

2022

Evaluating Patient Experience at a Novel Health Service for Aboriginal and Torres Strait Islander Prisoners: A Pilot Study

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Recommended Citation

Arthur, L., Herceg, A., Shukralla, H., Payne, J., & Tongs, J. (2022). Evaluating Patient Experience at a Novel Health Service for Aboriginal and Torres Strait Islander Prisoners: A Pilot Study. *Journal of the Australian Indigenous HealthInfoNet*, 3(1).
<http://dx.doi.org/10.14221/aihjournal.v3n1.4>

This Research Article is posted at Research Online.
<https://ro.ecu.edu.au/aihjournal/vol3/iss1/4>

Evaluating Patient Experience at a Novel Health Service for Aboriginal and Torres Strait Islander Prisoners: A Pilot Study

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Abstract

Background

The Winnunga Alexander Maconochie Centre Health and Wellbeing Service (AMCHWS) is the first prison health service operated by an Aboriginal Community Controlled Health Organisation in Australia. This pilot study developed and implemented a patient experience survey to evaluate the novel model of healthcare delivered by the Winnunga AMCHWS to Aboriginal and Torres Strait Islander prisoners.

Methods

Patients accessing the Winnunga AMCHWS between February and May 2020 were invited to participate in the study. Descriptive data were analysed and compiled for demographics, patient satisfaction, patient perception of care quality, cultural safety, and patient thoughts on the Winnunga AMCHWS.

Findings

Sixteen of 26 eligible patients participated in the survey (62% response rate). At least 75% of patients were satisfied with the waiting time to see staff at the Winnunga AMCHWS most or all of the time. All 16 patients reported that Winnunga AMCHWS staff always treated them with dignity and respect. Of 14 patients who identified as Aboriginal, nine felt that they were treated better by staff because of their Aboriginal identity while the other five felt their Aboriginal identity made no difference to their treatment by the staff.

Interpretation

This patient experience survey of the Winnunga AMCHWS found that it has provided highly satisfactory, timely, respectful, and culturally safe care to patients. Due to the limitations of this study, continual evaluation of the Winnunga AMCHWS and future studies to evaluate the continuity of care, health, and re-offending rates of released patients are needed to fully evaluate the Winnunga AMCHWS model.

Keywords

Prisoner health, Aboriginal, Torres Strait Islander, public health, patient experience

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Aboriginal and Torres Strait Islander people in Australia are incarcerated at disproportionately high rates (Korff, 2021). In the Australian Capital Territory (ACT) during the 2020 March Quarter, 24% of the adult prisoner population identified as Aboriginal and/or Torres Strait Islander despite accounting for less than 2% of the ACT's total population (Australian Bureau of Statistics, 2020). This discrepancy has been attributed to social disadvantage, systemic racism, and a higher burden of health conditions in the community (Australian Institute of Health and Welfare, 2015; Blagg et al., 2005). These factors are linked to Australia's history of colonisation which has relegated Aboriginal and Torres Strait Islander people who have then been further persecuted by a justice system marked by institutional racism (Shepherd et al., 2020). Incarceration itself further compounds the disadvantages experienced by Aboriginal and Torres Strait Islander people and presents a barrier to achievement of holistic wellbeing (Krieg, 2006). In particular, incarceration contributes to poorer overall health and increased mortality for Aboriginal prisoners both during and after imprisonment (Kariminia et al., 2012).

Access to culturally appropriate health services is an important factor in reducing the disproportionate rates of incarceration and deaths in custody experienced by Aboriginal and Torres Strait Islander people (Australian Law Reform Commission, 2017; Royal Commission into Aboriginal Deaths in Custody, 1991). The recent addition of justice targets to the National Agreement on Closing the Gap further highlights the importance of Aboriginal community controlled organisations in reducing the overrepresentation of Aboriginal and Torres Strait Islander people in Australia's prisons (Coalition of Aboriginal and Torres Strait Islander Peak Organisations et al., 2020). The United Nations Standard Minimum Rules for the Treatment of Prisoners Rule 24 states that prison healthcare is a State responsibility, should be of the same standard of healthcare available in the community, should be free of charge and should be organised in close relationship with the general public health administration to ensure continuity of treatment and care (United Nations Office on Drugs and Crime, 2015). Therefore, Aboriginal and Torres Strait Islander prisoners in Australia should have free access to the same health services available to all prisoners. However, like many health services in the community, prison health services are often difficult to access for Aboriginal and Torres Strait Islander people and the services fail to meet their health, social, and cultural needs (Davy et al., 2016). Experiences of racism, different health needs, and patterns of shorter, more frequent periods of incarceration compared to other prisoners are thought to be reasons why the needs of Aboriginal and Torres Strait Islander prisoners are not met (Abbott et al., 2018; Pettit et al., 2019).

