
This is General Practice Victoria's final project report to the Australian Government Department of Health and Ageing under this funding agreement. The project aim was to undertake communication activities to promote the Aboriginal and Torres Strait Islander (ATSI) people's health assessments and Healthy Kids Check as a part of the Australian Better Health Initiative (ABHI).

GPV has undertaken activities in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to support the Victorian Divisions of General Practice, to increase uptake of the health checks by building the capacity of nurses, GPs, Aboriginal Health Workers and other relevant health professionals to undertake the Healthy Kids Check and Aboriginal and Torres Strait Islander health assessments. GPV has also provided division staff with the best available evidence from leading academic researchers on the issues related to self identification of ATSI people in mainstream general practice.

Background Information

Of all Australian Indigenous populations, the Victorian Koori population reports the highest rates of recent illness (53.4%), chronic illness (46.3%) and smoking (57.1%). The main health issues confronting Koori people include smoking, diet, chronic diseases, stress, drugs, alcohol and poor child health.¹

There is an identified need and justification for specific health assessments for ATSI people when we consider that the average life expectancy of an ATSI person is 17 years less than for the average non Indigenous Australian.² Initial research into health assessments suggests that the potential for early diagnosis and treatment can reduce mortality and healthcare costs. Unfortunately current uptake of the health checks is low, with national figures indicating fewer than 10% of eligible adults have undertaken a test.³

After submitting our initial proposal, GPV met with VACCHO to discuss in detail how our two proposals might complement each other. VACCHO advised that they would prefer that GPV focus its efforts on working with the division's network on improving the identification of ATSI clients in mainstream general practice settings.

GPV's original proposed activities under this project included project grants for five of the 29 Victorian divisions of general practice. Due to the high level of interest in this project from divisions, GPV amended this plan to include 12 divisions, which each received funding of \$4,600. The divisions involved were:

- Ballarat and District Division of General Practice
- Central West Gippsland Division of General Practice
- East Gippsland Divisions of General Practice
- Eastern Ranges GP Association
- Goulburn Valley Division of General Practice
- Knox Division of General Practice
- Melbourne East GP Network
- Melbourne General Practice Network
- Murray Plains Division of General Practice
- Northern Division of General Practice
- Otway Division of General Practice
- West Vic Division of General Practice

¹ Information on Koori Health has been taken from the Better Health Channel. URL: http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Aboriginal_health_issues?open. Date of access: 14 January 2010.

² OXFAM Australia: The Indigenous Health Crisis in depth. URL: <http://www.oxfam.org.au/explore/indigenous-australia/close-the-gap/australias-indigenous-health-crisis-in-depth>. Date of access: 14 January 2010.

³ Kehoe, H and Lovett, R.W. 'Aboriginal and Torres Strait Islander health assessments: Barriers to improving uptake', *Australian Family Physician*, Vol. 37 (12) December 2008.

Question 1: What were the activities undertaken for this project, with a particular emphasis on illustrating achievement against each relevant performance indicator?

