



## **Aboriginal Community Controlled Health Services are more than just another health service – they put Aboriginal health in Aboriginal hands**

### **We are around for the long haul — commitment and continuity are required to close the gap**

Our first members have been around since the very early 1970s. Our roots are deep. We have endured as a high quality, clinically accredited community controlled service for over forty years. As the health system becomes more complex, the role of our services becomes even more critical. The Indigenous population is also increasing rapidly, yet funding levels have not kept pace with demand.

### **We punch above our weight:**

Aboriginal controlled health services provide about three million episodes of care each year for about 350,000 people. In *very remote areas*, our services provided about one million episodes of care in 2015-16.<sup>1</sup>

### **Our customers trust us with their health**

Our services build ongoing relationships to give continuity of care so that chronic conditions are managed and preventative health care can be effectively targeted. Studies have shown that Aboriginal controlled health services are 23% better at attracting and retaining Aboriginal clients than mainstream providers.<sup>2</sup> Through local engagement and a proven service delivery model, our clients 'stick'. The cultural safety in which we provide our services is a key factor of our success.

More people are using Aboriginal controlled health services. It is reported that in the 24 months to June 2015, our services increased their primary health care services, with the total number of clients rising by 8% (from 316,269 to 340,299).<sup>3</sup> A map showing the footprint of our clients is attached.

### **We are proven to be clinically effective**

As recently reported in the *Australian Health Review* (March 2017), we are more effective than other health services at improving Indigenous health.<sup>4</sup> Our services specialize in providing *comprehensive* primary care consistent with our clients' needs. This includes: home and site visits; provision of medical, public health and health promotion services; allied health, nursing services; assistance with making appointments and transport; help accessing child care or dealing with the justice system; drug and alcohol services; and providing help with income support. This is funded by both State and Australian Governments.

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<sup>1</sup> AIHW. *Aboriginal and Torres Strait Islander Health Organisations: Online Services Report, 2015-16* (Report no. 8). Canberra: 2016.

<sup>2</sup> Department of Health. *Aboriginal and Torres Strait Islander Health Performance Framework*. Canberra 2017: 172; Ong, K. S. et al. 'Differences in Primary Health Care Delivery to Australia's Indigenous Population: a Template for Use in Economic Evaluations', *BMC Health Services Research*. 2012: 307

<sup>3</sup> AIHW. *Healthy Futures—Aboriginal Community Controlled Health Services: Report Card 2016* (Cat. no. IHW 171). Canberra: 2016.

<sup>4</sup> Campbell, M.A. et al. *Contribution of the Aboriginal Community-Controlled Health Services to Improving Aboriginal Health: an Evidence Review*, *Australian Health Review* (<http://www.publish.csiro.au/ahr> [6 March 2017]).

## **We provide value for money**

Aboriginal controlled health services are cost-effective. Our activities result in greater health benefits per dollar spent; measured at a value of \$1.19:\$1. The lifetime health impact of interventions delivered by our services is 50% greater than if these same interventions were delivered by mainstream health services, primarily due to improved Indigenous access.<sup>5</sup>

All revenue is re-invested into our health services. There is no profit-taking. We reinvest in our Indigenous workforce and in locally-designed strategies to trial new approaches. We are part of Indigenous communities and understand how critical respectful community engagement is to improving health outcomes.

We have a high level of community oversight and accountability. Our boards are made up of local Indigenous people and we serve our communities. We are responsive to their needs and they are not shy to tell us to lift our game, if we disappoint. We have innovative, robust and flexible service models grounded in the culture of our people and contemporary primary health care practices.

## **Governments and communities have invested in the sector and have grown it over time — it is a valuable health asset**

Our community controlled health services are an integral part of the Australian health system just as hospitals are. An exemption under section 19(2) of the *Health Insurance Act 1973* allows Aboriginal controlled health services access to Commonwealth funding, even if they are funded by state governments.<sup>6</sup> This flexibility allows all parties to work closely together to provide the full service offer and get the best outcomes according to local need and circumstances.

