



Partnerships to improve Aboriginal health

Improving the health of Aboriginal and Torres Strait Islander peoples is a pressing national priority. The Sax Institute has made a substantial contribution to improving the health outcomes of Aboriginal people, through 20 years of close collaboration with Aboriginal Community Controlled Health Services (ACCHSs).

The leadership of Aboriginal people is vital in achieving sustainable improvements in health services and programs. Our work in this area is conducted by a team guided by our Senior Adviser in Aboriginal Health, Sandra Bailey, a Yorta Yorta woman who was previously Chief Executive Officer of the Aboriginal Health and Medical Research Council of NSW (AH&MRC).

Our impact

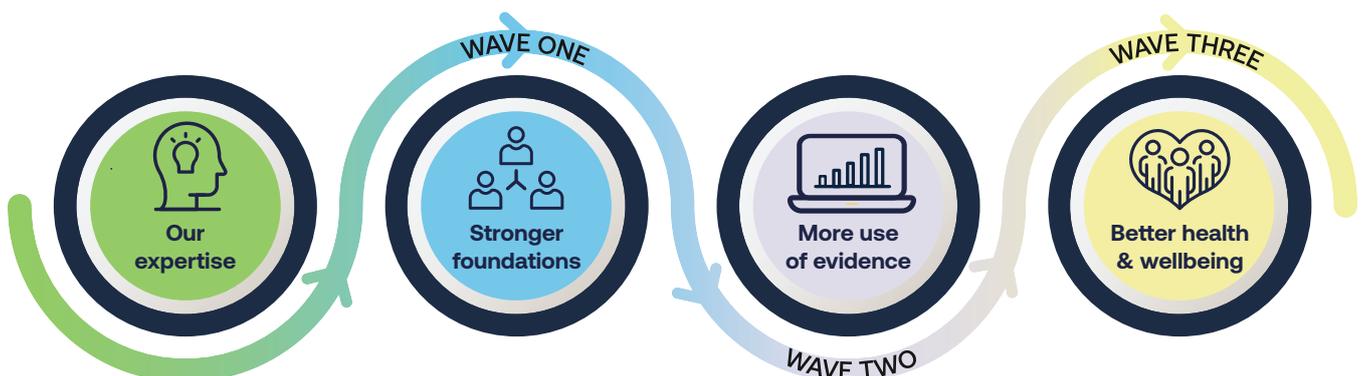
The Sax Institute is an independent Evidence Specialist – we help decision makers find and make the best use of evidence from research to solve real-world challenges.

Our mission is to increase health and wellbeing by driving the use of research in policies, programs and services. Nowhere is this more important than in Aboriginal health, where the gap between evidence and reality is large and where high-quality evidence on many questions remains scant. Our long-term co-design partnerships with Aboriginal Community Controlled Health Services

(ACCHSs) and our capacity to link with governments and researchers has resulted in significant improvements to health and health services.

The impact of this work is evident across three distinct phases:

- The creation of stronger foundations (including the development of increased capacity and more relevant research)
- More use of evidence in policy, programs and services
- Improved health and wellbeing.



Cover image: Indigenous Australians Minister Ken Wyatt pictured at a SEARCH annual forum

The challenge

Aboriginal and Torres Strait Islander people still have significantly worse health outcomes than non-Indigenous people, with higher rates of chronic disease and child mortality, and life expectancy eight years less than among non-Aboriginal people.

A complex web of interrelated factors influences the health of Aboriginal people, including intergenerational poverty, trauma and discrimination, and challenges in using mainstream services. Despite attention from governments, Indigenous health is only slowly improving. Of the 20 indicators in the Australian Government's Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, only 11 were deemed to be on track in December 2021.

There is an urgent need to try new approaches to improve the health of Aboriginal people. The following principles underpin the Sax Institute's work to improve Aboriginal health:

1

Aboriginal led

To be successful, initiatives need to be led by Aboriginal people to ensure their expertise and lived experience is embedded and communities are successfully engaged. More use of evidence in policy, programs and services.



2

Long-term partnerships

Sustainable improvements will require long-term partnerships that are able to draw from a wide range of external expertise as required.



3

Capacity building

Responses require investment in capacity building in Indigenous services and communities.



Partnerships and capacity development

A commitment to building capacity and leadership has been central to our approach, recognising that Aboriginal leadership is critical to improving health outcomes. Over the past 20 years, the Sax Institute and AH&MRC have pioneered a new approach to Aboriginal health research in NSW that involves communities and researchers working together to overcome some of the mistrust in research that had developed, and to deliver research that is valued by communities and makes a real difference to improving health.

Together with the AH&MRC, we have developed long-term relationships with eight ACCHSs across NSW, covering remote areas such as Bourke, regional areas such as Wagga Wagga, and outer urban areas such as Campbelltown in south-west Sydney. The long-term relationships with ACCHSs are supported by governance arrangements that provide ACCHSs with control and ownership, with the CEOs of the ACCHSs being investigators on any funding proposals. We use a co-design approach with ACCHSs directing priorities and engaged in all aspects of the work.

Through our partnerships, we have:

- Provided scholarships for Aboriginal researchers, three of whom have gone on to become national leaders in Aboriginal research
- Worked with the ACCHSs to strengthen capacity to use research findings to improve service delivery, including through our unique Aboriginal Knowledge Broker positions
- Supported 32 ACCHS staff to build higher-level research skills, through the attainment of higher degrees, academic publications and conference presentations.

We know that improvement efforts in Aboriginal health are most likely to succeed when they include and reflect the lived experience and community knowledge that resides within the ACCHSs. In 2022, we began an NHMRC-funded program focused on building evaluation skills, focusing on three programs designed and led by ACCHSs to reduce Aboriginal youth suicide and adult chronic disease.

Facilitating research to inform health decisions

We work closely with our ACCHS partners to develop high-quality and locally relevant research that can inform health decisions. Key contributions are:

With children and their carers

- With our ACCHS partners, we built a cohort of more than 1,600 urban Aboriginal children and their carers and have followed their health over the past 15 years, with the ability to analyse their self-reported clinical and administrative data
- This unique dataset has been used to drive many health improvements for urban children, including in the areas of ear health, speech, mental health, asthma and the early signs of chronic disease
- We have been able to explore causes of and factors associated with ill health, such as housing, green space, resilience and inter-generational effects
- The reports and papers have been used by the ACCHSs and by many parts of government.

With older people

- The Institute's 45 and Up Study, one of the world's largest cohort studies with more than 260,000 participants, includes 2,000 older Aboriginal people who we have followed for over 15 years, collecting information from regular surveys and from administrative data. These data have already been used to understand health and wellbeing in older Aboriginal people including examining health and mental health risk factors, physical inactivity and the effect of environment, factors related to obesity, influenza vaccination rates, the impact of PBS co-payments on access to medications, and the link between smoking and premature mortality.
- Work is also under way in partnership with NSW ACCHSs and the Cancer Institute NSW to shed light on the health experiences of older people in their communities around healthy ageing and cancer care.



More use of evidence, and better health

Our work has had a significant impact in terms of increasing the uptake of research evidence in policy, programs and services to improve health in Aboriginal people.

The strong collaboration between ACCHSs, researchers and the Sax Institute has enabled us to drive improvements in programs and services and in health, with clear examples of the impact achieved in areas such as hearing, speech and mental health. Our strong reputation and relationships mean we have been able to involve government and local services to contribute to this work.

Hearing and speech

Hearing loss and delayed speech development in children can cause difficulties in participating in education, the workforce and community, potentially leading to significant and lifelong adverse effects.

Data from our child cohort demonstrated that 1 in 3 children aged 0–18 years, and half of children aged under 3 years, had some form of middle ear disease. Hearing loss was identified in a quarter of the children aged 0–18 years, and more than one-third of the children aged 0–7 years had receptive and/or expressive language delays.

The Sax Institute communicated these data in many different policy forums and with partner ACCHSs and their Boards. Working with the Sydney Children’s Hospital, the Institute advocated for a new approach to providing ear health services for Aboriginal children.

In response, NSW Health provided funding for increased ear surgery and speech pathology for children in the participating ACCHSs. In total, \$3.2m was provided over a period of four years (2013 to 2017) to trial the new approach to ear health testing and care. An additional \$1.4m was received in 2020 for this program through a philanthropic donation.

The Sax Institute and the ACCHSs coordinated and evaluated the Hearing Ear Health and Languages Services (HEALS) program in collaboration with Sydney Children’s Hospital which led the clinical delivery. The HEALS program brought about significant improvements as follows:

- Ear, nose and throat surgery was provided for more than 300 Aboriginal children, with waiting times reduced from a maximum of 378 days to just 90 days
- More than 700 children were provided with over 8000 speech pathology services
- The project resulted in sustained improvements in service delivery, including funded audiology soundproof rooms for ongoing service delivery at two ACCHS sites; lasting relationships between ENT specialists and hospitals; and new positions for speech pathologists created in some of the ACCHSs
- Improved services for children who may be experiencing hearing issues were also provided by local schools.

Before HEALS came on the scene, we had this whole list of kids that that needed surgery. To put them on a waiting list at Campbelltown or Liverpool meant waiting two years or more, even more. The great thing about the HEALS Program was it allowed us to have those kids operated on, which is wonderful.

– Nursing staff member



IMPACT WAVE 2 and 3

Mental health

Aboriginal children are more likely to experience mental health issues than Australian children overall. The proportion of Aboriginal children at high risk of clinically significant emotional or behavioural problems is approximately double that of other children in NSW. In addition, our research shows that rates of mental health-related hospitalisations among children in SEARCH were approximately three times higher than Australian averages. Other research also shows that rates of suicide in Aboriginal young people are about five times higher than amongst their non-Aboriginal peers.

The Sax Institute has worked closely with ACCHSs to understand how evidence can assist in improving services and outcomes. Working with mental health teams at the ACCHSs, we have:

- Mapped the local mental health service system for Aboriginal children and young people, providing new insights into how the mental health care system is experienced by Aboriginal children and their families
- Used these insights to analyse the system's strengths and opportunities for improvement
- Contributed to more evidence based service delivery and design decisions around how local emergency departments work with Aboriginal clients
- Helped to inform new models of mental health care for Aboriginal children and adolescents, including the creation of Aboriginal Child and Adolescent Mental Health Worker roles in South-West Sydney
- Strengthened the commitment for mainstream mental health services to work in partnership with ACCHSs.

ACCHS services

The data from SEARCH are also used to inform the service priorities of the ACCHSs, to support submissions for additional funds, and in discussions with other agencies.

We pioneered the establishment of an Aboriginal Knowledge Broker who has strong links with the ACCHSs and the skills and capacity to engage with them and communicate data in a user-friendly way that can encourage greater use of data for their services.

The data have resulted in many changes in service provision, including the provision of online ear health resources, tobacco control and health services to girls and young women to promote breastfeeding, healthy eating and exercising. "As a result of the SEARCH data we have redesigned the whole model of care in our mums and bubs program. We have moved from a midwife-led model to one where GPs and Aboriginal health workers are working together to focus on the main health issues highlighted amongst the kids – overweight and obesity, ear health and asthma." – Raylene Gordon, CEO of Awabakal Ltd

Especially from the parents, they'd be saying, oh the teachers are saying he's doing so well now. He's actually paying attention in class and having input in class instead of sitting in the back because he doesn't know what's going on, he can't hear.

– Aboriginal health worker



SaxInstitute 

Email: communications@saxinstitute.org.au

Visit: saxinstitute.org.au

Phone: (02) 9188 9500

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