Evaluation of the First Strategic Plan for Aboriginal Health in South Western Sydney, 1993-98

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Abstract

The 1993-98 Aboriginal Health Strategic Plan for South Western Sydney represented the first partnership of its kind between an Area Health Service, local Aboriginal Health Workers and the local Aboriginal Community Controlled Health Service in Australia. During 1998, an evaluation of the plan was undertaken as part of the preparation for the second Aboriginal Health Plan. Of the 45 strategies in the first plan, 38% had been fully implemented, 42% had been partly implemented, and 20% were not implemented at all. This paper discusses the importance of data collection and monitoring systems, the integration of Aboriginal health into mainstream services, the further development of Aboriginal health infrastructure, and continued leadership by senior managers.

Background

Despite the impressive progress that has been made in the wider Australian population to reduce preventable mortality and morbidity, the poor health of Aboriginal and Torres Strait Islanders on any health measure remains an issue of major concern. The life expectancy of Aboriginal people at birth remains substantially less than other Australians (AIHW 1999) and the difference is much more dramatic than those experienced by other indigenous communities around the world (Ring & Firman 1998).

Tackling the poor health of Aboriginal and Torres Strait Islander communities presents a major challenge to health service managers. Experience in working with these communities over the past thirty years suggests that without active involvement and commitment from local communities, progress will be limited (Eades 1999). Partnerships between local Aboriginal Community Controlled Health Services, Aboriginal Health Workers and mainstream health services are seen to be essential in development of health services and addressing the wider determinants of Aboriginal health. These understandings underpin the recent development of partnership agreements in NSW.

The first formal collaboration in NSW began in 1991 when the Tharawal Aboriginal Corporation, local Aboriginal Health Workers (at that time employed by the NSW Department of Health) and the South Western Sydney Area Health Service (SWSAHS) established a working group to look at ways in which the health of local Aboriginal people could be improved (Nossar, Houston & Gale 1993). Over time the focus of the group shifted from specific issues to broad policy concerns that eventually led to the development of the Strategic Plan

for Aboriginal Health in South Western Sydney. This plan was launched by the Minister in 1993 and signed off by Tharawal Aboriginal Corporation, SWSAHS and the Office of Aboriginal Health within the NSW (SWSAHS, 1993).

The strategic plan had a number of broad goals that were supported by a range of strategies. These included the identification of priority areas where action needed to be taken, the development of consultative mechanisms, and staff training and data collection. Wherever possible, the strategy identified the person responsible for developing and implementing specific strategies within a timeframe. An overview of the range of activities undertaken as part of the strategy is reflected in Boxes 1 to 3.

Aboriginal Employment Strategy

The SWSAHS Aboriginal Employment Strategy aims to increase the proportion of Aboriginal staff in non-designated positions to 2% and to provide support and career opportunities for existing staff. A number of strategies have been put in place including:

- Traineeships for Aboriginal and Torres Strait Islanders in a wide range of employment areas
- Increasing the number of Aboriginal staff employed throughout the system through Elsa Dixon funding
- Scholarships for existing staff to train in priority areas such as health promotion
- Development of career plans for existing staff
- Establishing an Aboriginal Employment Officer position at area level to provide support and advice to Aboriginal workers and health service managers
- An extensive cultural awareness program available to all staff

Biyani - Women Healing Women Aboriginal Women's Health program

In 1998 and 1999 funding was provided under the NSW National Women's Health program and from the ATSIC Sydney Women's Regional Council Grants program to organise residential camps for Aboriginal women in SWS. Aboriginal women have a leadership role in organising and running the camps and Biyani involves a partnership between the Area Health Service and Aboriginal community organisations such as Tharawal Aboriginal Medical Service. The camps provide employment opportunities for women, strengthen community networks and affirm Aboriginal women's cultural and spiritual values. Two camps have now been held with around 160 women attending each camp. The camps provide an opportunity for women to access preventive services such as cervical screening, to engage in physical activity and to experience alternative therapies such as massage and naturopathy. The first camp focused on increasing women's capacity to act as resource people within their community and the second focused on improving kinship bonds between young women and their mothers or carers.

