

COMPARE-PHC Forum Sydney 8th Oct 2015

Key comments from the Knowledge Exchange Discussion Tables.

Topic 2: Aboriginal and Torres Strait Islander peoples.

Organiser: Annalie Houston

Support for planning: Dr Noel Hayman, Prabha Lakhan

Attendees: 11 people attended this table discussion from various health districts and work disciplines including research, allied health, chronic disease nurses.

This was a great discussion about various issues, and everyone contributed with valuable input. It was also a great networking opportunity and allowed everyone to share ideas of what was happening in their space.

Main discussion points:

When researching and developing effective primary health care services for Aboriginal and Torres Strait Island peoples, it is important to:

- Include Aboriginal and Torres Strait Island people in each phase of the research. The Inala Indigenous Health Community Jury was raised and discussed, as an example of this- to help include the community in decision making processes for research projects –(*paper on community Jury that Dr Noel Hayman mentioned www.health.qld.gov.au/ihs/community_jury.asp*)
- Build trust in the community, and with the Elders before carrying out any work or research - regardless of who you are, to allow the community and people to feel safe
- Providing outreach or community services could be an effective way to engage Aboriginal and Torres Strait Islander people ensuring the service is culturally safe/ appropriate for building better relationships
- Using ‘Integrated Care’ to treat/ preventative health may be more effective than treating the ‘disease’ itself, because of presence of multiple, complex conditions (there was discussion around the definition of ‘Integrated Care’)
- Have access to patient records/ charts across multiple primary health care services- which is not in place at the moment, and therefore is a barrier when working in this space
- Consider using Telehealth service for improved access and effective care in remote locations
- Consider a case management approach to meet patients with multiple, complex medical histories, and the HOME Study* a research project at Inala Indigenous Health Service was used as an example **the Home Based Outreach Chronic Disease Management Exploratory Study (the HOME Study)*
- Research should have a community focus and be tailored to that community, and a point was raised about not meeting the community needs meant that a health promotion program from a PHC got poor attendance until they changed the wording of the group

- Trial or include group health promotion or care planning as well as or in place of individual care models

Overcoming barriers to conducting research or providing care in PHC's for Aboriginal and Torres Strait Islander patients. Discussions included the following:

- Funding difficult in NSW Health services, and different to AMS's, therefore discussed ways around this, such as now being the time to approach Medicare and 'have your say' around what should be funded or entitled to an MBS item number. For example more group programs which would be culturally appropriate in this area.
(<http://www.health.gov.au/internet/main/publishing.nsf/Content/MBSReviewTaskforce>)
- Good examples of effective health promotion/ preventative health that have been effective-sharing of information include the NSW Health Knockout weight management challenge (http://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0007/255328/nsw-knockout-health-challenge-2015-registration-pack.pdf)
- Include a culturally safe "smoking cessation project officer" to reduce smoking rates in this population and share strategies. An example of this, is the smoking cessation project officer at Inala Indigenous Health Service, contact Annalie for her contact details.