

Valuing ACCHOs

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Generally speaking, Aboriginal and Torres Strait Islander people needing health care want to be cared for by Aboriginal and Torres Strait Islander people (Larke et al., 2021) and attend Aboriginal and Torres Strait Islander-led services (Cox Inall Ridgeway, 2020). One estimate of a decade ago found that Aboriginal community controlled health organisations (ACCHOs) provide primary care services to between a third and a half of the Aboriginal and Torres Strait Islander population (Dwyer et al., 2011).

There is growing evidence about the many successful outcomes of ACCHOs, and some data that demonstrates how they outperform mainstream services in recognising and dealing with chronic diseases (Panaretto et al, 2014; Thompson et al. cited in Mackey et al., 2014).

As well as evidence for success in providing comprehensive primary health care, ACCHOs have a vital role in:

- preventing poor mental health and intervening early when it appears
- understanding and addressing the risks for developing and worsening of mental health problems
- supporting people to use mental health services and allied health care
- supporting people through the complexity of the health system
- connecting community members with the range of community-based support services
- working with mainstream community health staff and hospital staff to improve understanding of health from an Aboriginal and/or Torres Strait Islander person's perspective
- working as part of multi-agency and multidisciplinary teams aimed at delivering shared care arrangements (NATSILMH, 2017).

ACCHOs are well placed to provide accessible, culturally safe care because they:

- are operated by, are situated in and reflect local Aboriginal and Torres Strait Islander communities and cultures
- are controlled by an Aboriginal and Torres Strait Islander community-based board, elected by community members, to lead responses to local issues

- are affordable, as they largely bulk bill for medical services (Dudgeon et al, 2018).

Aboriginal and Torres Strait Islander cultures are central to health service delivery within ACCHOs. Cultures are embedded across health care delivery (see Figure 1) through:

- focusing on the needs of individuals, families and communities
- respecting gender-based cultural protocols and needs
- creating welcoming and family-friendly environments
- incorporating local cultural values, protocols, ceremonies and spirituality in programs and services
- having processes for local community to be empowered to shape ACCHO services
- employing Aboriginal and Torres Strait Islander staff and supporting their leadership
- using local Aboriginal and Torres Strait Islander language, arts, and resources
- developing health promotion and prevention resources relevant to local communities
- ensuring many ways learning between Aboriginal and Torres Strait Islander and other colleagues (Bailey et al, 2020; CREATE, 2020).

Figure 1: ACCHO values, services and the centring of culture



Source: CREATE, 2020

A systematic review of qualitative evidence by several Aboriginal and Torres Strait Islander researchers and their collaborators (Gomersall et al., 2017), with guidance from the leadership group of the National Health and Medical Research Council Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE), sought to understand what Aboriginal people valued about ACCHO health care compared to mainstream primary health care services. See Table 1.

Table 1: What people value in ACCHOs

Finding	Reasoning
ACCHOs' accessibility was highly valued	Proactive service provision such as outreach services and home visits, staff who were easily contactable, and staff meeting patients in public areas such as shopping centres.
	Culturally safe care by providers who spent time getting to know needs, developing shared understandings, respected Aboriginal culture, and created an environment that supported service users to feel comfortable.
	A welcoming environment in which service users saw other community members familiar to them, and who understood them, both in the waiting room and in the clinical space, which supported a sense of belonging. ACCHOs can serve as social meeting places, for events and gatherings where friends offer and receive support.
The way ACCHOs delivered care was highly valued	Clients experienced and valued staff taking their time with them.
	ACCHOs deliver care in a way that was responsive to their background by people who understood them, supporting them to feel known, a sense of belonging, more confident, less anxious, cared for, accepted, supported and encouraged.
	Ongoing care and support were available for various problems in a client's life over time, and that of families, over generations.
Qualities of ACCHO staff were highly valued, such as being Aboriginal, and understanding Indigenous clients and therefore behaving respectfully	Clients valued the behavioural qualities of staff: respectful and non-judgemental manner, taking time to understand the family background and listen to needs, with sensitivity, kindness, reassurance and trustworthiness.
	Clients valued the Aboriginal identity of many of the staff and the employment of Aboriginal Health Workers, with Aboriginal boards and management teams.

Finding	Reasoning
A comprehensive, holistic approach to health care was highly valued.	<p>Non-clinical services such as social services, cultural events and group activities such as events, camps and cultural activities were valued.</p> <hr/> <p>Clients felt they had increased confidence, enhanced knowledge about how to manage health and wellbeing and actively engaged in health decision-making, with pride in being part of the local Aboriginal community and its health service, seeing better health outcomes, and better mental health.</p>

Source: Gomersall et al., 2017

That review summarised Aboriginal and Torres Strait Islander people's perceptions of care in mainstream health services as:

- lacking respect
- lacking a shared understanding between service users and providers
- feeling discriminated against, both in the open areas and in the clinical space
- feeling a lack of reciprocal trust (Gomersall et al., 2017).

Suggested citation

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