

Chapter 1

Characteristics of ACCHO Comprehensive Primary Health Care Service Delivery

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Characteristics of ACCHO Comprehensive Primary Health Care Service Delivery

Summary

This chapter describes the characteristics of ACCHO comprehensive primary health care service delivery. All ACCHO services are focused upon local communities. While ACCHOs across Australia vary greatly in size and the services they can provide, there are common principles and practices that reflect Aboriginal and Torres Strait Islander ways of working and that are unique to the ACCHO sector. **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 competent 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. Common best practice outcomes of ACCHO comprehensive primary health care service delivery include tailoring of services to meet community need, increased access to services by community, enhanced integration of services, improved holistic health and social outcomes for community, and the strengthened capacity of the local Aboriginal and Torres Strait Islander workforce.

The content within this chapter was drawn from an international systematic scoping review that was refined for the ACCHO context by the CREATE Leadership Group and strengthened with learnings from multiple CREATE case studies.

What we cover in this chapter:

- Characteristics of Comprehensive Primary Health Care Service Delivery in ACCHOs
- The ACCHO Comprehensive Primary Health Care Service Delivery Model
- Culture
- Self-determination and Empowerment
- Community Control and Community Participation
- Culturally Competent and Skilled Workforce
- Holistic Health Care
- Accessible Health Services
- Flexible and Responsive Approach to Care
- Relationship Building and Advocacy
- Comprehensive Health Promotion
- Continuous Quality Improvement
- Outcomes of ACCHO health service delivery
- Enablers of ACCHO health service delivery
- Challenges impacting ACCHO health service delivery
- Policy level actions to strengthen and support ACCHO health service delivery
- Discussion
- References
- Reflection Tool

Characteristics of Comprehensive Primary Health Care Service Delivery in ACCHOs

What makes an ACCHO unique?

The characteristics of primary health care service delivery models in ACCHOs include the **values**, **principles** and **components** of service delivery¹ or, more simply put, the principles and practices of service delivery. While ACCHOs across Australia range from small services with limited staff in remote communities to large metropolitan services with hundreds of staff, there are common principles and practices that reflect Aboriginal and Torres Strait Islander ways of working and that are unique to the ACCHO sector.

The characteristics outlined in this chapter were drawn from multiple sources including the findings of a review of the international literature, input from an ACCHO expert panel (the CREATE Leadership Group), and findings from a series of in-depth case studies of ACCHO ways of working. The systematic scoping review examined the international literature to identify the characteristics of Indigenous primary health care service delivery models¹ that included predominantly Australian studies but also studies from Canada, the United States, New Zealand, Papua New Guinea, Mexico and Peru.

The findings were then reviewed and refined by the CREATE Leadership Group to specifically reflect the ACCHO context. Learnings drawn from ACCHO case studies on governance, social determinants of health, health promotion, aged care, workforce and continuous quality improvement were also included to further elaborate the characteristics of ACCHO comprehensive primary health care service delivery.

Within this chapter the findings of other systematic reviews undertaken through the CREATE project are included, where relevant, within pale orange text boxes such as this.

The ACCHO Comprehensive Primary Health Care Service Delivery Model

The proposed model depicted in Image 1 (over page) is focused on tailoring services to meet community need and highlights ten characteristics that include:

- Culture
- Self-determination and empowerment
- Community control and community participation
- Culturally competent and skilled workforce
- Holistic health care
- Accessible health services
- Flexible and responsive approach to care
- Relationship building and advocacy
- Comprehensive health promotion
- Continuous quality improvement

All ACCHO services are focused upon local communities. The characteristics of service provision may differ from one ACCHO to the next, depending on local historical factors, context, governance, resources, needs and priorities.

ACCHOs must also meet national clinical accreditation standards and must negotiate, secure and administer adequate funding to deliver services to their communities. As such, accreditation and funding are essential requirements of ACCHO health service delivery.

¹Harfield SG, Davy C, McArthur A, Munn Z, Brown A, Brown N. (2018). Characteristics of Indigenous primary health care service delivery models: a systematic scoping review. *Global Health*, 14 (1): 12.

Image 1: The ACCHO Comprehensive Primary Health Care Service Delivery Model



Model description

The ACCHO Comprehensive Primary Health Care Service Delivery Model depicts the key characteristics of ACCHO health service delivery, with two surrounding yellow rings representing additional elements (i.e. funding and accreditation) necessary for health service delivery. The model highlights that Aboriginal cultures (in orange) are central to ACCHO health services and the foundation for all other characteristics of service delivery. Many of the other characteristics are inter-related: self-determination and empowerment is a key characteristic but is also an intrinsic principle of both community control and community participation and holistic health care; beyond the relationship building and advocacy characteristic, advocacy activities are fundamental to

comprehensive health promotion and holistic health care; and continuous quality improvement relates to all areas of ACCHO service provision, workforce, and governance. All characteristics are focused on community and on responding to local needs and priorities.

This model was developed through the CREATE project, based on the findings of an international systematic scoping review and refined for the ACCHO sector through consultations with the CREATE Leadership Group.



Culture

Aboriginal and Torres Strait Islander cultures are central to health service delivery within ACCHOs and are the unique characteristic that makes ACCHOs distinct from other primary health care services. Embedding culture within all elements of service delivery is key to creating a culturally safe and comprehensive primary health care service that is oriented to the needs of community.

In line with Aboriginal and Torres Strait Islander cultural practices, ACCHOs focus on the needs of individuals as well as their families and communities and respect the cultural needs of men and women including providing gender-specific programs. The employment of local Aboriginal and Torres Strait Islander peoples within ACCHOs is key to embedding culture throughout service delivery, as is the use of local language and artwork and the incorporation of local customs and traditional practices within services. Cultural safety training and two-way learning between Aboriginal and Torres Strait Islander workforce and non-Indigenous staff is also important in promoting cultural safety within ACCHOs.