A recent study found Aboriginal women incarcerated in New South Wales experienced several barriers to accessing healthcare while in custody including systemic racism in the form of not being listened to, stereotyping, and inequitable healthcare compared to non-Aboriginal women (Kendall et al., 2020). Furthermore, male Aboriginal prisoners are known to have higher rates of chronic health conditions like diabetes and hypertension, while female Aboriginal prisoners, particularly mothers, are known to have significantly higher rates of mental health conditions compared to non-Aboriginal prisoners (Butler et al., 2007; Kariminia et al., 2007; Kendall et al., 2020; Sullivan et al., 2019). Access to appropriate health services while in prison is also of increased importance for Aboriginal and Torres Strait Islander prisoners as they access prison health services more frequently than in the community, making it a rare opportunity for this population to engage with the health system (Kariminia et al., 2007). A recent systematic review (Perdacher et al., 2019) examined wellbeing and mental health interventions for Indigenous people in prison in various countries – included in the review were two studies performed in the incarcerated Aboriginal and Torres Strait Islander population. While high quality evidence for the two programs studied was lacking, the authors concluded that it is possible to deliver culturally based wellbeing and offender interventions specifically for Aboriginal and Torres Strait Islander populations within a prison environment, and that there is a social, moral, and practical imperative to build the evidence base on this topic. These differences in experiences and health needs highlight that prison health services operating using the 'equal treatment' principle will not adequately meet the needs of Aboriginal and Torres Strait Islander prisoners and tailored services are required (Kendall et al., 2020).

Leaving prison and returning to the community is a time of significant emotional stress for former Aboriginal and Torres Strait Islander prisoners and their families. This can be due to barriers to accessing culturally appropriate health services upon release and inadequate pre-release healthcare planning (Lloyd et al., 2015). Thus, improving the

continuity of care, particularly with services provided by Aboriginal Community Controlled Health Organisations (ACCHOs), is crucial for prisoners and their families during this time (Pettit et al., 2019). The post-release period often requires managing complex health needs and is crucial to the health of Aboriginal and Torres Strait Islander people and reducing recidivism rates given they are more likely to cycle in and out prison than other Australians (Lloyd et al., 2015). After release from prison, Aboriginal and Torres Strait Islander people are more likely to experience social hardships like homelessness and unemployment (Abbott et al., 2018). They also have higher rates of hospitalisation and mortality compared to other Australians post-release pointing to possible issues with continuity of care (Abbott et al., 2018; Lloyd et al., 2017). A systematic review evaluating programs for Aboriginal and Torres Strait Islander people leaving prison found that in existing programs health needs are not often considered, access is impeded by shorter and more frequent prison sentences due to lack of pre-release planning, and that there is a strong need for evaluated programs (Abbott et al., 2018).

Aboriginal Community Controlled Health Organisations (ACCHOs)

ACCHOs have been identified as having an important role in improving the wellbeing of Aboriginal and Torres Strait Islander prisoners during incarceration and upon release (Abbott et al., 2018; Lloyd et al., 2017; Pettit et al., 2019). ACCHOs broadly acknowledge this role and most deliver post-release programs, however lack of access to prisoners and limited funding prevent them from providing services directly to prisoners (Pettit et al., 2019). Members of ACCHOs also identified that there is a need for a team approach to primary healthcare delivery for Aboriginal and Torres Strait Islander prisoners in the form of a multi-disciplinary healthcare team and a healthcare model that ensures continuity of care upon release (Pettit et al., 2019).

Setting – Winnunga Nimmityjah Aboriginal Health and Community Services

Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) is the only ACCHO in the ACT. It was founded in 1988 by local Aboriginal people to support optimal health and social outcomes for Aboriginal and Torres Strait Islander people in Canberra and the surrounding regions (Winnunga Nimmityjah, 2021). Winnunga has expanded significantly since its establishment, with the main site now located in Narrabundah, ACT. This site provides an array of services including general practitioners, nursing, dentists, midwives, a large social health team as well as many allied health and social support programs. In 2018 Winnunga provided services to 4723 clients and in 2019 employed over 80 staff (Winnunga Nimmityjah, 2021).

Winnunga Holistic Healthcare Prison Model for Aboriginal and Torres Strait Islander Prisoners and their Families

Winnunga has published research which has significantly contributed to the available information on the wellbeing of incarcerated Aboriginal and Torres Strait Islander adults in the ACT (Poroch, 2007; Poroch et al., 2011). These publications led to the development of the “Winnunga Holistic Healthcare Prison Model for Aboriginal and Torres Strait Islander prisoners and their families” (Shukralla et al., 2020). In 2018, the ACT government committed to funding this novel model of care through the Winnunga AMC Health and Wellbeing Service (Rattenbury & Tongs, 2018). In January 2019, Winnunga began offering standalone comprehensive health and wellbeing services to Aboriginal and Torres Strait Islander detainees at the Alexander Maconochie Centre (AMC), the only adult detention centre in the ACT, and their families. The AMC accommodates sentenced and remand prisoners of all genders across minimum to maximum security facilities (ACT Corrective Services, 2021; Young et al., 2017). In the March Quarter of 2020, there were on average 442 adults imprisoned at the facility of which 107 (24%) were Aboriginal or Torres Strait Islander (Australian Bureau of Statistics, 2020).