Outreach Paediatric Clinic at Tharawal Aboriginal Corporation

The Outreach Paediatric Clinic is located at Tharawal Aboriginal Corporation, Airds. It commenced in 1994 and is conducted by a visiting Pediatrician from Campbelltown Hospital. The clinic is run fortnightly and provides a vital service to children. Children are referred to the Pediatrician by Tharawal staff and children who have been in hospital are followed up at the clinic. As well as providing a direct service, the clinic provides a link between Tharawal and the local hospital and training opportunities for doctors training at the hospital.

The 1996 ABS Census indicated there were 9,344 Aboriginal and Torres Strait Islanders people residing in South Western Sydney (SWS), comprising 1.2% of the total population. SWSAHS has the second largest population of Aboriginal people living within an Area Health Service in NSW. The number of Aboriginal people almost doubled in the period between the previous census in 1991, but this is thought to reflect greater identification rather than a significant increase in population numbers. The demographic profile of the Aboriginal population compared to the non-Aboriginal population is similar to the rest of the state, in that it contains a large proportion of children and young people, high levels of unemployment and low education levels (ABS 1998).

There is a growing infrastructure of Aboriginal Community Controlled Organisations within SWS with at least one group operating in the LGAs where there are large populations of Aboriginal people. However, the dispersed nature of the population and the large number of people who have settled in the area from other parts of New South Wales mean it is difficult to identify and work with Aboriginal populations within SWS.

South Western Sydney Area Health Service provides public hospital and community-based health services to more than 730,000 residents in seven local government areas. The Area Health Service is organised into five health sectors where local General Managers have major responsibilities for the running of health services. SWSAHS is one of the largest and fastest growing health services in NSW and employees 8,500 people.

The aims of the evaluation, conducted in 1998, were to assess the level of implementation of the first Aboriginal Strategic Plan for Southwest Sydney, to identify areas where there had been significant achievements, and to identify areas that had been poorly addressed or not addressed at all.

Methods

In 1998 funding was made available by SWSAHS to employ an Aboriginal Project Officer for a six month period to undertake an evaluation of the first strategic plan and lay the ground work for the future development of the second Strategic Plan for Aboriginal Health in South West Sydney.

A steering committee of important stakeholders was formed to discuss the ways in which the evaluation of the current plan and development of the next plan should be undertaken. This group provided commentary and critical reflection on issues raised throughout the evaluation. Some members of the committee were also actively involved in supporting the process of gathering information. The evaluation of the current plan was only one part of a broader process of review and consultation that also included an Aboriginal Health Summit, focus groups with representatives from the local Aboriginal community and consultation with other Aboriginal workers and organisations in the area.

It was decided that the evaluation of the Strategic Plan would focus on the extent to which the original goals and strategies had been achieved by surveying those identified within the plan as responsible for their implementation. Goals or strategies were not ranked in order of importance or difficulty as this would have involved a complex process of consultation to develop a shared view, which was not possible within the project's timeframe. The evaluation team assessed the extent to which strategies had been achieved based on information provided and local knowledge.

A questionnaire was developed which was structured around the original goals and strategies. It asked those with responsibility (who were identified in the original plan for the implementation) to comment on the extent to which the strategies had been achieved, perceived benefits of the strategy, difficulties that had been encountered in implementation, and the extent to which they felt that strategy had been implemented. Follow-up phone calls were made to those who had not responded within the allowed time period and surveys were completed over the phone where necessary. Interviews were held with three of the five General Managers of the local sectors (based on Local Government Areas) and a meeting was held with senior SWSAHS managers.

The project officer collated the results of the survey and a small working committee, which included the authors of the questionnaire, analysed the responses with the objective of identifying common themes or issues. The draft evaluation report was then circulated widely within SWSAHS for comment and the final report prepared.

Results

Response rate:

Of the 65 questionnaires that were sent out, 49 responses were received (response rate 75%). The response rates were highest among Aboriginal health staff and Aboriginal community controlled organisations and lowest among Nursing Unit Managers and Allied Health Workers. Details of the response rates have been reported elsewhere (Carriage, Harris & Christensen, 1999).