There are many examples of important partnerships between our services and mainstream providers working collaboratively to maximize impact. For example, in Western NSW, the roll-out of a new partnership saw the number of Aboriginal people using integrated care services for chronic conditions more than double in the space of just four months.<sup>7</sup>

The health system is increasingly complex in nature and the dire state of Indigenous health has meant that Aboriginal people need to have control over their own health response and be part of the solution. We work closely with mainstream services to extend the reach of services and share our expertise to improve cultural safety. While governments struggle to deliver service models that rarely reach or effectively service the needs of the most vulnerable Aboriginal people, we excel. That's because we are Aboriginal people who understand what is required to change the future health of our people and we deliver it.

## **Most of our staff are Indigenous, but we need more Indigenous clinical staff**

Our network provides a critical and practical pathway into employment for many Indigenous people. Currently, 56% of our staff are Indigenous. The greater representation is amongst non-clinical staff. Much more needs to be done to develop viable career pathways to get more Indigenous doctors, nurses and allied health professionals. Across Australia, there are only about 170 Indigenous medical practitioners, 730 allied health professionals, and 2,190 nurses.<sup>8</sup>

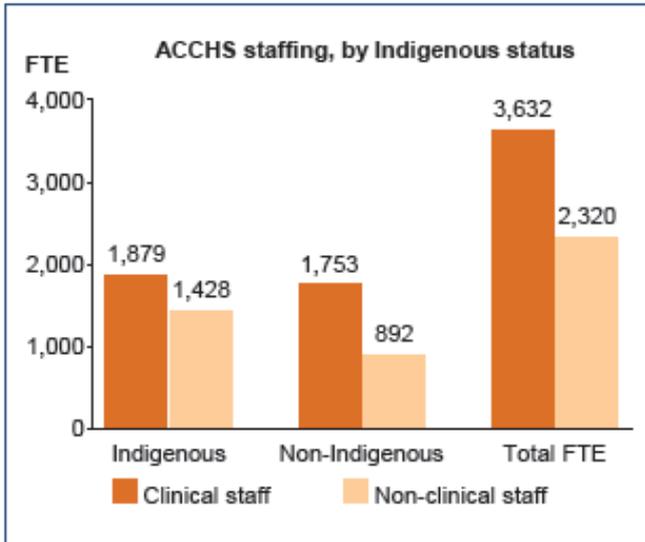
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<sup>5</sup> Vos, T. et al. *Assessing Cost Effectiveness in Prevention* (Final Report 2010); Ong, K. S. et al. Ibid.

<sup>6</sup> [https://www.mja.com.au/system/files/issues/205\\_06/10.5694mja16.00593.pdf](https://www.mja.com.au/system/files/issues/205_06/10.5694mja16.00593.pdf).

<sup>7</sup> <https://ahha.asn.au/news/western-nsw-primary-health-network-shows-what-works-delivering-effective-aboriginal-health>.

