



Aboriginal Community Controlled Health Services Model of Care

Presented by: Lesley Nelson, SWAMS CEO



Acknowledgment of Country



I wish to acknowledge the traditional custodians of the land on which we are meeting today, the Whadjuk people. I wish to acknowledge their continuing connection to the land, waters and culture. I pay respect to their Elders past, present and emerging.

Presenter, Lesley Nelson SWAMS CEO

Lesley Nelson is a proud Noongar woman from the Balladong and Whadjuk clans.

Over 25 years' experience in various executive leadership roles within the Aboriginal health sector.

Bachelor Commence, Post graduate qualifications in Epidemiology and Masters in Business Administration.

In 2016, Lesley received the NAIDOC Community Female Award in recognition for her contribution to improving the lives of people in her community.

In 2018, Lesley was awarded with a Chief Executive Women (CEW) scholarship to attend the prestigious Harvard Kennedy School. Alumni of LeadershipWA.

Lesley has also undertaken a Women's Executive Leadership Program within the Graduate Business School at Stanford University in San Francisco.

Lesley's Board positions include; the National Aboriginal Advisory Group Aboriginal Torres Strait Islander Aged Care.

Bunbury Chamber of Commerce and Industry.

Chairperson the Aboriginal Health Council WA CEO's Network and the South West Aboriginal Health Planning Forum. Lesley was recently appointed to the Sustainable Health Review (SHR) Independent Oversight Committee.

Outback Stores



Background - SWAMS

The South West Aboriginal Medical Service (SWAMS) is an Aboriginal Community Controlled Health Organisation (ACCHO) in the South West region of Western Australia. Coordinated Care Trial Site 1997, this went for two year before the transition into an AMS.

SWAMS provides a large range of primary health care services, mental health services, maternal and child health and chronic conditions management to Aboriginal and Torres Strait Islander people living within Noongar country. Specifically, under the ACCHO model, we employ specialised workers in Aboriginal health care delivery: Aboriginal health Practitioners (AHPs), Aboriginal Health Workers (AHWs), Indigenous Outreach Workers (IOWs).

SWAMS also hosts a number of RHW funded specialist clinics throughout the year including a range specifically relevant to diabetes care including an ophthalmologist, endocrinologist and cardiologist. These consultants hold specialist clinics within the main clinic in Bunbury every 3 months.

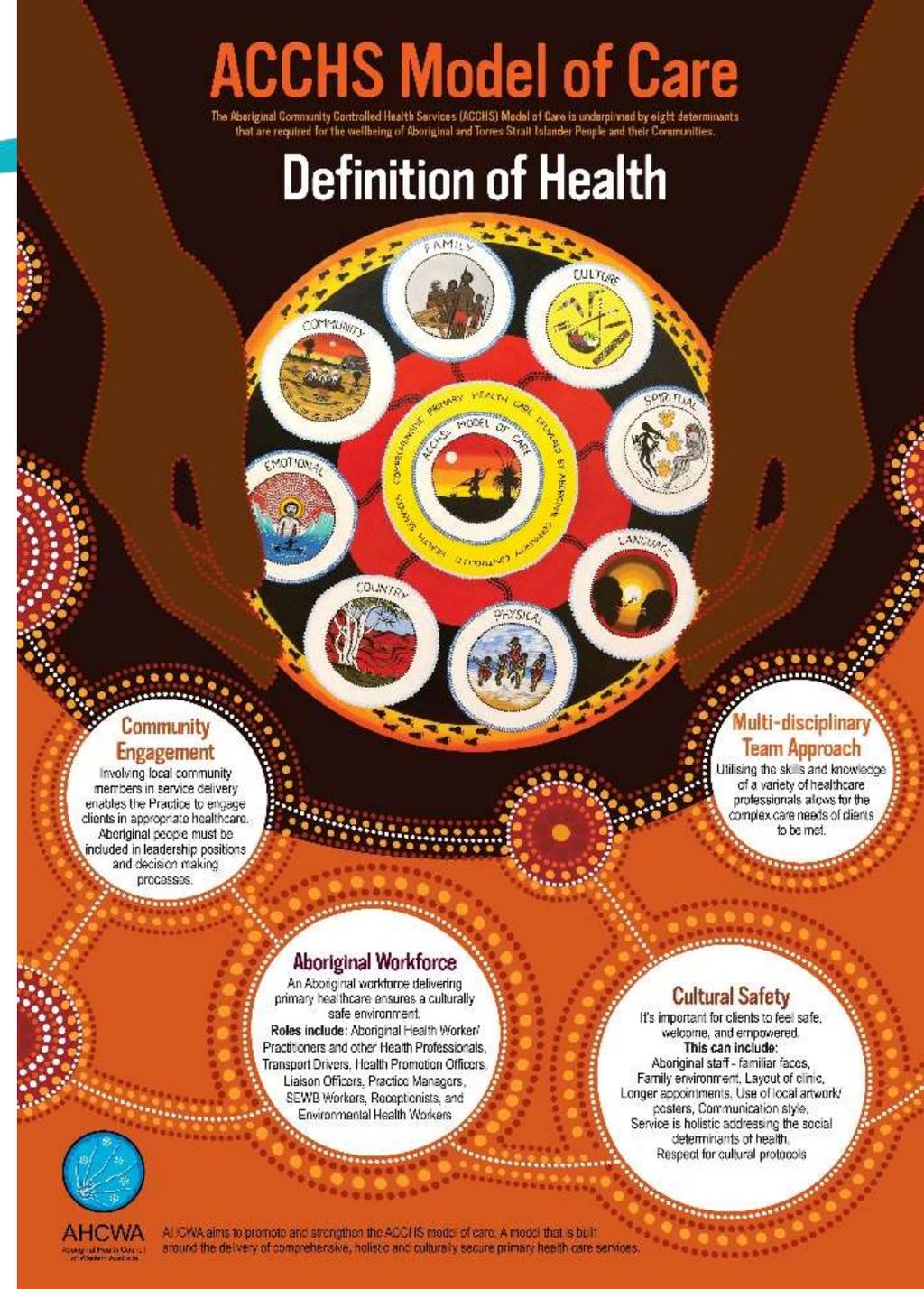
SWAMS employs over 130 staff, 51% of which are Aboriginal.

