

Policy priorities 2021

Driving holistic and culturally safe health care services
for Aboriginal people in NSW.



Aboriginal
Health & Medical
Research Council
of NSW

Acknowledgement of Country

The Aboriginal Health and Medical Research Council (AH&MRC) of New South Wales would like to acknowledge the Bidjigal and Gadigal clans, who traditionally occupy the lands of the Sydney Coast. We recognise their continuing connection to land, water and community and pay our respects to Elders, past, present and emerging.

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A message from our CEO



Aboriginal Community Controlled Health Organisations have a great wealth of knowledge, skills and expertise to address the determinants of health and provide culturally safe health care for Aboriginal people.



As a proud Aboriginal Australian, with ties to the Gubbi-Gubbi, Mununjarli and Waanyi People of Queensland, I have focused my whole career on improving the health and wellbeing of all people in the Aboriginal and Torres Strait Islander community.

There is great momentum and positive action being taken by Aboriginal health professionals to improve the health of our communities, but this can only go so far. We need enduring policy support and action to lift our level of health to that enjoyed by the rest of the nation.

As the peak body representing Aboriginal Community Controlled Health Organisations in NSW, the Aboriginal Health & Medical Research Council is the voice of Aboriginal health in the state. As a non-profit organisation, we support 47 Aboriginal Medical Services, all working tirelessly to improve Aboriginal health and deliver positive health reform. This includes member services, professional development, training, education and public health campaigns. Our college plays a pivotal role to build the skills and capabilities of the sector.

We acknowledge the many challenges, but believe progress has been too slow. The Aboriginal controlled health sector has done amazing things in partnership with the wider healthcare sector when called upon so, working together, we can lead the way.

To make sure the new Closing the Gap agreement is more effective, we have developed five urgent evidence-based policy priorities that, we believe, can result in rapid progress. We urge you to read, digest and act.

Robert Skeen
AH&MRC CEO

Aboriginal health takes a holistic perspective

What is Aboriginal health?

Aboriginal health refers to not just the physical health of an individual but the social, emotional and cultural wellbeing of the whole community, where everyone can achieve their full potential and contribute to the overall wellbeing of their community. Research shows that Aboriginal health in Aboriginal hands is the best model for positive health outcomes. This is illustrated by the following case study which details an Aboriginal led smoking cessation project.



Healthy individuals = healthy community

How an Aboriginal-led smoking cessation program on the South Coast continues to go from strength to strength

Uncle Darryl Farrell is all too familiar with the toll of tobacco use on families and communities. He says he jumped at the chance to join the South Coast Medical Service Aboriginal Corporation's smoking cessation program.

"My dad was a heavy smoker, and he had emphysema. Growing up in an Aboriginal community, lots of my uncles and aunties died from smoking, and lots of young people smoked. It was everywhere," he says.

"When the opportunity came along to educate the community about smoking and the harms, I was very happy to take it on."

The federal government first funded a smoking cessation program specifically targeting Aboriginal and Torres Strait Islander communities in 2010. It has been running in its current form, Tackling Indigenous Smoking (TIS), since 2014.

Though smoking rates remain higher among Australia's Aboriginal and Torres Strait Islander peoples, they are also declining significantly, and at a much swifter pace than among the general population, particularly for groups such as pregnant women. Farrell attributes this, in large part, to the success of the TIS program, which focuses on community-driven and locally-tailored approaches.

Although 2020 presented a trifecta of challenges: bushfires, flooding and COVID-19, the South Coast's TIS program continues to go from strength to strength.

"We play a big role in local communities. It's not just about the program, it's about creating strong relationships with communities to deliver great health outcomes and help people on their quit journey," he says.

"The price of smoking is literally thousands of prematurely dead Aboriginal and Torres Strait Islander people: cultures and communities without elders; dying languages, lost traditions; children without parents; absent grandparents, uncles and aunties, and the great burden of grief and suffering that comes with it. It is the single most devastating cause of death and disease among our peoples."

Professor Tom Calma, AO, Aboriginal Elder from the Kungarakan and Iwaidja tribal groups
National Coordinator, Tackling Indigenous Smoking program



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Our policy priorities 2021

We are ready and eager to work with governments to define new policies that better meet the needs of our members and their communities. We want to pave the way for them, their families and communities to live stronger, longer, healthy lives starting now.



1. Vastly improve the cultural competency of staff in mainstream health settings.

Policy issue: Despite having poorer health, many Aboriginal people do not access the health care they need in mainstream settings due to a lack of cultural competency and/or racism among staff. This perpetuates health care inequities.