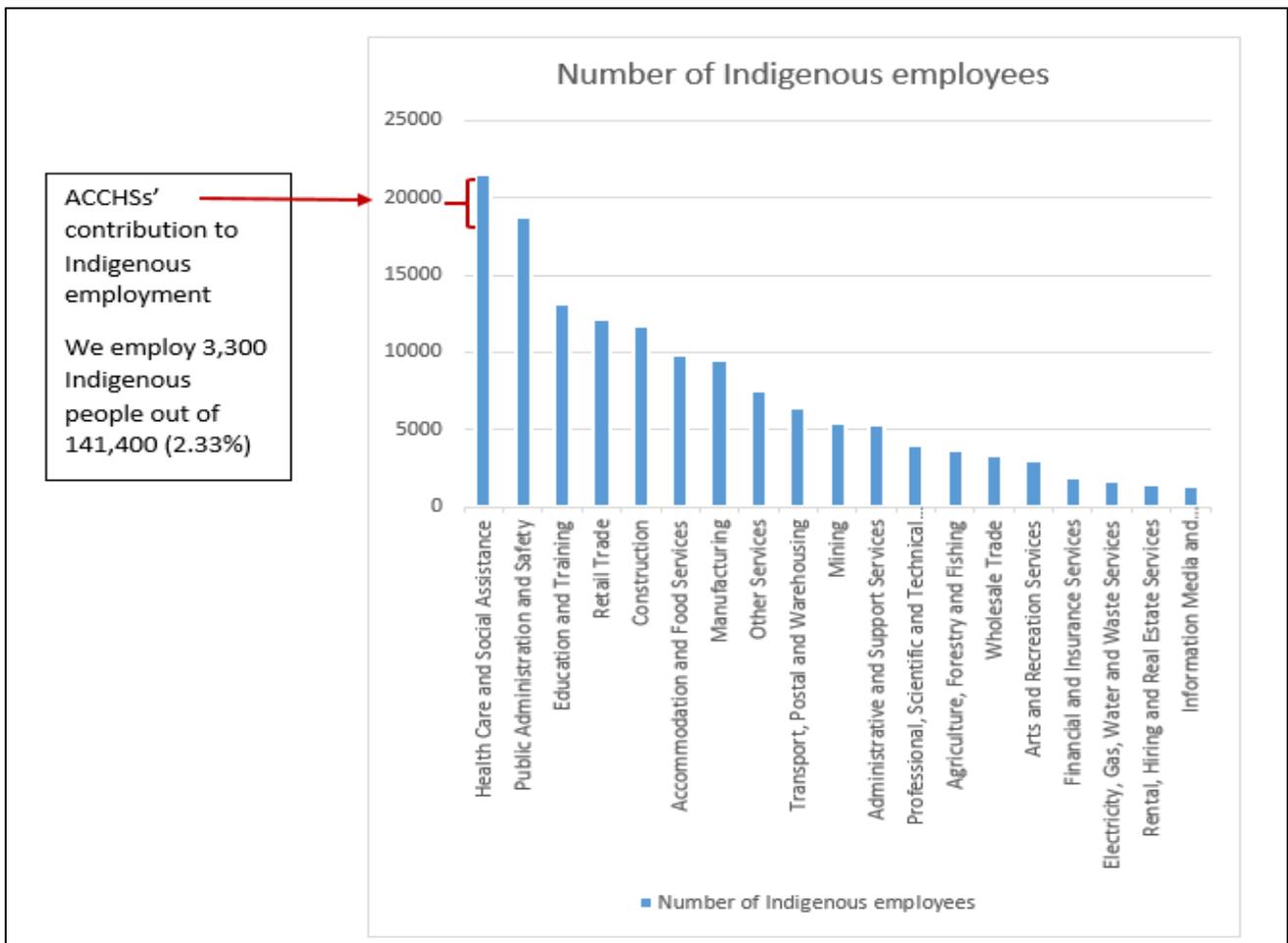
<sup>8</sup> Department of Health, *Aboriginal and Torres Strait Islander Health Performance Framework*, 2017.



Source: *Healthy Futures*

### We are the largest employer of Indigenous people

Our 141 Aboriginal controlled health services employ about 6,000 staff (most of whom are Indigenous). This means that one out of every 44 Indigenous jobs in Australia is with one of our services (3,300 of 141,400 FTE: 2.33%). This puts us well ahead of all mining employers. This is in a context where the health and social care sector employs 15% of the Aboriginal and Torres Strait Islander workforce; almost four times as many as the mining industry (4%).<sup>9</sup>



