Leading Indigenous health outcomes through community engagement

About Poche Centres for Indigenous Health

Poche Centres for Indigenous Health are an example of the power of partnership in achieving real change to contribute to closing the gap in life expectancy. Established and funded by philanthropists Greg Poche AO and Kay Van Norton Poche, Poche Centres seek to leverage the expertise within Universities to seek solutions that address complex health issues faced by Aboriginal people. The Poches have gifted more than $50 million dollars to Aboriginal health over the past six years.

The Poche Indigenous Health Network has been created to enhance the collaborative efforts, expertise and resources of each of the individual Poche Centres. The biannual Key Thinkers Forum represents a powerful example of this, providing an opportunity for all sectors of community, Government, non-government and academia to come together in critical discussion of significant issues within Aboriginal public health at a national level.

The University of Queensland Poche Centre for Indigenous Health

The Poche Centre for Indigenous Health at The University of Queensland (UQ) brings together Indigenous and health expertise across the University, and works collaboratively with Indigenous community organisations and health providers, on improving health outcomes for Aboriginal and Torres Strait Islander people, with a particular focus on Urban Indigenous health.

Contextualizing the debate on Indigenous Urban Health

More Aboriginal and Torres Strait Islander people are living in Australian cities than ever before. Urban-dwelling Aboriginal and Torres Strait Islander people are often thought to have the same access to health services as the non-Indigenous urban population. The implication is that their health outcomes should also be similar. However, with higher rates of chronic disease and injury compared to their non-Indigenous neighbours, and a life expectancy gap that equates to an average difference of 10.9 years less than the non-Indigenous urban average, (ABS 2013) this is not the case.

What’s more, this disparity refutes the common assumption that ‘remoteness’ is the root cause of Indigenous ill health. Evidently ‘the health gap’ in urban areas is more complex than geography, and the growing urban population will continue to have implications for both communities and policymakers alike.

There are currently over 150 Aboriginal Medical Services, controlled and run by Indigenous people, for Indigenous people. Now commonly called Community Controlled Health Services (CCHSs) they operate nationwide and are overseen by the National Aboriginal Community Controlled Health Organisation (NACCHO). They provide primary health care, including access to GPs, nurses, allied health professionals, social and emotional wellbeing staff, and medical specialists (AIHW 2010), with facilitated access and coordination with mainstream service providers.
Challenges for Community Controlled Health Services

As government policies target mainstream providers in urban areas to build Indigenous service capability and access, the ongoing need for CCHSs has been challenged. An evidence brief issued by the Deeble Institute surmises that there is currently a lack of evidence around the cost-effectiveness of CCHSs compared with mainstream health services (Mackey, Boxall and Partel 2014). We recognise that this is a highly contentious issue and we equally recognise that CCHSs are the preferred provider by half the Indigenous population nationally.

The Development of Primary Health Networks

Primary Health Networks (PHNs, replacing Medicare Locals in 2015) are part of a reform to the primary health care system. Part of their agenda is to understand the health needs of communities, with greater involvement in population health, and they are managed by a local board. CCHSs can be viewed as the prototype for this model of informed and targeted health care delivery.

PHNs were also established with the intention of coordination with local CCHS providers under ‘Closing the Gap’ strategies. Significantly, then, PHNs both increase capacity for coordinated care and validate the existence of CCHSs in urban areas. However, without meaningful partnership with the CCHS sector, PHNs could exacerbate funding inequities and inefficiencies in the health system (Close the Gap 2016).

Discussion Questions

1. How does the Primary Health Network influence service delivery in the Indigenous health space?
2. What do you see as the mainstream health system’s role?
3. Where is it working well now in CCHSs and what needs to change to make this more effective?
4. How can the mainstream health system learn from community control?
5. What can we do to ensure the mainstream health system and community controlled organisations work effectively side by side?
6. How do we provide evidence of the CCHS value for money proposition?

Details of the Key Thinkers’ Forum

Date  Tuesday 29 November 2016
Time  5:00 – 6:00pm followed by Canapes & Drinks
Venue  The Long Room, Customs House, 399 Queen St Brisbane 4000
Chair  Professor Tom Calma AO
References


Further Information

At the conclusion of each forum a paper is produced, which summarises the issues raised and makes comment or presents an opinion about the topic discussed. This is published as a ‘Poche Opinion paper’. Poche Opinions are a tool to contribute to knowledge and to draw the wider community into the key debates and issues in Aboriginal health.

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