



Njernda Aboriginal Corporation

The Njernda Partnership Model

**CLOSING THE GAP THROUGH PARTNERSHIPS:
A MODEL**



November 2017

Acknowledgement of Country

We would like to acknowledge the traditional owners on whose land we live and work, their rich culture and spiritual connection to country. We pay our respects to Elders past and present and celebrate their living culture and unique role in the life of our catchment. We also acknowledge Wollithiga people of the Yorta Yorta Nations as the Traditional Owners of the land.

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Abbreviations

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
BMI	Body Mass Index
CCLLEN	Campaspe Cohuna Local Learning and Employment Network
CEO	Chief Executive Officer
COAG	Council of Australian Governments
COPD	Chronic Obstructive Pulmonary Disease
CPCP	Campaspe Primary Care Partnership
DH	Department of Health (Victorian Government)
DHHS	Department of Health and Human Services (Victorian Government)
EMCP	Enhanced Maternity Care Program
ERH	Echuca Regional Health
HACC	Home and Community Care
KESO	Koori Education Support Officer
LMR	Loddon Mallee Region
MCH	Maternal and Child Health
MOU	Memorandum of Understanding
NACCHO	National Aboriginal Community Controlled Health Organisation
NAHSWP	National Aboriginal Health Strategy Working Party
PCP	Primary Care Partnership
SOC	Shire of Campaspe
ToR	Terms of Reference

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Pictured left – right:

June Dyson, Executive Director of Nursing, Echuca Regional Health; Emma Brentnall, Executive Officer Campaspe PCP; Barb Gibson Thorpe, AHLO, Echuca Regional Health; Johnny Mitchell, Deputy CEO, Njernda Aboriginal Corporation, at the Victorian Aboriginal Health Conference in 2012



EXECUTIVE SUMMARY

Introduction

The geographic area of the Shire of Campaspe includes the land of two traditional tribal clans, the Yorta Yorta and the Dja Dja Wurrung. Based on 2011 census data, 2.3% of Campaspe's population identifies as Aboriginal (ABS, 2016) and are a well-connected group that regularly come together to acknowledge dates of significance and celebrate their culture.

Recognising the fundamental influence of Aboriginal culture on health outcomes is one of the critical dimensions in both understanding and responding to the health disparities between Aboriginal and non-Aboriginal Australians. Unfortunately, this is often misunderstood at the interface with the western biomedical perspective of mainstream services, clearly indicating that Aboriginal Health requires a different approach.

Key Concepts

Cross-cultural collaborations, or partnerships between Aboriginal and mainstream services, are regarded as particularly crucial in facilitating community engagement and breaking down barriers to service delivery (Blignault, Haswell, & Jackson-Pulver, 2015). Along with self-determination and collaboration; cross-cultural partnerships require understanding on the importance of relationships, lived and shared experience, two-way learning, and new ways of working to ensure they are effective.

The Njernda Partnership Model

The purpose of the Njernda Partnership Model is to support a partnership approach that aims to improve the health status of local Aboriginal people in the Campaspe and Murray areas. The Partnership is chaired by Njernda Aboriginal Corporation, and convened by Campaspe Primary Care Partnership. The Partnership consists of 17 health and community service organisations, and has an additional four action-oriented working groups. The Njernda Partnership Model is an exemplar of a cross-cultural partnership group.

Outcomes and Achievements

The Partnership, through its working groups have achieved significant change in the Aboriginal determinants of health and experience of Aboriginal health system users. Outcomes include: reducing smoking rates; improvements to maternal and child health outcomes; demonstrating better practice in mental health client support; and, promoting and celebrating positive Aboriginal culture within the local area.

Success Factors

Six critical success factors have been identified:

- Aboriginal organisation as lead
- Executive governance group
- Cultural awareness
- Long-term commitment
- Genuine relationships
- Action-oriented working groups.

INTRODUCTION AND CONTEXT

Aboriginal Health

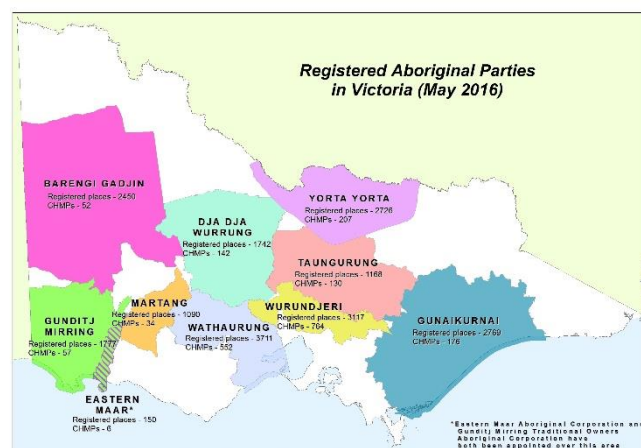
The impacts of colonisation – while having devastating effects on the traditional life of Aboriginal Nations – have not diminished Aboriginal people's connection to country, culture or community. Aboriginal people view health as something that connects all aspects of life. It is “not just the physical wellbeing of the individual but the social, emotional, and cultural wellbeing of the whole community in which each individual is able to achieve their full potential” (NAHSWP, 1989). Describing the health of Aboriginal Victorians involves looking at individual characteristics and behaviours, as well as the broader social, economic and environmental factors that influence health. It is also important to understand the impacts of a history of colonisation and the subsequent disadvantage experienced by Aboriginal people over more than two centuries (VicHealth, 2008). The gap in health status between Aboriginal and non-Aboriginal Australians is demonstrated by a significantly lower life expectancy for Aboriginal men and women. This is largely the result of unequal access to resources and opportunities necessary for good health. These include factors such as income, quality housing, education and participation in the broader community (VicHealth, 2009).

