Report

Divisions Performance Indicator Report 2009-2010: Closing the Gap

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Executive summary

This report presents a thematic analysis of qualitative data regarding activities undertaken as part of the Closing the Gap program, provided by the Divisions of General Practice for the 2009-2010 reporting period.

The report consists of four main sections:

1 Divisions' overall perceptions of the Closing the Gap program
2 the activities and approaches used to address the barriers to the use of mainstream primary care by Indigenous Australians
3 the impact of collaboration with local Indigenous services
4 ongoing Closing the Gap program difficulties and challenges.

The key findings are presented in Table 1.

Table 1 Summary of key findings

General comments regarding the Closing the Gap program The majority of Divisions provided positive comments about the Closing the Gap initiative • Awareness raising about the program was viewed as being of critical importance • Program provided Divisions with opportunity to build and strengthen partnerships with key stakeholders • Divisions established Closing the Gap committees and advisory groups to enable coordination of activities.
Impact of activities to address barriers to the use of mainstream primary care services by Indigenous Australians Barriers identified by Divisions included: • Financial barriers, particularly the lack of bulk billing • Inadequate public transport services • Lack of cultural awareness and sensitivity in mainstream practices • Poor identification of Indigenous Australians within practices • Ongoing workforce shortages Activities undertaken to address these barriers included: • Encouraging practice culture change, such as routinely offering bulk billing and asking patients about their Indigenous status • Design and provision of cultural safety training to practice staff • Awareness raising through practice visits, articles and formal and informal meetings • Distribution of resources to practices • Improving the practice environment through flexible appointment systems and display of Aboriginal artwork and posters.
Impact of collaboration with local Indigenous services to address shared planning and priority setting The majority of Divisions recognised the importance of fostering collaboration between mainstream primary health care, Indigenous service providers and the local Indigenous community: • Collaboration with existing Indigenous services included working together on existing programs, developing and planning new initiatives, developing referral pathways for patients and building trusting relationships • Collaboration with Indigenous communities was achieved through formal partnerships with community groups, including Indigenous Australians in advisory groups and involving Indigenous elders in discussions • Indigenous Outreach Workers enabled and fostered stakeholder collaboration and engagement.
Ongoing Closing the Gap difficulties and challenges A number of issues were identified by Divisions: • Challenges associated with cross border issues, such as difficulties in managing referrals • Difficulties in delivering timely cultural safety training due to a lack of specific standards for such programs and delays in accreditation of programs by RACGP • Staff reporting not feeling comfortable asking patients about their Indigenous status and expressing a desire for guidelines or other educational materials • Practice staff unwilling to make changes to the practice environment due to lack of interest or lack of awareness of Indigenous patients in the practice • Recruiting and training staff for the program was reported as being time consuming and resource intensive.

Introduction

Indigenous Australians experience great health disadvantage compared to their non-Indigenous counterparts. For the period 2005-2007, the life expectancy of Indigenous females was estimated to be 72.9 years (9.7 years lower than for non-Indigenous females), while the life expectancy for Indigenous males was estimated to be 67.2 years (11.5 years lower than for non-Indigenous males).[1] The leading causes of Indigenous mortality were cardiovascular disease, cancer, external causes (including injury), respiratory conditions and endocrine disorders.[1]

Compared to their non-Indigenous counterparts, Indigenous Australians have lower use of preventive health services such as immunisation and breast cancer screening, higher rates of long and complex primary care consultations and a higher rate of potentially preventable hospitalisations, which may reflect poorer access to appropriate primary care services.[2]

The Australian Government provided funding for Indigenous Health Project Officers and Aboriginal and Torres Strait Islander Outreach Workers to be employed within Divisions of General Practice in order to improve access to culturally sensitive mainstream primary care among Indigenous Australians.[3,4] The purpose of these positions was to support primary health care providers in managing the unique health needs of their local Indigenous population and to improve collaboration between mainstream and Indigenous health services.[3,4]

The aim of this report is to evaluate qualitative data provided by the Divisions of General Practice for the 2009-2010 reporting period. The report focuses on establishing which activities were undertaken by Divisions in order to improve Indigenous Australians' access to mainstream primary care, any barriers or challenges identified by the Divisions and the extent of collaboration between Divisions, Indigenous services and local Indigenous communities. Specifically, the following two Indicators are the focus of this report.

