



# **Closing the Gap in Aboriginal Health**

## ***Towards Cultural Security***

### **Evaluation Report**

Prepared by Abby Cooper  
Project Officer

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## Project summary

The Wimmera Primary Care Partnership (PCP) is currently made up of 29 partner agencies including local government, welfare, disability and education. During 2009/10, they held several strategic planning workshops with their partner agencies. At these workshops, participants expressed that they were unsure how to appropriately engage with the local Aboriginal communities or how they could better provide for them. It was evident that there was a strong commitment to making services more culturally appropriate and inclusive.

In response to these issues, the Wimmera PCP sought funding from the Victorian Department of Health under the national "Close the Gap" initiative to facilitate a project that focused on organisational change within mainstream agencies in the Wimmera. The goal of the Wimmera PCP's project entitled, *Towards Cultural Security*, was to improve Aboriginal people's access, experience and outcomes of mainstream services. Closing the gap in Aboriginal health in the Wimmera is supported by the Wimmera PCP's strategic priority of reducing health inequalities.

The project is part of the Department of Health's *Grampians Regional Implementation Plan for Closing the Gap in Indigenous Health*. It fits within the state and federal reform priorities of:

- Primary health care services that can deliver
- Making Indigenous health everyone's business

The geographical scope of the project was the catchment area of the Wimmera PCP, which includes four local government areas (LGAs): Horsham Rural City Council and the shires of Hindmarsh, Yarriambiack and West Wimmera covering over 28,040 square kilometers and a total population of approximately 38,530 people. According to 2011 Census data, there was a total of 618 Aboriginal and/or Torres Strait Islander permanent residents living in the Wimmera. Of these, 562 identified as being Aboriginal, 45 identified as being Torres Strait Islander and 11 people identified as being both Aboriginal and Torres Strait Islander. The locations of Aboriginal and/or Torres Strait Islander people living in the Wimmera are listed at [Attachment A](#).

## Objectives

*Vision:* All Aboriginal people in the Wimmera region will be provided with culturally safe services from the Wimmera PCP's partner agencies.

The project sought to achieve the following six objectives:

1. All participating member agencies of the Wimmera PCP will commit to reflect on their knowledge, practice and service provision to Aboriginal people
2. All participating agencies will identify where they are positioned on the Cultural Competence Continuum (see [Appendix B](#))
3. A Reference Group will be established to guide the implementation of the project to support participating partner agencies
4. A shift forward in practice change in the provision of culturally appropriate service will be evident in participating partner agencies
5. All participating partner agencies will have an action plan to assist in becoming culturally safe agencies
6. Stronger partnerships and connections will be in place amongst participating partner agencies and Aboriginal Co-operatives

## Methodology

Relationships with the broader Aboriginal communities and their representative bodies were developed in order to encourage open communication and gather their input into the project. This was achieved through formal and informal meetings. Involvement and/or attendance at local Aboriginal events and meetings were also integral to demonstrating the Wimmera PCP's genuine commitment to building relationships with the local Aboriginal communities. Ongoing engagement with the communities also assisted to develop a shared understanding of the project, as well providing opportunities to identify the specific needs of local Aboriginal people.

In 2010, senior management from 20 of the Wimmera PCP's partner agencies signed formal statements of support for their project, as a way of demonstrating each individual agency's genuine commitment to improving Aboriginal health outcomes (see letter template at [Appendix C](#) and list of participating agencies at [Appendix D](#)). In doing so, agencies agreed to review their existing practices and cultural norms that might limit Aboriginal people from accessing their programs and services. Following this, participating agencies undertook cultural competency audits during 2011/12. This involved each employee, regardless of their role or position within the agency, to complete an electronic or paper-based questionnaire designed by the Wimmera PCP's Closing the Gap project officer.

Prior to the questionnaire design though, the project officer undertook a desktop study of numerous cultural competency audit tools in circulation, both within Australia and overseas. The strengths and weaknesses of various types of cultural competency questionnaires were taken into careful consideration during the design phase of the project. As a result, the Wimmera PCP developed a questionnaire that was simple, easy to use, cost efficient and could be used to assess the cultural competency of both individuals and organisations.

Data collected from audits was used to identify trends, strengths and opportunities to develop the skills and capacity of both employees and their agency in order to improve cultural competency. Comprehensive audit reports were provided to the management of each respective agency and when requested, the project officer delivered oral presentations to management teams in order to allow for discussion about possible ways forward. The Wimmera PCP always stressed that implementing change was at the discretion of agencies, though their project officer could provide support.