Recognising the fundamental influence of Aboriginal culture on health outcomes is one of the critical dimensions in both understanding and responding to the health disparities. Aboriginal health should be approached in terms of relationships, family, and community, and health-related decisions will be influenced by culture, social connections, racism, communication, choice, and distrust of service providers (Zubrzycki, Shipp, & Jones, 2017). This broad view of health is often misunderstood at the interface with the western biomedical perspective of mainstream services, clearly indicating that Aboriginal Health requires a different approach.

The Campaspe Aboriginal Community

The geographic area of the Shire of Campaspe includes the land of two traditional tribal clans, the Yorta Yorta and the Dja Dja Wurrung. The Yorta Yorta are the Traditional Owners of a stretch of country along the Murray River from near Cohuna to the surrounds of Albury/Wodonga and includes towns both north and south of the river. Dja Dja Wurrung territory incorporates the southern area of the Campaspe Shire and extends further south and west to include Bendigo, Boort, Donald and Creswick (SOC, 2016). The Shire of Campaspe remains an area of Aboriginal cultural significance with numerous scar trees, cultural walks and Corroboree sites, along with more infamous areas where massacres, uprisings and overt discrimination occurred (SOC, 2016). Based on 2011 census data, 2.3% of Campaspe's population identifies as Aboriginal (ABS, 2016) and are a well-connected group that regularly come together to acknowledge dates of significance and celebrate their culture.

The health profile of the Campaspe Aboriginal Community mirrors that of the rest of the



country, whereby there is a significant gap in health status when compared to the general population. However, although Aboriginal health is often described using deficits, many Aboriginal people do enjoy good health with almost three-quarters of Aboriginal Victorians assessing their own health as excellent or very good (DH, 2012). The areas of concern identified in social health for the Aboriginal Community in the Campaspe area include: significantly lower personal and household income; higher proportion receiving disability support pension; significantly lower labour force participation; lower kindergarten participation; steady decline in school enrolments after year 7 resulting in 12.5% year 12 completion rate; and, higher representation of Aboriginal people reporting homelessness (CPCP, 2011). The health-related risk factors and burden of disease for the Campaspe Aboriginal population includes: high rates of smoking, BMI, and risky alcohol consumption; low participation in cancer screening programs; high rates of psychological distress, asthma, COPD, and diabetes; and, higher rates of hospital separations for conditions related to the kidney and urinary tract, respiratory system, pregnancy, digestive system, ear nose and throat and, newborns and neonates (CPCP, 2011). There was also evidence of low utilisation of mainstream services such as dental and Home and Community Care (HACC), along with specific populations of need, such as the early years with low birth rates, high child protection notifications and high hospital separations for children aged 0-8 years (CPCP, 2011).

Political Context

In December 2007, the Council of Australian Governments (COAG), which included federal, state and territory governments, committed to closing the gap in life expectancy and health inequalities between Aboriginal and Torres Strait Islander and non-Indigenous Australians. The commitment acknowledged that governments of all tiers needed to be accountable for obtaining this goal within a specific timeframe. Titled the *National Indigenous Reform Agreement* it later become known as 'Closing the Gap'. The Closing the Gap strategy was supported by all tiers of government through multiple funding programs in the subsequent years. A key focus of the agreement was to empower Aboriginal Community Controlled Health Organisations (ACCHOs) to lead and address the health inequalities for all Aboriginal and Torres Strait Islander people.

In recognition of the broader social determinants of health, the Closing the Gap "Building Blocks" endorsed by the COAG agreement included six specific reform targets: early childhood; schooling; health; economic participation; healthy homes; safe communities; and governance and leadership (COAG, 2007). These building blocks were operationalised and led to various strategies being employed by all tiers of government, including locally in the *Loddon Mallee Regional (LMR) plan: Closing the Health Gap*. The LMR *Closing the Health Gap* identified five priority reform areas that included: tackling smoking; primary health care services that can deliver; fixing the gaps and improving the patient journey; health transition to adulthood; and, making Indigenous health everyone's business (LMR DH, 2010). The localised LMR plan provided direct funding to the Aboriginal Communities within the Campaspe area.

"A success for me is understanding how Aboriginal culture works – different pace and way of operating and the other partners understand this and everyone operates on these terms"

Mainstream Partner

In 2012, the Victorian Government released a comprehensive strategy to improve Aboriginal health over a ten year period. *Koolin Balit* outlined what the Victorian Department of Health,

together with Aboriginal communities, other parts of government, and service providers, would do to achieve the government's commitment to improve Aboriginal health (DH, 2012). *Koolin Balit* means 'healthy people' and the plan included three key objectives to: close the gap in life expectancy for Aboriginal people living in Victoria; reduce the differences in infant mortality rates, morbidity and low birthweights between the general population and Aboriginal people; and, improve access to services and outcomes for Aboriginal people (DH, 2012).

Purpose of this Report

The social and political context of 2010 led to the establishment of the Campaspe Aboriginal Health Partnership Group, chaired by the Njernda Aboriginal Corporation. The model implemented by the Group's membership has led to significant improvements in the provision of culturally sensitive health care by mainstream organisations, and has successfully developed interventions that address the social determinants of health. Accordingly, the Campaspe Aboriginal Health Partnership Group is considered an exemplar of place-based partnership, and this report intends to document the Njernda Partnership Model to inform others seeking to implement a similar approach.