The key ways that Aboriginal and Torres Strait Islander cultures are embedded across ACCHO primary health care service delivery models:

- Incorporation of local cultural values, customs, ceremonies, beliefs and spirituality (which may include traditional healing and practices) in all programs and services.
- Focusing on the needs of individuals, families and communities.
- Respecting women's and men's cultural needs.
- Creating welcoming spaces and family-friendly environments.
- Use of local Aboriginal and Torres Strait Islander language, artwork and signage.
- Culturally appropriate prevention and health promotion resources.
- Ensuring the local community is engaged with and in control of the ACCHO.
- Employment of Aboriginal and Torres Strait Islander staff.
- Cultural safety and two-way learning between Aboriginal and Torres Strait Islander and non-Indigenous colleagues.



Self-Determination and Empowerment

Self-determination and empowerment are fundamental principles of all ACCHO health service delivery. They are embedded within Aboriginal and Torres Strait Islander ways of working, are central to the Aboriginal community controlled model of ACCHO governance, and are reflected in the empowerment of Aboriginal and Torres Strait Islander workforce within the ACCHO. ACCHO staff empower clients and families to make their own decisions and take control of their health.

The principles of self-determination and empowerment underpin the ACCHO governance model (see **Chapter 2**), the ACCHO workforce capacity building and leadership model (see **Chapter 3**), the ACCHO social determinants of health approach (see **Chapter 4**) and the ACCHO comprehensive health promotion approach (see **Chapter 5**).

The principles of self-determination and empowerment in ACCHO health service delivery are demonstrated through:

- Empowering clients to self-manage their health at an individual and family level leading to increased client capacity and resilience.
- Promoting community development through cultural days, camps and reconciliation events leading to increased social connectedness and cultural pride.
- Providing employment and training opportunities to support the development of the local Aboriginal and Torres Strait Islander health workforce.
- Facilitating leadership opportunities for local people to create positive role models.
- The Aboriginal community controlled governance model of the ACCHO which reflects collective self-determination.



Community Control and Community Participation

Aboriginal community control is a fundamental characteristic of ACCHO service delivery. This encompasses custodianship and management of the service by the community, respect for the role of Elders, and governance provided by the local community including the Board of Directors. It also relates to community participation where the ACCHO engages and consults with community to tailor services to local needs and priorities.

For further information regarding ACCHO governance, see **Chapter 2**. This chapter highlights the three elements of ACCHO governance including cultural governance, strategic governance and clinical governance.

The key features of Aboriginal community control and community participation within ACCHOs:

- Custodianship of the ACCHO by the local Aboriginal and Torres Strait Islander community.
- Governance of the ACCHO by the local Aboriginal and Torres Strait Islander community through the Board of Directors.
- Respecting the role and status of Elders and facilitating their involvement in the work and governance of the ACCHO.
- Community consultation, engagement and collaboration to ensure programs and services are culturally responsive, accessible and tailored to local context and needs.



Culturally Competent and Skilled Workforce

One of the key ways that culture is centred within ACCHO service delivery is through a culturally competent and skilled workforce. ACCHOs are one of the leading employers of Aboriginal and Torres Strait Islander peoples and recognise the cultural, family and professional obligations and responsibilities of their staff. Aboriginal and Torres Strait Islander staff understand the historical trauma and lived experience of their communities including kinship structures and cultural obligations. This ensures that the needs of ACCHO clients are met according to cultural protocols in addition to clinical standards.

For further information regarding ACCHO workforce see **Chapter 3**. This chapter highlights the four key strategies to strengthen ACCHO workforce: 1) attract and recruit local Aboriginal and Torres Strait Islander peoples; 2) support, value, promote and recognise ACCHO staff; 3) strengthen the capacity of ACCHO staff; 4) nurture emerging Aboriginal and Torres Strait Islander leaders.

ACCHOs promote a culturally competent and skilled workforce through:

- Recruiting and employing a range of skilled local Aboriginal and Torres Strait Islander peoples that deliver culturally competent and safe practices.
- Providing supportive culturally safe environments that recognise the cultural, community and family obligations of staff and where workforce feel supported.
- Investing in local people by providing mentoring, training and development opportunities for non-clinical positions as well as clinical roles (e.g. Aboriginal and Torres Strait Islander Health Workers and Practitioners, nursing, medical and allied health roles).
- Providing ongoing cultural competency training for all staff.
- Recognising the need to build and grow the Aboriginal and Torres Strait Islander workforce through a commitment to Aboriginal-identified positions, long term retention and professional development strategies and clear career pathways.
- Two-way learning between Aboriginal and Torres Strait Islander and non-Indigenous colleagues including cultural mentorship.

What Aboriginal and Torres Strait Islander clients value about ACCHO care:

A systematic review of client perceptions of the unique characteristics and value of care provided by ACCHOs² identified that the **qualities of ACCHO staff** were highly valued. These qualities include the Aboriginal identity of ACCHO staff and the employment of Aboriginal Health Workers, and respectful behaviour and understanding demonstrated by ACCHO staff. Examples included respectful and non-judgemental behaviour; taking the time to get to know the client and their background; sensitivity, kindness and reassurance; and trustworthiness.

²Gomersall J, Gibson O, Dwyer J, O'Donnell K, Stephenson M, Carter D, Canuto K, Munn Z, Aromataris E, Brown A. (2017). What Indigenous Australian clients value about primary health care: a systematic review of qualitative evidence. *Australian and New Zealand Journal of Public Health*, 41: 4.