ACCHS Model of Care

The Aboriginal Community Controlled Health Services (ACCHS) Model of Care is modelled and underpinned by eight fundamental dimensions, which is central to an individual's health and wellbeing.

A disconnection from one of the eight dimensions, can cause an individual to experience an imbalance in their overall health and wellbeing, not only from a medical point of view, but also from an Aboriginal and cultural point of view.

'We come from the Land, and we are returned to the Land'

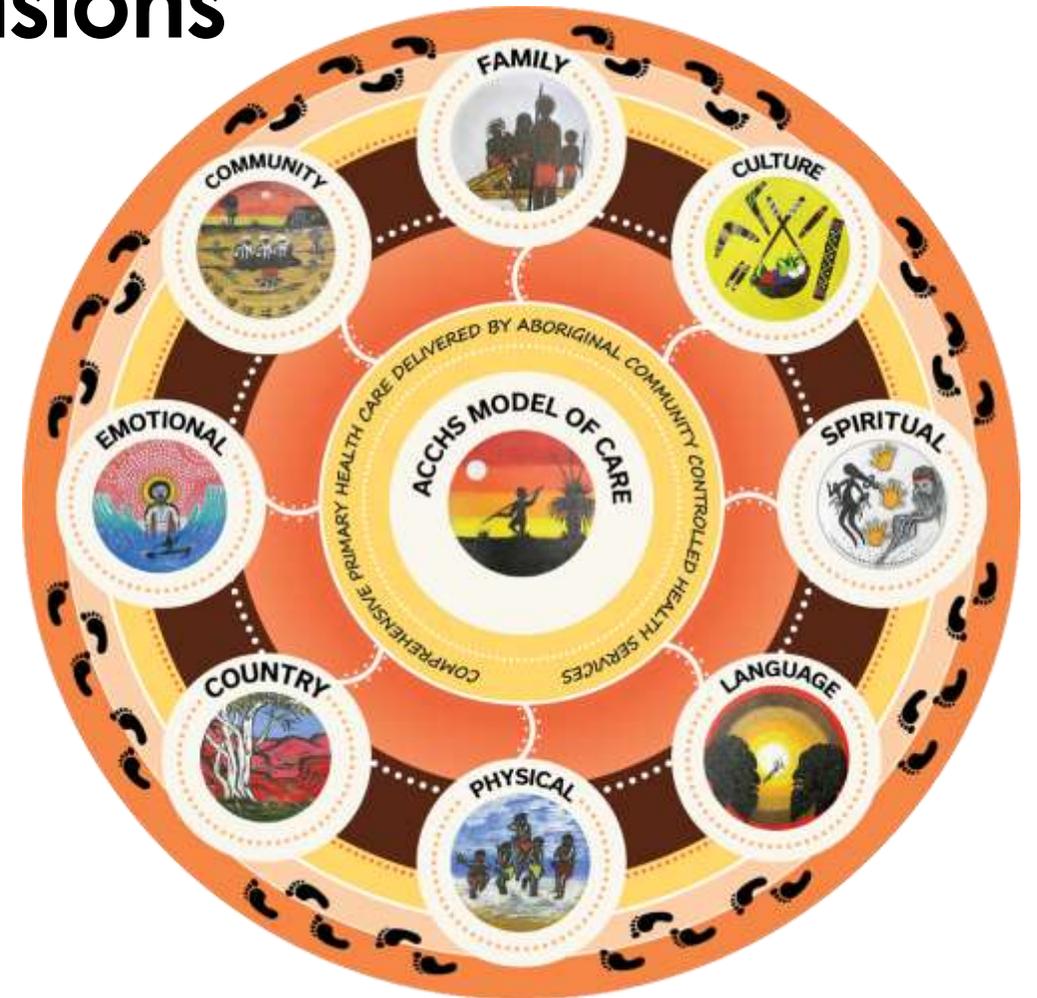


The Eight Fundamental Dimensions

Aboriginal people's wellbeing is not just about the individual – it is about their connection to family, culture, country and community.