KEY CONCEPTS

Why Partnerships Matter

Partnerships between health services are recognised as beneficial for broadening service capacity and using resources more effectively to improve client care. Collaboration can reduce overlap and duplication, improve efficacy in addressing social problems, and improve health outcomes. Cross-cultural collaborations, or partnerships between Aboriginal and mainstream services, are regarded as particularly crucial in facilitating community engagement and breaking down barriers to service delivery (Blignault et al., 2015). Partnerships between Aboriginal and mainstream services offer multiple benefits for improving the cultural and clinical capacity of health service delivery to Aboriginal clients, however, many challenges face these arrangements, including: tensions rooted in historical and current race relations, differing approaches and understanding of health, and ongoing social conditions leading to Aboriginal disadvantage (Taylor & Thompson, 2011). Therefore, partnerships such as these, require trust, patience, flexibility, transparency, and most importantly, respect.

Guiding Principles of Effective Partnerships

There is significant literature exploring the conditions required for successful partnerships in the health sector, yet few explore, and are able to provide practical suggestions, on how to make partnerships between Aboriginal and mainstream organisations genuinely successful. The following principles have been collated from a range of sources, and should underpin activity in this area. Along with self-determination and collaboration, the remaining principles have been organised under Martin and Miraboopa's (2003) theoretical framework of Aboriginal ways of knowing, being and doing.

Self-determination

Aboriginal self-determination is not a new concept, rather it should be acknowledged that Aboriginal communities have been fighting for the right to self-determine their own lives, and that of future generations, throughout history. According to the National Aboriginal Community Controlled Health Organisation (NACCHO), self-determination is: "the ability of Aboriginal people to determine their own political, economic, social, and cultural development as an essential approach to overcoming Indigenous disadvantage" (NAHSWP, 1989). In practical terms, this means that rather than Aboriginal people merely being 'engaged', 'consulted', or invited to 'advise', they are authorised and empowered to own, direct, and make strategic decisions based on Aboriginal values and traditions (DHHS, 2017). Therefore, government and mainstream services need to relinquish their control of Aboriginal Health, and place that authority back into the hands of the Aboriginal communities themselves.

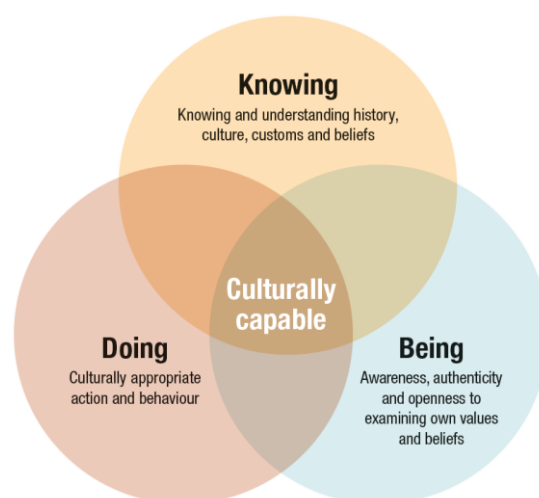


Figure 1: A culturally capable theoretical framework, adapted from (Martin & Miraboopa, 2003).

Coming to the table

Collaboration provides a goal, a way of achieving outcomes, and a process through which new insights, knowledge, and opportunities emerge, with important emphasis on working together equally, without hierarchy (Zubrzycki et al., 2017). Shared power is a fundamental condition for effective collaboration, and mechanisms must be developed to overcome the historically-linked power imbalances between Aboriginal and mainstream organisations (Taylor & Thompson, 2011). This challenges mainstream organisations and staff to shift from their privileged position and work to implement strategies that reinforce and complement the expertise of their Aboriginal colleagues (Taylor & Thompson, 2011). Therefore, effective partnerships require not only collaboration, but a commitment to redressing structures, relationships and outcomes that are unequal and/or discriminatory (Hunt, 2013).

Ways of knowing

Aboriginal ways of knowing involves processes that are social, political, historical, and spatial, taught and learnt in certain ways at certain times, which may take place within networks, groups, or via relationships (Martin & Mirraboopa, 2003). The process of getting to know and understand each other involves the acquisition of knowledge about the local Aboriginal community, its history, language group, and Elders. Non-Aboriginal workers are frequently immobilized by their knowing of the history and impacts of colonisation, and are fearful of doing more harm (Zubrzycki et al., 2017). Trust and respect are required to overcome these sensitivities, and non-Aboriginal workers need to be patient, proceed slowly, and acknowledge that a different way of knowing based on community knowledge, insights and experiences may need to be adopted to build a successful partnership. Central to this is a deep respect for cultural knowledge, history, lived experience and connection to community and country (Hunt, 2013).

Ways of being

The Aboriginal way of being is that the self is constructed in relation to others, meaning more importance is placed on family, community and country than the individual (Martin & Mirraboopa, 2003). This not only highlights why prioritizing individual health behaviour is difficult for Aboriginal people, but also why relationships, and an introduction of 'who you are and where you come from' are inherently important when working in partnership with Aboriginal organisations. Commitment to developing long-term sustainable relationships based on trust, and orientation with community and country is essential, and mainstream services are consistently criticised for failing to recognise the time it takes to develop trust with Aboriginal partners (Taylor & Thompson, 2011). Although driven by funding cycles and deliverables, mainstream services must allow time to develop trust sensitively, and evidence suggests that allowing a developmental time period exclusively devoted to relationship building can be critical (Taylor & Thompson, 2011).

"The partnership has helped shift organisational priorities and practices to being more welcoming and embracing of Aboriginal culture and history"

Mainstream Partner

Ways of doing

Ways of doing is the culmination of ways of knowing and ways of being, and leads to changed practices and perspectives: working differently. An openness to working differently with Aboriginal people, recognising that the mainstream approaches are frequently not the most appropriate or effective is required for effective cross-cultural partnerships (Hunt, 2013). Approaching the partnership as a process of learning, rather than a service structure, allows two-way skill sharing to occur, with everyone having something to learn and teach. The doing needs to be based on a shared responsibility and accountability for meeting objectives and activities, yet recognising that you may not end up where you thought you were heading, so acknowledging flexibility and valuing process is critical.



