



**NACCHO**  
National Aboriginal Community  
Controlled Health Organisation



NACCHO the national authority in comprehensive Aboriginal primary health care

Investing in  
***Healthy Futures***  
for generational change

**NACCHO 10 Point plan  
2013-2030**



*Aboriginal health in Aboriginal hands*





# 10 *Healthy Futures 2013-2030* Point Plan

## Guided by

Aboriginal  
Community  
Controlled  
Health  
Organisations



Culture



Self  
Determination



Health Equity

Affiliates

NACCHO

Australian, State & Territory Governments

## By investing in

1 Aboriginal Community Controlled Health Sector

## To deliver

2 Innovative Comprehensive Primary Health Care

## Driven by

3 Aboriginal  
Health Leadership

4 Partnership

5 Health  
System Reform

## Underpinned by

6 Health  
Financing

7 Health  
Workforce

8 Health  
Infrastructure

9 Research  
and Data

10 Accountability, Reporting, Monitoring, and Evaluation

## We will achieve

*A Healthy Future for Generational Change*

## Foreword

It's been more than five years since the state, territory and federal governments signed up to a bipartisan approach to address the appalling health and life expectancy rates of Australia's Aboriginal people.

This was a landmark occasion: the first time that all governments recognised that solving the complexity of Aboriginal health issues requires a long-term vision and investment, one that transcends funding cycles, short-term policy fixes and the fortunes of governments and political parties.

It was also the first time that there was meaningful recognition of the critical role that Aboriginal Community Controlled Health Organisations (ACCHOs) play in primary health within the Australian health system and Aboriginal communities.

We recognise that five years on from setting targets to "Close the Gap", Aboriginal Community Controlled Health Organisations (ACCHOs) have been responsible for many of the health gains achieved. While the evidence is limited, what is available suggests that ACCHOs compare favourably with mainstream services in terms of identifying risk factors, performing health checks, planning care, and managing and treating high-risk individuals.

While this is of no surprise to our sector, it reaffirms that the grassroots model of Aboriginal people working to improve the health of Aboriginal people must continue as the way forward. We are the solution to "Closing the Gap" and can make real differences to achieve generational change.

The Aboriginal Community Controlled Health Sector is fast heading towards our jubilee when we'll mark 50 years since the first Aboriginal Medical Service was established in Redfern, Sydney. Our ACCHO family is strong and passionate. With a current membership of over 150, we are all driven to improve the health and well-being of our families and communities.

Our services are a model of longevity and commitment – and represent the longest serving primary health model in the country. We have a proud record of delivering improved health outcomes in communities where other health services have failed and providing culturally safe alternatives to those in our communities who are most vulnerable.

More than that, Aboriginal Community Controlled Health Organisations allow Aboriginal communities to regain some control of their health, and some self-determination, as set out in the UN Declaration of the Rights of Indigenous people. Significantly, we continue to employ, train and empower high numbers of Aboriginal and Torres Strait Islander people in the communities in which they live.

NACCHO's 10-Point Plan has been created with the knowledge and experience of the Aboriginal Community Controlled Health Sector, from the communities and locations where the current health gains are being achieved.

I urge governments and NACCHO affiliates and members to ensure they adopt the targets and actions within the plan so we do not lose the momentum of our critical journey, providing the very best of services to our people.

The ten points of the plan provide goals and actions that are critical to our health, communities and services; current and future policies must incorporate them to be successful.

We can make a difference. *We can close the gap.*

But only if we continue to provide the Aboriginal Community Controlled Health Sector with the means to do it.

Justin Mohamed  
Chair, NACCHO

## Why Aboriginal Community Controlled Comprehensive Primary Health Care?

The National Aboriginal Community Controlled Health Organisation (NACCHO) is a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination. Founded at a meeting in Albury in 1974, NACCHO is the national authority on Comprehensive Aboriginal Primary Health Care representing over 150 Aboriginal Community Controlled Health Organisations (ACCHOs) across the country on Aboriginal health and well-being.

Based in Canberra, NACCHO is governed by a board of community-elected Aboriginal leaders from every State and Territory across Australia. As such, the NACCHO Board is the legitimate representative of all Aboriginal communities serviced by ACCHOs across Australia. Through employment, engagement, empowerment and social action, ACCHOs have become strategic sites for Aboriginal community development, by empowering Aboriginal people through self-determination. They are a proven mechanism for Aboriginal people to take responsibility over their own health matters.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services to small services that rely on Aboriginal Health Workers and/or nurses to provide the bulk of primary care services, often with a preventative focus on health education. The services form a network, but each is autonomous and independent, both of one another and of the government.