Solution: Engage the AH&MRC to design and run projects (in collaboration with Aboriginal and non-Aboriginal health partners and government) that systematically address the social determinants of health and wellbeing. This includes mandatory cultural competency training for all health care workers across the state to address institutional racism.

2. Establish formal partnerships between hospitals and Aboriginal Community Controlled Health Organisations (ACCHO)

Policy issue: In most cases, there are no formal signed agreements established between ACCHOs and hospitals, despite ACCHOs delivering millions of episodes of care per year.

Solution: Establish formal partnerships, including service level agreements, between ACCHOs and hospitals to ensure best level care and better support transitions in and out of hospital for Aboriginal people.

3. Ensure Aboriginal voices are heard at every level of the healthcare system

Policy issue: In NSW, the Boards of Local Health Districts and Primary Health Networks are currently not required to have an Aboriginal person on the Board of Directors.

Solution: Aboriginal voices must be embedded at every level in the state's healthcare model. It is vital that Aboriginal people are involved in devising and reviewing health programs targeting Aboriginal people.

4. Tailored health policies and services for Aboriginal communities

Policy issue: There is a common assumption that one health model will work for everyone. The ACCHSs model of care is different to mainstream settings and needs to be recognised as such.

Solution: Bridging the gap in health service delivery for Aboriginal people requires locally delivered solutions rather than a one-size fits all. The ACCHOs model of care is comprehensive and includes various health providers working from one location together where possible to deliver care.

Aboriginal health in Aboriginal hands

Aboriginal health services are culturally and spiritually grounded with traditional healing methods respected. Care is delivered in a way that retains the recipient's right to self-determination.



Why is this so important?

Due to historic and (many would argue) ongoing trauma, many Aboriginal people distrust authority figures and want to be in control of their own lives and health.

The stereotypes some non-Aboriginal people project onto Aboriginal people (such as an assumption that drugs and alcohol are the cause of their poor health), can often be a barrier to seeking the medical care they need. Many Aboriginal people prefer to talk to a healthcare worker from their own cultural background where there is a given understanding and mutual respect.

This is the essential service our members provide. Aboriginal healthcare workers and professionals are so valuable because they offer a cross-cultural understanding for everyone, like a bridge.

Their value in the delivery of healthcare services and their role in closing the health care gap is unparalleled.

It is our mission to support more Aboriginal healthcare workers across mainstream settings to ensure they are well-resourced, mentally, physically and with best practice training and education to provide ongoing services for Aboriginal people.

“We need to see a two-way partnership with ACCHOs and mainstream health care services to improve coordination and continuity of care.” Robert Skeen, AH&MRC CEO.

It's been almost 13 years since Close The Gap was introduced and the gap in life expectancy between Indigenous and non-Indigenous populations has widened, not closed [is this still true?]. This is because Aboriginal medical services and their respective communities have not been in charge of their own health outcomes. To close this gap, Indigenous health must be community controlled.



Closing the Gap on health

There is still a long way to go and a lot of work to be done to achieve equality in health and life expectancy for Aboriginal and Torres Strait Islander people.



In July 2020, the New National Agreement marked a historic moment between governments and First Nations people in Australia. It is an opportunity we must not squander.

AH&MRC is part of the Coalition of Peaks to ensure governments work in real partnership with Aboriginal-led organisations to achieve equity in health and life outcomes for Aboriginal people.

We represent the ACCHO Sector on Closing the Gap negotiations and are proud to stand with nearly 50 Aboriginal and Torres Strait Islander organisations delivering culturally safe services to Aboriginal people.

The New National Agreement articulates a new way of working between Aboriginal and Torres Strait Islander people and governments where we now have an equal voice at the negotiation table.

We are hopeful that this 'inside out' approach will have significantly more success as it works to close the gap. We expect governments to honour this as a genuine partnership as we move forward.

AH&MRC take this opportunity to call for more Aboriginal-led and designed health programs, where Aboriginal people have the right to self-determine the choices they want for their health.

Across the four priority reforms, AH&MRC will work together with governments to help them do more to achieve improved outcomes for our First Nations people. Broadly these are:

1

Shared decision making.

2

Strengthening the Aboriginal and Torres Strait Islander Community Controlled Sector.

3

Improving mainstream health institutions, holding them accountable to the close the gap targets and addressing structural racism.