Pictured left to right:

*Kim Warde, Midwife, Njernda
Aboriginal Corporation, Kate
Freeman, Maternity Services, Royal
Women's Hosital and Shakara
Montalto, Koori Maternity Service,
Victorian Aboriginal Community
Controlled Health Organisation at
a maternity services training
program at Echuca Regional
Health*

THE NJERENDA PARTNERSHIP MODEL

Njernda Aboriginal Corporation (Njernda) is an Aboriginal Community Controlled Health Organisation that serves the Aboriginal community of Echuca and surrounding areas. Njernda's purpose is to deliver holistic services and programs to improve the physical, emotional, cultural, and spiritual wellbeing of the community it serves from a position of self-determination informed by traditional values.

Following the release of the Closing the Gap Strategy and the subsequent implementation plans, the executive of Njernda Aboriginal Corporation, and the Executive Management Group of Campaspe Primary Care Partnership (PCP) recognised that a local partnership group between health and community service organisations was required to support localisation of these initiatives. This was based on a shared understanding that services needed to work together to bring about change.

In February, 2010, key staff from Njernda, in conjunction with the Campaspe PCP Executive Officer, set about the following:

1. Calling upon the partners of Campaspe PCP to come together to discuss forming the Campaspe Aboriginal Health Partnership Group between Aboriginal, health, and community organisations;
2. Develop a terms of reference (ToR), including determining roles and responsibilities for the partnership;
3. Requesting that those who sat around the table were in executive positions in order to adequately represent their organisation and make decisions at the meetings.

The outcome of the first meeting was a commitment to work together to improve the health status of Aboriginal people in the Campaspe and Murray areas. The Aboriginal Health Partnership Group was formed, and through a process of sharing information, delivered its first output; the Campaspe Aboriginal Wellbeing Profile, which would inform the strategic directions, governance and activities of the group.

Purpose of the Group

To support a partnership approach that aims to improve the health status of local Aboriginal people in the Campaspe and Murray areas.

Objectives of the Group

1. To identify needs and priority areas for collective action by partners involved via working groups established for each priority area;
2. To support National and State government Aboriginal health priority reform areas;
3. To maximise opportunities between members of this group to work together and make linkages;
4. To develop partnerships with other providers/groups to address issues as required;
5. To seek additional resources to support the local priority action areas.

Local Priority Action Areas

The local priority action areas were identified and confirmed by group consensus following a planning session facilitated by VicHealth using the *Life is Health is Life* framework (VicHealth, 2011). Selection was based on an analysis of needs, organisational capacity, and strategic opportunity.

Access and Treatment in the Health System - Ensuring that the local Aboriginal community have equal access to health services and standard treatment that is provided in a culturally appropriate manner.

Mental Health - To improve the mental health status of the Aboriginal community of Campaspe through improved care pathways, two way learning to build practitioner capacity, and to promote inclusion and celebration of culture.

Early Years – To support vulnerable families in the early years: antenatal through to school.

Education and Employment - To increase educational attainment and employment opportunities for young people.

Healthy Lifestyles - To reduce the incidence and prevalence of smoking, and, to increase healthy lifestyles and prevent the onset of chronic disease.

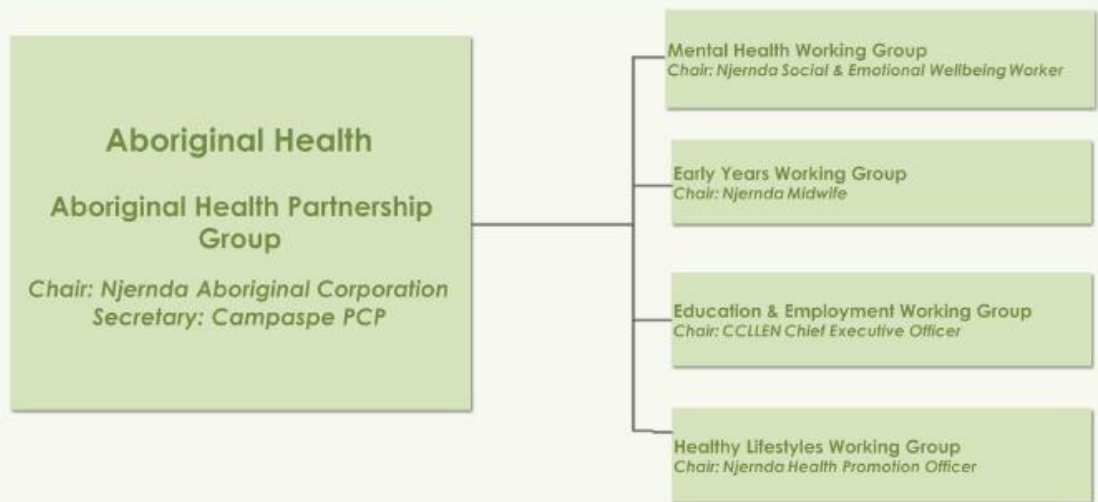
Membership and Roles

The membership of the Partnership Group includes health, community, and government organisations within the Campaspe and surrounding area. Members were invited to participate based on their willingness to be involved and relevance to the priority areas.

