

Cooperation and collaboration between NACCHO & AWHN and the Talking Circle



MS ELAINE LOMAS

NACCHO



National Aboriginal Community Controlled Health Organisation



- 1. Who we are - The Cultural Model**
2. Service Delivery
3. Our Partnership with AWHN and the Talking Circle



NACCHO: Functions and Purpose



Our Vision

- **In collaboration with our Members, Affiliates and our partners, NACCHO will lead improvements in the;**
 - physical,
 - emotional,
 - cultural,
 - spiritual and
 - social well-being of Aboriginal peoples through community control, comprehensive primary health care and innovation in health care services.

Strategic Framework

- **Provide leadership and direction in policy development**
- **To build and enhance Aboriginal Community Controlled Health Service's capacity to provide more effective/efficient primary health care services**
- **To be a more efficient and effective Secretariat to achieve our vision, aims and objectives**





National Aboriginal Community Controlled Health Organisation



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Definition of ACCHS



- An Aboriginal Community Controlled Health Service (ACCHS) is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).
- To be a member of NACCHO and its Affiliates an ACCHS must be:
 - Initiated by a local Aboriginal community;
 - Based in a local Aboriginal community;
 - Governed by an Aboriginal body which is elected by the local Aboriginal community; &
 - Delivering a holistic and culturally appropriate health service to the Community which controls it.

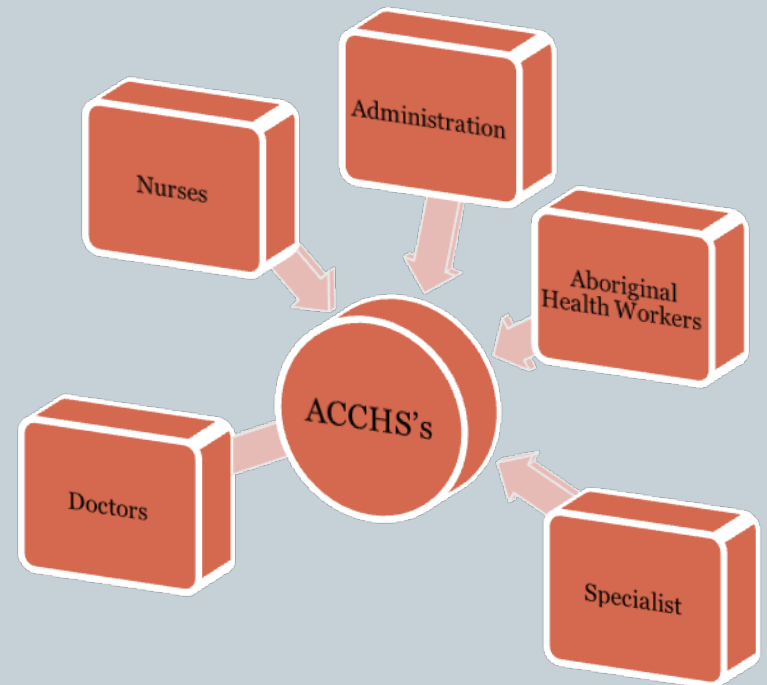
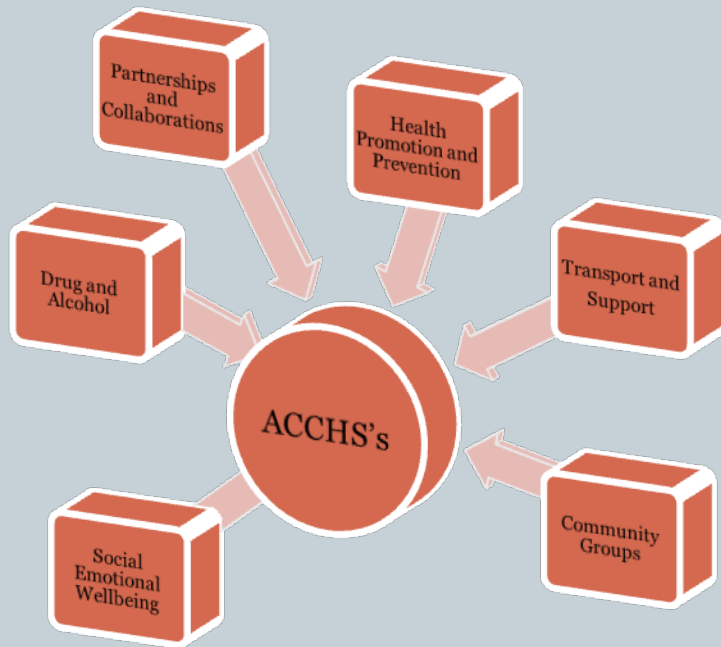


Members : Functions and Purpose



Primary Health Care & Related Services

Workforce





...NOW OVER 150 ACCHS's



- The total estimated number of individual clients seen by ACCHSs* was 344,000 in 2007-08.
- In 2007-08, over 1.85 million episodes of health care were provided by ACCHSs of which 87% were to Aboriginal and Torres Strait Islander clients. 60% to women and 40% to men
- Median 'episodes of health care' per ACCHS/year is 6800.

