

The Gap Analysis Tool – addressing areas for development in mainstream health services in the south-east of South Australia in conjunction with the Aboriginal and Torres Strait Islander community

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INTRODUCTION

According to numerous reports and national data, improving access to mainstream health services for Aboriginal and Torres Strait Islander Peoples has been identified as a major priority. A number of barriers restrict the access of Aboriginal and Torres Strait Islander peoples to receive the appropriate standard of quality health care in Australia. It has also been noted that the life expectancy rates of Indigenous peoples in Canada and New Zealand has improved over the last twenty years. However the life expectancy rates for the Indigenous people in Australia continues to linger twenty years behind the non-Indigenous population.

It looks just terrible. It's embarrassing for Australia, particularly when we're comparing with other Indigenous people in countries where there's been a similar colonial context and history.
Dr Mark Wenitong – founder Australian Indigenous Doctors Association.

The ultimate principle of the gap analysis tool is to identify gaps and areas for improvement to enhance service delivery in an effective way to Aboriginal people in the South East Region of South Australia. The Gap Analysis Tool is the first step of a three-part plan initiated by the South East Regional Health Service. The next step to achieve evidence-based outcomes include consultations with the local Aboriginal and Torres Strait Islander community in regard to how they envisage their ideal future health service. Both these steps will culminate in health service development action improvement plans for each individual health unit.

A simple three-part plan

A vision was created to address the barriers of access to mainstream health services. This was a simple plan involving local Indigenous community participation while ensuring health unit staff are involved in the progression of the overall plan. The plan consisted of:

- 1 The Gap Analysis Tool
- +
- 2 Community Consultations
- =
- 3 Health Service Development Action Improvement Plans

A local Indigenous person, Doug Nichols, interpreted the plan as this:

- 1 Hunt and Gathering
- +
- 2 Ceremony Talk
- =
- 3 Song and Dance

BACKGROUND

The Gap Analysis Tool will assist health units in the South East in becoming more culturally appropriate in providing services to Aboriginal peoples. It has been acknowledged through numerous reports that there are a number of barriers to Aboriginal people accessing mainstream hospitals and community health services. The gap analysis tool was developed using a number of documents as indicators and guidelines relating to Aboriginal Health. These include:

- *The South East Regional Health Service Community Participation Synopsis February 2003*
- *The South East Regional Health Service Business Plan 2003–05*
- *The National Strategic Framework for Aboriginal and Torres Strait Islander Health – Framework for Action by Governments 2003–2013*
- *The Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004–2009*
- *Working with Aboriginal People – A Cultural Guide for Community – based Health and Home Care Services in South Australia.*

It has been identified that countries such as Canada have shown improvements in their Indigenous peoples' health and well-being over the last twenty years. Recognising this we (Aboriginal Health Development Working Group) modelled the Gap Analysis Tool on a version implemented by Canada's British Columbia Ministry for Children and Families. www.mcf.gov.bc.ca/publications/cultural_competency.

While these documents provide information on why Aboriginal people are not accessing health services, this tool goes one step further and provides a more formalised and local approach to assessing the cultural appropriateness of health units in the South East.

A steering group known as the Aboriginal Health Development Working Group (AHDWG) contributed to the development of this tool. Members of this group included the Director of Nursing, Aboriginal Health Workers, The Regional Planner, The Health Promotions Officer, Members of the South East Aboriginal Health Advisory Committee (AHAC) and project officers from the South Australian Department of Health Aboriginal Services Division. It has been imperative that members of the Indigenous community are utilised in all processes of the development, implementation and evaluation of the tool.

All processes have had the support of South East Regional Health Service Regional General Manager, The Director of South East Regional Community Health Service, The South East Regional Health Service Board, The Regional Executive and Chief Executive Officers of hospitals and their staff.

ONE HOUR BRAINSTORM SESSION

Utilising the Canadian based tool as well as also recognising the need to make the tool locally specific to the South East Region, the AHDWG pulled out a stack of post it notes and came up with over 100 questions/statements to place in the Gap Analysis Tool. Members of the AHDWG brainstormed the questions and statements within one hour. The group was keen for it to be locally focused and tailored to the South East Region. From this session we had the base for our assessment tool.