Key activities proposed	Activities Undertaken
<p>A series of inter-professional workshops</p> <p>A series of inter-professional workshops, think-tanks and planning sessions for division staff, general practice staff and ACCHO staff in conjunction with the University of Melbourne School of Population Health and Associate Professor Margaret Kelaher. These workshops would focus on research conducted into indigenous self-identification and recent research related to the role of the adult health checks.</p>	<p>GPV had planned to run a series of workshops on Aboriginal health checks and identification, however due to issues with availability of guest speakers and time limitations, only one workshop was held. Although only one workshop was conducted the reach into the Victorian Division Network was significant, with staff from 21 of the 29 Victorian divisions attending. In addition, six non division staff attended the September workshop, including representatives from state government and an Aboriginal Liaison Officer from Diabetes Australia-Victoria.</p> <p>The workshop was developed and run in conjunction with the Melbourne University School of Population Health and the Department of General Practice. Associate Professor Margaret Kelaher, Dr Phyllis Lau and Mrs Marlene Burchill were keynote speakers. The workshop focused on research conducted into Indigenous self-identification and recent research related to the role of the Adult Health Checks. Workshop topics included:</p> <ul style="list-style-type: none"> • Improving identification of Aboriginal and Torres Strait Islander people in general practice • Overview of COAG Closing the Gap –what does this mean for divisions? • Improving diabetes care in mainstream general practice and community health services for urban Indigenous Australians • Sharing strategies: developing project plans for improving self identification as ATSI and improving systems in practice (both in mainstream general practice and in ACCHSs) • Feedback on the <i>Introduction to Indigenous Health</i> module produced for inclusion in the AGPN Introduction to practice nursing module.⁴ <p>Feedback from the workshop evaluations revealed that:</p> <ul style="list-style-type: none"> • not all divisions have a good understanding of Indigenous health and culture • divisions need to increase their knowledge of local issues in their Indigenous populations • there is a need for cultural safety/competency education for divisions and general practice staff, and • self identification is not just about collecting data but improving quality of health care. <p>The workshop planning and development fostered a strong relationship with Indigenous Health researchers at the University of Melbourne. GPV and a number of divisions are now actively supporting the Department of General Practice in the</p>

• ⁴ Presentations from the workshop are available to download from the GPV website: <http://www.gpv.org.au/resources.asp?cat=16>

	<p>development of a framework to support effective diabetes management for urban indigenous Australians in mainstream general practice. GPV plans to continue collaboration and assistance with development and dissemination of a script for asking about Indigenous identification in mainstream services.</p> <p>A decision to share funding for small grants more equitably across 12 divisions instead of the original five proposed was well accepted by the division representatives attending the workshop, although a few did subsequently restrict their levels of activity due to the decreased funding available.</p>
<p>Provision of grants for divisions of general practice</p> <p>Provision of grants for divisions of general practice that meet certain criteria, to consult with their local ACCHSs and to undertake a series of activities</p>	<p>Twelve divisions submitted EOIs for the small grants. Each was funded \$4,600.</p> <p>The following list outlines some of the Aboriginal medical and community services engaged during divisions' activities:</p> <ul style="list-style-type: none"> • Baarlinjan Clinic Ballarat • Ballarat and District Aboriginal co-operative • Mullum Mullum Indigenous Gathering Place • Monash University Department of Rural and Indigenous Health • Eastern Metropolitan Region Indigenous Chronic Disease Working Group • Eastern Metropolitan Region Aboriginal Health Promotion and Chronic Care partnership • Budja-Budja Aboriginal Co-operative • Central Gippsland Aboriginal Health & Housing Co Op • Rumbalara
<p>Grant activities included:</p> <p>(1) Develop posters and brochures or other social marketing materials with a local flavour, that would assist in the self identification of ATSI clients in mainstream general practice</p>	<p>The majority of divisions distributed Australian Bureau of Statistics (ABS) resources for ATSI identification as the reduced grants amounts made it difficult to fund independent graphic designs by local indigenous artists. One division has engaged a Wurundjeri woman to paint two pieces of artwork, both highlighting the importance of health care. The artwork will depict smoke rising, a traditional welcome message among the local Indigenous community.</p> <p>Other resources developed included:</p> <ul style="list-style-type: none"> • An academic detailing card • A practice survey • A Koori Health DVD • Introduction of the Koori Mail into practices • Newsletter articles • Promotion of health checks in local media
<p>(2) Work intensively with a targeted number of practices in a division catchment to introduce systems and procedures that would help improve self identification.</p>	<p>Some practical examples of division practice visit activity in relation to this project included:</p> <ul style="list-style-type: none"> • Division visits to practice (in clinic sessions) to reinforce the correct use of Patient Management software and data cleaning opportunities utilising PEN Clinical Audit Tool.