Indicator 1: Impact of activities and approaches used to address barriers to the use of mainstream primary care services by Indigenous Australians

Indicator 4: Impact of collaboration with local Indigenous services to address shared planning and priority setting

Methods

In total, 112 Divisions completed the reports for the 2009-2010 reporting period. Qualitative data were extracted for 112 Divisions and imported into *NVivo 9* for analysis.

Blank responses were received from 25 Divisions. In all cases, lack of response was due to Divisions not receiving funding for the program and therefore not being required to report on their Closing the Gap activities. Thus, a total of 86 Divisions' responses were analysed.

Qualitative data analysis was performed using *NVivo 9* software to facilitate thematic analysis. Data were coded according to the themes that emerged from the Divisions' responses.

Results

Results are presented separately for each indicator. General comments regarding the Closing the Gap initiative are also included. The relevant themes that emerged for each indicator are discussed by providing specific examples of activities undertaken and comments regarding barriers and difficulties faced by Divisions. Direct quotes are presented to highlight the findings. Quotes have been edited for typing errors where appropriate.

General comments about the Closing the Gap program

Overall, the majority of Divisions provided positive comments regarding the Closing the Gap initiative and were at various stages of implementing specific programs and projects in order to improve access to primary care for Indigenous individuals. Many Divisions felt that raising awareness about the Closing the Gap program was of critical importance. In a number of Divisions, this was successfully achieved among medical professionals and the general community through practice visits, seminars and informal meetings.

> *A greater awareness around CTG measures has been obtained by systematically providing information to General Practices via weekly communications* [Division located in WA]

Divisions commented that the Closing the Gap program provided them with an opportunity to build and strengthen existing relationships with a variety of stakeholders, which improved referral pathways for Indigenous patients and enabled the identification of service gaps.

> *…the Closing the Gap program has opened up channels of communication between the Divisions and key stakeholders and greatly facilitated the development of partnerships to address Indigenous health issues* [Division located in NSW]

Divisions established dedicated Closing the Gap committees and advisory groups to ensure effective coordination of the various planned and proposed activities. These activities typically included input from Division, general practice, Indigenous health services and community representatives. Some Divisions ensured that the Closing the Gap initiative was included as a standard item on Division meeting agendas to facilitate ongoing discussion.

> *Closing the Gap Program Advisory Group established to guide programs and facilitate better links between practice staff, external organisations and Aboriginal community* [Division located in WA]

However, one Division reported that the number of committee meetings was overwhelming and time consuming, having a negative impact on the ability to meet the Closing the Gap program requirements.

> *The number of Closing the Health Gap Committee meetings required to attend is creating difficulty to fulfil all requirements of the DoHA Closing the Gap Project. Projects stemming from [committees] do not directly align with the DoHA Closing the Gap project* [Division located in VIC]

Indicator 1: Impact of activities and approaches used to address barriers to the use of mainstream primary care services by Indigenous Australians

The main barriers to access as identified by Divisions and potential solutions that were put forward are presented in Table 2.

Table 2 Barriers and enablers for Indicator 1

Theme	Barriers/challenges	Enablers/solutions	Supporting quotes
Financial	Direct costs of consultations, medication, etc Lack of knowledge about bulk billing practices Lack of funding for Indigenous health programs	Culture change: routinely offering bulk billing to Indigenous Australians	*"One of the main inhibiting contributors for access was due to financial circumstance and the lack of 'Bulk Billing' services"* [Division located in QLD]
Transport	Inadequate public transport services Poor timetabling Health services not easily accessible by public transport	Inexpensive and reliable transport options Advertising of available transport services	*"[the Division] has identified the disjointed links in urban Brisbane transport services"* [Division Located in QLD]
Health care	Lack of dedicated Indigenous health services Needs of Indigenous population not addressed by mainstream providers Lack of links between mainstream and Indigenous health services	Establishing partnerships with existing Indigenous health services Reorienting mainstream care to focus on Indigenous issues	*"Practices are unaware of additional support services (both community and government) tailored to assist Aboriginal and Torres Strait Islander people"* [Division located in NSW]
Cultural awareness	Lack of cultural awareness and sensitivity in mainstream care	Provision of cultural safety training to practice staff	*"Strong need for cultural awareness training identified"* [Division located in VIC]
Identification of Indigenous patients	Practices unaware of number of Indigenous patients Staff not confident asking patients about their Indigenous status Indigenous Australians unwilling to self-identify	Encouraging Indigenous Australians to self-identify through education and support Reminding and prompting service providers to ask about Indigenous status	*"…self-identification processes either did not exist or were limited to a question on a new patient questionnaire"* [Division located in VIC]
Practice operating structure	Inflexible appointment scheduling Practices unwilling to see patients without appointments	Encouraging greater flexibility in the practice environment	*"There is a minority of practices in the Division who have a 'book on the day' appointment system and also only a couple of practices that will see patients […] without an appointment"* [Division located in WA]

