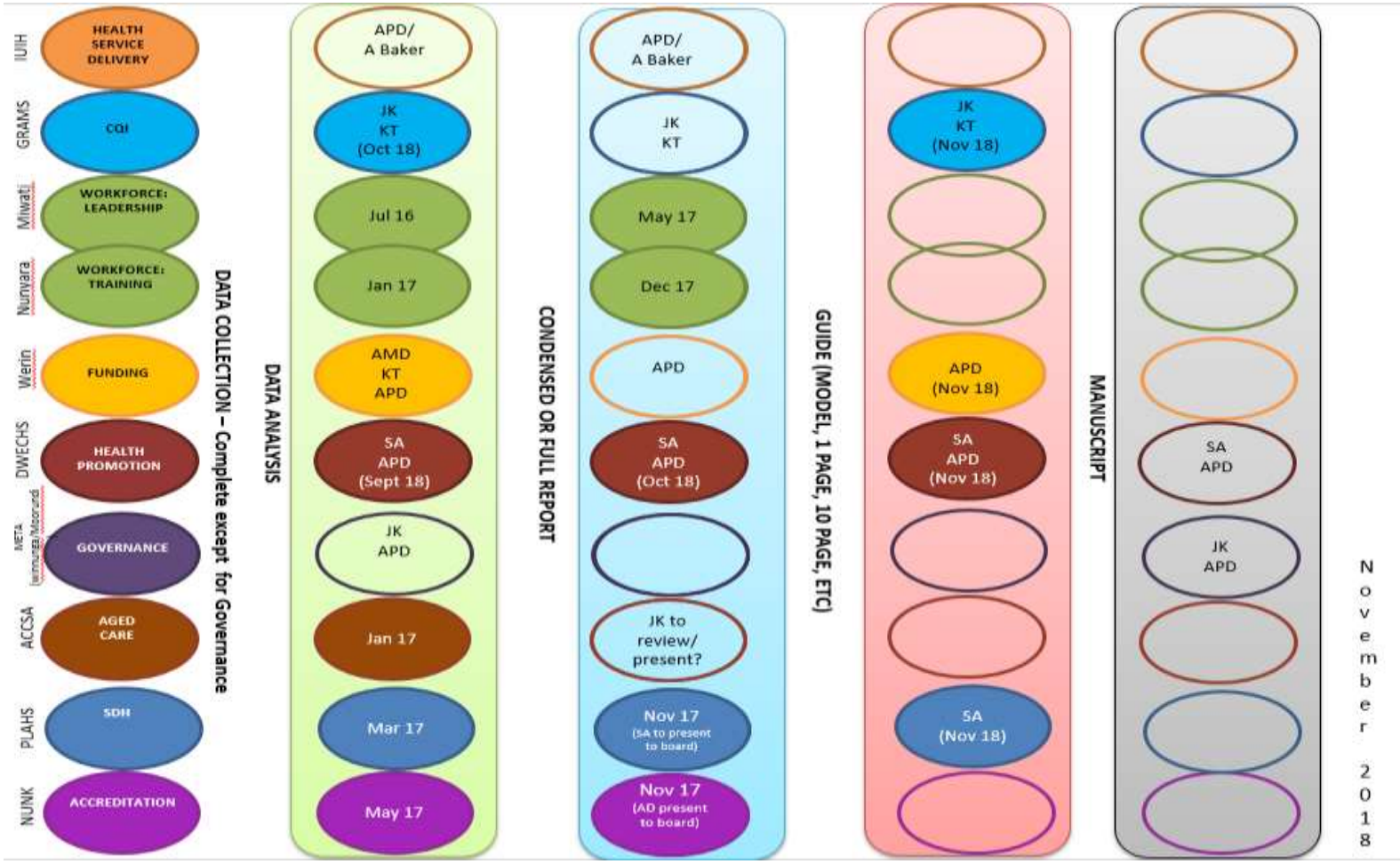
Appendix J. Case Study Status Update

Paper for noting



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Appendix K. Update on papers/New publications

Paper for noting

Update on Papers/New Publications

Masterclass Evaluation Paper

Accepted by *Australian Journal of Primary Health* no further action required. Janet Stajic finalising.

Social Determinants of Health

To be submitted shortly. Kate Schwartzkoppf finalising

Quality appraisal Tool

To be submitted by end of December 2018. Stephen Harfield finalising

Scoping Review Health Promotion

To be presented to the Leadership Group 4th December – Karla Canuto finalising

Case Study Papers

Miwatj – Workforce Case Study Paper

Waiting for review

DWECH – Health Promotion Case Study paper

First draft in progress.

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Appendix L. 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.