Aboriginal and Torres Strait Islander people experience a burden of disease 2.5 times that of other Australians. Cardiovascular disease, cancer, diabetes and respiratory diseases are the major diseases contributing to this unacceptable gap in life expectancy. However, the health system must be linked to and supported by a range of programs and services that address wider social and economic disadvantage.

There is now clear evidence to show that in addition to individual causes of ill health lie other deeper causative factors: **the social and cultural determinants of health**. A person's social and economic position in society, their early life, exposure to stress, educational attainment, access to or lack of employment, exclusion from participation in society and access to food and transport; all of these exert a powerful influence on their health throughout their life.<sup>1</sup>

Aboriginal health is not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being, and thereby contributing to the total well-being of their Community. It is a whole-of-life view that includes the cyclical concept of life-death-life.

Therefore, NACCHO strongly supports the World Health Organization's view that **comprehensive primary health care** is central to achieving real outcomes and health benefits for Aboriginal people, rather than a selective or disease-focused approach that concentrates exclusively on the treatment of illness. We believe comprehensive primary health care encompasses the following:

- Clinical services (for prevention and management of chronic and communicable disease, acute care and emergency care)
- Illness prevention services (including population health programs such as immunisation, antenatal care, screening programs and environmental health programs)
- Specific programs for health gain (for example: antenatal care, nutrition, physical activity, social and emotional well-being, oral health and substance misuse)
- Access to secondary and tertiary health services and related community services (such as aged and disability services)
- Client community assistance and advocacy services.<sup>2</sup>

<sup>1</sup> Griew, R. (2007) Family-Centred Primary Health Care, p. 7

<sup>2</sup> Australian Government (2003) National Strategic Framework for Aboriginal Health

## 2030 Vision

The NACCHO 10-Point Plan is based on a robust body of work that includes the *Close the Gap Statement of Intent* and the *Close the Gap Targets*, both of which have the backing of the Aboriginal and Torres Strait Islander and non-Indigenous health bodies that are members of the Close the Gap Campaign.

NACCHO remains focused on creating **a healthy future for generational change** and our 10-Point Plan enables comprehensive and long-term action. It is based on evidence, targeted to need and capable of addressing the existing inequalities in health services, with the aim of achieving equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.<sup>3</sup>

## Close the Gap National Indigenous Health Equality Targets

The aim of the *Close the Gap National Indigenous Health Equality Targets (CTG Targets)* which were adopted at the National Indigenous Health Equality Summit in 2008, hosted by the Close the Gap Campaign Steering Committee in Canberra, was to provide consensus on what is needed to achieve the two Council of Australian Governments (COAG) goals - halving the child mortality gap in ten years, and eliminating the life expectancy gap by 2030. Translated into CTG Targets, the two goals are:

- To close the gap in life expectancy within a generation (by 2030)
- To halve the gap in mortality rates for Indigenous children under five by 2018.

NACCHO will measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared aims.

## Key Steps to Success

1. Formally discuss with the government the **feasibility, cost and timing of the targets** in the National Health Leadership Forum submission to the National Aboriginal and Torres Strait Islander Health Plan.
2. Develop **service models** to describe how aims, goals and targets are to be achieved, including what required services are currently available, which are currently missing, and which are to be provided through a capacity-building plan to fill service gaps.
3. Develop a **workforce strategy** and plan to build and sustain the capacity of the ACCHO workforce to fill any service gaps leading up to the year 2030.
4. Develop a **funding strategy** including a National Partnership Agreement to address costs of the plan, advocating for an Aboriginal-specific and equitable share of mainstream funding.
5. Develop and implement **collaboration agreements** between Aboriginal people and their representative bodies with funders and service providers at national, jurisdictional and regional levels.
6. Develop an **implementation plan** with Aboriginal people and their representative bodies, funders and service providers which includes reporting, monitoring and evaluation, and their management processes, ensuring continuous improvement during implementation.

