

Building sector capacity through stronger investments in Aboriginal Community Controlled Health Services

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Artwork by Gillimba Creative Agency

Preamble

‘Aboriginal Australians are best placed to decide and implement the programs and services to work for (them) ... the imposition of structures without community control as a central tenet has been shown to fail.’¹

The community controlled health sector is uniquely positioned to provide high quality health and preventive care to their community. Because of its government funding and holistic, multi-disciplinary service delivery model, it is able to provide high-quality health services that directly align with the needs of the community. There is evidence that Aboriginal Community Controlled Health Services (ACCHSs) are better able to cater for the complex care needs of Aboriginal and Torres Strait Islander patients such as those with multiple chronic illnesses.^{2,3} Furthermore, in examples where mainstream services take on some of the characteristics of an Aboriginal Community Controlled Health Organisation (ACCHO), their Aboriginal and Torres Strait Islander patient access rates increase⁴

Investment in ACCHSs is also an investment in expanding the Aboriginal and Torres Strait Islander health workforce. Although Aboriginal and Torres Strait Islander health professionals may gain employment in any health service, ACCHSs provide a unique opportunity to work within a culturally based environment. In addition, roles such as Aboriginal Health Workers (AHWs) provide additional employment options. Increased participation rates from the service side of health have a strong effect on improving access rates for Aboriginal and Torres Strait Islander people.

Position of the RACGP

The RACGP urges renewed government effort to strengthen the capacity of ACCHSs to deliver best practice chronic disease management and preventive care to their communities.

The existing government support provided to the Aboriginal Community Controlled health sector is acknowledged and valued, however more is needed to broaden the scope and coverage of care as well as ensure quality and continued improvement.

The RACGP advocates for greatly increased funding for ACCHSs to:

- improve and maintain physical infrastructure and resources, at the point of care and as appropriate to the needs of the local population
- provide education opportunities for ACCHSs and other health training providers, to ensure that all staff receive adequate training with regard to Aboriginal and Torres Strait Islander patients

- build the capacity of ACCHSs as teaching centres for clinical placements
- plan services and programs for the long term, not just for a budget period or cycle
- provide financial and other incentives to attract and sustain a highly skilled workforce of GPs, nurses and health workers, again as required by the local community
- develop and maintain relationships with external stakeholders, including local general practices, to facilitate cultural and clinical best practice exchange and to enhance organisational capacity overall
- ensure adequate resourcing and support for governance and management structures within these organisations.

References

1. Victorian Aboriginal Community Controlled Health Organisation website
www.vaccho.org.au/about-vaccho/profile/
2. Larkins GL, Geia LK, Panaretto KS. Consultations in general practice and at an Aboriginal Community controlled health service: do they differ? *Rural Remote Health* 2006;6(3):560.
3. Liaw ST, Lau P, Pyett P, Furler J, Burchill M, Rowley, K, et al. . Successful chronic disease care for Aboriginal Australians requires cultural competence. *Australia and New Zealand Journal of Public Health* 2011;35(3):238–48.
4. Hayman NE, White NE, Spurling GK. Improving Indigenous patients' access to mainstream health services; the Inala experience. *Med J Aust* 2009;10 604–606.