Achievement of Goals:

The Strategic Plan for Aboriginal Health in South West Sydney identified seven goals and forty-five strategies. Seventeen of the strategies were regarded as having been fully implemented (38%), 19 (42%) as partly implemented, and 9 (20%) as not having been implemented at all (see Table 1). The goal where the largest proportion of strategies had been fully implemented was *Goal 4: To develop community consultation mechanisms and processes that actively encourage Aboriginal participation and control of health care*. The only goal where no strategies had been fully implemented was *Goal 3: To improve accessibility and appropriateness of mainstream health services for Aboriginal people*. This was also the goal with the highest proportion of strategies that had not been implemented at all.

Table 1: Achievement of strategies in the First Aboriginal Health Strategy in South West Sydney

Goals	Number of strategies		
	Fully implemented	Partly implemented	Not implemented
To improve the health and well being of Aboriginal people in South Western Sydney	2	2	0
To meet the primary health care needs of Aboriginal people in south western Sydney through appropriately resourced, Aboriginal owned and controlled services and structures	6	5	0
To improve the accessibility and appropriateness of mainstream health services to Aboriginal people in partnership with Aboriginal communities	0	9	6
To develop community consultation mechanisms and processes that actively encourage Aboriginal participation and control of health care	3	0	1
To incorporate Aboriginal health advancement into the corporate objectives of SWSAHS through collaboration with the Tharawal Aboriginal Corporation and the Office of Aboriginal Health of the NSW Department of Health	4	1	1
To identify and maximise intersectoral contributions to Aboriginal health advancement	1	1	1
To ensure that the Aboriginal community of south western Sydney receives and equitable share of all resources available for Aboriginal Advancement	1	1	
Total	**17**	**20**	**9**

Major Achievements:

Over the period of the strategy there had been a dramatic increase in the number of Aboriginal designated staff employed within SWSAHS, which rose from three at the beginning of the strategy to twenty at the time of the evaluation. There had also been progress in developing an Aboriginal Health infrastructure within the Area Health Service, with the appointment of an Aboriginal Health Co-ordinator and Aboriginal Team Leaders at sector levels. Several committee structures were established including a sector Aboriginal Liaison Committee in Liverpool and another to be established in Macarthur, and an Aboriginal Employment Committee with senior Area Health Service Managers represented.

SWSAHS has also increased its commitment to career development of Aboriginal Health staff through offering scholarships and developing individual career development plans for all Aboriginal designated staff as part of the Aboriginal Employment Strategy.

There was widespread acceptance within all levels of SWSAHS that any Aboriginal health issue or project must be addressed in consultation with the local Aboriginal community, the Aboriginal community controlled organisations and the Aboriginal Health Workers within these organisations. Over the period of the strategy there has been an increase in the number of Aboriginal organisations (such as Land Councils and Elders Groups) actively

involved in partnerships with SWSAHS in addressing Aboriginal Health Issues. This increased involvement of other organisations was seen as increasing the information available to SWSAHS on the health problems of Aboriginal people in the area and perceived barriers to health service use. It also provided a common platform from which to take joint action to address broader determinants of health.

During the life of the strategy, there has also been an increase in the number of clinical outreach services (children's, men's, and women's health) into local communities. This was identified as one of the major achievements of the strategy. Clinics were established in Tharawal, Aboriginal Community Controlled Organisations and in community health facilities in areas where there are large Aboriginal populations. These were seen to make services more accessible and appropriate to the needs of the people who use them. They were also seen as bridges for people coming to hospital based services such as Diabetes Clinics. These outreach clinics have become the focus of further health promotion and service delivery.

Of the twenty-one priority health areas identified in the original strategy, specific programs or activities were developed in half. Most of these projects or activities were resourced from existing services although three were funded externally. Although many of these activities and programs were one off and time limited, Aboriginal Health Workers and other mainstream staff who were involved felt that they increased their capacity and confidence to address priority health issues.

Major Difficulties:

The first Aboriginal Health Strategic Plan in Southwest Sydney was seen by many respondents as a statement of vision rather than potential achievement. For some of these people, many of whom were involved in its development, the fact that there were no targets or outcome indicators was not seen as a problem. For others, the lack of clear targets and priorities was seen as diffusing the potential impact of the strategy and identified as a major issue in the development of the second plan. These difficulties were further compounded by the lack of routine monitoring or reliable data collection systems, which made it difficult to assess the impact of any strategies.