## Activities and Results

	<b>Objectives</b>	<b>Activities</b>	<b>Deliverables</b>
1	By December 2010, all participating member agencies of the Wimmera PCP will commit to reflect on their knowledge, practice and service provision to Aboriginal people	<ul style="list-style-type: none"> <li>Met in person or corresponded with partner agencies to inform them of the Wimmera PCP's project and obtained verbal agreement to participate</li> <li>Obtained written commitment from senior management from all participating partner agencies to work towards closing the gap in Aboriginal health by reflecting on their current practices and cultural norms</li> </ul>	<ul style="list-style-type: none"> <li>Received letters of support from senior management of 20 of the Wimmera PCP's partner agencies</li> </ul>
2	By May 2011, all participating agencies will identify where they are positioned on the Cultural Competence Continuum	<ul style="list-style-type: none"> <li>Facilitated cultural competency audits within 20 partner agencies</li> </ul>	<ul style="list-style-type: none"> <li>Collated data and provided summary reports to the management of respective agencies</li> <li>Delivered oral presentations of results to management upon request</li> </ul>
3	By April 2011, a Reference Group will be established to guide the implementation of the project to support participating partner agencies	<ul style="list-style-type: none"> <li>Conducted informal consultation with individual members of the local Aboriginal communities to discuss the appropriateness of establishing a Reference Group</li> </ul>	<ul style="list-style-type: none"> <li>Not established because it was the general consensus amongst community members that to form a group within a factionalised community would be unachievable. They advised that people would be more likely to share information in an informal setting.</li> </ul>
4	By December 2011, a shift forward in practice change in the provision of culturally appropriate service will be evident in participating partner agencies	<ul style="list-style-type: none"> <li>Provided resources to staff to build on existing knowledge</li> <li>Provided suggestions for opportunities for improvement and support change</li> </ul>	<ul style="list-style-type: none"> <li>Achieved in some agencies</li> </ul>
5	By May 2012, all participating partner agencies will have an action plan to assist in becoming culturally safe agencies	<ul style="list-style-type: none"> <li>Resources have been provided and recommendations made to improve levels of cultural competency</li> </ul>	<ul style="list-style-type: none"> <li>Achieved in some agencies</li> </ul>
6	By May 2012, stronger partnerships and connections will be in place amongst participating partner agencies and Aboriginal organisations	<ul style="list-style-type: none"> <li>Assisted with relationship building by organising events attended by Aboriginal organisations and partner agencies</li> </ul>	<ul style="list-style-type: none"> <li>Achieved in some agencies</li> </ul>

## Impact/outcomes

The success of the project can be attributed to the willingness of agencies to undertake cultural competency audits and commit to making long term change to improve Aboriginal health outcomes in the Wimmera. As at 29 June 2012, the Wimmera PCP's cultural competency questionnaires had been distributed to 1331 people working within participating partner agencies. A total of 602 responses were received. Response rates within agencies ranged between 100 percent and 15 percent.

Successful impact/outcomes of the project include but are not limited to:

- Increased service delivery
- Targeted program delivery
- Enhanced capacities of agencies to meet specific funding guidelines and service agreements
- Increased knowledge, skills and capacity of employees
- Increased number of collaborative partnerships between mainstream services, Aboriginal groups and local Aboriginal Co-operatives
- Increased attendance at Aboriginal events, including those held at Goolum Goolum Aboriginal Co-operative (GGAC), Barengi Gadjin Land Council (BGLC), Budja Budja Aboriginal Co-operative and Brambuk Aboriginal Cultural Centre.

Ongoing consultation with GGAC enabled the project to target specific issues and needs within the local Aboriginal communities. This approach also helped build trust and develop positive relationships between partner agencies and GGAC. In some instances, this resulted in the creation of partnerships and formal service agreements.

Baseline data gathered from audits can also be used to inform training providers of professional development needs in order to strengthen individual and organisational cultural competency. This project was particularly timely, as BGLC recently developed a localised cultural training package, anticipated to be launched in August 2012.