Staffing issues	Workforce shortages, particularly in rural and remote areas Lack of Indigenous staff Inability to take on additional Closing the Gap work	Employing and retaining more primary health care staff through targeted programs Specific employment programs for Indigenous Australians	*"Workforce shortages and frequent turnover of GPs and practice staff are the main barrier to this initiative"* [Division located in QLD]
Health literacy and language	Low health literacy and language barriers led to miscommunication	Ensuring information is available in a variety of languages	*"…there is difficulty in gauging whether the information relayed has been understood"* [Division located in VIC]
Community consultation	Excessive community consultation was seen as counterproductive by the local Indigenous community	Improving the planning of community consultation events Ensuring that community members are informed about the outcomes of consultation events	*"…feeling among the community of excessive consultation with few perceived outcomes"* [Division located in VIC]
Cross border issues	Cross border issues, such as differences in referral systems, resulted in poor access to comprehensive health care	Measures to educate Indigenous Australian about health system differences between states and territories	*"…well documented cross border issues arise for transient people, particularly in accessing health services"* [Division located in NSW]

Activities undertaken to Close the Gap

All 86 practices outlined the activities undertaken over the reporting period in order to improve Indigenous Australians' access to primary health care. Generally, Divisions reported positive responses from general practices regarding the need to address Indigenous health issues. The various initiatives, programs and projects are presented in Table 3.

Table 3 Close the Gap activities

Activity	Examples of actions	Supporting quotes
Awareness raising	Practice visits Newsletter articles Website information Formal and informal meetings	*"…practices visited by the Aboriginal Health Project Officer to discuss the availability of bulk billing and Indigenous* PIP incentives" [Division located in NSW]
Distribution of resources	Resources to facilitate uptake of Indigenous Medicare items, PIP and Indigenous status information collection Directories of local Indigenous community services	*"…developing resources for general practices which will encourage self-identification"* [Division located in NSW]
Cultural safety training	Program planning and design Workshops and seminars	*"…cultural safety training offered to all [Division] staff"* [Division located in WA]
Interaction with Indigenous community	Formal and informal meetings "Yarning" sessions Attendance at community events	*"Importance and priority has been placed on incorporating feedback from the Aboriginal community leaders with regard to developing any new brochures, information or discussion groups"* [Division located in VIC]

Improving practice environment	Displaying Aboriginal flags and artwork Changing operational structure: more bulk billing, more flexible appointment systems	*"…commissioning of a mural to be completed by a local artist and young people with the aim of welcoming young Aboriginal people"* [Division located in NSW]
Use of data	Collecting data about local Indigenous population and local general practices through surveys Analysis of existing data Literature searching Dissemination to stakeholders	*"Demographic and population health profile obtained and reported upon, utilising ABS data and various reports"* [Division located in SA]
Division Champions	Establishing groups of GPs with a particularly strong interest in Indigenous health, who provide education and encouragement to their peers Focusing on practices with an interest in Indigenous health	*"…focus on practices that have expressed a particular interest to work in Aboriginal health to create culturally safe hubs"* [Division located in VIC]
Indigenous staff	Actively promoting the benefits of employing Indigenous staff Positions actively advertised	*"…organisational recruitment strategies to employ and retain Aboriginal employees"* [Division located in NSW]
Software training	Providing software training to staff to facilitate the entry of Indigenous status information into databases Encouraging practices to review and update patient details	*"…practices cleaning up their data and identifying Indigenous clients in the database"* [Division located in QLD]
Outreach services	Encouraging GPs to become involved in outreach services GPs visiting community events, schools and other organisations to provide opportunistic screening	*"…conducted blood pressure readings and glucometer readings at various community events"* [Division located in WA]

Indicator 4: Impact of collaboration with local Indigenous services to address shared planning and priority setting

The majority of Divisions recognised the importance of fostering collaboration between mainstream primary health care providers and existing Indigenous service providers in order to improve continuity of care, share knowledge and decrease duplication of care. Collaboration also occurred with elders and other Indigenous community members in order to take into account the specific needs of the local communities (Table 4).