Organisation	Job title of attendee/s	Responsibilities
Njernda Aboriginal Corporation	Deputy CEO	Chair, Partnership Group
	Health Promotion Officer	Chair, Healthy Lifestyles Working Group
	Medical Services Manager	Chair, Early Years Working Group
	Midwife	Chair, Mental Health Working Group
	Social & Emotional Wellbeing worker	Chair, Mental Health Working Group
Campaspe Primary Care Partnership	Executive Officer	Secretary of Partnership Group
	Project Manager	Secretary, Mental Health Working Group
		Member, Healthy Lifestyles Working Group
Anglicare Victoria	Team Leader	Member, Partnership Group
Bendigo Health: Echuca	Manager, Echuca	Member, Partnership Group

Community Mental Health	Community Mental Health	Member, Mental Health Working Group
CCLLEN	Executive Officer	Member, Partnership Group Chair, Employment and Education Working Group
Cummerangunja Viney Morgan Aboriginal Medical Centre	Practice Manager	Member, Partnership Group
DHHS	Manager Health and Aged Care Aboriginal Health Program Advisor	Member, Partnership Group Member, Partnership Group
Echuca Regional Health	Executive Director of Nursing Executive Director Primary Care Health Promotion Manager Aboriginal Hospital Liaison Officer	Member, Partnership Group Member, Healthy Lifestyles Working Group Member, Early Years Working Group Member, Early Years & Healthy Lifestyles Working Group
Department of Education and Training	Koori Education and Support Officer/s	Member, Education and Employment Working Group
Local Indigenous Network	Aboriginal Community Development Broker Loddon Mallee Region	Aboriginal Victoria Department of Premier & Cabinet
Murray Primary Health Network	Indigenous Access Advisor Executive Director, Regional	Member, Partnership Group
Murray River Council	Economic Development Officer	Member, Partnership Group
REDHS	CEO	Member, Partnership Group
Shire of Campaspe	Community Care Manager Children's Services Coordinator	Member, Partnership Group Member, Early Years Working Group
Victoria Police	Senior Constable	Member, Partnership Group Member, Mental Health Working Group
Community Living & Respite Services	Intake & Support Coordinator	Member, Partnership Group

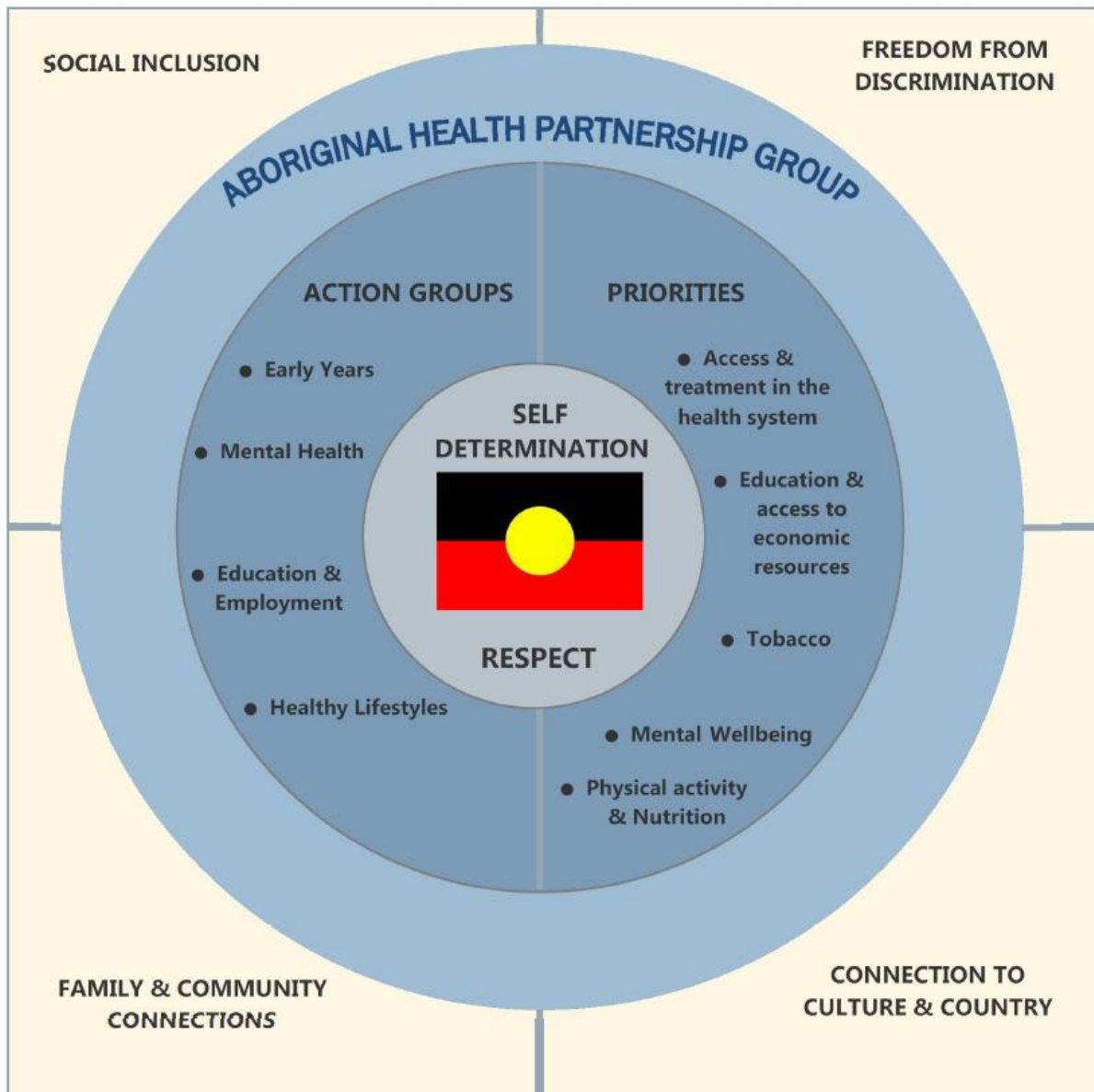
Campaspe PCP Aboriginal Health Governance Structure 2017/2018



The Njernda Partnership Model

The Partnership Model, as illustrated below, is centred on a shared goal of self-determination and respect for the local Aboriginal community. Informed by the themes of social inclusion, and, freedom from discrimination, while respecting family and community connections, and connection to culture and country, the Partnership Group works in an action-oriented way to address the agreed priorities.