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<sup>3</sup> NACCHO Closing the Gap Campaign

# The NACCHO 10-Point Plan to Achieve a Healthy Future for Generational Change

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## 1. Invest in the Aboriginal Community Controlled Health Sector

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### Goals:

*To support and develop Aboriginal and Torres Strait Islander community-controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and well-being.*

*To close the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians within a generation and halve the mortality gap for Aboriginal and Torres Strait Islander children under five within a decade.*

*To develop a comprehensive, long-term plan of action that is based on evidence, targeted to need, and capable of addressing the existing inequities in health services – in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by 2030.*

### Key Areas for Action

- Strengthen the investment in the Aboriginal Community Controlled Health Sector.
- Continue to support and build the capacity of governance practices within the Aboriginal Community Controlled Health Sector.
- Develop, implement and resource a five-year capacity building plan for Aboriginal Community Controlled Health Services to provide comprehensive primary health care to an accredited standard that meets the level of need.
- Make resources available to support the incorporation of new ACCHSs and the good governance practices of all ACCHSs.

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## 2. Deliver Innovative Comprehensive Primary Health Care

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### Goal:

*To increase access to culturally appropriate comprehensive primary health care to bridge the gap in health standards.*

### Key Areas for Action

- Maintain, support and recognise the Aboriginal Community Controlled Health Organisations service model of Comprehensive Aboriginal Primary Health Care and the contribution that it makes to the current Australian Health System.
- Support and build the capacity for locally driven innovation by Aboriginal and Torres Strait Islander people to meet the needs of their local communities.
- Implement a program of workplace and workforce reform that implements a model based on care at the first level of cultural competence.

# The NACCHO 10-Point Plan to Achieve a Healthy Future for Generational Change

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## 3. Aboriginal Health Leadership

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### Goals:

*To ensure the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.*

*To confirm NACCHO as the national authority on Comprehensive Aboriginal Primary Health Care and the role it plays as a vital and integral part in the development of the ACCHS sector and health system reform.*

### Key Areas for Action

- Engage NACCHO Affiliates and members as authorities on Comprehensive Aboriginal Primary Health Care through the existing Aboriginal Community Controlled Health Organisations consultation mechanisms at a national, state and local level.
- Maintain and strengthen NACCHO Affiliates and members as key representatives on Aboriginal Health issues, in particular on Comprehensive Aboriginal Primary Health Care.
- Partner with the National Health Leadership Forum, which NACCHO co-chairs, in the development and implementation of national policy that impacts on Aboriginal and Torres Strait Islander Health.
- Build the capacity of emerging leaders within the Aboriginal Community Controlled Health Sector to achieve generational change for health equality.
- Continue to strengthen and resource National Aboriginal and Torres Strait Advisory Committees and other committees specific to Aboriginal Health, as well as those focused on improving policy and services in mental health, alcohol and other drugs, chronic disease, and health promotion and prevention.

# The NACCHO 10-Point Plan to Achieve a Healthy Future for Generational Change

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## 4. Partnership

### Goal:

*To enhance Aboriginal and Torres Strait Islander community engagement, control and partnership in Aboriginal and Torres Strait Islander health policy as well as in program development, implementation and monitoring.*

### Key Areas for Action

- Establish a national framework agreement to secure the appropriate engagement of Aboriginal and Torres Strait Islander people and their representative bodies in the design and delivery of accessible, culturally appropriate and quality primary health care services.
- Ensure that nationally agreed frameworks exist to secure the appropriate engagement of Aboriginal and Torres Strait Islander people in the design and delivery of secondary services.
- Develop a National Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well-being Plan.
- Develop and implement a charter for health providers that outlines the level of service an Aboriginal and Torres Strait Islander patient will receive, including arrangements to ensure cultural issues are recognised and addressed within each service, and interpretation and cultural support is provided when necessary for each patient.

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## 5. Health System Reform

### Goals:

*To work collectively to systematically address the social determinants that prevent achieving health equality for Aboriginal and Torres Strait Islander people.*

*To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable and of good quality.*

*To improve access to and the responsiveness of mainstream health services and programs to Aboriginal and Torres Strait Islander people's health needs.*

### Key Areas of Action

- Develop national strategies to enhance the utilisation and relevance of the Medical Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS), including through mainstream services and uptake of the Practice Incentive Payment (PIP) Indigenous Health Incentive.
- Enable and support general practice to identify the Aboriginal and Torres Strait Islander status of their patients and to record and report related data.
- Commit national and State/Territory bilateral financing agreements to health equity within mainstream programs, such as through public health or health care agreements and through private general practices.
- Monitor and ensure the effective and systematic engagement between ACCHS and mainstream services as outlined in the multi-program funding agreement between the Department of Health and Ageing and Medicare Locals – and therefore to facilitate ACCHS and mainstream services to work together for best practice services delivery to Aboriginal and Torres Strait Islanders

# The NACCHO 10-Point Plan to Achieve a Healthy Future for Generational Change

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## 6. Health Finance

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### Goal:

