Mixing Oil and Water: Practical Implementation of Policy to Improve Health Outcomes for Aboriginal Consumers

John Willis, Salina Bernard, Sonia Posenelli and Barbara Donnelly

Mixing oil and water is a difficult task and it is generally thought to be impossible. Yet through the addition of a surfactant that changes the surface tension, the two can be mixed successfully. At first glance bringing about improved health for Aboriginal people also appears to be an impossible task. This article will examine the national and state policy platform regarding Aboriginal health and how they combine with current research to inform the Improving Care for Aboriginal and Torres Strait Islander Patients Strategy. It will also explore how this policy has started to become a reality on the ground by examining what has occurred at St Vincent's in Melbourne and by demonstrating how this offers a meaningful basis on which to build upon.

Australia has a very poor track record in the achievement of sustainable improvements in Aboriginal health; in fact the statistics clearly highlight comprehensive failure. However, practical implementation of the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) reform can offer encouragement to mainstream health services and professionals to join the effort and become part of the change that is desperately needed in the area of Aboriginal health. This approach supports the role of the Aboriginal community controlled health sector as a crucial player in bringing about change, but in a spirit of social solidarity, it places the key responsibility to drive this process onto mainstream health services. The focus is not on creating more specialist services for Aboriginal people but rather on making all existing services accessible and equitable, and this requires some specialist expertise—namely, Aboriginal perspectives. Please note that in this article the term Aboriginal encompasses Aboriginal and Torres Strait Islander people.

Policy Platform

For many decades, both state and federal governments have continued to develop policy to address Aboriginal disadvantage in Australia. Some policies have been more successful than others in responding to the current needs of the Aboriginal community, and many are of historical significance in the current attempts to improve Aboriginal health and wellbeing in the Victorian context.

National

At the national level, the *National Aboriginal and Torres Strait Islander Health Strategy* (NAHS) was released in 2001 as a consultative document produced by the National Aboriginal and Torres Strait Islander Health Council. Although not specifically addressing hospitals, it highlights their obligation to provide effective and quality health services to all Australians, including Aboriginal people.

The NAHS Strategy outlines nine principles that guide national action to ensure implementation strategies support the vision for healthy Aboriginal communities. These strategies contained in the NAHS focus on cultural security, holistic approaches, capacity building, community control, promotion and prevention, accountability, health sector responsibility, localised decision making and working together. All these principles are important but two areas are particularly significant when considered in the context of the ICAP reform. Health sector responsibility refers to the key principle of the Australian health care sector to provide equity and access for the most disadvantaged. The strategy also notes that the provision of quality health care services to people is a core responsibility of the whole health sector and not just that of the Aboriginal community controlled health sector. The other key area is working together, with a combined effort being needed from all stakeholders. How this is practically done is the crucial question.

The National Strategic Framework for Aboriginal and Torres Strait Islander Health followed on from the NAHS Strategy and has similar principles and objectives. This framework is the guide for government action to address Aboriginal health and wellbeing, and was endorsed in July 2003 by the Australian Health Ministers' Conference.

The Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004–2009, commissioned by the Australian Health Ministers Advisory Council (AHMAC), recognised the comparatively poor standard of health experienced by Aboriginal and Torres Strait Islander people compared to that of the broader Australian population. The Framework was developed to provide guiding principles for policy construction and service delivery by specific jurisdictions as they implement initiatives to address their respective needs. The Framework's principles focus particularly on guiding the development, establishment and strengthening of relationships between the health care system and Aboriginal people.

This Framework states that cultural respect is about shared respect and responsibility, which can only be achieved when the health system is a safe environment for Aboriginal people—where cultural differences are respected. It is a commitment to the principles that the construct and provision of services offered by the Australian health care system must not compromise the legitimate cultural rights, practices, values and expectations of Aboriginal people.