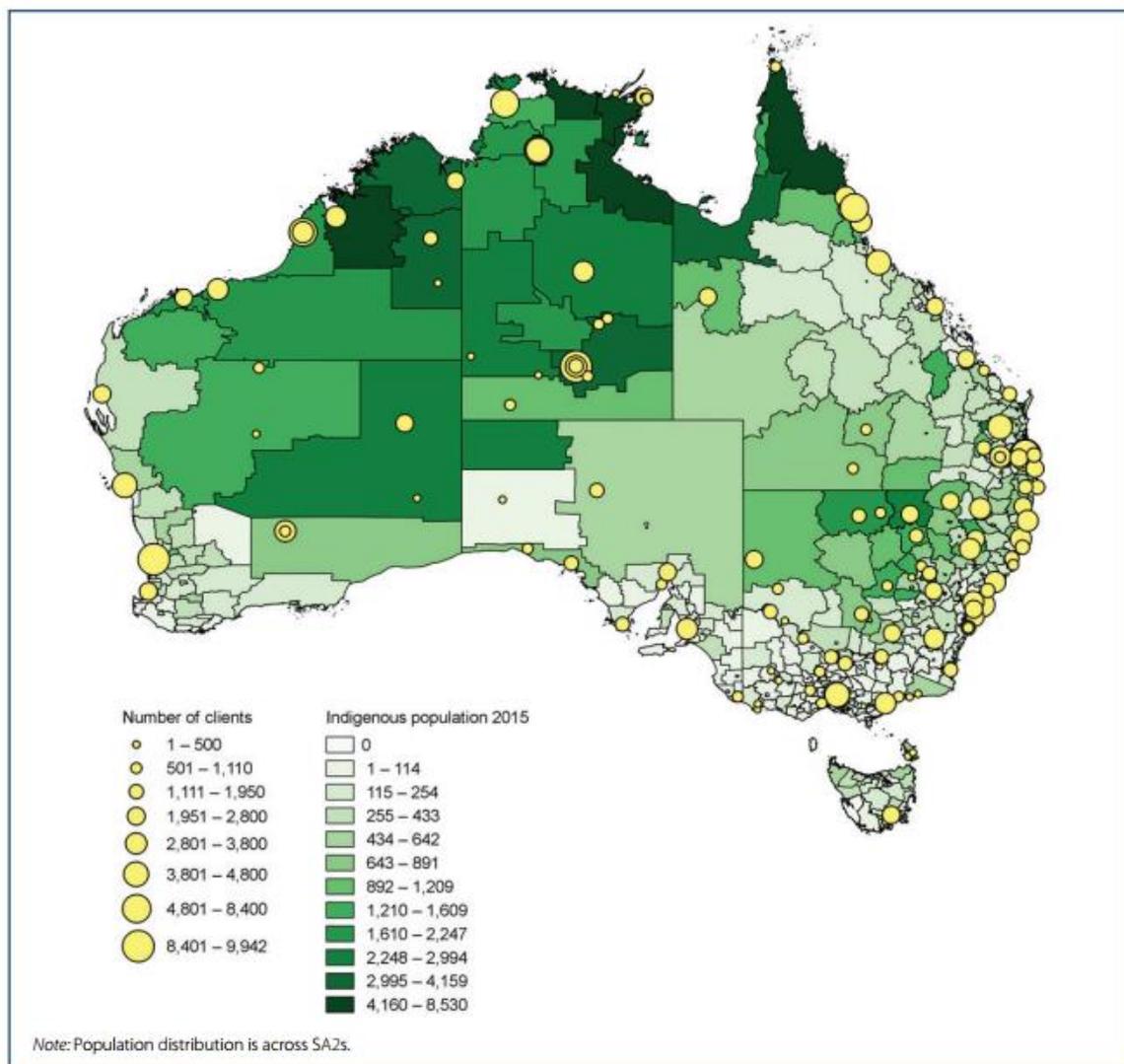
Our large network of services is also critical to the economic health of many remote and local communities.

<sup>9</sup> The Australia Institute, *Is the mining industry the largest Indigenous employer?* 2013.

### The need is compelling

Good progress has been made, but Indigenous health is still vulnerable to disturbing developments such as the recent outbreak of congenital syphilis across regions of Northern Australia. This is an entirely preventable disease not seen in Australia for generations and its occurrence raises concerns about the delivery of antenatal care and sexually transmitted infection and blood borne virus control programs for all high risk groups.

**Number of Indigenous clients for ACCHS and Indigenous population distribution, 2011**



Source: Australian Institute of Health and Welfare 2016. Healthy Futures—Aboriginal Community Controlled Health Services: Report Card 2016. Cat. no. IHW 171. Canberra: AIHW. p72