***Aboriginal Community Controlled Health Service**



...NOW OVER 150 ACCHS's



- **It has been consistently shown by SAR* that the median 'episodes of care' delivered, are directly proportional to the level of funding of ACCHSs.**
 - ***Service Activity Report Data, almost all respondents are ACCHSs.**
- **60% of staff are Aboriginal and/or Torres Strait Islanders**
- **Of the 765 FTE 548 staff are female or 71%**

Clinical health care provided or facilitated by services

Diagnosis and treatment of illness/disease	
Management of diabetes	
Management of cardiovascular disease	
Management of other chronic illness	
24 hour emergency care	
Clinical consultations in the home	
Outreach clinic services e.g. health care at outstation visits	
Links with Royal Flying Doctor Service	
Minor surgical procedures	
Dialysis services on site	
Specialist ear, nose and throat services provided by the service	52%
Dental care provided by a dentist/dental therapist, educator	58%
Audiologist services	
Audiometry	
Optometry	
Ophthalmology	
Podiatry	
Dental radiography	
Clinical radiography	
Physiotherapy	
Referral to hospital services off-site	
Clinical services to men in custody	
Clinical services to women in custody	15%
Clinical services to youth in custody/remand	11%



Eg Broome Aboriginal Medical Service provides an Aboriginal community controlled satellite dialysis unit for the Kimberley region.

Eg Most ACCHSs were providing free medicines prior to QUMAX and PBS co-pay measure

Custodial clinical services are important, but there is lack of staff. Eg Pika Wiya AMS and Nunk Yunti recently ceased, but hope to shortly resume.

2007-08
Clinical Health Care

Pharmaceutical services provided or facilitated by services

Arrange for free provision of medical supplies/pharmaceuticals	66%
Write scripts for pharmaceuticals	69%

Preventative care programs provided or facilitated by services

Health promotion/education	94%
Routinely organise pneumococcal immunisation	79%
Routinely organise influenza immunisation	80%
Child immunisation	79%
Infectious diseases programs/education	62%
Injury/accident prevention (e.g. domestic violence)	57%
Sexually transmissible infection (STI) contact tracing	56%
Free condoms supplied	55%
Mental health programs (adults)	54%
Mental health programs (children aged 17 years or younger)	53%
Drug and alcohol programs	52%
Men's health programs	51%
Women's health programs	50%
Antenatal/maternal programs	49%
Child growth monitoring	48%
Dietary and nutrition programs	72%
Physical activity programs	55%
Healthy weight programs	54%
Working with food stores in the community to encourage healthy eating	35%
Advice and advocacy in relation to environmental health issues (e.g. safe water, sanitation, dog health)	40%
Outreach health promotion	39%

This includes home visiting programs for families needing help.

This includes home visiting programs for families needing help and many women and children targeted programs

Also includes screening reminder and treatment programs for women



Preventative
Health
Care

Screening programs provided or facilitated by services

Regular age/sex appropriate well person's checks	94%
PAP smears/cervical screening	76%
Sexually transmissible infection (STI) screening	64%
Hearing screening	71%
Eye disease screening	65%
Renal disease screening	50%
Diabetic screening	76%
Cardiovascular (CVD) screening	59%

Health related and community support services undertaken or facilitated by services



Transport (e.g. to medical appointments)	92%
School based activities	79%
Attending medical appointments with patients to provide support	85%
Organising accommodation for visiting patients	52%
Medical evacuation services (e.g. ambulance, Royal Flying Doctor Service)	38%
Hospital inpatient visits and support	70%
Interpreting services	37%
Palliative care (looking after people who are dying)	49%
Funeral assistance and arrangements	63%
Deceased transportation	19%
Community development work (e.g. assisting with formal organisations, capacity building etc)	68%
Cultural promotion activities	79%
Legal/police/prison advocacy services	55%
Homelessness support	45%
Temporary shelter services	28%
Support for public housing issues	65%
Welfare services and food provision	57%
Services for people with disabilities	60%
Parenting programs	59%
Breakfast programs	20%
Youth camps	37%
Aged care	59%
Centrelink advocacy and liaison	70%
Representation on external boards (e.g. hospital)	54%
Participation in regional planning forums (e.g. under Framework Agreements)	66%
Submission writing for community organisations	39%
Involvement in committees on health (e.g. steering groups)	83%