Table 4 Collaboration activities related to Indigenous health services

Activity	Examples of actions	Barriers	Direct quotes
Collaboration with local Indigenous services	Collaboration on existing activities or projects Collaborative planning of ongoing projects Developing referral pathways Building trusting relationships	Concern about the lack of cooperation between agencies offering preventive health programs, leading to inefficiencies and duplication of services	*"A working relationship has been established with the Aboriginal Health Service and other services who work with the Aboriginal community and/or are involved in the Closing the Gap initiative"* [Division located in VIC]

Collaboration with Indigenous communities	Formal partnerships with community consultation groups Inviting Indigenous Australians to join Division advisory groups Involvement of Indigenous elders	Difficulties in initiating collaboration Ongoing problems related to lack of trust among Indigenous community members	*"…feedback from Indigenous representatives was positive indicating a commitment to working with the Division for the Closing the Gap initiative"* [Division located in NSW]
Role of Indigenous Outreach Workers (IOWs)	Enabling and fostering stakeholder collaboration and engagement Organising regular stakeholder meetings Enabling Indigenous Australians to access culturally appropriate care	Time consuming process of hiring IOWs led to delays in initiating some planned projects and activities	*"…Aboriginal Outreach Workers to help clients navigate through primary health care services and to also provide culturally appropriate support"* [Division located in NSW]

General Closing the Gap program difficulties and challenges

While the majority of Divisions reported being satisfied with their progress with regard to the Closing the Gap initiative, a small number of Divisions highlighted some ongoing program difficulties and challenges. Challenges associated with cross border issues were discussed in terms of difficulties with regard to managing referrals, particularly for services where referral systems differ between states.

> *Challenges associated include the system dealing with cross border issues. Referrals, especially in regard to mental health pathways, are different between the states* [Division located in VIC]

Many Divisions reported difficulties in delivering cultural awareness training to practice staff due to time constraints, a lack of specific standards for such programs and delays in accreditation of programs by RACGP. While some Divisions chose to provide informal training sessions, many chose to wait for RACGP approval.

> *Cultural awareness training has yet to be conducted because the standards are yet to be released* [Division located in NSW]

Related to the lack of cultural awareness training is the discomfort reported by practice staff in some Divisions with regard to asking patients about their Indigenous status. These Divisions expressed a desire for guidelines or similar documents that could be used to decrease the discomfort experienced by GPs and other staff. Some Divisions reported that practice staff did not understand why it was important to identify Indigenous patients in their practices, were not aware of how many Indigenous patients attended their practices and believed that there were no barriers preventing Indigenous Australians from accessing mainstream primary health care.

> *Feedback from some staff has identified a level of discomfort with asking these questions* [Division located in WA]

> *…64% of practices who responded to the survey said they did not feel there were barriers preventing Indigenous patients attending their practice* [Division located in WA]

A small number of Divisions cited the attitudes of practice staff towards the Closing the Gap initiative as an important challenge. These Divisions reported that staff were unwilling to make changes due to lack of interest or a belief that they did not have any Indigenous patients at their practice.

> *There are challenges with attitudes from some practice staff who say they do not have Aboriginal or Torres Strait Islander patients and therefore see no need to adjust their systems* [Division located in WA]

One Division reported that the process of recruiting and training staff for the Closing the Gap program was resource intensive, which led to few specific projects and programs being developed over the reporting period and thus resulted in limited impact on the local Indigenous community.