The Winnunga holistic care model has three parts; Part 1: Incarceration – provide holistic care during incarceration and planning for release, Part 2: Release from Prison – provide post-release health service coordination, and family and community reintegration strategies, and Part 3: Manage the Cycle of Incarceration – provide early family, and other intervention strategies (Poroch, 2007). The model is delivered by Winnunga AMC Health and Wellbeing Service (AMCHWS), which complies with the RACGP ‘Standards for health services in Australian Prisons’ (Royal Australian College of General Practitioners, 2011). All Aboriginal and Torres Strait Islander prisoners at the AMC are offered the opportunity

to choose the Winnunga AMCHWS to be their primary care provider while they are incarcerated. If a patient is eligible and chooses to access the Winnunga AMCHWS, there is a formal handover of the patient's care from the Justice Health Service at the AMC. From this point on, the patient will receive care exclusively from the Winnunga AMCHWS, except in emergencies. Nursing services are available seven days a week, from 6:30am to 8:30pm. Medical services, psychology services and the social health team services are provided during business hours, Monday to Friday, with afterhours telephone on-call services provided by the general practitioners staffing the clinic. The entire social health team are Aboriginal, however, none of the nurses or doctors at the Winnunga AMCHWS identified as Aboriginal or Torres Strait Islander at the time of this study. The AMCHWS being a direct extension of the Winnunga Narrabundah site allows for continuity of care and services when patients are released from prison (Shukralla et al., 2020). With funding, access to prisoners, a team-based approach, and the ability to provide continuity of care, the Winnunga AMCHWS overcomes the major limitations faced by ACCHOs in providing healthcare to Aboriginal and Torres Strait Islander people who encounter the justice system (Pettit et al., 2019; Shukralla et al., 2020).

The Winnunga AMCHWS aims to meet the holistic health needs of Aboriginal and Torres Strait Islander people in the ACT region before, during, and after incarceration, to improve wellbeing and reduce rates of recidivism (Shukralla et al., 2020). 'Patient experience' embodies all the emotional and physical experiences a person has when they interact with a health system (Wolf et al., 2014). For Aboriginal and Torres Strait Islander patients their experience is shaped by their beliefs about healthcare provision, trust in the healthcare system, and individual and community interactions with healthcare providers (Jones et al., 2020). Although patient experience is not a direct measure of healthcare quality, positive patient experiences are associated with higher quality service and mitigation of safety risks in healthcare settings (Doyle et al., 2013).

Given the strong need for evaluation of health programs for Aboriginal and Torres Strait Islander prisoners (Abbott et al., 2018) and the importance of patient experience (Jones et al., 2020), this study developed and implemented a survey instrument with the aim of conducting a pilot evaluation of patient experience at the Winnunga AMCHWS.

Methods

Survey Design

A literature review of patient experience surveys previously used in ACCHOs, primary care settings, and prison health services identified survey questions to modify for use in the novel context of the Winnunga AMCHWS as described below. Survey questions were developed to collect data on patient demographics, quality of care received during patient visits, satisfaction with care, cultural safety, and patient thoughts in the form of three written response questions on what patients liked, disliked, and thought could improve at the Winnunga AMCHWS.

Demographic questions gathered information on patient sex, age, Aboriginal and/or Torres Strait Islander identity, duration of imprisonment, and whether their family had received assistance from Winnunga. Satisfaction with time to be seen was evaluated as "timely access to care", which is Standard 1.1 of RACGP 'Standards for health services in Australian Prisons' (Royal Australian College of General Practitioners, 2011). Overall patient satisfaction was evaluated with specific questions relating to the overall satisfaction of patients and their satisfaction with certain health staff. Evaluating patient satisfaction in this setting is important due to the correlation between satisfaction and healthcare quality, and the importance of the beliefs of Aboriginal and Torres Strait Islander people about the health services they access (Doyle et al., 2013; Jones et al., 2020). The three written response questions were included to capture aspects of patient satisfaction missed by the specific questions as well as to gather important feedback for Winnunga to use internally to improve the service.

Questions evaluating the quality of care during visits to the Winnunga AMCHWS were adapted from the Consumer's Perspective of the Quality of Care Survey tool (One21seventy, 2016). This survey tool is validated and focuses on chronic health conditions, which is important to assess given the known high proportion of chronic health conditions among the AMC prisoner population (Young et al., 2017). Cultural safety is an important aspect of healthcare for Aboriginal and Torres Strait Islander people and was

evaluated in the survey through questions adapted from the South Australian Aboriginal Health Survey 2010/2011 (Milligan et al., 2021; Population Research and Outcome Studies, 2012).

Participants

The target population for the participants of this pilot survey was all patients who had accessed the Winnunga AMCHWS between February and May 2020. Due to the inability to contact patients after their release from the AMC, only patients who were detained in the AMC and accessing the Winnunga AMCHWS between February and May 2020 were able to be invited to participate.

Data Collection

Nurses at the Winnunga AMCHWS invited all patients who accessed the service between February and May 2020 to participate in the survey. All patients who participated in the survey were recruited and completed the survey while incarcerated. If the patient provided initial consent, a time was organised for the patient to complete the survey with an independent interviewer (pre-COVID-19 restrictions), or the patient was provided with a paper survey to complete in private and return in a sealed envelope (post-COVID-19 restrictions).

Participation in the survey was voluntary and all responses were anonymous. Patients who provided initial consent to Winnunga AMCHWS nurses received a Participant Information Sheet. Informed consent was obtained either by the interviewer before commencing the survey interview or given by returning a completed paper survey after reading the Participant Information Sheet. Participants were offered the opportunity to withdraw their consent at any time before completion of the interview or return of a completed survey. Completed surveys were secured in a sealed envelope and stored in a locked cabinet at the Winnunga Narrabundah site.

Ethical Considerations

This research was recommended by the Winnunga Board in September 2019 before the research was approved by ACT Corrective Services and the Australian National University Human Research Ethics Committee (Protocol 2019/748) in December 2019. Variations to the protocol due to COVID-19 Pandemic restrictions at the AMC were approved in April 2020.