Audit reports are currently being reviewed by agencies in order to develop action plans; however, some agencies have already made changes to their service delivery and practices. Examples of positive steps taken by some agencies based on the results of their audit have included:

- Subscribing to Aboriginal newspapers, such as the Koori Mail and National Indigenous Times, and providing them waiting rooms
- Displaying signage acknowledging traditional owners and welcoming all Aboriginal and Torres Strait Islander people to their service
- Encouraging and supporting staff to attend Aboriginal events, such as National Close the Gap Day, NAIDOC Week and Reconciliation Week activities, Delkaia Aboriginal Best Start children and family days, and other cultural events in the region
- Undertaking foundation level cultural competency training
- Developing Cultural Diversity Plans

- Reviewing working relationships with Aboriginal organisations to ensure that they remain effective and targeted to the needs of the local Aboriginal communities
- Supporting and mentoring Aboriginal workers, including those undertaking traineeships

In order to raise awareness of Aboriginal health inequality, other activities undertaken by the Wimmera PCP have included:

- Organising events - National Close the Gap Day (2011 and 2012)
- Supporting events – Delkaia Aboriginal Best Start Family Fun Days, Budja Budja Women and Kids groups, Wurega Aboriginal Corporation Sorry Day 2011
- Sharing the Wimmera PCP’s questionnaire template with other PCPs (e.g. Eastern Metro PCP) and the Victorian Department of Early Education and Childhood Development
- Supporting projects – Horsham Primary School’s “Good Tucker, Good Health” program, and the Deadly Ute project coordinated by Goolum Goolum and the Wimmera HUB

## Lessons learned

The project officer experienced the following challenges over the duration of the project:

- Scale– Over 1,300 people within 20 agencies across four LGAs were invited to participate in the project. As a result, significant amounts of time were spent on the planning and pilot phase of the project.
- Relationships – Prior to the appointment of the project officer, there was a misconception, particularly by the CEO of GGAC at that time that the Wimmera PCP would be developing a cultural awareness kit. Much time and energy was spent dispelling this misunderstanding, which resulted in a delay to the design and implementation of the project. Initially there was also a degree of scepticism amongst some Aboriginal community members regarding the sincerity of mainstream agencies to commit to working towards reducing Aboriginal health inequalities in the region.
- Consultation – Due to many factions within the local Aboriginal communities, establishing a reference group to guide the project was not achievable. Therefore, the project officer relied on informal consultations with Aboriginal people throughout the project, as well as formal meetings with management and staff at GGAC.
- Core business –Each participating agency’s core business differed and was not always overtly health focused. The audit was sometimes perceived to be largely irrelevant to some employees and in some instances, additional effort was required to encourage participants to understand that Closing the Gap in Aboriginal health is “everybody’s business”. The federal and state governments’ priority settings for action also extends to early childhood, municipalities, local communities, workplaces, education, housing, corporate, sports clubs and media, and this was explained to participants who queried the relevance of the audit to their current role.
- Privacy - In order to ensure that the project complied with Australian National Privacy Principles, the Wimmera PCP used a program called, *Professional Quest*- a questionnaire design, analysis and deployment tool. Whilst this ensured that data was not accessible by unauthorised third parties, it was challenging to learn to use the new

program. This was not factored into the project timeline and delayed the distribution of electronic questionnaires.

- Questionnaire design - A standard questionnaire was developed and distributed to each participant, though in hindsight, it would have been more effective to target specific sections of the questionnaires to management, human resources, workers who currently have Aboriginal clients etc. This would reduce the number of “n/a” responses to questions and increase their relevance.
- Distribution and collection – Distributing paper questionnaires to employees within large agencies, such as hospitals, was time consuming and difficult to ensure that everyone received a questionnaire, especially those on rotating rosters. Additionally, it was extremely time consuming to follow up completed questionnaires and manually enter data. Whilst distributing questionnaires electronically was a more efficient method for the distribution and collection of data, it took considerable time to create respondent files for employees, as it involved allocating individual usernames and passwords.
- Volume of data – The significant amount of time it took to analyse data and prepare comprehensive reports for each individual agency, regardless of the number of responses, was also underestimated. As a result, the project was extended for a further six months (until 31 December 2012).

## Dissemination

The following mediums were utilised to report on the progress of the project and its outcomes, and provide resources to support professional development needs identified in the audits:

- Newsletters– such as the Wimmera PCP weekly newsletter (distributed to over 300+ people)
- Presentations– formally delivered to Wimmera Uniting Care (managers), Grampians Community Health (staff), Wimmera Health Care Group (department heads) and Delkaia Aboriginal Best Start governance group. Informal project updates were also delivered to members of the Wimmera PCP’s health promotion network at monthly meetings.
- Posters – Displayed at the Victorian Department of Health’s Aboriginal health conference (May 2012), National Close the Gap Day Horsham event (2012), the Wimmera PCP’s Health Promotion Network meeting (May 2012), the Wimmera PCP’s executive committee meeting (May 2012), A4 copies distributed to members of the Wimmera Koori CAN network
- Handouts– National Close the Gap Day Horsham event (2012)
- Web– Updates loaded onto the Wimmera PCP website (<http://wimmerapcp.org.au/closinggap/index.aspx>)
- Reports – Provided to the Wimmera PCP executive committee on monthly basis

