

Aboriginal and Torres Strait Islander Leadership in ARF and RHD: Priorities, Partnerships and Progress

World Congress on RHD, Abu Dhabi UAE
November 2023

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What our sector looks like

We are here for the long haul

50 years+

The **ACCHO model** was developed more than 50 years ago (since the first Aboriginal medical service was established at Redfern in 1971)

~7,000 staff

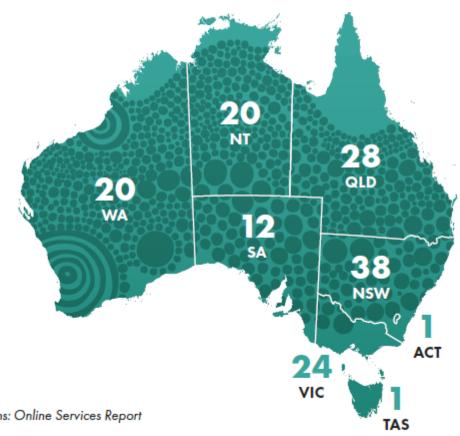
of whom **54 per cent are Aboriginal or Torres Strait Islander people** (in excess of 3700), work in more than 550 clinics

Top 3

The ACCHO sector is among the top three **employers** of Aboriginal and Torres Strait Islander people in Australia.

144 members

in a **national footprint**



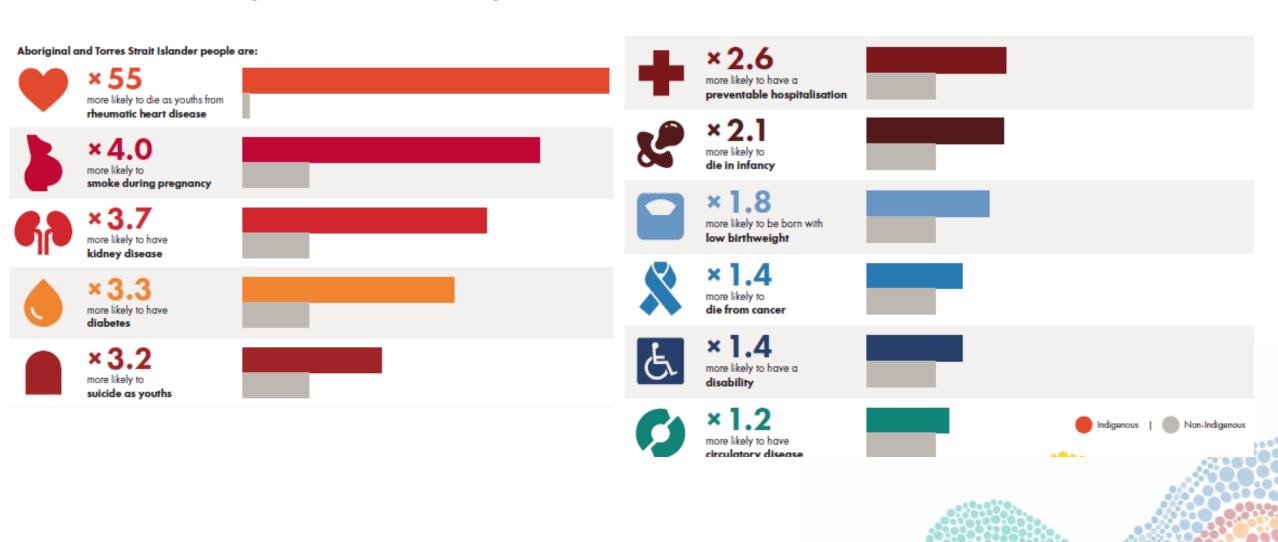


NACCHO data; AIHW, Aboriginal and Torres Strait Islander Health Organisations: Online Services Report



The Health Gap

Between Indigenous and non-Indigenous Australians



Setting the Scene

Community-Controlled activities toward ending Rheumatic Heart Disease in Australia

"We know what needs to be done, and we know that it can be done".

-Pat Turner, CEO, NACCHO





Funding Investing in Community Controlled Service Delivery

Community of Practice

Pictured at left:
Aboriginal and Torres
Strait Islander health
care workers at
NACCHO's first national
community of practice
meeting and Echo
familiarisation workshop.

Primordial Prevention and ARF Prevention

69.2% of new cases of first ARF would be prevented by combining housing, health promotion and primary health care.