	<ul style="list-style-type: none"> • Team targeted practice visits to develop practice specific PDSA to assist with the implementation of the project at that practice • Accreditation support and data collection related programs, i.e.: PEN Clinical Audit Tool, Practice Health Atlas and the Australian Primary Care Collaborative program were employed to drive practices visits to audit practice data on ATSI populations using either the Clinical Audit Tool (CAT) or practice clinical software • In one division a series of 12 practice visits across 6 practices and implementation of PDSA cycles resulted in an increase in active indigenous patients on patient registers from 24 to 90, representing a 275% increase in identified ATSI patients across the 6 practices.
(3) Implementation of practice staff education and training in line with the RACGP guidelines in relation to the identification of Aboriginal and Torres Strait Islander people'	<ul style="list-style-type: none"> • A number of divisions linked this into pre accreditation practice visit content • Audits of cultural information were undertaken as an additional compulsory component of accreditation
(4) At least one division staff member to attend workshops on improving the identification of ATSI people in mainstream general practice	All 12 divisions that received funding had a staff member attend the GPV workshop
<p>The development of an Introduction to Indigenous Health module</p> <p>A resource kit to support the practice team working in general practice</p>	<p>The <i>Introduction to Indigenous Health</i> module is a resource kit to support staff working in general practice. The resource kit aims to give a brief overview of the context of Indigenous health in Australia including the <i>Closing the Gap</i> strategy launched in 2009. It identifies ways to promote use of the Medicare Aboriginal and Torres Strait Islander Health Checks in ways that are culturally safe and competent and provides health staff with resources, skills and strategies to prevent and manage chronic disease in partnership with Indigenous people and communities across Australia.</p> <p>On completion of this module participants will have an understanding of:</p> <ul style="list-style-type: none"> • The context of Indigenous health, a summary of the Aboriginal and Torres Strait Islander (ATSI) health status • An overview of Indigenous health including the 2009 <i>Closing the Gap</i> strategy • General practice and Indigenous health including a definition of Aboriginality and ATSI identification • Working in culturally diverse settings including cultural competency, cultural safety and how to promote a culturally safe workplace • Working on projects in the community • ATSI Health Checks including: the ATSI components of the child, adult and older persons health checks as an enabler of preventative health care and identify the parameters for Medicare Item numbers 708, 710, 704 and 706

	<ul style="list-style-type: none"> • Chronic disease management (CDM) Medicare Items, chronic disease management plans, provision of monitoring support for a person with a chronic disease by a practice nurse or registered Aboriginal Health Worker (Item number 10997), follow up allied health services for people of Aboriginal and Torres Strait Islander descent: Items 81300-81300 <p>The learning module contains case studies, and resources will be accessible on CD and through the GPV website.⁵</p>
<p>Four year old health check training</p> <p>Deliver through Ausmed for practice nurses relating to the 4 year old health check</p>	<p>In 2009, using Nursing in General Practice (NiGP) funding, GPV and Ausmed had provided the Medicare 4 year old child health check training, which was attended by 233 Victorian nurses. Ausmed conducted an impact evaluation on the training.</p> <p>Through Health Checks funding, two more one-day seminar courses were run in Melbourne on 11 September and 23 November 2009 which 59 practice nurses attended.</p> <p>Ausmed, based in Melbourne, delivers high quality health care education for nurses and other health care workers. In partnership with GPV they have developed a one day seminar on the 4 yr old health check delivered to practice nurses and general practitioners. The seminar covered:</p> <ul style="list-style-type: none"> • Parental evaluation of development status PEDS • Using PEDS and interpreting the scores • Brigrance Screening Secondary Development Screening • Obtaining health history including height, weight (BMI) and immunisation • Eye sight and hearing screening, oral health check • Administrative issues

Question 2: Assess the overall level of success of the project

Considering the short time frames and limited financial support provided to divisions we believe there have been significant achievements realised from this project on a number of levels. The following is a summary list of achievements generated at both SBO and division level over the duration of this project.