# Appendix A

## Aboriginal and Torres Strait Islander permanent residents (2011)

Source: censusdata.abs.gov.au

Statistical Area	Total population	Aboriginal and Torres Strait Islander	% of total population
<b>West Wimmera Shire</b>	<b>4,251</b>	<b>29</b>	<b>0.7</b>
Edenhope	976	5	0.5
Kaniva	1,061	6	0.6
Harrow	315	5	1.6
Goroke	623	3	0.5
Serviceton	270	6	2.2
<b>Yarriambiack Shire</b>	<b>7,088</b>	<b>73</b>	<b>1</b>
Warracknabeal	2,745	33	1.2
Murtoa	991	6	0.6
Woomelang	191	3	1.6
Hopetoun	555	8	1.4
Minyip	667	3	0.4
Beulah (including Yaapeet)	640	7	1.1
Patchewollock (including Lascelles)	431	3	0.7
Walpeup (including Tempy)	416	6	1.4
<b>Hindmarsh Shire</b>	<b>5,798</b>	<b>104</b>	<b>1.4</b>
Rainbow	734	6	0.8
Nhill	2,278	13	0.6
Dimboola	1,662	53	3.2
Speed	431	3	0.7
Jeparit (including Antwerp)	632	9	1.4
<b>Horsham Rural City</b>	<b>19,279</b>	<b>281</b>	<b>1.5</b>
<b>Wimmera</b>	<b>48,263</b>	<b>618</b>	<b>1.3</b>
Aboriginal		562	
Torres Strait Islander		45	
Both Aboriginal and Torres Strait Islander		11	
<b>Victoria</b>	<b>5,354,042</b>	<b>37,990</b>	<b>0.7</b>
<b>Australia</b>	<b>21,507,717</b>	<b>548,369</b>	<b>2.5</b>

