



Centre for Research Excellence
Intervention Research in Chronic Disease
Kanyini Vascular Collaboration

Towards a Wellbeing Model for Aboriginal and Torres Strait Islander Peoples Living with Chronic Disease






Aim of the Study

To develop a model of care for Aboriginal and Torres Strait Islander Australians living with chronic disease which will contribute to an improvement in their quality of care, quality of life and outcomes of chronic disease



Towards the Development of a Wellbeing Model for Aboriginal and Torres Strait Islander Peoples

Guided by a National Reference Group

Stage One	• Learning from the Past
Stage Two	• Identifying characteristics which should be considered when developing a wellbeing model for Aboriginal and Torres Strait Islander peoples
Stage Three	• Shaping & building consensus for the Wellbeing Model for Aboriginal and Torres Strait Islander peoples living with chronic disease

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Leading to Future Work Including:

- Development of Resources
- Construction of Evaluation Tools
- Further Consultation
- Localising the model
- Piloting of the model

Stage One - Completed

- ~ Findings from five Kanyini Qualitative Study monographs
- ~ Findings from two systematic literature reviews
- ~ Peer reviewed literature and reports relevant to improving care for Aboriginal and Torres Strait Islander peoples
- ~ Interviews with researchers and health providers who have experience in developing and/or implementing chronic care for Aboriginal and Torres Strait Islander peoples

Moving into Stage Two

Guided by a National Reference Group

Stage One	• Learning from the Past
Stage Two	• Identifying characteristics which should be considered when developing a wellbeing model for Aboriginal and Torres Strait Islander peoples
Stage Three	• Shaping & building consensus for the Wellbeing Model for Aboriginal and Torres Strait Islander peoples living with chronic disease

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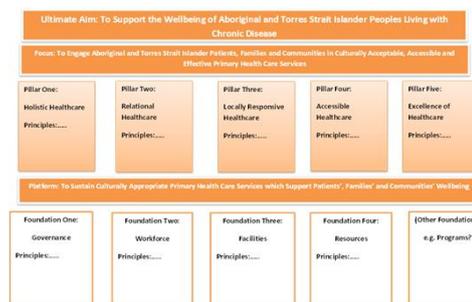
A Framework Synthesis

- ~ Supporting Wellbeing
- ~ Providing Best Practice Care
- ~ Promoting Access and Engagement
- ~ Supporting Coordinated Care Between and Within Health Services
- ~ Monitoring and Evaluation for Quality
- ~ Supporting Implementation
- ~ Supporting Sustainability

Organising Synthesis Findings

- ~ Ultimate Aim of a Wellbeing Model
- ~ The Focus of a Wellbeing Model
- ~ Pillars Supporting the Focus
 - . Principles
- ~ Platform which Underpins the Pillars
 - . Foundations

Initial Synthesis Findings



Pillar - Relational Care

Principle: Wellbeing is supported by responding to the needs and priorities determined by the individual patient.

- ~ Providing flexible approaches to managing and providing care
- ~ Developing a continuum of approaches to supporting individuals' healthcare (case management, coordinated care, etc.)
- ~ Recognising and supporting people's choices
- ~ Responding when people are ready
- ~ Being prepared and having the capacity to engage patients in family-centred care if desired
- ~ Encouraging patients and providers to work together
- ~ Assisting to coordinate care for those patients with multiple care providers
- ~ Providing care within a range of settings

Pillar - Relational Care

Principle: Wellbeing is supported by building trust and confidence between healthcare services and communities.

- ~ Trust and confidence in the primary healthcare service may be enhanced by:
 - ~ Ensuring that people feel respected and valued
 - ~ Ensuring practices and settings are culturally safe
 - ~ Maintaining confidentiality
 - ~ Encouraging respectful relationships between patients and healthcare providers
 - ~ Communicating responsively and responsibly
 - ~ Demonstrating a caring attitude towards people

Pillar – Locally Responsive Care

Principle: Wellbeing is supported when communities and primary healthcare services together set the healthcare service priorities.

- ~ Building and maintaining strong relationships with communities
- ~ Encouraging open dialogue and continuous consultation with communities
- ~ Providing an accountable and transparent healthcare service to communities

Pillar – Locally Responsive Care

Principle: Wellbeing is supported when primary healthcare providers respond to local languages and idioms used by the community.

- ~ Primary healthcare providers may respond to local language and idiom by:
 - ~ Being mindful of the fact that peoples' understanding and use of English varies
 - ~ Utilising interpreters when and where appropriate
 - ~ Understanding local conditions, local personnel and community members, local histories and community members' health status
 - ~ Appreciating the dynamic, continuous interaction and evolution of the local context

Reference Group

- ~ Trained and competent (culturally and clinically) workforce
- ~ Informed and empowered patients
- ~ Culturally responsive and needs-based [w]holistic care
- ~ Connected systems – integration and coordination between health and health-impacting systems
- ~ Accessible, functioning and sustainable, culturally safe systems
- ~ Adequately governed and controlled processes
- ~ Continual learning, evolving and defining what best practice means from an Aboriginal perspective
- ~ Freedom from racism

What Next?

- ~ Finalising a draft set of principles
- ~ Using the principles to develop a draft Wellbeing Model
- ~ Collaborating with healthcare services to seek the views and feedback from:
 - . Community members
 - . Primary Healthcare Staff
- ~ Providing on the ground support for data collection activities

A Focus on Capacity Strengthening

Two x week-long intensive workshop topics:

- ~ What is research and how can it assist in improving health outcomes for Aboriginal and Torres Strait Islander peoples?
- ~ How to conduct an ethical research study.
- ~ Qualitative data collection methods.
- ~ Interview techniques and focus group facilitation.
- ~ Qualitative data analysis and interpretation methods.
- ~ Translating research findings into a practice context.

Additional Opportunities

Both week long workshops will also provide an opportunity to :

- ~ participate in additional professional development activities
- ~ network with other colleagues; and
- ~ discuss best ways of tailoring data collection to each context.

Acknowledgements

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