

Aboriginal Health Care in New South Wales, Australia

Building a systemic 10-year strategy for the Department
of Health and Human Services

THE PROJECT AT A GLANCE:

Issue: Aboriginal Health

Geography: New South Wales, Australia

Duration: 2011-2012

Co-Convenors: Department of Health and Human Services, Ministry of Aboriginal Health, Aboriginal Health and Medical Research Council

Impacts: A 10--year plan which includes Aboriginal voices ; 7 Building-Blocks of the Future; new understanding of Aboriginal Health in the NSW government and health sector.



HUMAN
CAPITAL



SOCIAL
CAPITAL



INTELLECTUAL
CAPITAL



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The Context

In 2011, Reos Partners was approached by the Ministry of Aboriginal Health and the Aboriginal Health & Medical Research Council (AH&MRC) of the State of New South Wales, Australia, to help them develop a strategic plan for their next 10 years of work on aboriginal health. New South Wales, home to Sydney, has the largest population, as well as the largest percentage of aboriginal people of all of the Australian states.

While New South Wales has an expansive health infrastructure including hospitals, emergency services, general practitioners, flying doctors who travel to remote areas, and more than \$3 billion going into the Aboriginal health system per year, the state of health of aboriginal peoples is in crisis. Diabetes, obesity, addiction, lung cancer, illicit drug use, maternal health issues and infant mortality, are all disproportionately prevalent in aboriginal communities. The average life expectancy of aboriginal people in Australia is 10 years less on average than white Australians. Despite extensive infrastructure and investment, the efforts of the Aboriginal health system in New South Wales have failed to improve the lives and health of Aboriginal peoples.

This is in part due to the daunting complexity and history which is at the heart of the issue. The Aboriginal health crisis is an historical extension of the reality of colonialism in Australia. Poverty and disease are a long-term result of entrenched social inequalities and cultural differences and tensions arising from the arrival of Western people on Australian soil. The health crisis that is visible today is the result of multi-generational processes. This is an example of generative complexity: cause and effect are far apart in time and space. It goes without saying that attempts to



intervene in this systemic crisis therefore may take years, or generations to make their impacts visible in return. Attempts by aboriginals and whites to work together on Aboriginal health in Australia have also been sabotaged by deep cultural barriers, different and incompatible definitions of health, and inappropriate, top-down development models which have been ignorant or insensitive to aboriginal culture and the needs of Aboriginal communities. The Aboriginal health system is also wrought with social complexity, involving a diversity of actors and stakeholders with very different ideas and presuppositions about the basic definitions and approaches that should guide the direction of the Aboriginal Health System.

The Process

In this difficult and complex social context, Reos Partners was invited to initiate a process to develop a 10 year strategy that would change the course of Aboriginal health in New South Wales. The health system's attempts to address the issue had failed for many years and they were ready to try something new.

The process started with 30 deep-dive dialogue interviews with key stakeholders and community members from across New South Wales. Reos interviewed key decision makers in the Ministry of

Health, service providers and officials in the health care industry and social sector, aboriginal leaders and community members in remote, rural and metropolitan areas from across the system. These dialogue interviews were conducted by a team which included aboriginal facilitators and consultants, and was thereby able to unearth core concerns previously invisible in the system as a whole.

This interview process also provided core data for a map of the culturally diverse perspectives and concerns underwriting the system's complexity. Based on these dialogue interviews, a series of eight oneday Change Labs were convened in different regions of New South Wales, enabling participants collectively to understand the core concerns, dynamics, and key leverage points within the system.

These primary sessions were initially fraught with suspicion, apathy, aggression, and anger. Confronted with such a diverse and charged group, it was necessary to balance sensitivity to aboriginal culture and communities, the integrity of social methodologies, and the importance of working towards an implementable health strategy that would actually produce practical results. As the workshops continued and a shared sense of responsibility and possibility became palpable, however, the driving forces of the



groups shifted, enabling a new and deeper mode of collaboration, insight and communication geared towards transforming the health system to emerge. But these meetings provided more than a strategic platform. Participants in the health system transformed their understanding of what was possible, and forged new relationships in the system with key stakeholders that they had never had the chance to meet and work with before. Even the fact of getting these groups together created breakthroughs. Participants realized, “we should be talking together but we’re not. We should be collaborating together but we’re not. We should be working in the interest of Aboriginal health rather than political gain.” All of these raw, honest concerns were surfaced, highlighted, and incorporated into the process in a way that allowed a powerful articulation of hope and a shared vision for the future to emerge from a group that was previously stuck and isolated into pockets. Collectively this new group of partnerships was able to ask “How can we transform the lives and health of aboriginal people in New South Wales in the next ten years?” This wasn’t about making an incremental change. This was about transforming the health outcomes with and for aboriginal people.

Through systems thinking exercises, dialogue processes, and a creative visioning process using

drawing, this newly aligned group “dreamed” their collective future, leveraging a 40,000 year old tradition which is still alive in aboriginal communities, to understand the dynamics of their social system, and to find new avenues to addressing the region’s dire health concerns at their root.

Results

At the end of the eight labs, Reos was asked to synthesize the findings and present them at a Ministerial Forum before a high-level group of leaders and stakeholders in the statewide Ministry of Health. Internally with its team, Reos synthesized the Change Lab work into a set of 7 Building Blocks of the Future, key strategic elements which collectively address necessary and critical leverage points in the system. This created a container of leadership, governance, and accountability which would provide the core essence of the 10 year strategy.

The Minister of Health, Hon. Kevin Humphreys was present at the Ministerial Forum, and has a vested personal interest in making a difference in the aboriginal health system having recently discovered that he comes from an Aboriginal bloodline. At the Forum, Reos presented the 7 Building Blocks along with a set of principles that also been distilled from the work to the Ministry and other high level stakeholders.



The 7 Building Blocks of the Future and the principles for success sparked a process of reflection at the Ministry. Unearthing the deep cultural divisions which had kept the issue of aboriginal health entrenched yielded learning for many participants. The CEO of one major hospital commented: “Wouldn’t it be extraordinary if the white population adopted the aboriginal definition of health, and we had that as a precedent for building our whole health system?” The aboriginal definition of health in Australia includes not only physical health, but also the mental, emotional and spiritual wellbeing of one’s self and one’s community, in one’s country. This definition goes far beyond the individual to include the familial relationship of the community to the land, so it’s not just about cholesterol and reducing smoking and type 2 diabetes, it’s about adopting a different worldview which recognizes the integrated importance of relationships and ancestral traditions in determining and maintaining a community’s long-term health.

The Ministerial Forum was attended by the Director General of the Ministry of Health, the Chief Health Officer of New South Wales, and others from across representing and working on the issue of Aboriginal health, including the AH&MRC. Through various breakout groups at the workshop, the building blocks

were taken a step further and explored in more depth, to articulate what is needed and necessary as a next step in the system as a whole. Key questions were asked: What ‘s currently blocking the system? What do we need to get rid of? What do we need to do more of? And what else is needed?

This is an ongoing process and further outcomes will precipitate as the strategy evolves. Eventually, the systemic insights and cultural alliances that have been forged during this process will guide the next 10 years of activity coming out of the Ministry of Aboriginal Health and the systemic participation of the entire health system of New South Wales.

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