The vision and goal of the Framework is to uphold the rights of Aboriginal people to maintain, protect and develop their culture and achieve equitable health outcomes. The Framework aims to influence corporate health governance and organisational management, and delivery of the Australian health care system so that policies and practices are changed to become culturally respectful. This will in turn contribute to improved health outcomes for Aboriginal people.

The Framework further highlights that the health and cultural wellbeing of Aboriginal people within mainstream health settings requires special attention. It associates many contributing factors to poor standards of Aboriginal wellbeing including the lack of confidence of Aboriginal people in accessing mainstream health services.

State

Victorian policies include *Achieving Improved Aboriginal Health Outcomes: An Approach to Reform* (January 1996). This document is an agreement between the Victorian Department of Human Services (DHS) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Signed off by both parties in August 1996, it outlines the partnership arrangements in the development and delivery of health policy initiatives by the DHS It documents 'community control' and 'self determination' as underpinning principles and acknowledges and respects the need for consultative processes to inform Koori health policy in Victoria.

Another state policy is the DHS *Koori Services Improvement Strategy* (undated). Known as the KISS strategy it commits the Victorian government to working in partnership with the Victorian Koori community to address disadvantage. The strategy recognised the need for a whole-of-department approach to successfully improve Koori health and wellbeing.

The DHS *Koori Services Plan* (2004) is a partnership document that builds on and strengthens the KISS strategy activities at regional and program levels. The *Koori Services Plan* establishes a whole-of-government approach, focusing on reconciliation, respecting diversity, partnerships, improved outcomes, identifying departmental priority areas for action, and the provision of leadership across the department.

Acute Health Services

In relation to acute health services specifically, the first key report was the *Aboriginal and Torres Strait Islander Hospital Accreditation Project* undertaken in 2002. DHS, in partnership with the Metropolitan Health and Aged Care Services Division, commissioned the Project with the aim of developing a strategy for accreditation of public hospitals in relation to the reporting and provision of hospital services for Aboriginal patients. The study made numerous recommendations concerning accurate identification, data collection and appropriate service provision to Aboriginal patients.

The project was conducted as a collaborative exercise between the Australian Institute for Primary Care at La Trobe University and the Vic Health Koori Health Research and Community Development Unit located at the University of Melbourne. The project found that there were well-evidenced ways to measure quality of care and cultural safety through:

- staff values, skills and knowledge related to cultural sensitivity in the provision of services to Aboriginal people;
- relationships with Aboriginal organisations and services;
- inter-agency and interdisciplinary planning and evaluation processes that focus on the particular cultural and social needs of Aboriginal people;
- systems and resources to support staff to make timely relevant referral and seek appropriate involvement of Aboriginal workers and agencies;
- information technology systems that support the recording of Aboriginal status and communication between staff and departments; and
- evaluation of the effectiveness and recording system.

The findings were used to develop a quality framework referred to as the *Developing a New Approach to Koori Hospital Liaison Services*, *Hospital Accreditation Framework* (December, 2004). This report led to the introduction of the ICAP Strategy. This document presents key guidelines designed to act as an accountability framework for Victorian acute health care providers. The guidelines focus on relationships with Aboriginal organisations, culturally aware staff, discharge planning and primary care referrals.

Acute Health Services Policy Reform

Finally, the *Improving Care for Aboriginal and Torres Strait Islander Patients* (ICAP) was launched late in 2004. As part of the ICAP reform, health services receive the 30% Aboriginal Weighted Inlier Equivalent Separations (WIES) supplement to implement and report on quality improvement initiatives. WIES funding is provided to health services according to the complexity of every medical procedure. The Aboriginal supplement is calculated according to the total WIES paid for Aboriginal patients at each health service. The guidelines outline the quality improvement and reporting requirements of health services in receipt of the supplement and include a demonstration of relationships with Aboriginal organisations, cultural awareness training for staff, addressing Aboriginal cultural needs when discharging patients and involving Aboriginal workers in primary care referrals.