Holistic Health Care

ACCHOs provide holistic primary health care in line with NACCHO's definition of health that encompasses social, emotional, mental, physical and cultural wellbeing of individuals and the whole community.³ ACCHOs strive to provide a diverse range of services and address the social determinants of health. These services are provided across the lifespan, from pre-natal care through to care for Elders.

For further information regarding the holistic health approach of ACCHO health service delivery see **Chapter 4**, which describes the ACCHO Social Determinants of Health model.

Ways in which ACCHOs address the social determinates of health:

A document analysis of ACCHO annual reports identified the considerable efforts of the ACCHO sector in addressing the social determinants of health impacting Aboriginal and Torres Strait Islander communities at both the intermediary level and structural levels.⁴ Activities were underpinned by culture and had a strong focus on services that strengthened community and cultural connections. This analysis demonstrates that not only do ACCHOs play an essential role in addressing the immediate healthcare needs of their communities but they also undertake extensive efforts to strengthen the cultural determinants of health and address the social determinants of health including the challenging structural factors that create inequity.

In ACCHOs, holistic health care can include:

- Comprehensive primary health care that supports the health and wellbeing of not only the individual but also their family and community and includes mental, emotional, spiritual, physical, social and cultural wellbeing.
- A diverse range of services (e.g. maternal and child health, prevention, disability, pharmacy, chronic disease care, prison health, traditional healing services).
- Education to strengthen health knowledge and understanding.
- Client, family and community advocacy such as with Centrelink, employment services, child protection services, and the justice system.
- Engaging with the social determinants of health such as through supporting clients with housing security, social security payments, food security, education programs and employment services.
- Based on the local context and community needs, ACCHOs may also provide additional services such as environmental health, bush foods, early childhood education and child care centres.

What Aboriginal and Torres Strait Islander clients value about ACCHO care:

A systematic review of client perceptions of the unique characteristics and value of care provided by ACCHOs⁵ identified their **comprehensive, holistic approach** as a key element. Non-clinical services including social services, cultural events and group activities (e.g. bush camps) were valued, with group activities providing opportunities for clients to spend time with people who shared similar experiences and to connect with community and culture.

³National Aboriginal and Community Controlled Health Organisation. (no date). *Definitions*. Accessed on January 17, 2020 at: naccho.org.au/about/aboriginal-health/definitions/

⁴Pearson O, Schwartzkopff K, Dawson A, Hagger C, Karagi A, Davy C, Braunack-Mayer A, Brown A on behalf of the Leadership Group guiding the Centre for Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE). (2020). *Ways in which Aboriginal Community Controlled Health Services strive for health equity through influencing the social determinants of health* (under preparation).

⁵Gomersall J, Gibson O, Dwyer J, O'Donnell K, Stephenson M, Carter D, Canuto K, Munn Z, Aromataris E, Brown A. (2017). What Indigenous Australian clients value about primary health care: a systematic review of qualitative evidence. *Australian and New Zealand Journal of Public Health*, 41: 4.



Accessible Health Services

ACCHOs go to great lengths to provide accessible comprehensive primary health care services for their communities. This includes providing services at no cost* to clients and tailoring services to community need in relation to where and how services are delivered. ACCHOs strive to enhance the acceptability of care (such as in relation to cultural safety and confidentiality) and to promote community awareness of available ACCHO services in order to maximise client engagement and access.

ACCHOs promote accessible health services through:

- Providing affordable health care at no cost* to clients.
- Delivering, where possible, a broad range of services in a variety of locations and settings.
- Providing walk in appointments, transport, increased opening hours, home visits and outreach services that are flexible and responsive to community need.
- Delivering acceptable care that includes trust, privacy, confidentiality, cultural respect, social justice and equality.
- Enhancing community awareness of services through numerous strategies (e.g. brochures, guest speakers during community lunches, referrals across ACCHO teams).
- Engaging with community members who are not clients of the service (e.g. during community events) to understand how to improve services to meet local needs.

What Aboriginal and Torres Strait Islander clients value about ACCHO care:

A systematic review of client perceptions of the unique characteristics and value of care provided by ACCHOs⁶ identified the **accessibility of ACCHO services** as a key element. ACCHO clients identified that transport services, proactive service provision including outreach services, culturally safe care, a range of services and a welcoming environment all contributed to the accessibility of ACCHO primary health care services.

Access to primary health care services for Indigenous peoples:

A framework synthesis⁷ of factors that impacted access to primary health care for Indigenous peoples identified challenges related to the social determinants of health such as poverty which impacted the ability of clients to afford transport and to pay for services. The synthesis also identified that health care access was promoted by Indigenous health services through the provision of transport, through community consultation in identifying and addressing health care needs, and through the provision of affordable health care.

*Note that there may be a minimal out of pocket expense for some ACCHO services, such as pharmaceutical items.

⁶Gomersall J, Gibson O, Dwyer J, O'Donnell K, Stephenson M, Carter D, Canuto K, Munn Z, Aromataris E, Brown A. (2017). What Indigenous Australian clients value about primary health care: a systematic review of qualitative evidence. *Australian and New Zealand Journal of Public Health*, 41:4.

⁷Davy C, Harfield S, McArthur A, Munn Z, Brown A. (2016). Access to primary health care services for Indigenous peoples: A framework synthesis. *Int J Equity Health*, 15 (1): 163.



