



“IVALUE”

Valuing Aboriginal Learning and Utilisation in Employment

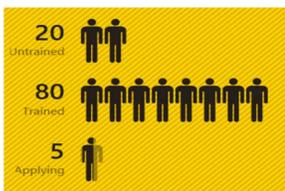


Linda Williams, Manager Aboriginal Health and David Meharg, Manager Orange Primary & Community Health Services, Western NSW Local Health District

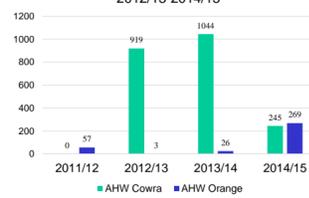
Case for change

A total of \$6M has been spent on training Aboriginal Health Workers (AHW) in WNSWLHD. Only five of 105 AHW are applying these skills. This is a \$4.5M loss on investment. Meaning Aboriginal clients are not receiving high level care from AHW that the organisation has purchased.

Percentage of Aboriginal Health Workers in WNSWLHD trained and applying Cert IV (Practice) as of April 2015



Occurrences of Services by Orange and Cowra Aboriginal Health Workers from 2012/13-2014/15



Goal

To create an accessible and culturally appropriate primary health care services that meet the needs of Aboriginal people.

IVALUE supports the WNSWLHD's strategic goal of Closing the Aboriginal Health Gap (CTG).

Objectives

- To have 50% of the qualified AHW in Orange and Cowra Community Health Services achieving the AHW competencies by 30 June 2016.
- Increase capacity and accountability of AHW by improving integration, utilisation and engagement of their roles and skills to improve service delivery to Aboriginal clients by 30 June 2016.

Method

IVALUE Working Party

- Process mapping, brainstorming, root cause analysis and solution prioritisation setting

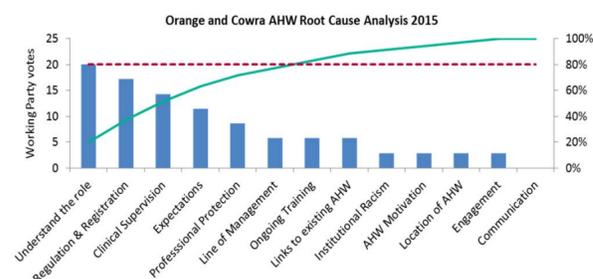
Workforce Engagement

- Aboriginal Health Worker semi structured interviews
- Community Health staff and manager online survey

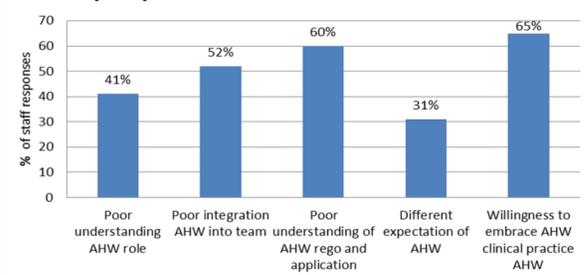
Consumer Engagement

- Aboriginal client structured interviews

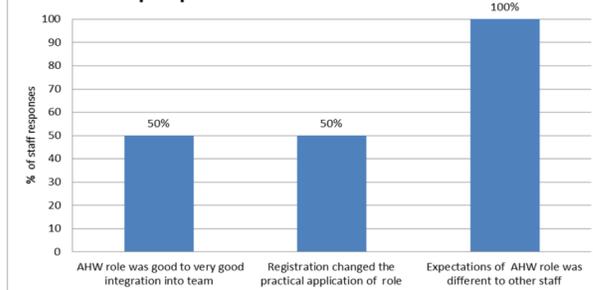
Diagnostics



Orange & Cowra Community Health staff perspectives of the AHW role in 2015



Orange & Cowra Community Health AHW perspective about their role in 2015



“They (Community Health Staff) only want us when they have a difficult Aboriginal client”
Aboriginal Health Worker



“They (AHW) need to be available when I have an Aboriginal client”
Community Health staff member

Planning and implementing solutions

The IVALUE Working Party have been meeting weekly since project initiation to support the redesign methodology. This has included identifying issues, literature, brainstorming ideas and prioritising and implementing solutions to best understand the context and design appropriate strategies to improve the function and accountability of the AHW role.

Community Health staff and Aboriginal clients have been kept informed through consultative processes. Staff have attended regular team meetings where project updates have been provided as well as receiving email correspondence.

Solutions implemented include

By implementing these solutions we are creating a better experience for Aboriginal people working in and using our health services

- Improve team process such as orientation & CTG on team agenda
- Develop a weekly work-plan to identify AHW skills being used
- Develop and implement an accountable monthly reporting tool
- Display an AHW video clip on website and in waiting rooms
- Display a photo of an AHW in Community Health reception areas
- Modify the AHW uniform and badging

Results

To measure the success of IVALUE a post evaluation will be conducted in June 2016.

This will collect the same measurements during diagnostics to support a pre and post evaluation framework.

Post evaluation will incorporate the following measures:

- Online Community Health staff survey to identify how the service has utilised and integrated the AHW into the team
- Semi structured interview with AHW regarding the function, capacity and accountability of the role, as well as engagement and utilisation within the team
- Self and peer assessment of the AHW against the AHW competencies
- Client interviews of Aboriginal people accessing the AHW at Orange and Cowra Community Health Services

Sustaining change

- Change has been embedded into organisational systems and processes:
 - CTG on team agendas
 - Raised AHW profile at team meetings and opportunity to work in partnership
 - Implementation of an accountability framework consistent with the LHD's framework that is focused on results and supports behaviour change
- Strong organisational commitment to CTG
- AHW National Registration and Scope of Practice and clinical tools developed

Conclusion

- Project success relies on identifying and consistently engaging stakeholders throughout the project.
- Like other change processes, frequent and continual communication with stakeholders was required to maintain momentum. The most challenging phase of IVALUE occurred during implementation.
- Issues of understanding and creating engagement, utilisation and accountability of the AHW role exists across the LHD. By implementing localised tangible solutions potential exists to translate IVALUE throughout the organisation at minimal cost after an evaluation process. Given the current in/external environment IVALUE would be well received.

Acknowledgements

Executive Sponsor

- Julie Cooper, Director Integrated Primary Community & Partnerships

Key Stakeholders

- IVALUE Working Party
- Orange and Cowra Community Health staff and clients
- WNSWLHD Redesign Leaders Lorna Dicks and Margaret Mitchell
- WNSWLHD Aboriginal Health Management Team

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