These were then collated into the eventual tool and placed in the appropriate worksheet sections. (Worksheet sections detailed below). This first hand knowledge that the AHDWG had in the input proved invaluable because of each persons background knowledge in working with different sections of the health units and departments. Through their involvement on the AHDWG, staff of Pangula Manna Murna, which is the newly formed Aboriginal Health Service in Mt Gambier, also had input into the design

EVIDENCE-BASED AND LOCAL

The gap analysis tool was developed by the AHDWG using a number of documents as indicators and guidelines relating to Indigenous health. The recently released Cultural Respect Framework for Aboriginal and Torres Strait Islander Health underpins the design of the tool. The tool is approximately 20 pages and contains 8 worksheets.

The worksheets sections consisted of:

- key statements and documents – this section assessed health units' vision, principles, goals and objectives and how they related and took into account Aboriginal Health
- patient record keeping – this section assessed Aboriginal contacts with health units and referrals to appropriate staff
- health service policies and procedures – this identified how specific services and programs should be performed when delivered
- Indigenous workforce – recognising the requirements for specific strategies to improve training recruitment and retention of aboriginal people across all sections of the health unit
- staff development and training – covering the skills and training required to deliver services in a culturally responsive manner
- services and programs – Included how a service meets the needs of an Aboriginal community, similar to Health Service policies and procedures
- organisational leadership and environment – Looking at the structure of the organisation and the environment in which it operates as it pertains to being culturally appropriate
- community consultation and communication – This was referring to how a health unit interacts with the Aboriginal Community in achieving culturally competent health outcomes.

OUTCOMES

Consultative discussions took place with senior health service staff to inform them of the implementation of the Gap Analysis Tool in their respective health units. All staff were willing to “go forward” and find out what the problems and solutions are to Indigenous people accessing their respective unit.

Senior health service staff were given six weeks to complete the gap analysis tool. In total 7 health units in the South East Region completed the Gap Analysis Tool. For the 7 health units to actually complete the Gap Analysis Tool was a small step in identifying what are the barriers to Aboriginal peoples accessing their units. The 7 health units included 6 hospitals in the region and The South East Regional Community Health Service collated their individual units into 1.

Upon collation of the results, priorities were identified to address areas for improvement and resources needed for the improvement to occur.

One of the most significant comments that spring to mind on visits and meetings with key staff on implementation and completion of the Gap Analysis Tool was:

We will now use this as our own benchmark

The South East Regional Community Health Service is currently reviewing the Gap Analysis Tool and examining options from which the outcomes of the tool can be implemented.

At time of print, these plans that have resulted from the Gap Analysis Tool, are in draft format and have been endorsed by the local Aboriginal Health Advisory Committee and are waiting to be approved by the South East Regional Health Service Board.

The Gap Analysis Tool combined with the community consultations has provided a base to make recommendations in the Health Service Development Action Improvement Plans. Major findings that should address the responsiveness of the mainstream health units in the South East include:

- the start of a healing process between the hospitals and Aboriginal community to coincide with the launch of the gap analysis tool and “mend relations between the community and the health unit”
- a primary health care focus on culturally appropriate ante-natal and 0-5 programs due to the low birth weights of Indigenous babies and associated problems from this
- developing linkages with schools and hold a career information day for Indigenous high school students due to the limited number of Indigenous employees in the South East
- ensuring the South East Aboriginal Health Advisory Committee is consulted in regard to issues regarding Aboriginal Health
- the Limestone Coast Division of General Practice has initiated contact and is examining the possibility of The Gap Analysis Tool being implemented in their general practices
- the need for more Aboriginal representation on Regional Boards and committees involved in the health system. On this topic it was recommended from the AHDWG that Aboriginal Health be a standing item on all major agendas.

Each health unit has now taken a small step in improving Aboriginal Health in their respective locations. The Gap Analysis Tool can be used as a guide to assess health units in its own right

but we have taken it one step further by combining the results of the tool and community consultations to come up with a Health Service Development Action Improvement Plan.

PRESENTER

Timmy Duggan was born in Darwin and is a descendant of the Warramungu peoples of Central Australia. Timmy has a Diploma in Youth and Community Development Work and is currently the Regional Services Development Officer with the South East Regional Health Service in Mt Gambier, South Australia. His role within the South East Region is to identify areas for improvement in mainstream health units. Formerly a National Basketball League player, he is also the founder of the Hoops n Health Program and was the Health Promotion Officer for WuChopperen Health Service in Cairns.