Flexible and Responsive Approach to Care

ACCHOs strive to be both flexible and responsive and tailor services to meet the changing needs of their local communities. This may include delivering services outside of the standard health clinic model such as home visits and outreach services (e.g. pop-up clinics and health checks during community events). ACCHO staff work within multi-disciplinary teams and develop partnerships with external agencies to integrate services and support clients with their social, emotional, cultural, mental and physical wellbeing.

ACCHOs provide flexible and responsive services through the following actions:

- Ongoing consultation and engagement with community to understand local needs and priorities and continuously improve the care provided to community.
- Tailoring services to meet the needs of the local community ensuring they are relevant, culturally safe and effective.
- Provision of services that respond to community need such as through outreach services, home visits and service provision during community events.
- Integrating services with a multi-disciplinary team approach including case management and continuity of care.
- Creating partnerships through linking with other services to promote integration and cooperation across sectors and to promote flexible and responsive care in partner services.

What Aboriginal and Torres Strait Islander clients value about ACCHO care:

A systematic review of client perceptions of the unique characteristics and value of care provided by ACCHOs⁸ identified that ACCHO service delivery was **appropriate and responsive to client needs**. The review identified four elements of care including staff who take the time to know and care for clients, health care that was personalised and tailored to self-perceived need, the provision of information in a way that was understandable (i.e. appropriate communication), and continuity of care over time.

⁸Gomersall J, Gibson O, Dwyer J, O'Donnell K, Stephenson M, Carter D, Canuto K, Munn Z, Aromataris E, Brown A. (2017). What Indigenous Australian clients value about primary health care: a systematic review of qualitative evidence. *Australian and New Zealand Journal of Public Health*, 41: 4.



Relationship Building and Advocacy

ACCHOs invest in building relationships and undertaking advocacy with a broad range of partner organisations and funders. Partnerships can be both formal and informal. Partner organisations can include local hospitals, specialist services and rehabilitation services, other ACCHOs within the region and across the state/territory, Aboriginal community controlled peak bodies and national representative bodies, government departments and services (e.g. housing, education, social services, justice, police), and non-government organisations. The development of accountable relationships with partner organisations enables a more coordinated and collaborative local health and social services system that can promote increased client access to other health and social services and the development of culturally safe environments beyond the ACCHO.

ACCHOs also devote considerable time in building and maintaining relationships with their funders including government departments, primary health networks and non-government organisations. They undertake extensive and ongoing advocacy with governments, funders and partner organisations for better policies and funding models for Aboriginal and Torres Strait Islander peoples and to raise awareness about the value system of ACCHOs.

For further information regarding the relationship building and advocacy activities of ACCHOs see **Chapter 4** which describes ACCHO approaches to the Social Determinants of Health and **Chapter 5** which describes the ACCHO Comprehensive Health Promotion Model.

The broad range of relationship building and advocacy activities ACCHOs can undertake include:

- Advocating on behalf of clients such as in relation to health, keeping children and families together, finances, housing, education and employment opportunities (as described under the Holistic Health characteristic).
- Advocating on behalf of Aboriginal and Torres Strait Islander communities at the local, state/territory and national levels to influence the development of healthy public policy that is inclusive, equitable and aligns with the priorities of Aboriginal and Torres Strait Islander peoples.
- Advocating to other services, such as hospitals and specialist services, to adapt (that is, reorient) their models of care to better meet client needs.
- Promoting culturally safe environments in partner organisations through advocating for and delivering cultural safety training.
- Advocating for seamless, integrated and multidisciplinary care for Aboriginal and Torres Strait Islander clients such as through providing cultural mentorship to staff within partner organisations regarding what it means to provide a culturally safe and responsive service for Aboriginal and Torres Strait Islander peoples.
- Advocating for systems change through providing cultural advice, support and direction to government departments, PHNs, partner organisations and research institutes through participation in forums, working groups and research activities.



Comprehensive Health Promotion

Comprehensive health promotion refers to the approach ACCHOs undertake to tailor services to meet community need, to strengthen and unite communities, to strengthen cultural pride and personal skills, to provide and promote culturally safe spaces (both within the ACCHO and in partner services) and to advocate for equitable public policy. These five action areas of comprehensive health promotion align with and extend the holistic health care model provided by ACCHOs. Health promotion is defined by the World Health Organisation as the '*process of enabling people to increase control over, and to improve, their health*'.⁹ Comprehensive health promotion has a focus on prevention and early intervention, raising awareness, building health knowledge and understanding, advocacy, strengthening, empowering and uniting communities.

For further information regarding the ACCHO Comprehensive Health Promotion Model see **Chapter 5**.

The five action areas of comprehensive health promotion in ACCHOs include:

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

A scoping review¹⁰ of **Aboriginal and Torres Strait Islander health promotion programs for the prevention and management of chronic diseases** found that published programs were not comprehensive in nature and predominantly focused on one risk factor, most commonly nutrition or smoking. The findings of this scoping review are at odds with ACCHO case study findings (see **Chapter 5** of this resource) which describe comprehensive and culturally centred health promotion activities. The authors of the review acknowledged that many health promotion programs delivered by primary health care services (including ACCHOs) were not captured as they are infrequently reported in the research literature. This highlights a lack of support for evaluation of health promotion programs implemented in primary health care services and the need for designated funding to support the sector in sharing learnings to inform future efforts.

⁹World Health Organisation. (1986). *Ottawa Charter for Health Promotion*. World Health Organisation, Geneva. Accessed on January 17, 2020 at: healthpromotion.org.au/images/ottawa_charter_hp.pdf

¹⁰Canuto, K. J., Aromataris, E., Burgess, T., Davy, C., McKivett, A., Schwartzkopff, K., Canuto, K., Tufanaru, C., Lockwood, C., & Brown, A. (2019). Aboriginal and Torres Strait Islander health promotion programs for the prevention and management of chronic diseases: a scoping review. *Health Promotion Journal of Australia*, 00: 1–29.