(RHD Endgame Strategy, page 290)

Secondary Prophylaxis and Whole-of-Person Care

Challenges that require structural reform



ADMINISTRATION OF INJECTIONS



WORKFORCE SHORTAGES



INCREASING WAIT TIMES



COMORBIDITIES



RHD Care and Treatment in Hospitals

Cultural Safety in Hospital Settings

- In an average year, there are 125 admissions for RHD-related cardiothoracic surgery across QLD, WA, SA and NT combined
- One in every 25 hospital admissions ends with an Aboriginal and Torres Strait Islander person ending care early

Care for Pregnant Women

- Estimate about 100 pregnancies with Aboriginal or Torres Strait Islander women with RHD each year
- A properly resourced multidisciplinary team in primary health care will provide holistic and evidence-based care



Tackling ARF and RHD in the Kimberley

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Dr Lorraine Anderson

Medical Director, Kimberley Aboriginal Medical Services









ARF and RHD

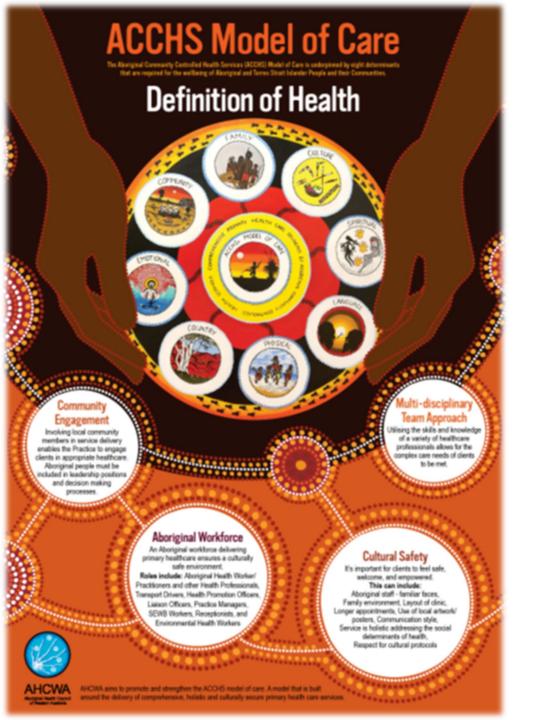
Dr Lorraine Anderson Medical Director Kimberley Aboriginal Medical Services











Community Family Culture Spiritual Language Country Emotional Community Physical











Aboriginal Community Controlled Health Organisations (ACCHOs) came into being because of the inability of mainstream health services to effectively engage Aboriginal communities with their services.

The National Aboriginal Community Controlled Health Organisation (NACCHO), the national peak body for all ACCHOs, defines Aboriginal community control in health services as:

'a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community'.









Health



92% of ARF occurs in Aboriginal and Torres Strait Islander people Aboriginal and Torres Strait Islander people are 15x more likely to contract ARF

For example –

- Reduce over-crowding in housing.
- Upgrade Community facilities.
- Laundry facilities to assist with clean clothing, bedding.
- Clean and functioning ablution blocks.





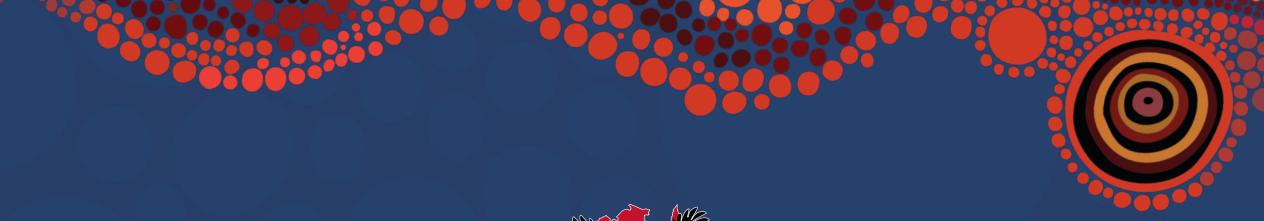
The WHO lists the following as social determinants which can influence health equity in positive and negative ways

Housing, basic amenities and the environment

- income and social protection
- education
- unemployment and job insecurity
- working life conditions
- food insecurity
- early childhood development
- social inclusion and non-discrimination
- structural conflict
- access to affordable health services of decent quality (WHO 2022).









Aboriginal health in Aboriginal hands