The eight dimensions include:

- Family
- Culture
- Spiritual
- Language
- Physical
- Country
- Emotional
- Community



The Difference between Mainstream and ACCHS Model of Care

The Mainstream Model of Care focuses on the individual, the acute, the absence of disease and management of the condition.

The ACCHS Model of Care is holistic and focuses on not just the individual, but incorporates all the fundamental dimensions, which include the family, their community, culture, the spiritual and social emotional wellbeing



Health for an Aboriginal person



Is Acknowledgement of ones cultural values, beliefs, spirituality, customs, practise, language, identity and connection to country.

- **I am Aboriginal, a traditional owner of this county.**
- **I am culture and culture is me.**
- **I am country and country is me**
- **I am the bush and the bush is me**
- **I am the river and the river is me**
- **My family is me and we are one, we are Community.**

How does the Model of Care work within an ACCHS

- Strong leadership – 100% Aboriginal Board
- Building of trust and respect
- Community engagement and involvement
- Strong workforce that is united and culturally appropriate
- Delivery of early intervention and prevention primacy health care
- Wrap around services that promote better outcome
- Flexible service delivery inclusive of outreach and home support on country and in schools
- Building of meaningful partnerships for Aboriginal people and their communities to access mainstream services
- Importantly ensuring delivery of innovative, strength based holistic flexible services responses as close to home as possible





Community - Local

Empowering the local Aboriginal people and their Community, to take charge of their health and to have a voice at the table, ensuring the values and perspective of local communities shapes the design of service delivery, cultural protocols/policies and the social determinates of health.

The ACCHS Model of Care then helps shape health outcomes for

- Better self-management of one's health
- Understanding of their condition
- Understanding their own needs
- Communicate more effectively
- While adding a culturally appropriate holistic care approach using the eight elements of health
- This gives the community a voice

Workforce



The ACCHS workforce is made up of multidisciplinary teams, clinical and non-clinical - employees Aboriginal and non-Aboriginal

The AHW /AHP are central and important, as they can support the individual by way of culture, advice, advocacy, translation (spoken or body language)

The ACCHS Model of Care is also delivered by Doctors, Registered Nurses, Practice Managers, Liaison Officers, Social Emotional Wellbeing Workers, Environmental Health Workers, Health Promotion Officers, Receptionists and Admin, Trainers, Mentors, Cultural Mentors and Elders within the community

ACCHS workforce is also made up of visiting specialist services and health professionals

Clinical Services

- ACCHS deliver comprehensive multi-disciplinary holistic care that is client/patient or family centered, at no cost to the individual
- Provide clinical services designed to address early intervention, prevention, rehabilitation, recovery services, environmental, chronic disease, social emotional and wellbeing, bush medicines, traditional healers, support and promotion, which is holistic and flexible to the individual, family or community health needs
- All ACCHS clinics work together as one team to address the complex health need and concerns of the individual
- ACCHS are all accredited by ISO or AGPAL
- Some ACCHS are a Registered RTO – this allows for onsite training that is cultural appropriate and upskilling of the Aboriginal and non-Aboriginal workforce



Other services ACCHS Deliver



The delivery of immunisation, tobacco, alcohol and other drugs, sexual health, ear health, eye and oral health, environmental health, social emotional wellbeing, mums and bubs programs, counselling services, transport services, NDIS service providers, child and maternal health.

Visiting services are important to the Model of Care our ACCHS deliver, some of these service are – cardiologists, renal services, ophthalmologists, diabetes specialists/educators, audiologists, dietitians, podiatrists, optometrists, dentists and this list just goes on

- **They advocate on behalf of their clients/patients and communities**
- **Influence system-wide changes**
- **Provide optimal care use of data**
- **They plan, shape, design and monitor service delivery trends, gaps and needs**
- **Research which determinates improvement to clinical and cultural service delivery**
- **Provide evidence based data, policies, ethical and cultural practices**
- **Risk management, high quality care through compliance and accountability**

Operational Systems

To ensure the delivery of the ACCHS Model of Care

- The need for strong leadership
- A multi-disciplinary, robust and skilled Aboriginal and non-Aboriginal workforce
- Strong clinical governance that provide an entry point
- A seamless referral and follow-up process
- Promotes language, cultural healers and traditional medicines
- Promote flexible service delivery inclusive of outreach and home support, on country and in schools
- Build purposeful partnerships that support Aboriginal people to access services
- Identify existing, and build on further, capacity in communities
- Importantly ensures the delivery of innovative, strength based holistic flexible service responses, that are culturally appropriate as close to home as possible



Summary

The ACCHS Model of Care is strength-based, provides holistic care/lens, that offers a 'one-stop-shop' service delivery, with centralised intake and coordination point, plays a key role in identifying innovative local responses, to shape, design and strengthen what is needed for culturally appropriate services for Aboriginal people and their communities.

This Model of Care is four worlds coming together as one 'the clinical, the non-clinical, the technology and cultural worlds'





THANK YOU

Special thanks to AHCWA for info slides
and collaboration into this presentation