Analysis

Survey responses were collected between February and May 2020. Descriptive statistics were generated for patient demographics, quality of care, satisfaction, and cultural safety data. Likert scale data were presented using diverging bar charts, with neutral responses centred around zero, positive responses above zero, and negative responses below zero. Responses from the questions about what patients liked, disliked, and thought could be improved at the Winnunga AMCHWS were grouped into themes to allow for qualitative analysis.

Results

Sixteen participants (10 men and six women) completed the survey and were included in the final analysis out of a potential 26 Winnunga AMCHWS patients (16 men and 10 women) present at the AMC between February and May 2020, resulting in a response rate of 62%. Initial consent to participate in the survey was given by 22 patients, with one patient declining to participate for unspecified reasons and five other patients either being unable to complete the survey before the end of the collection period or their release from the AMC. Of the 16 responses being included in the final analysis, seven were completed via an interview and a further nine completed individually and submitted on paper. The demographics of the survey respondents are summarised in Table 1.

Table 1*Demographics of Patients Who Participated in the Survey*

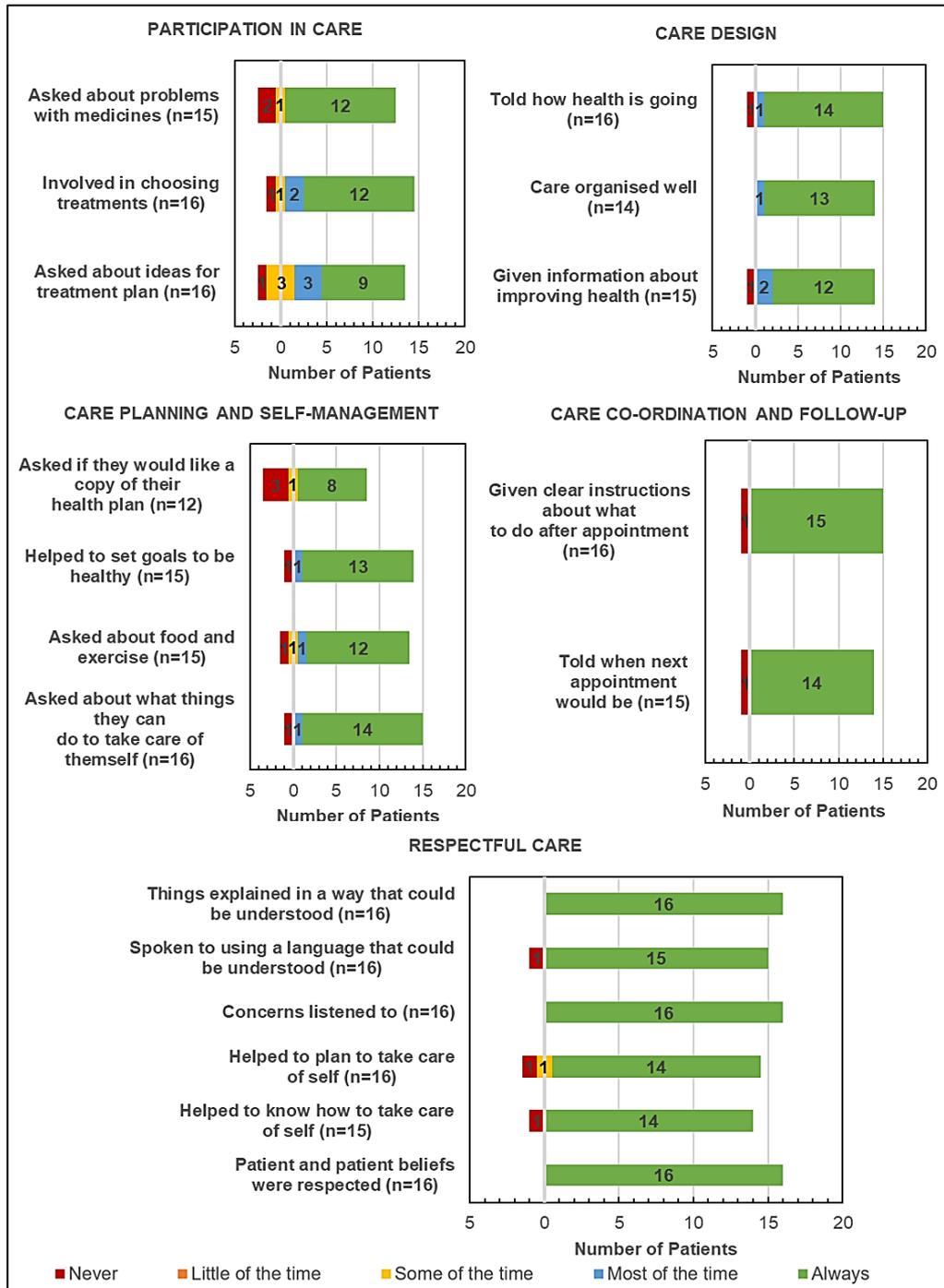
Demographic	Value
Sex	
Male	10
Female	6
Age Group (years)	
18 – 24	5
25 – 34	6
35 – 44	2
45 – 54	3
Aboriginal and/or Torres Strait Islander Identity	
Aboriginal	14
Neither Aboriginal nor Torres Strait Islander	2
Length of Imprisonment (months)	
3 – 6	3
6 – 12	7
12 – 24	3
24+	3
Family Receiving Assistance from Winnunga Nimmityjah?	
Yes	13
No	3