Continuous Quality Improvement

From the beginning, ACCHOs were established to address an un-met need for culturally safe and comprehensive primary health care for Aboriginal and Torres Strait Islander communities. To this day, ACCHOs continually review their programs and services to improve the way they respond to changing community priorities and needs. Quality improvement processes may differ across ACCHOs but consistently include collecting and analysing relevant data through internal reviews and through engaging with community (both active clients as well as community members who are not clients of the service) to look for ways to improve service delivery to benefit community. Continuous quality improvement (CQI) processes are integrated within all teams and programs within the ACCHO.

For further information regarding ACCHO approaches and processes to CQI, see **Chapter 9**.

Key elements of ACCHO CQI processes include:

- Embedding whole-of-organisation CQI processes that are outwardly focused and centred on community needs and feedback.
- Engaging with disengaged members of the community to enable them to re-engage.
- Undertaking ongoing improvement processes in the delivery of safe and quality patient care.
- Collecting and analysing relevant data to improve health outcomes and enable program evaluation and development.
- Evaluating services such as in relation to economic outcomes, service utilisation, health assessments and chronic disease plans.

Outcomes of ACCHO health service delivery

Common best practice outcomes of ACCHO health service delivery, drawn from the case studies undertaken on ACCHO programs and practices relating to the social determinants of health, aged care, health promotion and workforce include:

- **Tailoring of services to meet community need** due to strong links with community and effective community engagement.
- **Enhanced integration of services** through ACCHO investment in relationships with external partners.
- **Culturally safe and responsive care** which may include using local language.
- **Client's health needs are met according to both cultural protocols and clinical standards** since ACCHO staff understand the historical trauma and lived experience of their clients including kinship structures and cultural obligations.
- Increased community **access to services**.
- **Improved holistic health outcomes for clients and community** in relation to: social, emotional, physical and cultural wellbeing; cultural identity and connection; confidence to navigate numerous systems and services; educational, employment and housing outcomes; reduced pressures and responsibilities on carers; support for healthy inclusive communities.
- **Strengthened capacity and empowerment of the local Aboriginal and Torres Strait Islander workforce.**

What Aboriginal and Torres Strait Islander clients value about ACCHO care: A

systematic review of client perceptions of the unique characteristics and value of care provided by ACCHOs¹¹ identified that ACCHO service delivery was perceived to positively impact client wellbeing, including improved overall health and mental health, increased confidence, enhanced knowledge regarding managing conditions and engaging in decision making, and also pride in being part of the local Aboriginal community and its health service.

Enablers of ACCHO health service delivery

There are common enablers of ACCHO best practice described across the case studies undertaken on ACCHO approaches to the social determinants of health, aged care, health promotion and workforce. These include:

- **Community consultation and engagement** which enables a two-way process that ensures ACCHO services are client-centred and tailored to local priorities, culture and need.
- Strong Aboriginal and Torres Strait Islander **leadership**.
- **A committed, united, skilled, flexible, caring and culturally safe Aboriginal and Torres Strait Islander and non-Indigenous ACCHO workforce** who align with the values of the organisation.
- **Effective relationships** within and across ACCHO teams including clear communication and referral pathways.
- **Effective governance** by the Board of Directors and operational leadership in relation to creating effective organisational structures and accountable external partnerships.
- Strong **organisational culture and effective operational systems**, policies and procedures including the ability to manage multiple and complex funding streams.
- Investment in respectful and collaborative **partnerships** including with volunteers, other Aboriginal organisations and mainstream services.

¹¹Gomersall J, Gibson O, Dwyer J, O'Donnell K, Stephenson M, Carter D, Canuto K, Munn Z, Aromataris E, Brown A. (2017). What Indigenous Australian clients value about primary health care: a systematic review of qualitative evidence. *Australian and New Zealand Journal of Public Health*, 41: 4.

Challenges impacting ACCHO health service delivery

While all ACCHOs strive to deliver services to their communities in line with the characteristics described within this chapter, their capacity to do so can be limited by factors such as the size of the service. For example, smaller services with limited staff may be unable to undertake a comprehensive approach to health promotion. The common challenges facing ACCHO service delivery as identified in ACCHO case studies on the social determinants of health, health promotion, aged care, funding and workforce include the following:

Funding challenges:

- **Insufficient funding** limiting service provision (e.g. dental) and requiring ACCHOs to deliver services in the absence of funding (e.g. transport, funeral support), short term funding and withdrawal of funding, lack of funding for evaluation of programs and services, staff wage increases not matched by an increase in government funding.
- **Restrictive funding** agreements including programs with pre-determined priorities (reducing the ability to tailor services to community need) or that do not support a comprehensive social determinants of health approach.
- **Considerable time and resources needed to prepare tenders and funding submissions.**
- **Competing for funding** with non-Indigenous organisations.
- **Complexity in coordinating multiple sources of funding** including reporting burden.
- **MBS funding models** may not always match Aboriginal and Torres Strait Islander ways of working.

Workforce challenges:

- **Aboriginal and Torres Strait Islander workforce supply shortage.**
- **Non-competitive staff salaries** due to inadequate funding of ACCHO programs leading to challenges in recruitment and retention of skilled staff.
- **Challenges in recruiting and retaining staff**, particularly Aboriginal and Torres Strait Islander staff.
- **Staff stress due to 24/7 nature of work** and juggling professional, community and cultural obligations.

