

Characteristics of ACCHO Comprehensive Primary Health Care Service Delivery

Summary

While Aboriginal Community Controlled Health Organisations (ACCHOs) across Australia vary greatly in size and the services they provide, there are common principles and practices that reflect Aboriginal and Torres Strait Islander ways of working that are unique to the ACCHO sector. All ACCHO services are focused upon local communities. Culture is central to all ACCHO service delivery and is related to each of the other nine characteristics that include self-determination and empowerment, community control and community participation, culturally appropriate and skilled workforce, holistic health care, accessible health services, flexible and responsive approach to care, relationship building and advocacy, comprehensive health promotion and continuous quality improvement. To deliver services, ACCHOs also seek and administer funding from multiple sources and achieve accreditation across multiple national standards. There are a range of challenges facing the ACCHO sector related to funding, workforce, advocacy and partnerships, and sector reforms. This policy brief poses potential policy level responses to these challenges.

The ACCHO Comprehensive Primary Health Care Service Delivery Model

The model depicts the key characteristics of ACCHO health service delivery, with two surrounding yellow rings representing additional elements (i.e. funding and accreditation) that are necessary for health service delivery.

Aboriginal and Torres Strait Islander cultures are central to ACCHO health service delivery and are the foundation for all other characteristics of service delivery. This is one of the critical features that sets ACCHOs apart from mainstream health services.



Outcomes

Common outcomes of ACCHO health service delivery include tailoring of services, culturally safe and responsive care, meeting needs according to cultural protocols and clinical standards, increased access to services, enhanced integration of services, improved holistic health outcomes, and strengthened capacity of local workforce.

Enablers

ACCHO health service delivery is enabled by community consultation and engagement; Aboriginal and Torres Strait Islander leadership and workforce; effective relationships within and across ACCHO teams; effective governance, organisational culture and operational systems; and collaborative partnerships.

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ACCHO comprehensive primary health care service delivery: challenges and policy implications

To provide accessible, quality, culturally safe care to their communities, ACCHOs must be adequately resourced and have the flexibility to adapt programs and services in response to community priorities and feedback. Programs to retain and strengthen the capacity of Aboriginal and Torres Strait Islander workforce are also needed to deliver quality culturally safe care. The table presents a summary of potential policy level actions that could address common challenges facing ACCHO comprehensive primary health care service delivery.

	Challenge	Potential policy level response
Funding	Insufficient funding of ACCHO comprehensive primary health care resulting in unfunded services (e.g. transport, home visits, funeral support), lack of funding for dental health, lack of funding for program evaluation, and staff wage increases unmatched by increases in government funding.	Funding agreements to adequately resource the ACCHO comprehensive primary health care model including evaluation of programs and workforce salary increments.
	Restrictive funding agreements including programs with pre-determined priorities or that do not support a comprehensive social determinants of health approach.	Funding agreements to incorporate flexibility that enables ACCHOs to consult with their communities to identify local priorities and tailor services to local needs.
	Short term funding and de-funding of programs.	Funding agreements to provide long-term sustainable funding for ACCHO programs and services.
	Considerable time and resources needed to prepare tenders and funding submissions.	Funding opportunities through tenders and funding submissions to have reasonable timeframes and be promoted to the ACCHO sector. The ACCHO sector would benefit from capacity building in relation to preparing competitive submissions.
	Competing for Aboriginal health funding with non-Indigenous organisations.	ACCHOs to be recognised as the experts in Aboriginal comprehensive primary health care and the preferred recipient of funding for Aboriginal and Torres Strait Islander initiatives.
	Complexity in coordinating multiple sources of funding including reporting burden.	The frequency and complexity of reporting to be streamlined to reduce the burden on the ACCHO sector. The sector requires additional resourcing for administration including IT, data, reporting and financial management.
	MBS funding models may not always match Aboriginal and Torres Strait Islander ways of working.	MBS to consult with the ACCHO sector regarding MBS items needed to support cultural ways of working.
Advocacy and partnerships	Building and maintaining relationships with numerous external partners.	Funding agreements to recognise and resource the considerable relationship building efforts and advocacy activities undertaken by the ACCHO sector.
	The constant advocacy that ACCHOs undertake with governments, funders and partners to raise awareness about the value system of ACCHOs, about the role ACCHOs play, and to advocate for better policies and funding models for Aboriginal and Torres Strait Islander peoples.	

	Challenge	Potential policy level response
Workforce	Aboriginal and Torres Strait Islander workforce supply shortage.	The workforce supply shortage to be addressed as an urgent priority through a range of targeted workforce initiatives.
	Non-competitive staff salaries due to inadequate funding of ACCHO programs. Challenges in recruiting and retaining staff, particularly Aboriginal and Torres Strait Islander staff.	Funding agreements to provide greater resourcing for ACCHO programs so that ACCHO staff can be remunerated fairly and in line with other sectors (e.g. government health services).
	Staff stress due to 24/7 nature of work and juggling professional, community and cultural obligations.	Wellbeing initiatives for ACCHO health workforce to be considered when implementing strategic documents such as the ' <i>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023</i> '.
	Challenges in attracting funding for workforce training and capacity building initiatives and identifying and accessing suitable management training for ACCHO managers. ACCHOs who are registered training organisations (RTOs) find it challenging to secure funding to support training of Aboriginal Health Workers and Aboriginal Health Practitioners.	NACCHO to be funded to develop workforce professional development and capacity building initiatives for ACCHO workforce at all levels. ACCHO RTOs to be directly funded to train Aboriginal Health Workers and Aboriginal Health Practitioners.
	Considerable time and resource investment in capacity strengthening and mentoring staff.	Funding agreements to recognise and resource the significant efforts ACCHOs undertake to strengthen the capacity of Aboriginal and Torres Strait Islander workforce.
	Building cultural competency in staff and an appreciation of the ACCHO sector's role in strengthening capacity of Aboriginal and Torres Strait Islander staff.	Funding agreements to recognise and resource the cultural mentoring ACCHOs undertake with non-Indigenous clinicians and workforce regarding cultural ways of working.
Sector reforms	Staff investment required to adopt new systems, processes and terminology when taking on additional service delivery or experiencing sector reforms (e.g. Aged Care, NDIS and prison health reforms).	Policy makers consider undertaking an ACCHO Impact Assessment when major initiatives and reforms are being developed that potentially impact the ACCHO sector. Consider and resource the ACCHO sector in the development and dissemination of reform-related information and training.

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.

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