- Divisions involved in the projects were able to build on and in most circumstances enhance relationships with Aboriginal communities and services in their areas. This is seen as fundamental bridge building for the future of the Closing the Gap initiatives.
- Numerous opportunities arose to provide cultural awareness training for division and practice staff both now and in the future.

⁵ The *Introduction to Indigenous Health* module CD-ROM will be sent in hard copy as an attachment to this final report.

- A significant training resource was developed in both hard copy and electric format which will be a fundamental training and support tool for division staff and the Indigenous Health Project Officers to be employed under Close the Gap funding to the Divisions' Network.
- There was broad dissemination of the latest research from Melbourne University in relation to the issues involved in Indigenous self identification in general practice, and also around chronic disease management in indigenous patients in mainstream care.. A strong strategic relationship was formed between GPV and the leading researchers in this area.
- There was development of new resources in the forms of posters, brochures, surveys and academic detailing tools which can be shared across the network.
- The Mornington Peninsula division produced in partnership with the community health services a Koori Health DVD. The division introduced the DVD to local GPs and staff highlighting stories from the local Koori community, the DVD talked about the patients' journey around their chronic health conditions and how they access local services. The DVD has been showcased to other divisions and presented at the national AGPN forum last year in Sydney.
- Practical analytical use of ehealth tools (PEN Clinical Audit Tool and Practice Health Atlas) in relation to ATSI self identification. Practices were targeted and assisted to implement recording systems where they did not have anything in place.
- Improvement in AMS recording of Indigenous status in some areas
- Ballarat Division has Established a GP Indigenous Health Advisor at divisional level
- Practice nurse developed PDSA work plans to promote self identification. These PDSA work plans will be available on the division's website;
- Clinical audits of cultural information at the practice level
- Additional health check training for 59 practice nurses
- A total of 145 division and clinical staff trained in self identification and cultural awareness

Question 3: Assess the value for money for the Commonwealth that this project represents.

This project represents value for money not just for what has been achieved in a short space of time but, more importantly, for the foundation it has provided for *Closing the Gap* initiatives, particularly for those Victorian divisions with little or no prior experience in or funding for working with indigenous health organisations.

The indications are that even small amounts of funding, when linked with capacity building through training and resource provision, can provide a growth in the capacity of division staff to undertake targeted work, resulting in significant achievements. Through this project, GPV and divisions

- Enabled sharing of existing resources, which avoided duplication and lowered administrative costs, while ensuring a consistent message was used by all organisations, particularly in regards to facilitating Indigenous self-identification.
- Fostered valuable linkages at the local, regional and state level with academic research units, thus paving the way for future collaborative efforts and further enabling the sharing of evidence based methodologies for the identification and ongoing care of Indigenous patients in Victorian mainstream services
- Used a pre-existing partnership at the state level with Ausmed to deliver additional training in Indigenous Health for general practices nurses in Victoria; this partnership will help to ensure that the needs of Indigenous patients are considered in all aspects of training for general practice nurses.

Funding grants for this project were extended to 12 divisions, representing over 40% of all Victorian divisions, this provided excellent coverage in terms of population, number of general practices targeted, and in the number of Aboriginal Community Controlled Services that divisions were able to engage with to build relationships between the mainstream and community-controlled sectors in Victoria.

The assessment of the achievements of the program should also take into consideration some of the recognised difficulties of engaging mainstream general practice in Indigenous Health. These include factors such as perceived small population numbers, cultural sensitivities and the time and effort required to build trust and confidence with local Indigenous communities.

Question 4: Describe linkages (if any) with other components of the Australian Better Health Initiative and chronic disease prevention/early intervention.