- Challenges in **attracting funding for workforce training and capacity building initiatives.**
- Challenges in **identifying and accessing suitable management training** for ACCHO managers.
- **Considerable time and resources** must be invested in capacity strengthening and mentoring staff.
- **Building cultural competency** in staff and an appreciation of the ACCHO sector's role in strengthening capacity of Aboriginal and Torres Strait Islander staff.

Advocacy and Partnership challenges:

- **Building and maintaining relationships with numerous external partners** (both formal and informal).
- **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.

Sector reform challenges:

- **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).

Service delivery challenges:

- **Maintaining ongoing community trust and engagement** and achieving client self-determination and autonomy versus reliance on services.
- **Building genuine relationships** with clients who are from diverse Aboriginal and Torres Strait Islander cultures.

Policy level actions to strengthen and support ACCHO health service delivery

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 strengthen the capacity and retain Aboriginal and Torres Strait Islander workforce in remote,

rural and metropolitan areas are also needed to deliver quality culturally safe care. Table 1 presents a summary of potential policy level actions that could address common challenges facing ACCHO comprehensive primary health care service delivery models. These challenges were identified through case studies with ACCHOs on the social determinants of health, health promotion, aged care, funding and workforce.

Table 1: Potential policy actions to address challenges to effective ACCHO health service delivery

Domain	Challenge to effective ACCHO health service delivery	Potential policy level actions
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, 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 ways of working.	MBS to consult with the ACCHO sector regarding MBS items needed to support cultural ways of working.

Domain	Challenge to effective ACCHO health service delivery	Potential policy level actions
Workforce	Aboriginal and Torres Strait Islander workforce supply shortage.	The workforce supply shortage to be addressed as an urgent priority through investment in a range of targeted workforce initiatives (e.g. place-based traineeships, scholarships, university places).
	Non-competitive staff salaries due to inadequate funding of ACCHO programs.	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).
	Challenges in recruiting and retaining staff, particularly Aboriginal and Torres Strait Islander staff.	
	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 provide 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 mentor and strengthen the capacity of Aboriginal and Torres Strait Islander workforce.
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.	
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.

Discussion

The ACCHO Comprehensive Primary Health Care Service Delivery Model was developed drawing upon multiple sources of evidence including a systematic scoping review of Indigenous primary health care service delivery (Harfield et al 2018), expert consultations and in-depth case studies. It was strengthened by further studies including a systematic literature review examining what clients value about ACCHO service delivery (Gomersall et al, 2017), a framework synthesis examining access to services (Davy et al, 2016a), and document analysis of ACCHO approaches to the social determinants of health (Pearson and Schwartzkopff et al, 2020). Engagement with the ACCHO sector through the CREATE Leadership Group and through in-depth case studies ensured this model is grounded in current practice. This in no way suggests ACCHO service delivery is limited to this model. Rather, this model represents a starting point for the conceptualisation of ACCHO service delivery characteristics. It could be used to inform workforce capacity development, program design, program evaluation, and funding submissions.

This model of ACCHO health service delivery is consistent with other frameworks such as the *Core functions of primary health care: a framework for the Northern Territory* (Tilton and Thomas, 2011) that outlines five domains (clinical services; health promotion; corporate services and infrastructure; advocacy, knowledge and research, policy and planning; and community engagement, control and cultural safety). It is also consistent with a wellbeing framework for Aboriginal and Torres Strait Islander peoples living with chronic disease (Davy et al, 2017). The framework outlined four key elements: 1) Wellbeing is supported by locally defined, culturally safe primary healthcare services; 2) Wellbeing is supported by an appropriately skilled and culturally competent healthcare team; 3) Wellbeing is supported by holistic care throughout the lifespan; and 4) Wellbeing is supported by best practice care that addresses the particular needs of a community. Our model is also aligned with findings from a systematic review that identified how primary health care and aged care services can support the wellbeing of older Indigenous peoples (Davy et al, 2016b). The review found that the wellbeing of older Indigenous peoples was enhanced through maintaining Indigenous identity, promoting independence and delivering culturally safe care. These factors are promoted within our model through the key characteristics of culture, self-determination and empowerment, and culturally competent and skilled workforce. A systematic

review of qualitative studies that examined client perceptions of the unique characteristics and value of ACCHO care compared to mainstream services identified that the key characteristics included accessibility of care, appropriateness of care (including personalised care tailored to self-perceived need, taking the time to know and care for clients, continuity of care and appropriate communication), culturally safe care provided by ACCHO staff who were valued for their Aboriginal identity and respectful behaviour, and a comprehensive holistic approach to care that included non-clinical care (Gomersall et al, 2017).

Importantly, the development of the model in this chapter identified key challenges impacting ACCHO health service delivery. The primary challenges relate to insufficient funding and the burden and complexity of administering funding from multiple government departments and other funders. These challenges have been highlighted in previous work on Indigenous primary health care services by Silburn et al (2011). The reporting burden of ACCHOs and the complexity associated with administering income across multiple funding sources was highlighted by Dwyer and colleagues a decade ago (Dwyer et al, 2009). A more recent in-depth case study with Rumbala Aboriginal Co-operative in Victoria found ongoing challenges with reporting burden. In the delivery of holistic services in the 2013-14 financial year, Rumbala Aboriginal Co-operative held 48 separate agreements with 12 funding agencies (including state and federal government departments, government-funded not-for-profit agencies other agencies). They were required to provide 409 reports against 46 of these agreements, with reports at monthly, quarterly, half-yearly and annual intervals. In addition to the formal reporting requirements, the service participates in various telephone conversations and committee meetings and other relationship building activities (Silburn et al, 2016). Considered together, these studies highlight the historical and ongoing reporting burden impacting the ACCHO sector.

