# Policy Brief

## Summary

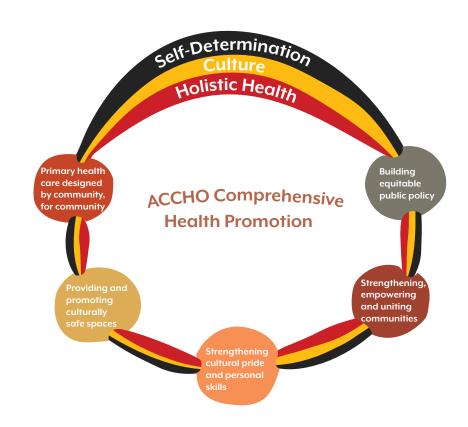
Aboriginal Community Controlled Health Organisations (ACCHOs) were established beginning in the 1970s to provide primary health care services designed to meet the specific needs of Aboriginal and Torres Strait Islander peoples. ACCHOs practise comprehensive health promotion centred upon culture, holistic health and empowerment of community through selfdetermination. This is enacted through enabling, mediating and advocating for Aboriginal and Torres Strait Islander clients and communities and by addressing five comprehensive health promotion action areas.

# Comprehensive Health Promotion in ACCHOs

#### The ACCHO Comprehensive Health Promotion Model

The Model depicts three guiding principles (self-determination, culture and holistic health) threaded through five action areas:

- Orienting primary health care to meet community need: designed by community, for community.
- 2. Providing culturally safe spaces in the ACCHO and promoting cultural safe spaces in mainstream services.
- 3. Strengthening cultural pride and personal skills through role modelling, mentoring and education, health knowledge and self-management skills.
- 4. Strengthening, empowering and uniting Aboriginal and Torres Strait Islander communities.
- 5. Advocating for and driving the development of public policies that achieve equity for Aboriginal and Torres Strait Islander peoples.



#### **Outcomes**

Outcomes of comprehensive health promotion include the promotion of: holistic health (including links to culture and land), a healthy workplace and workforce, healthy interactions between Aboriginal and Torres Strait Islander and non-Indigenous organisations, and united and empowered communities.

#### **Enablers**

Enablers of comprehensive health promotion include strong ACCHO leadership, a united multiskilled workforce with local knowledge and connections, effective relationships across teams, trust from communities and holding partners accountable.











### Comprehensive health promotion in ACCHOs: challenges and policy implications

The ACCHO sector faces several challenges in the delivery of comprehensive health promotion activities. These challenges relate to funding, workforce and the development of partnerships. The table below details these challenges and poses potential policy level responses to strengthen the work of the ACCHO sector.

	Challenge	Potential policy level response
Funding	Resourcing for health promotion programs in ACCHOs is inadequate as it is often short term, narrowly focused on risk behaviours, and insufficient to employ qualified health promotion officers and undertake program evaluation.	Consult with Aboriginal and Torres Strait Islander peak bodies regarding comprehensive health promotion priorities.  Allocate sufficient and flexible funding towards comprehensive health promotion activities in ACCHOs that reflect the real time and personnel cost.  Allocate specific and adequate funding for evaluation of all comprehensive health promotion activities.
	Commonwealth funding mechanisms, reporting and KPI's don't reflect comprehensive health promotion activities.	Engage the ACCHO sector to co-design relevant KPIs that reflect and capture the comprehensive health promotion activities undertaken by ACCHOs.
	ACCHOs must compete with non-Indigenous organisations for funding of health promotion initiatives for Aboriginal and Torres Strait Islander communities.	Directly fund the ACCHO sector to undertake comprehensive health promotion activities for Aboriginal and Torres Strait Islander communities.
Workforce	Workforce challenges in ACCHOs include staff turnover and a lack of Aboriginal and Torres Strait Islander staff.	Fund capacity building initiatives to build a qualified Aboriginal and Torres Strait Islander workforce to undertake ACCHO comprehensive health promotion programs.
Partnerships	Establishing and maintaining partnerships with numerous external organisations takes significant time and investment. ACCHOs undertake extensive advocacy to promote a culturally responsive health and social services system and hold partners accountable to the delivery of culturally safe and appropriate services.	Allocate funding to the ACCHO sector to resource extensive relationship building and advocacy activities.

The content within this policy brief was drawn from Aboriginal and Torres Strait Islander led research undertaken by the Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE), Wardliparingga Aboriginal Health Equity, South Australian Health and Medical Research Institute.