> *Impact of activities and approaches for the period are limited due to the time taken to recruit and train staff for the Closing the Gap program* [Division located in NSW]

Another Division stated that the local Indigenous community leaders felt that the Closing the Gap initiative would have a negative impact on the successful operation of Aboriginal Medical Services in the area. This was seen as an important challenge by the Division, with plans being made for further discussion of this issue with local Indigenous leaders. One Division reported a lack of commitment from local Indigenous health services to ongoing discussion or collaboration, despite efforts being made by the Division to involve all stakeholders in the decision making processes.

> *Local Aboriginal leaders openly stated that the CTG initiative would detract from the financial success of AMSs* [Division located in NSW]

> *Communication is ongoing but quite limited. They have not committed to being involved in any way as part of planning, conduct or evaluation* [Division located in NSW]

Discussion

Overall, Divisions appeared to have a positive attitude towards the Closing the Gap program. All Divisions outlined a variety of activities that they undertook over the reporting period and a number provided details about specific barriers that their local Indigenous population encountered when accessing mainstream primary care. The majority of Divisions highlighted the importance of developing working relationships with existing Indigenous services and local Indigenous communities and provided details regarding how these relationships have been nurtured over the reporting period.

Not all Divisions made explicit references to the barriers that Indigenous Australians encountered when accessing mainstream primary health care services. Nevertheless, a number of important themes emerged, including financial barriers, transport issues, lack of Indigenous-specific health care, poor cultural sensitivity, poor identification of Indigenous patients, practice inflexibility and staff shortages. Similar barriers to access have been identified in previous studies and included lack of artwork and other items that created a welcoming environment, lack of Indigenous staff, practice inflexibility, lack of collaboration between service providers and reliance on short-term and one-off projects.[5,6,7]

In order to address these gaps, Divisions have put forward a number of projects and initiatives that they had implemented or planned to implement in the future. Divisions reported utilising Aboriginal and Torres Strait Islander Outreach Workers and Indigenous Health Project Officers in order to coordinate these actions and improve the cultural acceptability of services for Indigenous Australians.[3,4] It has previously been shown that strong leadership in the area of Indigenous health is an important contributing factor to improving access to mainstream health services.[6] The majority of Divisions reported being satisfied with the work performed by these individuals, while a small number of Divisions commented that due to the time consuming nature of the hiring process, little work had been done in the area of the Closing the Gap initiative.

Awareness raising among service providers and the local Indigenous community was undertaken by the majority of Divisions, and involved practice visits, dissemination of information and resources and regular communication through channels such as newsletters and community meetings. Cultural safety training for practice staff was also seen as being of critical importance; however, Divisions reported that due to training not being accredited by RACGP, many were still waiting to deliver their training program to staff. Other activities undertaken by Divisions included making improvements to the practice environment to improve cultural acceptability, encouraging bulk billing and increasing awareness regarding local Indigenous health issues through data collection and literature searching. Offering bulk billing to Indigenous patients, adequate resourcing, respect for language and culture and sound understanding of the complex issues surrounding Indigenous health have previously been highlighted as crucial to the success of Indigenous health projects and initiatives.[5,6,7]

The majority of Divisions noted that collaboration with existing Indigenous services and the local Indigenous community were important to the success of the Closing the Gap initiative. Divisions focused on developing trusting working relationships with existing services and sought active community involvement through both formal and informal consultations with community representatives and elders. Thus, community views and expectations were incorporated into program design, ensuring that the unique health needs of local communities were addressed. Such strategies have been highlighted as being critically important in the literature, with partnerships between organisations, collaboration across different sectors and the active involvement of Indigenous communities in project design ensuring that initiatives are undertaken with, not for, Indigenous Australians.[5,6,7]

Despite the overall positive feedback provided by Divisions regarding the Closing the Gap initiative, there were a number of unanswered questions and ongoing challenges that were noted in the reports. Discomfort among practice staff with regard to asking patients about their Indigenous status was highlighted as a barrier that was not adequately addressed due to the aforementioned delays in delivering cultural sensitivity training. Similarly, it is likely that lack of staff interest in Closing the Gap projects and initiatives may be effectively targeted through practice education and information provision. Another important challenge was the lack of interest in and commitment to the Closing the Gap initiative from local Indigenous services and communities. While the Divisions that cited this as an ongoing challenge had made plans for further discussion with the local Indigenous community, it is likely that it will take some time for trusting relationships to be developed in areas with a history of tense relationships between mainstream and Indigenous health services.

References

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