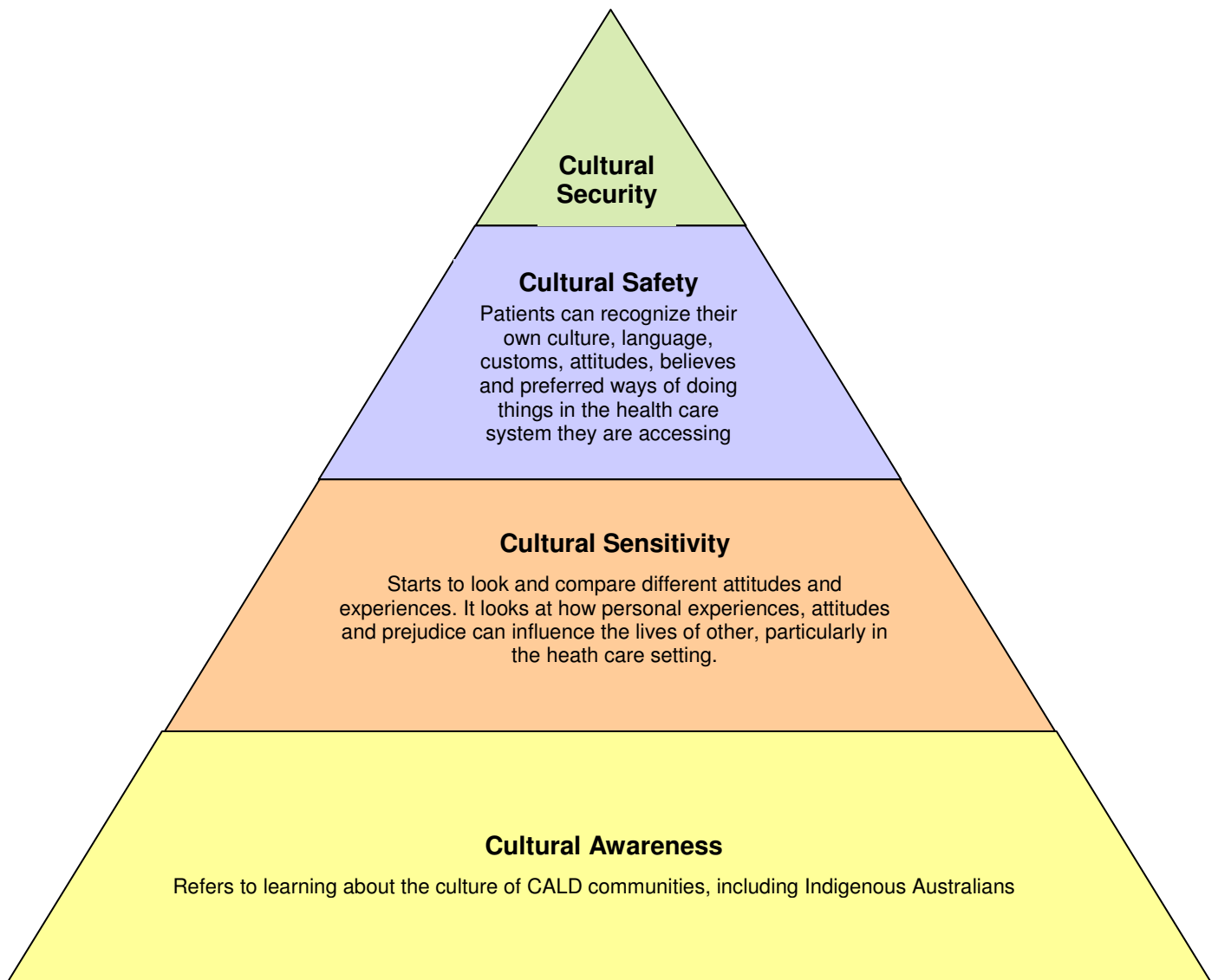


## Appendix B

### Cultural Competence Continuum

The model below suggests there are five stages in developing cultural proficiency. Cultural proficiency must not be viewed as the final stage of cultural development and that no further development is needed.<sup>1</sup>

1. Cultural Knowledge (knowing)
2. Cultural Awareness (understanding)
3. Cultural Sensitivity (appreciating)
4. Cultural Competence (practicing and demonstrating)
5. Cultural Proficiency (embedding)



Source: *Cultural safety training: Identification of cultural safety training needs*, The Royal Australian College of General Practitioners, 2010.

<sup>1</sup> VOICE, 'Developing a Culturally Competent Organisation', Queensland Council of Social Service at <http://www.communitydoor.org.au/documents/VOICE/pplusingervice/topicguide/DevelCulturallyCompetentOrg.rtf>, accessed 15 September 2010, p. 3.

## **Appendix C**

### **Participating Agencies**

Grampians Community Health (Horsham, Stawell, Ararat)

Wimmera Regional Library Corporation (Horsham)

Wimmera Uniting Care (Horsham)

Wimmera Primary Care Partnership (Horsham)

Wimmera Southern Mallee LLEN (Horsham)

Dunmunkle Health Services (Minyip, Murtoa, Rupanyup)

Women's Health Grampians (Horsham, Ballarat)

Harrow Bush Nursing (Harrow)

Rural North West Health (Warracknabeal, Hopetoun, Beulah)

Edenhope and District Memorial Hospital (Edenhope)

The Salvation Army (Horsham)

West Vic Division of GP (Horsham)

West Wimmera Health Service (Nhill, Kaniva, Gorokey)

Wimmera Health Care Group (Horsham)

Wimmera HUB (Horsham)

Wimmera Regional Sports Assembly (Horsham)

Wimmera Volunteers (Horsham)

Woomelang Bush Nursing Centre (Woomelang)

Yarriambiack Shire Council (Warracknabeal)

Horsham Rural City Council (Horsham)

# Appendix D

## Letter of Support Template

Closing the gap in Aboriginal health in the Wimmera is supported by the Wimmera Primary Care Partnership's strategic priority of reducing health inequalities. In order to achieve this, we are refocusing partnership work to ensure that we are working with communities where the most disadvantages exist.

I/ We, the undersigned, being the senior management of [insert name of agency] offer our support to the Wimmera Primary Care Partnership's project work towards closing the gap.

As a partner agency, [insert name of agency] commits to working with the Wimmera Primary Care Partnership to reflect and build upon our existing service practice to appropriately provide for Aboriginal clients.

### SIGNED for and on behalf of [insert name of agency]

.....  
*Signature* *Date*  
Name:  
Title:

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Whilst the CEO is required to sign this document, we also invite senior management or staff to show their support by signing below.

.....  
*Signature* *Date*  
Name:  
Title:

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.....  
*Signature* *Date*  
Name:  
Title: