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## Review of the Koolin Balit Aboriginal Health Cultural Competence Audit Project

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Since the Closing the health Gap initiative began in 2008, the health and wellbeing of Aboriginal Victorians has not significantly improved. This has been associated with a lack of access to culturally appropriate health and community care for Aboriginal people. Unless mainstream rural health and community services become culturally competent, access to culturally appropriate care will remain difficult.

Over the past decade, the Victorian government has implemented a number of initiatives to assist mainstream services to improve their cultural responsiveness. In 2010, the Victorian government introduced the Aboriginal Inclusion Framework, developed with the purpose of embedding systematic cultural change in mainstream organisational practices. The framework created a structure in which to review how health and social service systems interact with, and provide services to, Aboriginal and Torres Strait Islander Australians (Tynan, 2011). Following the introduction of the Aboriginal Inclusion Framework, the 'Aboriginal Health Cultural Competence Framework (AHCCF), Closing the health Gap: Hume Region Victoria' was developed. From the AHCCF, the 'Aboriginal Health Cultural Competence Project' was created in recognition that Aboriginal people within the Hume region did not have the appropriate level of access to health services, in part due to the insufficient level of cultural competence of the health service system (Victorian Government, 2017). Within this project, an Audit Tool was developed to assist health services to identify gaps in their cultural competence from which an Action Plan could then be developed in order to address these gaps. In 2012/13, a pilot of the Aboriginal Health Cultural Competence project was undertaken within the Hume region. Later in 2016, the Victorian Department of health and Human Services (DHHS) allocated funds under the Koolin Balit strategy to complete the AHCC Audit Project in the newly designated Goulburn and Ovens Murray Areas of the East Division (previously known as the Hume region). The Koolin Balit Aboriginal Health Cultural Competency Audit Project (Koolin Balit AHCC Audit Project) was implemented in 2017 to assist mainstream health and community service organisations in the Goulburn and Ovens Murray Areas of Victoria to improve their cultural competency and therefore improve the access to these services for Aboriginal and Torres Strait Islander people. The present review investigated, from an organisational perspective, what the experience of undertaking the project was like; what was useful from the implementation of the audit process, and what changes had been made as a result of implementing the Koolin Balit AHCC Action Plan and Framework.

## Methods

Conducted between February and June in 2018, the review utilized a qualitative research approach undertaken in three Phases: Phase 1 consisted of 20 semi-structured interviews with key individuals across 20 organisations in the region. Phase 2 investigated six case study organisations involving a review of over 50 documents and an additional ten interviews across the six sites. The six case study sites consisted of a community service organisation, a large regional health service, a rural health service and three small rural health services. Phase 3 presented a draft report of the findings to a reference group of experts in the area of cultural competency in rural services. The reference group included Aboriginal and non-Aboriginal experts from across the region in the health, community service and education sectors. Input from the group assisted with interpretation of the findings.

## Findings

Analysis of the phase 1 interviews identified a number of key themes: The Koolin Balit AHCC project was generally positively received by most participants. Many participants found that the project assisted them to develop a plan and provided input into improving cultural inclusion within their services. However, many of these respondents were from organisations earlier in the cultural competency journey. The audit tool was found to be comprehensive and generally useful, but for some was also long and repetitive. Many respondents found that there was value in auditing what had been achieved within their organisation and identifying gaps from which future plans could be developed.

A number of challenges for organisations undertaking the Koolin Balit AHCC audit project were identified. Some organisations suggested that the audit project did not acknowledge previous work undertaken within their organisation towards improving cultural competency. Some found the timeframe in which they were asked to complete the project was too short and there was a lack of resources with which to implement the action plan within their service. Many commented that staff changes within their organisation meant that progress against the plan was slow. For some of the community service organisations, it was felt that the project had too strong a focus on health and hence some of the tools within the project were not relevant for their context. Across some of the interviews, there was a subtle resistance to the project focussing on inclusion and cultural competence for Aboriginal and Torres Strait Islander peoples and many organisations commented that progress against the action plan was slow due to competing priorities for time and resources within their organisation.

Analysis of the Phase 2 Case Studies identified similar themes to those found in the Phase 1 interviews, but also identified a number of new themes. Review of the documentation from the case study sites found that actions listed within the Koolin Balit AHCC Action Plans often relied on one or a few staff to action and this created issues when those staff moved into different roles or left the organisation. It was also so found that enthusiasm for the project declined after the AHCC Action Plan was developed but before all of the actions could be implemented. This decline in enthusiasm was then exacerbated by a number of case study sites not requiring or having internal mechanisms for progress reporting against the Action Plan. Analysis of the additional interviews conducted at the case study sites found that many frontline staff, working or interacting directly with clients or patients, were generally less aware of the actions and activities being undertaken to improve cultural competence within their organisation. On a positive note however, it was found that at least ten new actions were listed in each of the case study Action Plans, suggesting that the process had been useful for organisations to identify and address gaps in cultural competence.

Discussions with the reference group as part of Phase 3 of the review identified an additional three key themes. The reference group believed there was a need to align Aboriginal health cultural competence reporting with the National Safety and Quality Health Service Standards and the Human Services Standards in order to create accountability for improving cultural competence and reducing the need for multiple reporting streams. Additionally, there was an identified need for improved education for health and community services' staff to better address interpersonal, cultural and institutional racism. Specifically, stronger leadership and management mechanisms were suggested to ensure that racism is named and identified as unacceptable within these organisations. Finally, the reference group highlighted the need for genuine engagement of mainstream organisations with their local Aboriginal communities as being critical for implementing change within these organisations and ultimately improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

## Conclusion

Overall, the present study found that the majority of health and community services who participated in the review of the Koolin Balit AHCC Audit Project had a positive experience and were progressed along the journey of cultural competence. However, approximately twenty percent of the services involved in the review were critical of the Audit Project. For those organisations, it was felt that prior work towards improving cultural competence was not acknowledged, that there was too strong a focus on health for some of the community services involved and that there was too little time allowed for services to undertake and complete the project. For the reference group, a key finding was that institutional racism persists in mainstream health and community services across the region, often manifested as 'difficulty' in prioritising cultural inclusion within their organisations and a demonstrated lack of relationships with local Aboriginal communities. As a result, there remains a persistent 'invisibility' of Aboriginal populations in mainstream organisations. The reference group felt it was important for this racism to be named so that it could then be addressed. The current lack of accountability was identified as further de-valuing cultural competency by allowing services to not fully invest in the KBCC Audit project's aims.

In order to effectively overcome these barriers, cultural competency needs to be resourced appropriately and for the long term. It requires identified Aboriginal project worker positions to be recruited from within the local communities in which the health and community services operate. Cultural awareness training needs to become a mandatory requirement of non-Aboriginal staff development and all health and community services must be held accountable for the implementation of cultural competency across their organisation regardless of size or funding stream.

## References

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## Presenter

**Dr Olivia Mitchell** holds a Bachelor of Science degree with Honours and a PhD in Pharmacology from the University of Melbourne and is a Graduate of the Australian Institute of Company Directors. From 2006 to 2010, Olivia worked as a Business Manager and Product Specialist in the Pharmaceutical Industry in Melbourne and Sydney. From 2010 to 2015 Olivia managed the Neuromodulation Deep Brain Stimulation sales portfolio for St. Jude Medical in Victoria, where she developed knowledge and expertise in dominant health care practices. In 2015, Olivia accepted a research-focused position in the culturally inclusive rural health care stream of research at The University of Melbourne Department of Rural Health (DRH), based in Shepparton, Victoria. This role harnesses the expertise and capabilities Olivia developed as an industry professional to assist rural health services to improve their processes and policies to become responsive to and inclusive of all groups within the communities they serve. Olivia is currently involved in several research and community engagement projects exploring how mainstream organisations undertake processes of change in order to become more inclusive and responsive to diverse populations. Olivia has special interests in organisational change within healthcare, cultural inclusion and improving access to health care for marginalised populations. Her research focus is to understand and identify systemic processes for how a 'mainstream' rural health service can be inclusive and culturally appropriate for all clients/patients.