In addition to considerable reporting burden, ACCHOs also report extensive advocacy and relationship building responsibilities. ACCHOs invest considerable time in the development of respectful relationships with partner organisations including with other health services (e.g. hospitals, other ACCHOs), a range of human and social services (e.g. justice, housing) and with multiple funders (e.g. state and federal government departments, PHNs, non-government organisations). The challenges related to the

development of partnerships between Aboriginal community controlled and mainstream services were explored in a qualitative study that found limited knowledge of partner services, communication challenges, mistrust and tension, different ways of working, referral issues and resource limitations as the most commonly cited concerns by both mainstream and Aboriginal community controlled organisation workforce (Taylor et al, 2013). The findings highlight that sufficient time and funding is required to support the operational and relational dimensions of partnerships, with support for regular meetings and workshops and documentation that clearly outlines the agreed ways of working (Taylor et al, 2013). A prior literature review identified that successful partnerships between Aboriginal and mainstream health were challenged by the legacy of Australia's colonial history, different approaches to servicing clients and resource limitations while positive outcomes included a broadening service capacity and increased cultural security of health services. Recommendations for successful partnerships included leadership, addressing tensions early and building trust (Taylor and Thompson, 2011).

This chapter highlights that through an Aboriginal community controlled model, ACCHOs provide holistic health care for clients and community and empower the local Aboriginal and Torres Strait Islander workforce. Holistic health care includes accessible and integrated services that are culturally safe, responsive and tailored to meet the needs of community in consideration of both cultural protocols and clinical standards. Effective ACCHO leadership and governance are consistent themes enabling ACCHO health service delivery. Strong organisational culture and effective operational systems are further enabling factors. Respected and experienced leaders within ACCHOs and the Board of Directors enable effective relationship building and respectful partnerships that are key to supporting clients with their holistic health needs. Aboriginal and Torres Strait Islander and non-Indigenous workforce that are culturally safe, committed, united and skilled is crucial to the effectiveness of ACCHO health service delivery while community consultation and engagement ensures that services are tailored to local needs.

The proposed ACCHO Comprehensive Primary Health Care Service Delivery Model is based on available evidence drawn from the literature, ACCHO experts and ACCHO case studies though the characteristics of health service delivery may

differ from one ACCHO to the next, depending on historical factors, local context, local governance, community needs and priorities. For ACCHOs to be successful in meeting the needs of their local communities, the fundamental challenges that must be addressed relate to funding, workforce and the development of respectful and effective partnerships. There is an Aboriginal and Torres Strait Islander workforce supply shortage across multiple clinical and professional roles and ACCHOs experience a drain on their human and financial resources due to capacity development of Aboriginal and Torres Strait Islander and non-Indigenous staff in relation to both professional skills and cultural competency. Funding that is insufficient, short term or insecure can lead to staff turnover and lost corporate knowledge and community connections. Funding that is prescriptive and/or restrictive means that ACCHOs cannot respond to and tailor services to community needs. Other challenges impacting ACCHOs include a lack of recognition by funders of the value of ACCHO service delivery grounded in Aboriginal cultures and founded upon community connections; competing for Aboriginal health funding with mainstream organisations (that have greater financial and human resources); and the complexity of managing multiple income streams and reporting burdens. ACCHOs require funding that is sufficient, flexible and secure and that can enable the sector to address complex workforce challenges in relation to the recruitment, retention and capacity development of ACCHO staff. Once the fundamental challenges impacting the sector are addressed, ACCHOs will be in a stronger position to achieve improved holistic health outcomes for their communities.

Further Reading

It may be useful to review other documents related to the core functions and corporate services of ACCHOs, such as:

- Tilton E and Thomas D. (2011). *Core functions of primary health care: a framework for the Northern Territory*. Northern Territory Aboriginal Health Forum, Darwin.
- Silburn K, Thorpe A and Anderson I. (2011). *Taking Care of Business: Corporate Services for Indigenous Primary Health Care Services – Overview Report*, The Lowitja Institute, Melbourne.

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- Taylor KP, Bessarab D, Hunter L, Thompson SC. (2013). Aboriginal-mainstream partnerships: exploring the challenges and enhancers of a collaborative service arrangement for Aboriginal clients with substance use issues. *BMC Health Serv Res*, 10 (13): 12.
- Tilton E and Thomas D. (2011). *Core functions of primary health care: a framework for the Northern Territory*. Northern Territory Aboriginal Health Forum, Darwin.

ACCHO Comprehensive Primary Health Care Service Delivery: Reflection Tool

While ACCHOs across Australia vary greatly in size and the services they can provide, there are common principles and practices that reflect Aboriginal and Torres Strait Islander ways of working and that are unique to the ACCHO sector. This Reflection Tool is designed to assist ACCHOs to reflect on the ten characteristics of ACCHO Primary Health Care Service Delivery Models.

The ACCHO Health Service Delivery Model depicts ten 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. The Model highlights that culture (in orange) is central to ACCHO health service delivery and is the foundation for all other characteristics. It is what sets ACCHOs apart from mainstream health services.

The ACCHO Comprehensive Primary Health Care Service Delivery Model



Step 1. Consider the activities your ACCHO currently practises across the ten characteristics.

Step 2. What other activities could your ACCHO consider in the future and what partnerships and resources will be needed to achieve this?



Culture

- ☐ We incorporate local cultural values, customs and beliefs as well as traditional healing and practices in all programs and services.
- ☐ We focus on the needs of individuals, families and communities.
- ☐ We respect women's and men's cultural needs.
- ☐ We create welcoming spaces and family-friendly environments.
- ☐ We use local Aboriginal and Torres Strait Islander language, artwork and signage.
- ☐ We have culturally appropriate prevention and health promotion resources.
- ☐ We engage with the local community and they are in control of the ACCHO.
- ☐ We employ Aboriginal and Torres Strait Islander staff.
- ☐ We provide cultural safety training to promote culturally safe services.