The Njernda Partnership Model:



OUTCOMES AND ACHIEVEMENTS

The Partnership, through its working groups, have achieved significant change in the Aboriginal determinants of health and experience of Aboriginal health system users. Outcomes include: reducing smoking rates; improvements to maternal and child health outcomes; demonstrating better practices to improving mental health supports; and, promoting positive Aboriginal culture within the local area.

The main achievements of the Partnership are described below:

Campaspe Aboriginal Wellbeing Profile

One of the earliest achievements of the Partnership was the development of an Aboriginal Health profile. This occurred through the sharing of organisational level data on the nature and extent of presentations to various services by Aboriginal people. The early version of the profile was used to inform the strategic priorities and directions of the Partnership. In 2011, the profile was updated and expanded into Indigenous Population Health and Wellbeing Profile, focusing on the Campaspe area.

Life is Health is Life Planning Session

In 2012, the Partnership participated in a VicHealth facilitated "Life is Health is Life" joint planning session. The session clarified the priorities of the partnership and led to the development of the working groups to implement the objectives of the Partnership.

Njernda SmokeFree

With support of the Partnership, Njernda became a smokefree organisation in 2011. Driven by Njernda's health promotion officer and medical clinic practice manager, the smokefree program established a smoke free zone in and around Njernda buildings and grounds, and provided a free smoking cessation service and support for staff members, including a financial incentive for those who were able to stay smokefree for six-months. A screening question regarding smoking was also introduced into every health service consultation, and advice and support offered to clients who indicated they were interested in giving up.

"Smoking is on every agenda we have. That's how high a priority it is for this organisation."

Njernda Health Promotion Officer

Koori Arts and Craft Market

During Easter 2012, the first Koori Arts and Craft Market was held in Echuca. This market was created as a vehicle to promote and celebrate the local Aboriginal culture to residents and visitors to the Echuca-Moama area. The market is now an annual Easter event.

Lifestyle Modification Programs and Chronic Disease

Through funding sourced from the Commonwealth Government's Healthy Communities Initiative, a number of lifestyle modification programs were established between members of the Partnership group. Community gardens and kitchens were established at Njernda and Cummeragunja, and a diabetes lifestyle program and strength and balance group was trialled at Njernda. Although the strength and balance group did not proceed, The *Healthy Tucker*, *Healthy Ticker* Group met regularly to prepare and share a healthy meal.

Echuca Regional Health also appointed an *Aboriginal Chronic Illness Coordinator*. This innovative role was developed as part of the Partnership group with the focus on chronic

illness management and specifically, care planning and coordination of care for the Aboriginal community.

Baroona Gym

The need for an Aboriginal gym was identified by community members, who felt concerned that the community was not accessing the gym in town because they did not feel comfortable, and because they could not afford it. The gym at Baroona has provided a culturally safe place to engage in physical activity by members of the local Aboriginal population. It provides a range of programs that have been developed in consultation with community members, and tailored to a range of different cohorts. The programs have also been supplemented by other initiatives, such as smoking cessation messaging and nutrition advice, which potentially assist the community to address related health issues. The Baroona Gym was funded through the Loddon Mallee Region Department of Health's "Closing the Health Gap" Plan.

Echuca Regional Health Memorandum of Understanding

Echuca Regional Health and Njernda Aboriginal Corporation signed a Memorandum of Understanding in 2012. The purpose of the MOU is to promote the partnership; improve the understanding of health needs; improve coordination of care; and, increase access and the utilisation of health services. This significant document was an important step in rehabilitating the relationship between the local Aboriginal community and Echuca Regional Health. To strengthen the relationship between ERH and Njernda, staff are also encouraged to participate in cultural exchange. This enables staff from both organisations to gain experience in each workplace environment. This has enabled sharing of knowledge and promoting respect for each other's working environments. This is also occurring with ERH and Cummragnja. Echuca Regional Health also provide access to the 'Malka Room' for Aboriginal patients and families. The *Malka Room* is designed to be a comfortable space for community members to gather and support each other and also has access to a private courtyard.

*"We now have a
cultural safe spot
at ERH"*

Aboriginal Health Worker

Improved support and integration of services for Aboriginal Mental Health Clients

In order to support Aboriginal mental health clients following treatment and discharge back into the community, Njernda and Rural North Community Mental Health now collaborate in discharge planning processes and video conferencing ward rounds while Aboriginal patients are inpatient at the Bendigo acute facility. The collaboration has also included tours of the Bendigo acute mental health facilities for the Njernda Mental Health team so as to enable them to have a greater understanding of what the client has experienced prior to discharge back to community.

Enhanced Maternity Care Program with Echuca Regional Health

Through strong partnership work between ERH and Njernda, Njernda midwives can now refer clients directly into the Enhanced Maternity Care Program (EMCP) offered at ERH. The EMCP provides additional support and education during pregnancy to those experiencing significant social or medical issues. Service coordination initiatives were also implemented including an Aboriginal newborn flowsheet to ensure service pathways are activated with Njernda and the Shire of Campaspe MCH team. This ensures Njernda are notified of all births and postnatal care, including ages and stages, is monitored.