The person responsible had been identified in the plan, but for many strategies no specific resources were identified and this was seen by some as not only limiting outcomes but also frustrating those involved. For example, Aboriginal Liaison Committees were often able to describe the problems that needed to be addressed or identified opportunities for action but they had no access to resources to address them.

The lack of resources to support Aboriginal Community Controlled Organisations was also seen to affect the extent to which these organisations and groups could work with SWSAHS. This was related to not having sufficient workers to sit on the range of committees and working groups to which they were invited, working in different ways to mainstream services and a lack of detailed understanding of the health system. It was also recognised that some difficulties were related to factors concerning internal community politics.

There is a continuing problem in defining the role of Aboriginal Health Workers and mainstream health workers in their management Aboriginal patients' problems. Some mainstream services appeared to have an expectation that all problems experienced by Aboriginal patient's should be dealt with by Aboriginal Health Workers or Aboriginal Liaison Officers, while these staff members often felt that they should have more of a consultative role.

The difficulties faced in engaging mainstream services are seen to relate to a failure of these services to appreciate the time that it takes to build trust and bring about change when addressing Aboriginal health issues. This is accentuated by the small proportion Aboriginal patients in relation to the total number of patients within service, failure to see their clinical services as being part of strategies to improve Aboriginal health, general lack of priority given to developing and adapting services to meet the needs of those who need them most, and difficulties in attracting and keeping Aboriginal staff.

The issue of attracting and retaining Aboriginal staff was seen as a major difficulty. The majority of the new positions established were externally funded (for example through the National Mental Health Strategy) and time limited. In addition, the prior experience of Aboriginal staff is often unrecognised and as a result they are often on non-graduate salary scales, which means that their rate of pay is seen to be an inadequate reflection of the of their job's complex nature. Other government departments were seen as having better salary packages that added to the drain of experienced staff from SWSAHS.

Over the period of the plan it was noted that levels of activity varied. This was seen to relate to staffing within SWSAHS; difficulties experienced by Aboriginal Community Controlled Organisations and groups in becoming actively involved due to their own internal organisational difficulties; and problems in engaging mainstream services.

Finally, several respondents felt that the long term investment required in developing effective strategies for improving Aboriginal Health did not sit easily with ways in which parts of SWSAHS worked. There was often an emphasis on short-term projects or activities that were neither sustained nor part of a general strategic plan. The exception to this was in the area of women's health, where there had been ongoing activities in working with Aboriginal women over several years.

Discussion

There are several limitations that need to be considered. The evaluation was based on the self-reported views of those who answered the survey. No attempt was made to validate these statements with documentation. However, there was generally high agreement between respondents on issues and, when the draft report was circulated for comment, few of the facts presented were challenged. Although the response rate was high (75%), the views of those who did not respond might have been different from those who did. Also, the evaluation most clearly reflects activity undertaken in the recent past. Perhaps significant achievements or difficulties experiences in earlier years have not been adequately conveyed. Finally, in attempting to distil major themes and issues from the information gathered, some more subtle issues may have been overlooked.

The failure to set measurable goals and targets and the lack of an effective monitoring system mean that it is not possible to say if Aboriginal health in SWS has improved over the life of the strategy. In 1993, when there was less community and health service awareness of the scale of the health problems facing Aboriginal communities, setting 21 priority health areas put the extent of their health problems clearly on the agenda. However, there is now pressure to work on a smaller number of priority health issues where clear goals and targets can be set.

The inevitable tensions that this will create need to be recognised and addressed. The concept of a highly focused, often disease based understanding of health does not sit comfortably with Aboriginal people and their view of health. Aboriginal people in Australia view the term 'health' as relating to the well being of their entire community, rather than simply that of individuals. This view encompasses the wellbeing (spiritual, social, physical, environmental and cultural) of the community, the intertwined relationship between "land, body and spirit", and the relationship of health to all other aspects of an individual's life.

For Aboriginal people, their health and the health of their children is inextricable from the health and well being of their community (Shannon, 1994). If one of the major challenges is to find ways of working with Aboriginal communities in addressing health problems that they see as important, then the potential difficulties of taking a highly structured, regional approach to health priorities and actions need to be addressed. This may involve developing a mix of Aboriginal health issues that are taken up routinely in the national priority health areas and working with local communities on health-related issues that they see as important.