4

Ensure First Nations people can access and have the capability to use data and information to monitor and inform their own programs.

See the 16 close the gap targets.

About us

The Aboriginal Health and Medical Research Council (AH&MRC) is the peak voice on Aboriginal Health representing Aboriginal Community Controlled Health Organisations (ACCHOs) in NSW.



Our purpose

AH&MRC works for its members across NSW to ensure access to an adequately resourced and skilled workforce who provide high quality, comprehensive primary health care services for Aboriginal communities.

ACCHOs play a vital role in addressing the needs of Aboriginal people. We support 47 ACCHOs to deliver culturally safe, high-quality primary health care services to Aboriginal communities across NSW.

Together with Aboriginal and non-Aboriginal health organisations, we address the social determinants of health and wellbeing for Aboriginal people at a local, state and national level. We work to strengthen the ACCHOs workforce and ensure Aboriginal people are involved in the decision-making and delivery of health services.

Our vision

Aboriginal Community Controlled Health Services are sustainable and are driving holistic and culturally strong approaches to redressing health inequities for Aboriginal people in NSW.

Our history

The AH&MRC, formerly the Aboriginal Health Resource Co-op (AHRC), was established in 1985 following a recommendation of the Brereton Report by the NSW Aboriginal Task Force on Aboriginal Health in 1982-83. The Report recognised Aboriginal community control as a crucial element in laying the foundation for a better standard of health care for Aboriginal people. The role of the AH&MRC is to advocate, advise and support the ACCHOs in administering and improving holistic health outcomes for Aboriginal Communities. The first ACCHO was established in Redfern in 1971 and there are now more than 140 ACCHOs across Australia.



Above: First Aboriginal Medical Service Redfern 1971

Aboriginal medical services in NSW

Our member services are part of their community, improving health, creating jobs and providing comprehensive and culturally safe health care services to Aboriginal people in NSW.



Our members

NSW has the largest Aboriginal population in Australia. Our members deliver high-quality, culturally safe health care services to Aboriginal communities in our state.

Because research shows that Aboriginal health in Aboriginal hands is the best model to have positive health outcomes, our members put Aboriginal people at the centre of the solution. With more funding for resources and a stronger workforce, they can hasten the work we need to do to close the gap on Aboriginal health care.

Aboriginal Community Controlled Health Organisations

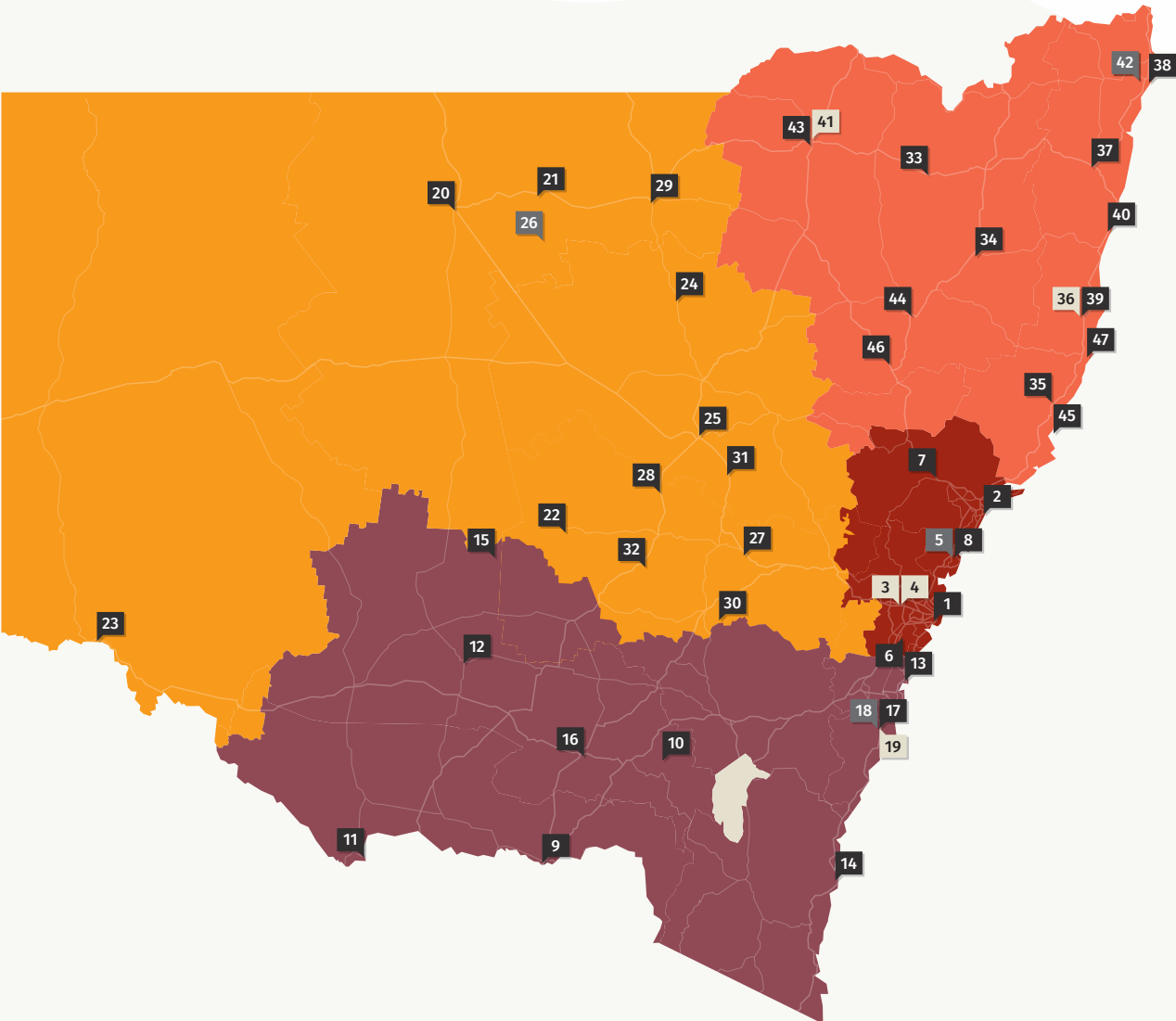
ACCHOs are non-profit organisations that:

- + Provide holistic and culturally appropriate primary health care and Aboriginal health-related services to their communities.
- + Are governed by an Aboriginal board of management elected by the local community.

Our 47 ACHHO members are guided by the Aboriginal communities they work for in their delivery of comprehensive health care. Aboriginal health workers deliver coordinated preventative and early intervention health care by collaborating with different health service providers under the following model:

Community controlled, holistic primary health care	Health care professionals working together	Delivering a range of health care services
<p>ACCHOs are dedicated to delivering culturally safe, primary health care to Aboriginal people.</p> <p>For Aboriginal people, primary health care is about the whole-of-community approach to achieving good health and wellbeing.</p>	<p>Large ACCHOs employ medical practitioners, Aboriginal health care workers and nurses. Small services rely on Aboriginal health workers and nurses for the delivery of primary health care services.</p> <p>ACCHOs are the first point of care for Aboriginal patients.</p>	<p>Our services focus on preventative care and health education including;</p> <ul style="list-style-type: none">+ Child and maternal health.+ Oral and dental health checks.+ 715 Health Checks.+ Eye and ear health.+ Preventative programs to quit smoking.+ Social emotional and wellbeing services.

Our members offer culturally safe, primary health care services across New South Wales.



- 0** Member
- 0** Associate Member
- 0** ADARRN: Aboriginal Drug and Alcohol Residential Rehab Network

Metropolitan Region

- 1** Aboriginal Medical Service Co-Operative Ltd Redfern
- 2** Awabakal Newcastle Aboriginal Co-Operative Ltd
- 3** Link-Up NSW
- 4** Marrin Weejali Aboriginal Corporation

- 5** The Glen Centre (Ngaimpe Aboriginal Corporation)
- 6** Tharawal Aboriginal Corporation
- 7** Ungooroo Aboriginal Corporation
- 8** Yerin Eleanor Duncan Aboriginal Health Centre

Southern Region

- 9 Albury Wodonga Aboriginal Health Service Inc.
- 10 Brungle Aboriginal Health Service
- 11 Cummeragunja Housing & Development Aboriginal Corporation – Viney Morgan Clinic
- 12 Griffith Aboriginal Medical Service Inc.
- 13 Illawarra Aboriginal Medical Service Aboriginal Corporation
- 14 Katungul Aboriginal Corporation Regional Health & Community Services
- 15 Murrin Bridge Aboriginal Health Service Inc.
- 16 Riverina Medical & Dental Aboriginal Corporation
- 17 South Coast Medical Service Aboriginal Corporation
- 18 The Oolong Aboriginal Corporation
- 19 Waminda – South Coast Women’s Health & Welfare Aboriginal Corporation