Patient experience of care

Patient responses indicated a high quality of care across all five aspects of care that were evaluated (Figure 1). At least three-quarters of respondents indicated that they had received the specified aspects of care “Most of the time” or “Always”. The provision of respectful care was rated particularly high, with all 16 respondents indicating that they always had things explained in a way they could understand, have their concerns listened to, and feel that they and their beliefs were respected by Winnunga AMCHWS staff. Participation in Care and Care Planning and Self-Management were rated lower than other areas by patients, with two patients indicating they were never asked about problems with their medicines and three patients indicating that they were never asked if they would like a copy of their care plan.

Figure 1

Patient Perceptions of Quality of Care at Winnunga AMCHWS as Indicated on a Five-Point Likert Scale of Never to Always Using The Consumer's Perspective of the Quality Of Care Survey Tool Developed by One21Seventy (One21seventy, 2016).

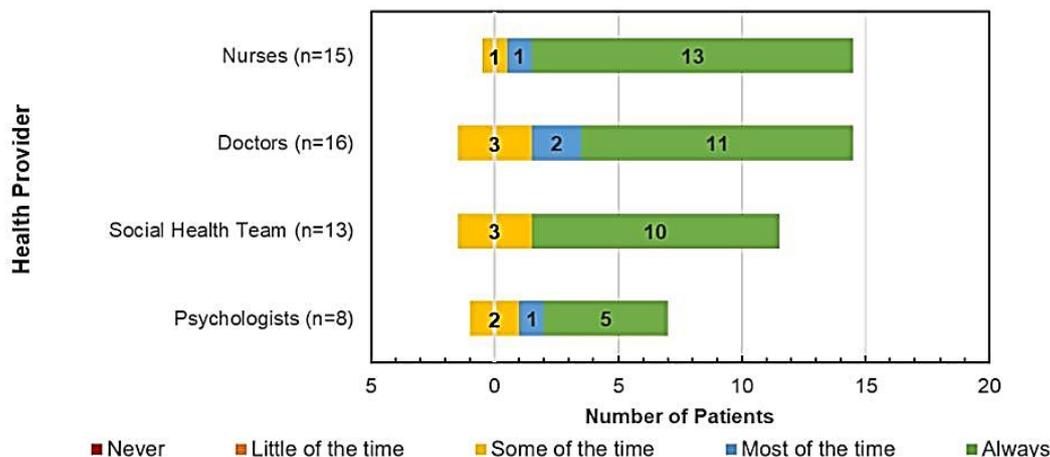


Patient Satisfaction

Patients were highly satisfied with the care provided to them and their families through Winnunga. All respondents were at least satisfied some of the time with the time taken to be seen by nurses, doctors, the Social Health Team, and psychologists at the Winnunga AMCHWS (Figure 2). Across all four health professions, most patients were always satisfied with the time taken to be seen, with at least 75% of respondents indicating they were satisfied “Most of the time” or “Always”.

Figure 2

Patient Satisfaction with Waiting Time to See Winnunga AMCHWS Staff as Indicated on A Five-Point Likert Scale of Never to Always.

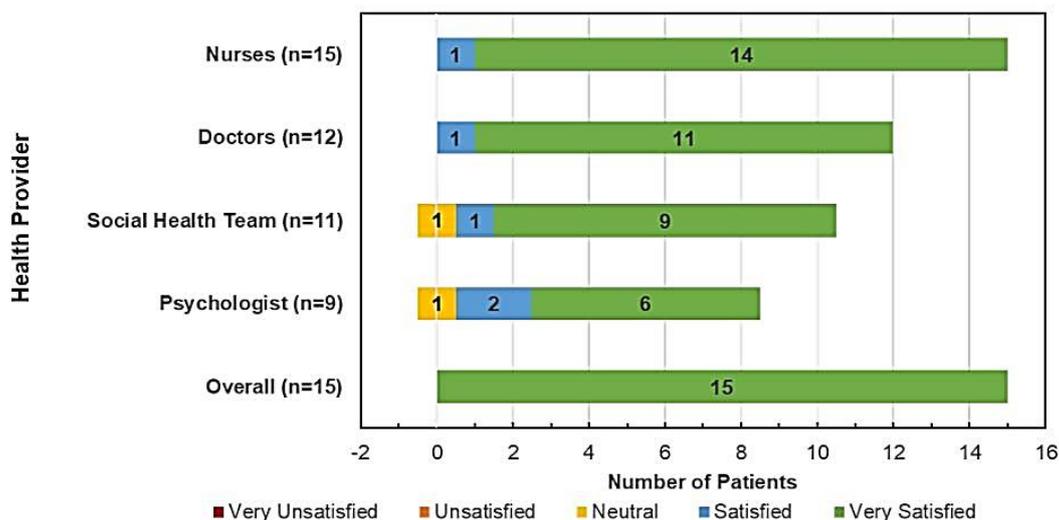


The assistance provided by Winnunga to the families of Winnunga AMCHWS patients was also rated highly by patients. Of the 13 patients who indicated that their families had received assistance, 12 indicated that they were always satisfied, and one indicated that they were satisfied most of the time with the assistance their family members had received.