Across GPV and divisions' activities there were a number of instances where these projects integrated with other ABHI and division program areas, particularly in the areas of prevention, chronic disease management and information management. Several divisions used the PEN Clinical Audit Tool and Practice Health Atlas to establish the number of people with indigenous status recorded in practice databases, and used this information to compare with population estimates in their regions. This allowed targeted practice visits to be undertaken related to Indigenous identification. A number of Aboriginal Health Workers were linked into Chronic Disease Self Management (CDSM) training programs such as health coaching, and there was also consistent use of Australian Primary Care Collaboratives (APCC) methodology such as 'Plan, Do, Study, Act' (PDSA) cycles and targeted use of APCC practices to improve practice systems related to recording of indigenous status.

Barriers to be considered

The following discussion raises some of the issues confronted by divisions when undertaking their activities in these projects.

- Some ACCHSs and VACCHO have been very cautious about both the GPV project and the longer term work involving the *Improving Indigenous access to Mainstream Primary Care* project, as it is viewed as a potential threat to the ongoing sustainability of their services. There is also a view that funding should be going directly to the Indigenous organisations to target Indigenous patients, not mainstream health services.
- Many general practices were unable to release nursing and medical staff to attend training workshops due to workload and the inability to back-fill positions. This led to a limited uptake in GP registrations and participation in workshops.
- There was evidence of a limited understanding among practice staff of the benefits of sensitively and appropriately capturing Indigenous status when interacting with patients
- General practice clinical software is often (almost always) unable to adequately record or indicate the ATSI status of a patient
- Engagement can be difficult when the topic of discussion is ATSI health, as some practices perceive the output required to train staff and make other changes in practice culture as greater than the need for the number of ATSI patients they may see in their practice.
- It takes time to undertake activities that require cultural change within the practice. The activities undertaken in this project will continue but it is anticipated that change will occur slowly over time.
- Feedback from the practice nurse workshop indicated that participants understood the need for self identification in order to identify those patients with higher risk of chronic disease and potential for poorer health outcomes, but at the same time they didn't understand why Koori people had greater needs than patients from other cultural backgrounds.
- While the identification of local Koori people has been used as an example when educating practice staff in the use of clinical software (e.g. the Pen Clinical Audit Tool) and also in work undertaken in the

Australian Primary Care Collaboratives, the problem is that very few patients have identified themselves as from Aboriginal or Torres Strait Islander descent; the issue of patient identification needs a concerted effort by all levels of government, local services and state and regional peak bodies in order to overcome this deficit.

Future Activities

The following are examples of ongoing activities that GPV and Victorian divisions will pursue as extensions of this project work

- GPV developed a position description and advertised in *The Age* and on *My Career* for Indigenous Health Project Officers on behalf of the Victorian divisions funded under *Close the Gap* funding, in December 2009 and January 2010.. GPV will provide orientation and support for these 19 new positions.
- GPV is planning to broker cultural awareness training for division staff in 2010.
- GPV and divisions will continue to advocate for the benefits of ATSI self identification through the Divisions Practice Support Program.
- GPV and divisions will promote the MBS item numbers applicable to Aboriginal Health Assessments through the Divisions Practice Support Program and as part of the *Closing the Gap* Program. The MBS items promotion will Target all general practitioners and practice nurses including staff working at the Aboriginal Health Organisations and Housing Co-Operatives.
- Divisions will link interested general practice staff into local education and training events and provide appropriate resources as they become available
- Knox Division will actively participation in the state-funded Early Intervention in Chronic Disease (EliCD) program with Knox Community Health Service, focusing on identifying and referring ATSI community members to general practice for health checks and assessment.
- Knox Division and Eastern Ranges GP Association plan to continue engagement with the local Mullum Mullum Indigenous Gathering Place via the Eastern Metropolitan Region Aboriginal Health Promotion and Chronic Care partnership and other Indigenous health specific committees.
- Continued distribution by divisions of ATSI resources to general practice clinics
- Tailored in clinic sessions to reinforce the correct use of patient management software and data cleaning opportunities using the Pen Clinical Audit Tool
- Media releases to promote health checks for people of ATSI origin