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.
- Framework rebadged by Resthaven
- Dr Carol Davy and Anna Dowling presented at the Australian Association of Gerontology conference in Melbourne in November 2018
- One publication in progress.

Next Steps

- One presentations at relevant National Conferences
- Two publications in peer reviewed national and international journals

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Appendix M. Grants – Dementia and Aged Care Services (DACS) Grant

Paper for noting

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

We are pleased to inform you that our data collection is now complete within the South Australian field sites - Port Augusta, Port Lincoln and the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands. As per our project plan, Stage One of the project aims to 'Describe Cultural Safety from the perspectives of Older Aboriginal peoples'. A total of 65 participants (older Aboriginal people, aged 50 years and older) agreed to participate in the study, and were subsequently interviewed. We are now in the process of analysing all data collected. We are grateful for the many Elders who generously offered their time and their valued stories.

The many stories will assist us in exploring older Aboriginal peoples' experiences and understandings of cultural safety as well as the casual events that lead to culturally safe and unsafe practices. The findings will be shared with our participants to ensure that the interpretation of the data reflects participants' understandings. From these findings, we will prepare a report describing our findings and proposed strategies to improve cultural safety within aged care service delivery. The report will also be evaluated by our Expert Advisory Committee prior to being presented to the Department of Health and being made available publicly. Our key deliverable will be a suite of culturally safe training programs and resources for aged care service providers.

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Appendix N. 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, in order 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 December.

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 Geraldton.

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Appendix O. 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 the case study data, survey and interviewing stakeholders
- Completed the draft individual case study reports
- Presented to tall ACCHO Boards
- Currently writing up findings/results

Next Steps

- Synthesis the findings from all phases
- Draft final recommendations
- Share findings/results with leadership group for discussion
- Aim to be finished by the beginning of 2019

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Appendix P. 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

- 2018 minor review with Adelaide University complete
- Interviewed 11 women, transcripts received
- Initial NVIVO training complete in preparation for analysis
- Analysis complete
- On-going reports to WAAHEC/ HREC and Aboriginal community representative groups.
- Second complete draft of all chapters submitted and reviewed
- Extension requested and received
- Visited Adelaide week of 19th November, writing completed, and Endnote tidied up.
- New end date January 2nd, 2019

Next Steps

- To be submitted to an Editor for review.
- Aiming to submit before 24th December 2018
- On track to complete January 2019.

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Appendix Q. CREATE Fellows

Paper for noting

CREATE JBI Clinical Fellows

CREATE JBI Clinical Fellows

- Sandy Hogg, IUIH (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

Yarning session

Refer to the report on the ½ day yarning session which was held on the 18th May 2018 with the JBI CREATE Clinical Fellows.

Next Steps

Seeking additional nominations.

Paper for noting

JBI Clinical Fellowship – Yarning Session

On Friday 18th May 2018, five JBI Clinical fellows and one CREATE Student came together for a Yarning session with Wardliparingga and JBI staff to network, share ideas, provide support for one another and to discuss ways to improve the JBI Clinical Fellowship program.

Attendance details have been withheld from this report to provide anonymous feedback.

The first part of the session was about sharing projects and providing guidance and feedback to one another. Anna Dawson shared the work CREATE is doing on the Best Practice framework for Aboriginal Community Controlled Health Organisations (ACCHOs) and agreed to send a draft copy for review when it is ready, possibly November 2018.

The final session was a frank discussion on the JBI Clinical Fellowship program. Following this session, the Challenges, Suggestions for Improvements and Positive comments were recorded and sent out to attendees for confirmation of accuracy. The comments have since been discussed by JBI and SAHMRI CREATE staff and resent to the attendees.

The following Action items have been agreed upon by JBI staff and CREATE CIs.

Action Item 1: Provide a more detailed "plain English" description in the CREATE application form to ensure nominees understand the nature of the course. Also include information on past topics.

Action item 2: A JBI and CREATE staff member to meet with or hold a teleconference with applicants before they attend.

Action item 3: Forward the Aboriginal and Torres Strait Islander protocol to JBI for distribution and if possible arrange for Cultural competency training.

Action Item 4: Arrange for the Clinical Fellow to meet the Collective on Day 1 instead of Day 5 of the course. The Collective to be invited to their presentation on Day 5. Engage more with the CREATE AIs. Add to the Collective agenda for future consideration.

Action Item 5: Aim to recruit from people who have attended a CREATE Master Class. If this is not possible, send them links to the CREATE Videos and Master Class information.

Action Item 6: Setup a 6 monthly networking session which includes the Collective.

For a detailed description of the challenges, positive outcomes and suggestions for improvements, please contact Karen Laverty or refer to the papers distributed prior to the meeting.

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