Patients were highly satisfied with the care they received at the Winnunga (Figure 3). All respondents were very satisfied with the overall care they received at the Winnunga AMCHWS. All patients were either satisfied or very satisfied with the nurses and doctors at the Winnunga AMCHWS. Patient satisfaction with the Social Health Team and psychologists at the Winnunga AMCHWS with all patients being satisfied at least some of the time, with the majority always being satisfied.

Figure 3

Patient Satisfaction with Specific Health Services and Overall Care at Winnunga AMCHWS Indicated on a Five-Point Likert Scale of Very Unsatisfied to Very Satisfied.



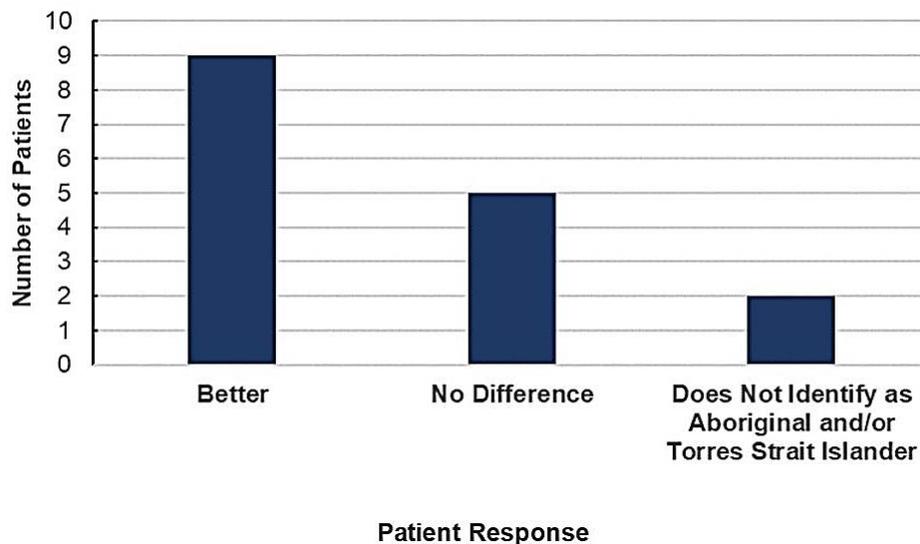
Respect and Cultural Safety

Patients of the Winnunga AMCHWS perceived the staff at the service to be highly respectful and provide care in a culturally safe manner. All 16 patients reported that they always felt that they were treated with dignity and respect while 15 reported that their religious and cultural beliefs were respected by staff, with one patient reporting that their religious and cultural beliefs were never respected.

Of the 14 respondents who identified as Aboriginal, nine felt that they were treated better by Winnunga AMCHWS staff because they were Aboriginal while five felt that there was no difference in their treatment due to them being Aboriginal (Figure 4). Of those who reported being treated better, all nine indicated that the friendly attitude of health staff contributed to their better treatment, while six patients identified that their cultural needs being recognised and being seen more quickly contributed to their better treatment, respectively.

Figure 4

Distribution of How Patients Felt Their Treatment by Winnunga AMCHWS was Affected by Identifying as an Aboriginal and/or Torres Strait Islander Person.