Western Region

- 20 Bourke Aboriginal Health Service Ltd
- 21 Brewarrina Aboriginal Service Ltd
- 22 Condobolin Aboriginal Health Service Ltd
- 23 Coomealla Health Aboriginal Corporation
- 24 Coonamble Aboriginal Health Service Inc.
- 25 Dubbo Aboriginal Medical Service
- 26 Orana Haven Aboriginal Corporation

- 27 Orange Aboriginal Health Service Inc.
- 28 Peak Hill Aboriginal Medical Service Inc.
- 29 Walgett Aboriginal Medical Service Co-Operative Ltd
- 30 Weigelli Centre Aboriginal Corporation
- 31 Wellington Aboriginal Corporation Health
- 32 Yoorana-Gunya Family Healing Centre Aboriginal

Northern Region

- 33 Armajun Aboriginal Health Service Inc.
- 34 Armidale Aboriginal Health Service – Pat Dixon Medical Centre
- 35 Biripi Aboriginal Corporation Medical Centre
- 36 Booroongen Djugun Aboriginal Corporation
- 37 Bulgarr Ngaru Medical Aboriginal Corporation
- 38 Bullinah Aboriginal Health Service
- 39 Durri Aboriginal Corporation Medical Service
- 40 Galambila Aboriginal Health Service Inc.
- 41 Maayu Mali Residential Rehabilitation
- 42 Namatjira Haven Drug & Alcohol Healing Centre
- 43 Pius X Aboriginal Corporation
- 44 Tamworth Aboriginal Medical Service Inc.
- 45 Tobwabba Aboriginal Medical Service Inc.
- 46 Walhallow Aboriginal Health Corporation
- 47 Werin Aboriginal Corporation Medical Clinic

Our Organisational Structure

The AH&MRC's different units strengthen the capability and capacity of our Members to deliver better health outcomes for Aboriginal people.



Sector Improvement

Empowering our Members to provide high quality health services through professional workforce development opportunities. We upskill staff who work in the Aboriginal Community Controlled Health Sector to deliver culturally safe services on prevalent health issues such as community-led programs for suicide prevention, intervention and postintervention, fostering positive social, emotional wellbeing and providing safe treatment and monitoring of ear and hearing health.

Public Health Intelligence Unit

This unit provides information on the determinants and patterns of Aboriginal health across NSW. This includes monitoring and reporting on population-based health status, health assessment, evaluation and health and workforce surveys. We support our member services to plan, manage and deliver health programs in NSW, evaluate programs and support research and grant writing.

Service Performance and Quality Unit

The Service Performance and Quality Unit is responsible for working with our ACCHOs in their delivery of operational excellence in quality, governance, reporting and accreditation, aimed to enhance best practice in primary health care. The unit provides guidance and advice to our member services in accreditation, continuous quality improvement, audit and compliance requirements including data analysis and reporting to support decision making and sustainability.

Policy and partnerships

The AH&MRC Policy Team represents the views of ACCHOs in NSW. Our evidence-based policy papers, submissions and reports call on governments to make legislative reform that will support the pivotal role ACCHOs play in the delivery of the NSW health system.

We advocate for policy health reforms that will:

- + Meet the needs of Aboriginal Communities in NSW.
- + Deliver culturally safe health care services to help Aboriginal people live healthy lives now, and in the future.
- + Reflect the collective views of the ACCHO sector and promote genuine partnerships.
- + Achieve positive policy reform based on evidence developed by Aboriginal people and communities.

Ethics

The AH&MRC Ethics Unit provides expert feedback to the NSW Government, universities, ACCHOs and other research institutions to improve the quality of Aboriginal health research in NSW. They support the Aboriginal Human Research Ethics Committee (HREC) to consider and review research proposals which affect the health and wellbeing of Aboriginal people and communities in NSW.

Business Development Unit

The Business Development Unit supports the financial and business sustainability of our organisation through focusing on philanthropic support, business partnerships, commercial opportunities and financial income. This unit aims to reduce the reliance on government funding and shift the focus towards projects of importance to our members.

Registered Training Organisation

The AH&MRC of NSW is a Registered Training Organisation (no. 91020) providing nationally-recognised courses in Aboriginal health, AOD (Alcohol and Other Drugs), mental health and counselling. We are a flexible, inclusive, culturally competent vocational education and training provider, providing students with qualifications to work as an Aboriginal health care worker, as well as offering further professional development opportunities and qualifications for Aboriginal people working in the sector.

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