*To ensure Aboriginal and Torres Strait Islander peoples have equal access to health services that are equal in standard to those enjoyed by other Australians, and that these services are provided commensurate to need.*

### Key Areas for Action

- Implement a model of funding and resource distribution based on needs as opposed to competitive funding.
- Establish a single core of pooled funds at regional levels that funds services for a minimum of 3 years at a time – which is directly proportionate to population size, relative health need and service cost (e.g. costs are higher in rural and remote areas).
- Develop a financial plan that allows for health equality, equity and parity, and reflects that the needs of Aboriginal Community Controlled Health Organisations are equivalent to those of other Primary Health Care Services.
- Ensure all ACCHOs have access to pharmaceuticals through Section 100 or its equivalent.

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## 7. Health Workforce

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### Goal:

*To provide an adequate workforce to meet Aboriginal and Torres Strait Islander health needs by increasing the recruitment, retention, effectiveness and training of health practitioners working within Aboriginal and Torres Strait Islander health settings and by building the capacity of the Aboriginal and Torres Strait Islander health workforce.*

### Key Areas for Action

- Build and support the capacity of the workforce within the ACCHO Sector.
- Develop a workforce sustainability plan for the ACCHO Sector based on population growth and burden of disease, leading up to 2030.
- Continue the support and expansion of culturally safe service provision to Aboriginal and Torres Strait Islander people.
- Support and develop the capacity of the whole of government to increase knowledge and understanding of the ACCHO Sector.
- Develop opportunities for and build the capacity of emerging Aboriginal and Torres Strait Islander leaders within the ACCHO Sector.

# The NACCHO 10-Point Plan to Achieve a Healthy Future for Generational Change

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## 8. Health Infrastructure

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### Goals:

*To ensure primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples are capable of bridging the gap in health standards by 2018.*

*To immediately improve basic facilities within all existing Aboriginal and Torres Strait Islanders communities to ensure their safety and access to critical health services.*

### Key Areas for Action

- Ensure the development of a nationally agreed-upon set of community-level standards for health service facilities.
- Ensure that all community-level facilities meet these standards.
- Ensure that adequate staff housing is available.
- Ensure that all community facilities have access to the appropriate equipment and technology necessary to deliver comprehensive primary health care to Aboriginal and Torres Strait Islander communities in a timely manner.
- Implement and resource the National Aboriginal and Torres Strait Islander Housing Guide principles.
- Establish a capital works program to assist Aboriginal communities wishing to develop a new ACCHOs, and support existing ACCHOs to maintain and manage the standards of ACCHO facilities with the availability of appropriate equipment and technology.

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## 9. Research and Data

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### Goal:

*To build on the evidence base of what works in Aboriginal Torres Strait Islander health, supporting it with research and data on relevant local and international experience.*

*To ensure that the quality of data quality in all jurisdictions meets AIHW standards.*

### Key Areas for Action

- Develop a consistent and comparable standard of data for Aboriginal and Torres Strait Islander health at all levels of governance (national, State, Territory and local) that can demonstrate the performance of ACCHO against COAG CTG Targets and other health indicators.
- Urgently address the capacity of Australian governments to assess progress against the COAG Close the Gap Target for life expectancy, and specifically ensuring the recording of Aboriginal and Torres Strait Islander status on health records and death certificates

# The NACCHO 10-Point Plan to Achieve a Healthy Future for Generational Change

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## 10. Accountability, Reporting, Monitoring and Evaluation

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### Goal:

*To measure, monitor, and report on our joint efforts in accordance with benchmarks and targets – to ensure that we are progressively reaching our shared aims.*

*To improve regular reporting against relevant indicators.*

### Key Areas for Action

- Work in partnership with government to establish a Senate Committee on Aboriginal Health.
- Review the CTG targets with the Australian Government Department of Health to amend, add or delete as appropriate and to specify short, medium and long-term time frames.
- Leverage existing national processes for the development of information systems and indicators.
- Establish a process to develop service models including specifying the elements of main strategies (such as maternal and child health, chronic disease, and mental health) and of delivery models (for different contexts such as larger health services or smaller communities).
- Develop a vision of mutual responsibility for shared interests within which each party, funder, and service provider are accountable for their own areas of responsibility – this may require shifting funders away from viewing accountability as solely an auditing or project management procedure.
- Affirm a binding commitment on behalf of the government, the First Peoples' Congress of Australia and the National Health Leadership Forum to the development of an implementation plan of the 10-Point Plan within one year at national, state/territory and local levels.