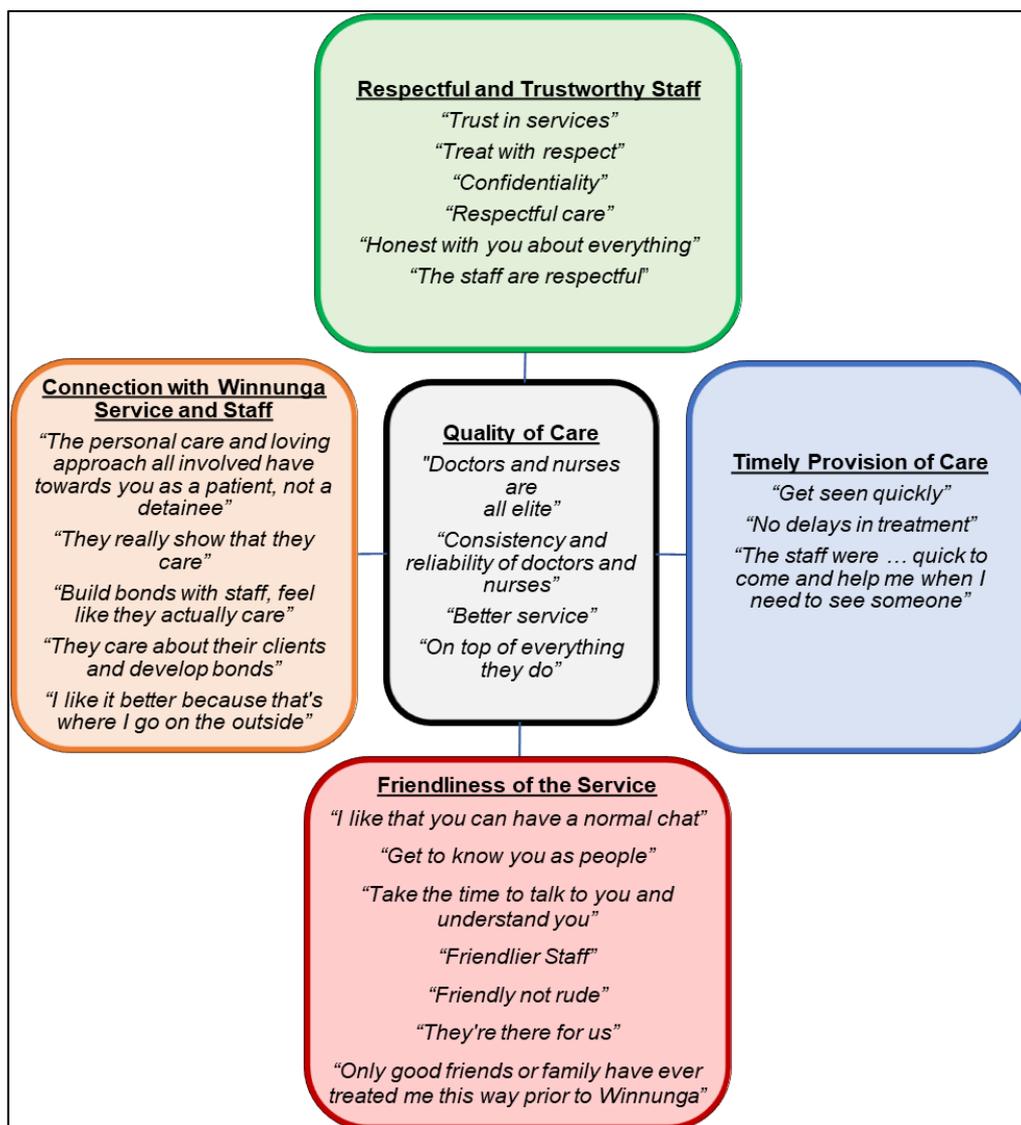
Patient Thoughts

The qualitative data gathered in the form of patient feedback on their likes, dislikes, and thoughts on what could be improved with the Winnunga AMCHWS further supported the quantitative data. Multiple themes were identified for what patients liked about the Winnunga AMCHWS with the central theme being “Quality of Care” (Figure 5). As for what patients dislike about the Winnunga AMCHWS, 13 of the 16 respondents said they would change nothing about the service, while eight of the 16 respondents said there is nothing they would improve at the Winnunga AMCHWS.

The most common suggestions for improvement related to Winnunga receiving permission to introduce an opioid replacement pharmacotherapy program (ORPP). Three respondents mentioned they would like to be able to access an ORPP program through the Winnunga AMCHWS. Two of those patients stated that they would like to access an ORPP, but do not as that would require transferring to ACT Health – Justice Health Services (Justice Health). Three patients also responded that they would like “More power given to Winnunga...” so the Winnunga AMCHWS would be in “...a stronger position to treat us”. A further patient mentioned the “power difference” and how “...all decisions are made by Justice Health and AMC Policy” in their response to what they dislike about the Winnunga AMCHWS.

Figure 5

Patient Responses When Asked What They Like About the Winnunga AMCHWS With Direct Quotes from Patients.



Discussion

This evaluation of the Winnunga AMCHWS is the first time patient satisfaction at a prison health service operated by an ACCHO has been studied. This pilot survey of 16 patients who had accessed the Winnunga AMCHWS as of May 2020 found that patients were highly satisfied with the care they had received at the Winnunga AMCHWS. Patients also viewed the care they received as high quality, timely, and culturally safe. The qualitative data collected from patient feedback responses supported the sentiment that patients are very satisfied with the Winnunga AMCHWS and its staff.

As the Winnunga AMCHWS is delivering a novel healthcare model, direct comparisons of the findings of this research to the existing literature are limited. The best comparison is the most recent health and wellbeing survey conducted at the AMC, the ACT Detainee Health and Wellbeing Survey 2016 (ACT DHWS), which was completed before the Winnunga AMCHWS began providing services (Young et al., 2017). However, as the ACT DHWS and the pilot survey reported here had relatively small numbers of participants, the limitations of any conclusions drawn from their comparison must be considered. Of the 10 Aboriginal and/or Torres Strait Islander patients who responded to a question in the ACT DHWS asking them to rate the services provided to Aboriginal and/or Torres Strait Islander people at the AMC, eight rated the services as excellent or good, compared to all 15

respondents who were very satisfied overall with the Winnunga AMCHWS. The Winnunga AMCHWS appears to have offered more respectful care to Aboriginal and/or Torres Strait Islander patients than previous services at the AMC with just over 80% of Aboriginal and/or Torres Strait Islander patients reporting being treated with dignity and respect by health staff in the ACT DHWS compared to all 16 respondents who always felt that they were treated with dignity and respect at the Winnunga AMCHWS. These results indicate that the Winnunga AMCHWS is likely to have had a positive impact on patient satisfaction and cultural safety of the health services offered to Aboriginal and Torres Strait Islander prisoners at the AMC. Given the high patient satisfaction ratings, it is also likely the Winnunga AMCHWS is providing high quality and safe healthcare (Doyle et al., 2013).

Patient responses indicated that participation in care and care planning and management may be two areas the Winnunga AMCHWS could improve on. The aspects of care multiple patients reported to never receive were being asked about issues with their medications and if they would like a copy of their care plan. It should be considered that patients may have answered never as they were not on any medications or did not have a chronic medical condition requiring a care plan. Nonetheless, these two points of care are important for all patients, but especially those with chronic health conditions, which is pertinent given 30% of Australian prisoners, and a significant proportion of AMC prisoners, have at least one chronic health condition (Australian Institute of Health and Welfare, 2019; Young et al., 2017).