Almost all
ACCHSs
provide
transport
services to
their patients

Funeral support
is a service
provided by
most ACCHSs

2007-08 Community Support Role

Services to Aboriginal Women



- Aboriginal and Torres Strait Islander primary health care services undertake or facilitate access to a range of preventative health care programs and activities such as health promotion, immunisation and health screening, and various preventative health programs targeted towards specific gender groups or age groups.
- activities that were undertaken by respondents of our service activity report during 2007–08, of note were :
 - 80% of respondent services undertook or facilitated access to women’s health programs,
 - 80% undertook or facilitated access to influenza immunisation,
 - 79% undertook or facilitated access to pneumococcal immunisation,
 - 79% undertook or facilitated access to child immunisation, and
 - 75% undertook or facilitated access to PAP smears and cervical screening

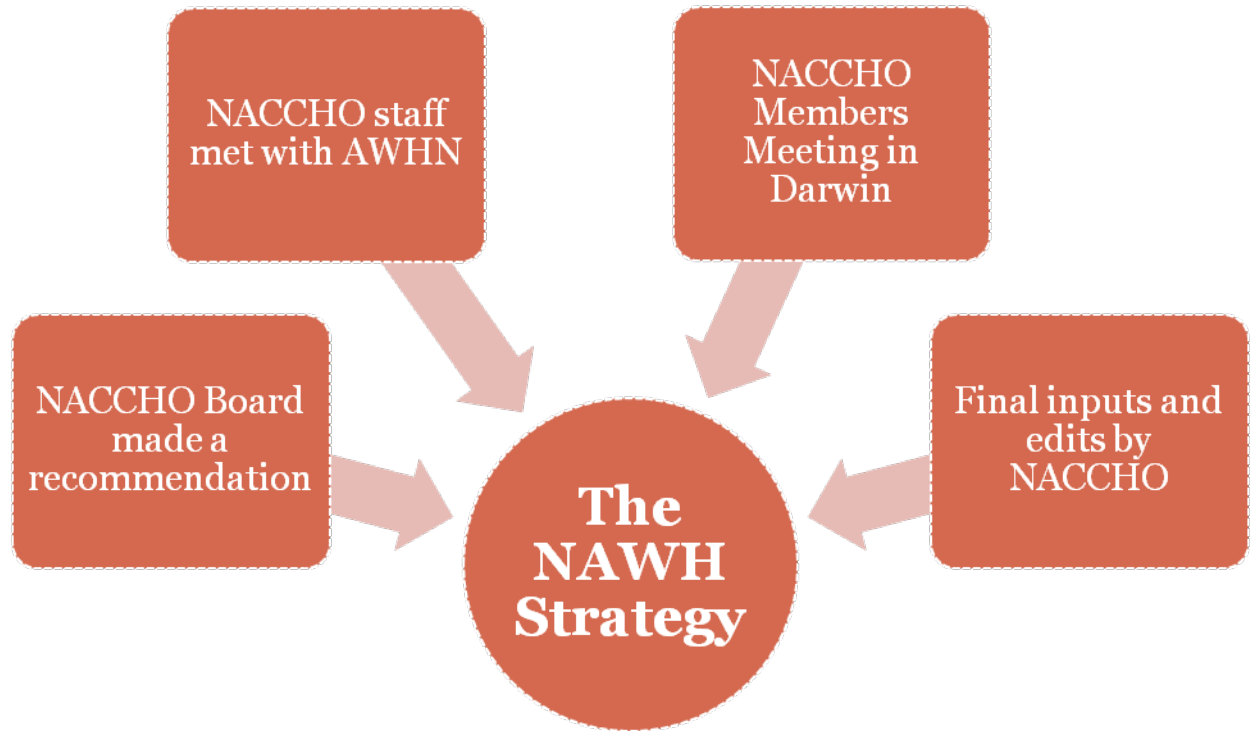


**National
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Developing The National Aboriginal Women's Health Strategy





Women identified these action areas for their health:



- the development of **supportive environments**:
 - childcare assistance within employment and education,
 - leadership programs, equality of opportunity for men and women employed within organisations,
 - programs to de-normalise violence and
 - for Aboriginal and Torres Strait Islander women to be involved in the design and development of health centres.
- health service **access and equity**:
 - women’s health services undertaking cultural safety accreditation and audits,
 - supporting programs aimed at the younger onset of age-related disorders and chronic diseases in Aboriginal and Torres Strait Islander women,
 - increased opportunities for social and peer support, and
 - increases in gender specific sexual health policy and services for Aboriginal and Torres Strait Islander women.
- more Aboriginal and Torres Strait Islander women in the health **workforce**:
 - scholarships and promotional activities encouraging Aboriginal and Torres Strait Islander professionals to work in women’s health, and
 - meeting regularly to share stories.



Taking Action



Next steps

- developing an action plan arising from the strategy
- Discussing the action plan with stakeholders and government
- lobbying for a NACCHO women's policy officer to:
 - drive the implementation of the National Women's Health Policy.
 - Drive communication between the Aboriginal Community Controlled Sector & the Australian Women's Health Network

Improving Women's Health by Cooperation and Collaboration



THANK YOU