Early Years Information Booklet

An initiative of the Early Years Working Group, the Campaspe Early Years Information Booklet was finalised in 2017 and includes Aboriginal-specific information regarding care and support for mothers and children from antenatal services through to school.

Homework Group

Coordinated by the CCLLEN, the Homework group provides a supervised, relaxed and productive space for Aboriginal students to complete their education requirements. Some students are able to use the time to work together on group projects, others are using it to complete regular set homework tasks. There is a teacher available to provide supervision and assistance. Students who have completed their work play educational games. Njernda Aboriginal Corporation provides the venue and access to wi-fi at their medical centre. The Koorie Engagement Support Officers (KESO) regularly attend to support and encourage students. Elders also occasionally drop in to support and encourage the students. The Homework group has strengthened the connection between the students, teachers and KESOs.



Courtyard of "Malka Room", Echuca Regional Health

SUCCESS FACTORS

The following success factors were identified following a review and reflection of the Aboriginal Health Partnership Group including its governance, members, and actions. It is important to note that in addition to what is presented below, many of these partnerships existed prior to the release of *Closing the Gap* in 2010. Njernda's approach has always been to welcome mainstream services into the organisation in order to build strong, meaningful relationships with key workers.

In addition, another key factor was the established relationship between Njernda and Campaspe PCP, which preceded the Partnership Group and has contributed to the partnership's success. Campaspe PCP is committed to improving Aboriginal health and has been working alongside Njernda since 2001. The perseverance, consistency and predictability of Campaspe PCP personnel led to a strong connection with Njernda, in addition to a productive working relationship built on mutual trust and respect. When the Partnership Group was formed in 2010, the foundation of trust built over 10-years between Njernda and Campaspe PCP cannot be underestimated with regards to the influence it has had on the success of the greater Partnership Group.

“Key factors that have made this partnership successful include that it is Koori-led, and the philosophy of Njernda is to work with community partners and build strong, meaningful relationships...”
Executive, Njernda Aboriginal Corporation

The following critical success factors have been identified using the following methods:

- Analysis of key informant interviews (Supplement A)
- Survey responses to the VicHealth Partnership Analysis Tool (Supplement A)
- Review of background documents:
 - a. Aboriginal Health Partnership Group Terms of Reference
 - b. Meeting minutes
 - c. Conference presentations & case studies

Critical success factor 1: Aboriginal Organisation as Lead

Throughout the interview process, many partners outlined how critical it has been for Njernda to set the agenda, chair and host meetings within their own organisation. The Partnership is centred on Aboriginal people leading the conversations and mainstream working within this agenda. This aligns with self-determination as a key principle of the partnership group. This structure challenged the historical hierarchy of health organisations within the area, and served to remind participants that decisions should be based on Aboriginal values and traditions.

Njernda and other partners have acknowledged that they have needed and welcomed the partnership expertise of Campaspe PCP. Alongside secretariat duties, Campaspe PCP facilitate the partnership under direction from the Njernda Executive. PCPs are designed to provide neutrality with their member organisations given they do not deliver services – this eliminates them being viewed as a competitor and are purposed to create collaborative processes.

Critical success factor 2: Executive Governance Group

Partner organisations have shown genuine commitment to the Partnership through executive level representation at meetings. The benefit of this has been two-fold. Firstly, members are able to make decisions and allocate resources at the table. Secondly, having leaders present during meetings enables resolutions on particular agenda items as well as providing a clear and direct communication channel.

Analysis of the VicHealth Partnership Analysis Survey (Supplement A) demonstrated that respondents identified partnership strengths in: commitment; ability to influence and share resources; and, managers in each organisation supporting the partnership. This supports the position that executive representation is required to convey organisational and resource commitment to the partnership.

Critical success factor 3: Cultural Awareness

Throughout the one on one interviews, it was stated by several Aboriginal staff employed in both mainstream and Aboriginal organisations that the partners were working to understand the two worlds and how they differ. Providing Aboriginal cultural awareness training has been a strategic priority of the Partnership, and most of the partner organisations have undertaken cultural awareness training to gain greater insight and knowledge.

Initiatives of the Partnership have also demonstrated a commitment to supporting the resurgence of local language, lore and cultural practices through joint celebration of dates of significance, and promotion of local Koori arts and crafts. Formal cultural exchange programs are occurring between mainstream organisations and Njernda to gain experience and understanding of each other's working environment and client needs.

Understanding and respecting that there are key differences between the two cultures has strengthened the working relationship between Njernda and partner organisations, and has enabled a flexible, non-judgemental approach to balance competing demands.

Critical success factor 4: Long-Term Commitment

The complexity of factors involved in Aboriginal disadvantage have taken two and a half centuries to unfold, and will therefore require significant time to reverse. The Partnership was purposely not formed around the implementation of one specific program or service agreement, rather recognising that in the presence or absence of external funding, the organisations needed to work together over a long period of time.

Acknowledging the historical examples of structural racism involving partner organisations was also crucial to commence healing and the re-building of trust. Obviously trust takes time to develop, and partners needed to demonstrate a genuine commitment to Aboriginal Health, along with a willingness to invest in the partnership over time.

“Do not expect any tangible outcomes for years, the change is happening now, many years after the partnership was formed”

Mainstream Partner

Critical success factor 5: Genuine Relationships

A consistent theme identified in the key informant interviews was the impact of the individuals involved in the Partnership. If the influence of personalities is excluded, the common feature was a genuine interest in improving Aboriginal health, and the existence of genuine, personal relationships between members. Lunches are provided prior to meetings which further supported and fostered the development of relationships. This led to mutual respect, warmth, and created a relaxed atmosphere at meetings.