The introduction of an ORPP and more “power” for the Winnunga AMCHWS to provide treatment were two key improvements to the service recommended by patients in their survey responses. During the survey period, Winnunga AMCHWS patients were not able to access an ORPP. However, at the time of writing the Winnunga AMCHWS had begun accepting patients on buprenorphine. The ACT DHWS reported that 30% of Aboriginal and Torres Strait Islander prisoners at the AMC had used heroin during their incarceration (Young et al., 2017). Given the high proportion of prisoners exposed to opioids, the effectiveness of ORPPs as a harm minimisation approach to opioid use, taking the step of accepting patients on ORPPs will allow the Winnunga AMCHWS to provide its patients with more comprehensive care (Australian Institute of Health and Welfare, 2019; Kinner et al., 2013; Lafferty et al., 2018; Schwitters & World Health Organization, 2014; Scott et al., 2015). Patients calling for the Winnunga AMCHWS to have more “power” may reflect their knowledge of ACCHO governance. An ACCHO working within the constraints of the prison system does not have the same level of community control as an ACCHO in the community, which patients are likely more accustomed to. Priority Reform Two of the 2020 National Agreement on Closing the Gap, an initiative that aims to improve outcomes for Aboriginal and Torres Strait Islander people, outlines a commitment by Australian Federal, State, and Territory governments to build the community-controlled sector and highlights the importance of self-governance in the sector (Coalition of Aboriginal and Torres Strait Islander Peak Organisations et al., 2020). Promoting prison health services for Aboriginal and Torres Strait Islander people operated by ACCHOs and supporting them to overcome the barriers identified by Pettit et al. (2019) would strengthen this commitment.

Limitations

This study is limited by the small sample size which prevented a more thorough statistical analysis from being conducted and the perceptions of the Winnunga AMCHWS across different demographic groups being compared. Women were also overrepresented in the Winnunga AMCHWS patient population (38%) compared to the general prison population at the AMC (8%) during the data collection period (Australian Bureau of Statistics, 2020). This is possibly due to the Winnunga AMCHWS engaging with female prisoners first, including some non-Aboriginal and/or Torres Strait Islander women. As the Winnunga AMCHWS patient population is likely to change with time to reflect the sex-balance in the AMC population, further evaluations of patient experience with a larger sample size will allow stratification of data by sex to investigate whether the overrepresentation of women introduces bias into the survey results. A further limitation of the results is that there are significant differences between Aboriginal and Torres Strait Islander communities, and therefore the findings may not be generalisable to different populations in different prison facilities. We also note that patients who had left the AMC were unable to be engaged to participate, so future evaluations of the service will need to incorporate a better method of following up with released patients or focus on surveying patients while they are accessing the Winnunga AMCHWS. We also acknowledge that

Winnunga AMCHWS patients choose to attend the service over the service provided by ACT Justice Health at the AMC, and therefore their responses may be overly positive. The reasons for why patients chose the Winnunga AMCHWS were not recorded, but it must be considered that some patients may have chosen Winnunga due to poor experiences with previous services and therefore their responses may be skewed. The study was also limited in that it was not fully independent as Winnunga AMCHWS nurses were responsible for obtaining initial consent from patients and being the liaison between patients and the researchers. Consequently, responses may have been more positive than if obtained through a fully independent study.

Future Directions

Future studies should continue to evaluate the patient experience at the Winnunga AMCHWS but also assess other aspects of the Winnunga Holistic Healthcare Prison Model (Shukralla et al., 2020). There is also a need to evaluate the continuity of care provided by Winnunga after release considering the health of prisoners in Australia improves on average when they are incarcerated, and the ACT DHWS found the prisoners accessed healthcare providers more frequently in prison than they did in the community (Abbott et al., 2018; Australian Institute of Health and Welfare, 2019; Lloyd et al., 2015; Young et al., 2017). In comparison, barriers to accessing healthcare after release from prison contribute to poor health after release and increase the likelihood of a person reoffending (Abbott et al., 2018; Krieg, 2006; Lloyd et al., 2017). Continuity of care for Aboriginal and Torres Strait Islander prisoners is also more thoroughly studied and would serve as a better source of comparison for the Winnunga model than the care provided during incarceration alone. Audits of the clinical practice at the Winnunga AMCHWS could also assist with this validation. Longitudinal studies evaluating the continuity of care, health in the community, and rates of reoffending among past Winnunga AMCHWS patients could also assist the evaluation of parts two and three of the Winnunga Holistic Healthcare Prison Model which focus on post-release health service coordination and managing the cycle of incarceration, respectively (Shukralla et al., 2020).

Conclusion

This pilot evaluation of patient satisfaction with the Winnunga AMCHWS has shown that the novel Winnunga Holistic Healthcare Prison Model has provided highly satisfactory, timely, respectful, and culturally safe care to its patients. The findings also contribute to the precedent for other jurisdictions across Australia to introduce holistic models of prison healthcare operated by ACCHOs given the positive patient reports of the Winnunga model demonstrated here. Further evaluation of the continuity of care, clinical outcomes, and rates of recidivism are required to determine if the Winnunga model is achieving its aims.

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