Under the ICAP reform all health services that are in receipt of the 30% Aboriginal WIES supplement eligible for all Aboriginal identified inpatients must address four key result areas:

1. Establish and maintain relationships with Aboriginal organisations.
2. Provide or coordinate cross-cultural awareness training for hospital staff.
3. Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered particularly in regard to discharge planning.

4. Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.

St. Vincent’s Melbourne

St. Vincent’s is the largest metropolitan provider of hospital services to Aboriginal adults in Victoria. In 2005, in the light of the ICAP reform, St. Vincent’s undertook a quality improvement activity where the primary purpose was to monitor, evaluate and improve service delivery to Aboriginal patients through a formal review of the Koori Hospital Liaison Officer (KHLO) Program. This review highlighted issues broadly related to service provision to Aboriginal patients in an acute setting. A collaborative approach was used, involving an Aboriginal consultant and the St. Vincent’s Patient Liaison Officer. A project steering committee included representation from St. Vincent’s Executive, the Koori Hospital Liaison Officer Program, the ICAP project officer, and the Victorian Community Controlled Health Organisation (VACCHO) oversighted the review.

The review looked at issues from three perspectives, those of key St. Vincent’s staff (both direct and indirect service areas), Aboriginal patients, and locally-based Aboriginal service providers. The consultants approached all identified stakeholders who agreed to participate and they gathered descriptive feedback through either face-to-face or telephone interviews, or focus groups.

The 55 stakeholders were selected by St. Vincent’s KHLO program staff and included:

- 13 staff from key local Aboriginal organisations ;
- 34 St. Vincent’s staff involving clinicians and managers from a range of program areas (including emergency staff and patient services clerks who are responsible for Aboriginal identification at admission) ; and
- a consecutive sample of eight Aboriginal inpatients were interviewed by the internal St. Vincent’s consultant (excluding patients who were too unwell to be interviewed).

Key Findings and Themes

Aboriginal Culture

Patients commented on the limitations regarding hospital staff’s understanding of Aboriginal culture:

“They’re respectful but I don’t think they really understand”

“They don’t have any idea, but they seem to have good hearts and do try”

“Some think that if they’ve met one Koori they have learnt all there is [to know]”

Cultural Awareness and a Culturally Safe Environment

Of the staff respondents, 97% identified that Aboriginal patients had specific requirements for a flexible, responsive service, and an improved style of communicating information and of describing hospital processes. Almost all staff (94%) saw a strong connection between the provision of a culturally safe environment and better health outcomes. Reinforcing the need for work in this area, 84% felt that St. Vincent’s sometimes fell short of this objective. All staff respondents identified the need for a formal, fully resourced cultural awareness training program with trained educators. More than 50% of staff surveyed felt that they had consistent knowledge gaps regarding Aboriginal health and related issues.

Expectations of the KHLO Program

Problems of insufficient resources, and availability and accessibility of the service were concerns expressed by both hospital staff and community agencies. Overall, 60% of staff respondents were unaware that the KHLO had off-campus responsibilities which include activities such as community meetings and attendance at patient funerals. Comments included:

"An impossible role"

"Expected to do everything, manage everything with a high level of expertise and understanding of the system"

"Lack of service after hours and on weekends can be a real issue".

Community service respondents said that they expect the KHLO to maintain community linkages by visiting regularly.

Discharge Planning and Continuity of Care

Two issues were raised under the area of continuity of care. The first was that the Aboriginal community agencies, as well as six out of the eight patients, believed that information about the patient's hospitalisation should be shared with agencies. One patient stated: "It's imperative". However, another stated: "No, never, that's personal business." All patients felt that they needed 24 to 48 hours notification before discharge and four informants commented that discussions with family are important to make sure they have all the information required.

The second issue concerned patients having difficulty and requiring outpatient follow-up. Comments included the difficulties of having young children accompanying them, mobility problems and lack of transport options, and that the outpatient clinics can be noisy and overwhelming.