Self-Determination and Empowerment

- ☐ We empower clients to self-manage their health at an individual and family level.
- ☐ We promote community development through cultural days, camps and reconciliation events.
- ☐ We provide employment and training opportunities to support the development of the local Aboriginal and Torres Strait Islander health workforce.
- ☐ We facilitate leadership opportunities for local people to create positive role models.
- ☐ We embrace the Aboriginal community controlled governance model of the ACCHO which reflects collective self-determination.



Community Control and Community Participation

- ☐ The local Aboriginal and Torres Strait Islander community are the custodians of the ACCHO.
- ☐ We are governed by our local Aboriginal and Torres Strait Islander community through the Board of Directors.
- ☐ We respect the role and status of Elders and facilitate their involvement in the work and governance of the ACCHO.
- ☐ We consult, engage and collaborate with our communities to ensure programs and services are culturally responsive, accessible and tailored to local context and needs.



Culturally Competent and Skilled Workforce

- ☐ We recruit and employ a range of skilled local Aboriginal and Torres Strait Islander peoples.
- ☐ We provide supportive culturally safe environments that recognise the cultural, community and family obligations of staff.
- ☐ We invest in our staff by providing training and development opportunities.
- ☐ We provide ongoing cultural competency training for all staff.
- ☐ We recognise the need to build and grow the Aboriginal and Torres Strait Islander workforce through long term retention and professional development strategies.
- ☐ We provide opportunities for two-way learning between Aboriginal and Torres Strait Islander and non-Indigenous colleagues including cultural mentorship.



Holistic Health Care

- ☐ We provide comprehensive primary health care that supports the health and wellbeing of not only the individual but also their family and community and includes mental, emotional, spiritual, physical, social and cultural wellbeing.
- ☐ We deliver a diverse range of services (e.g. maternal and child health, prevention, disability, pharmacy, chronic disease care).
- ☐ We provide traditional healing services.
- ☐ We support clients to improve health knowledge and understanding.
- ☐ We advocate on behalf of our clients such as with Centrelink, employment services, child protection services, and the justice system.
- ☐ We support clients to address the social determinants of health impacting their lives, such as housing security, financial security, food security, education and employment.
- ☐ We provide additional holistic services such as environmental health (water quality), bush foods, early childhood education and child care centres.



Flexible and Responsive Approach to Care

- ☐ We continuously engage and consult with community to understand local needs and priorities and continuously improve the care provided to our communities.
- ☐ We tailor services to meet the needs of our local communities ensuring they are relevant, culturally responsive and effective.
- ☐ We provide services that are flexible and responsive to community need such as outreach services, home visits and providing services at community events.
- ☐ We integrate health care services within a multi-disciplinary team approach including case management and continuity of care.
- ☐ We create partnerships by linking with other services to promote integration and cooperation across sectors and to promote flexible and responsive care in partner organisations.



Accessible Health Services

- ☐ We provide affordable health care at low cost or no cost to clients.
- ☐ Where possible, we deliver a broad range of services in a variety of locations and settings.
- ☐ We provide walk in appointments, transport, increased opening hours, home visits and outreach services that are flexible and responsive to community need.
- ☐ We deliver acceptable care that considers trustworthiness, privacy, confidentiality, cultural respect, social justice and equality.
- ☐ We enhance community awareness of services through numerous strategies (e.g. brochures, guest speakers during community lunches, referrals across ACCHO teams).
- ☐ We engage with community members who are not clients of the service (e.g. during community events) to understand how to improve services to meet local needs.



Relationship Building and Advocacy

- ☐ We build relationships with partner organisations and provide cultural advice, support and direction through staff participation in case management meetings and through numerous committees and working groups.
- ☐ We advocate on behalf of clients such as in relation to finances, housing, keeping children and families together, justice, education and employment opportunities.
- ☐ We promote culturally safe environments in partner organisations through advocating for and delivering cultural safety training.
- ☐ We advocate to other services, such as hospitals and specialist services, to adapt (that is, reorient) their models of care to better meet client needs.
- ☐ We advocate for seamless, integrated and multidisciplinary care for Aboriginal and Torres Strait Islander clients such as through providing cultural mentorship to staff within partner organisations regarding culturally responsive service for Aboriginal and Torres Strait Islander peoples.
- ☐ We advocate on behalf of Aboriginal and Torres Strait Islander communities at the local, state/territory and national levels to influence the development of healthy public policy that is inclusive, equitable and aligns with the priorities of Aboriginal and Torres Strait Islander peoples.



Continuous Quality Improvement

- ☐ We have embedded whole-of-organisation CQI processes that are outwardly focused and centred on community needs and feedback.
- ☐ We engage with disengaged members of the community to enable them to re-engage with our services.
- ☐ We collect and analyse relevant data to improve health outcomes and enable program evaluation and development.
- ☐ We evaluate services such as in relation to economic outcomes, service utilisation, health assessments and chronic disease plans.



Comprehensive Health Promotion

- ☐ We design our services to meet community need: designed by community, for community.
- ☐ We provide culturally safe spaces in the ACCHO and promote culturally safe spaces in mainstream services.
- ☐ We strengthen cultural pride and personal skills through role modelling, mentoring and education.
- ☐ We strengthen and unite Aboriginal and Torres Strait Islander communities.
- ☐ We advocate for and drive the development of public policies that achieve equity for Aboriginal and Torres Strait Islander peoples.