The qualities of key players, such as demonstrating sensitivity, patience and persistence, was highlighted as one of the key strengths of the Partnership, particularly those of major partners/leaders and those who have been involved since inception.

Critical success factor 6: Action-Oriented Working Groups

Early in the partnership it was recognised that working groups were needed to act as an implementation vehicle for partnership activity. In 2012, four working groups were set up and resourced by the partners – though committing staff members to participate.

The working groups have been integral to the success of the partnership particularly as the main partnership group has executive management focusing on strategies to influence policies, practices and projects. The working groups have, at the operational level, implemented specific projects creating real-world changes in the social and cultural determinants of Aboriginal Health, and system changes to be more accessible and responsive to Aboriginal clients.

“Local Champion” posters celebrating community members who have quit smoking, Njernda Aboriginal Corporation.



KEY LEARNINGS

The key learnings identified from the Campaspe Aboriginal Health Partnership Group are as follows:

- Acknowledge historical events and a commitment to re-establishing trust.
- Invest in the development of genuine relationships and redress power imbalances.
- Access additional expertise when required (PCP for partnership support; VicHealth for Health Promotion; DHHS for political context).
- Executives of the organisations in the partnership are committed to being at the table and have invested time, resources and influence to positively impact the objectives of partnership.
- Partners acknowledge that within the partnership, they are bridging the gap between the Aboriginal understanding of health and the mainstream medical model. The partners respect the key differences and learn from each other.
- Shared desire and dedication to work together to reverse the harm caused to Aboriginal people following invasion, and to address the complex health inequalities that remain. Also acknowledging that addressing the cultural determinants of health will require significant time.
- Action-oriented working groups demonstrate the productivity of the partnership and maintain momentum through tangible activity and achievements. The working groups also provide opportunities for organisations to address issues within their own organisations with the assistance and expertise of other members.

REFERENCES

- ABS. (2016). 2016 Census Community Profiles: Campaspe. Retrieved from http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/21601?opendocument
- Blignault, I., Haswell, M., & Jackson-Pulver, L. (2015). The value of partnerships: Lessons from a multi-site evaluation of a national social and emotional wellbeing program for Indigenous youth. *Australian and New Zealand Journal of Public Health*, 40(Supplement 1), 54-58.
- COAG. (2007). *National Indigenous Reform Agreement*. Canberra Retrieved from http://www.federalfinancialrelations.gov.au/content/npa/health/archive/indigenou-s-reform/national-agreement_sept_12.pdf.
- DH. (2012). *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022*. Melbourne, Victoria: State of Victoria.
- DH, L. (2010). *Loddon Mallee Region: Closing the Health Gap Plan*. Bendigo: State Government of Victoria.
- DHHS. (2017). *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017-2017*. Melbourne: State Government of Victoria.
- Hunt, J. (2013). *Engagement with Indigenous communities in key sectors*. (Resource Sheet no. 23). Canberra.
- Martin, K., & Miraboopa, B. (2003). Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist research. *Journal of Australian Studies*, 27(76), 203-214.
- NAHSWP. (1989). *A National Aboriginal Health Strategy*. Canberra: Government of Australia Retrieved from <http://www.naccho.org.au/about/aboriginal-health/definitions/>.
- PCP, C. (2011). *Community Health and Wellbeing Profile*. Rochester.
- SOC. (2016). *Fact Sheet 8: Understanding Aboriginal culture and history in the Campaspe Moama region*. Echuca: Shire of Campaspe.
- Taylor, K. P., & Thompson, S. C. (2011). Closing the (service) gap: exploring partnerships between Aboriginal and mainstream health services. *Australian Health Review*, 35, 297-308. doi:10.1071/AH10936
- VicHealth. (2008). *Research Summary: Key influences on health inequalities*. Melbourne, Victoria: Victorian Health Promotion Foundation.
- VicHealth. (2009). *Building on our strengths: a framework to reduce race-based discrimination and support diversity in Victoria*. Summary Report. Melbourne: Victorian Health Promotion Foundation.
- VicHealth. (2011). *Life is Health is Life: Taking action to close the gap*. Carlton, Victoria: Victorian Health Promotion Foundation.
- Zubrzycki, J., Shipp, R., & Jones, V. (2017). Knowing, being, and doing: Aboriginal and non-Aboriginal collaboration in cancer services. *Qualitative Health research*, 27(9), 1316-1329. doi:10.1177/1049732316686750

APPENDIX

Methods

This case study report of the Njernda Partnership Model was prepared based on a review of the Partnership Group. The methods involved the following:

- Analysis of key informant interviews
- Survey responses to the VicHealth Partnership Analysis Tool
- Review of background documents

Key Informant Interviews

Key informant interviews were undertaken with 11 members of the Partnership Group. The interviewees included six employees of Njernda Aboriginal Corporation. Seven identified as being an Aboriginal person, and the remaining interviewees represented mainstream health and community organisations. The interviews were not transcribed, themes and quotes were identified from the interviewer's notes.

VicHealth Partnership Analysis

Members of the Partnership were invited to complete the VicHealth Partnership Analysis survey during May 2017. There were 17 anonymous respondents from the 47 representatives on the email group from 17 organisations. A review of the survey results informed the developed of the *Critical Success Factors*.

Document Review

The following documents were analysed during the development of this case study:

- a. Aboriginal Health Partnership Group Terms of Reference
- b. Meeting minutes
- c. Conference presentations & case studies

Supplementary Information

An additional document has been prepared to supplement the information presented within this case study report. The *Njernda Partnership Model: Supplementary Information* document contains the following:

1. VicHealth Partnership Analysis
2. Interview notes
3. Partnership Group Terms of Reference
4. Partnership Checklist

Please contact Campaspe Primary Care Partnership if you would like to access this document.

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