Importance of the Aboriginal Liaison Role

A range of views were provided by those consulted when asked about the importance of the Aboriginal liaison/KHLO role. Feedback varied from the KHLO being an advocate whose role is to liaise, to support, to provide practical assistance and to: "provide a sense of community for Aboriginal patients". Other responses ranged from "Not essential" to "It's an extremely high priority" and "They should be more consistent and available when I am admitted".

Implementation Strategies

The effective implementation of any recommendations requires ongoing commitment from St. Vincent's management to work in partnership with the Aboriginal community to effectively deal with the inevitable tensions that arise and ensure that change occurs. Several strategies have been implemented in response to the review.

Whole-of-Health Service Response

St. Vincent's, urged by Aboriginal community organisations, decided to take a whole-of-health service approach to Aboriginal health, to involve all areas in the development of culturally safe services to Aboriginal patients and to improve awareness, access and availability of hospital services to Aboriginal people.

St. Vincent's Aboriginal Health Advisory Committee

St. Vincent's has re-created the role, composition and involvement of its Aboriginal Health Advisory Committee. This committee includes three directors from St. Vincent's and three CEOs from local Aboriginal organisations, to ensure that ongoing development is driven and informed by Aboriginal people and that ongoing collaboration between the health service and the Aboriginal community is maintained.

Aboriginal Policy and Planning Officer

To respond to the identified need for cultural awareness training and to oversee developments across the organisation, St. Vincent's has employed an Aboriginal Policy and Planning Officer. This position coordinates all Aboriginal health activities across the organisation including the implementation of an Aboriginal training and employment strategy.

Benefits for Aboriginal Patients

In the first six months since the review was completed several steps have been taken using a quality improvement approach. These include:

- a re-located KHLO office to ensure easy access to a culturally safe place for Aboriginal patients and family members;
- a quality improvement project looking at the provision of medication at discharge (this has also had benefits for the hospital's partnership and interagency relationship with the Victorian Aboriginal Health Service);
- the benefits of a user-friendly 'Patient Information Sheet';
- an agreed Aboriginal patient discharge communication tool has been used to improve communication at discharge between St. Vincent's and local services working with Aboriginal patients;
- program updates provided to Aboriginal organisations outlining staff changes, absences, coverage arrangements—to improve awareness of service availability or gaps which may exist for any reason; and
- the Victorian Patient Travel Assistance Scheme (VPTAS) pilot project looking at improving access to upfront funding for travel and accommodation for Aboriginal patients from a rural region and their carers, when treatment is provided more than 100 kms from home

In seeking to find a mix which can deliver improved health outcomes for Aboriginal people, St. Vincent's has made a commitment to take responsibility, to work together with Aboriginal organisations, to develop culturally aware staff and to improve the quality of care.

Conclusion

Most of the key themes that emerged from the case study would be relevant to other health services, as are the implementation strategies.

The approach taken at St. Vincent's demonstrates social solidarity and partnership with the Aboriginal community. This is the surfactant to ensure success, being both a key basis of the ICAP reform and supported by national Aboriginal health policy. The outcomes for Aboriginal consumers are the delivery of a consistent, supported, high quality clinical program with Aboriginal staff working closely with mainstream staff and Aboriginal service providers for the improved benefit of Aboriginal patients.

Further information regarding the ICAP reform can be found at: www.health.vic.gov.au/koori/icap/

John Willis is the Senior Policy Officer, Metropolitan for the ICAP reform and is based at St. Vincent's Melbourne. This role includes assisting all metropolitan health services in implementing the ICAP reform.

Salina Bernard is an Aboriginal consultant offering services to a range of agencies including Aboriginal community controlled organisations and mainstream services developing and delivering Aboriginal programs.

Sonia Posenelli is the Chief Social Worker Acute and Palliative Care/KHLO Program Supervisor at St. Vincent's Melbourne

Barbara Donnelly is the Patient Liaison Officer at St. Vincent's Melbourne.