If clear directions and goals are set, there also needs to be monitoring mechanisms in place to assess whether or not action has been taken and what the outcomes have been. The problems of collecting reliable population data on the health of Aboriginal people have been well documented (AIHW 1999). These includes problems in identification of Aboriginality, a reliance on mortality and hospital admission data, and a lack of data pertaining to the health problems of Aboriginal people in urban environments. Aboriginal people are also reluctant to become involved in research or data collection projects, as it seems to those involved that there are no tangible benefits. The new Partnership Information Agreement gives some direction in addressing these issues, but unless there is a significant investment in building reliable information systems at AHS level, it will be difficult to evaluate the impact of future Aboriginal health strategic plans (NSW Health, 1999).

Better reporting systems are also needed to monitor the implementation of plans and to feed this information back on a regular basis. Without a mechanism for monitoring progress, it is difficult to routinely identify areas of achievement that could be used to inform other projects, or to identify areas where little action is taking place.

This is not an easy task given the complexity and the multiple levels at which action is being taken and the number of organisational structures involved. The development of a few relatively simple monitoring mechanisms may be more effective that complex systems that require high levels of skill and resourcing to sustain them. For example, a section could be included in AHS Annual Reports on progress in implementation of the Strategic Plan and an annual or biannual workshop to showcase projects and discuss concerns could be held. In addition, the identification of two or three priority issues that could be addressed by mainstream services over a period of time may be more successful than attempting to resource, support and monitor the entire range of health issues which disproportionately affect Aboriginal people.

The findings of this review show that engaging mainstream health services in Aboriginal health is not easy. Since most Aboriginal people will receive most of their health care from mainstream services (including GP services) it is important to address the structural and attitudinal issues that may act as barriers which prevent Aboriginal people receiving optimal and culturally appropriate care. This needs to build on what we already know about strategies that work, including the strengthening of the local Aboriginal Community Controlled Organisation's capacity to provide services and/or act as advocates on health issues in ways that inform and support mainstream services. The employment of Aboriginal staff in areas where there are high numbers of Aboriginal patients such as children's wards, dental and diabetes clinics has also proved effective, as has the development of outreach services.

SWSAHS has seen an increase in the number of Aboriginal staff from three in 1993 to twenty in 1998. This reflects the increased awareness at local, state and national levels of the health problems of Aboriginal people and commitment to take action. In SWSAHS a disproportionate portion of the funding that is available is still "soft money" and it is hoped that over the next five years there will be a transfer of resources into recurrent expenditure.

Developing a visible and sustainable Aboriginal Health Infrastructure will require commitment of resources and support to Aboriginal Community Controlled Organisations as well as AHS Aboriginal health and mainstream services. This requires a thoughtful debate about the unique roles and responsibilities that different types of service providers will have within their local contexts. This is already beginning as the Aboriginal Public Health Partnership processes are driving the development of local Memorandums of Understanding between AHS and Aboriginal Community Controlled Organisations.

The importance of organisational leadership in addressing issues of Aboriginal health can not be overstated. In SWS there has been a long tradition of support for improving the health of Aboriginal people by the Chief Executive Officer, Sector General managers and key clinicians and public health practitioners. This has been important in times when there were difficulties between organisations, within projects, or in meeting the needs of staff. The commitment of senior staff also sent clear messages to all other staff on the importance of cultural awareness and tolerance. Since the first Aboriginal Strategic Plan for South West Sydney was developed in 1993 there have been significant advances in the way SWSAHS has worked with Aboriginal Community Controlled Organisations and Aboriginal Health Workers in addressing Aboriginal Health issue. There is still more work to be done but many of the structures needed are now in place.

In developing the second generation Aboriginal Health Strategic Plan it will be important to recognise and address some of the inevitable tensions that will emerge as there is a shift to clearer goals that can be monitored and an emphasis on multilevel interventions rather than one-off activities. Doing this will involve flexibility in ensuring that Aboriginal views of health will be incorporated into the ways in which the issues are framed and addressed. It will also require a better and more clearly articulated understanding of the unique perspective that each of the partners brings and how these can best be built upon in implementing plans.

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