Learning from the experience of comprehensive primary health care in Aboriginal Australia
A commentary on three project reports

Bronwyn Fredericks and David Legge

The Commentary

This commentary was prepared by Bronwyn Fredericks and David Legge on behalf of and in association with the three Aboriginal Australian projects participating in the International Revitalising Health For All Project.

We acknowledge the work of all the participants, teams, organisations, and community members who supported the projects.

Contextualising the Projects

It is important to understand that we have:

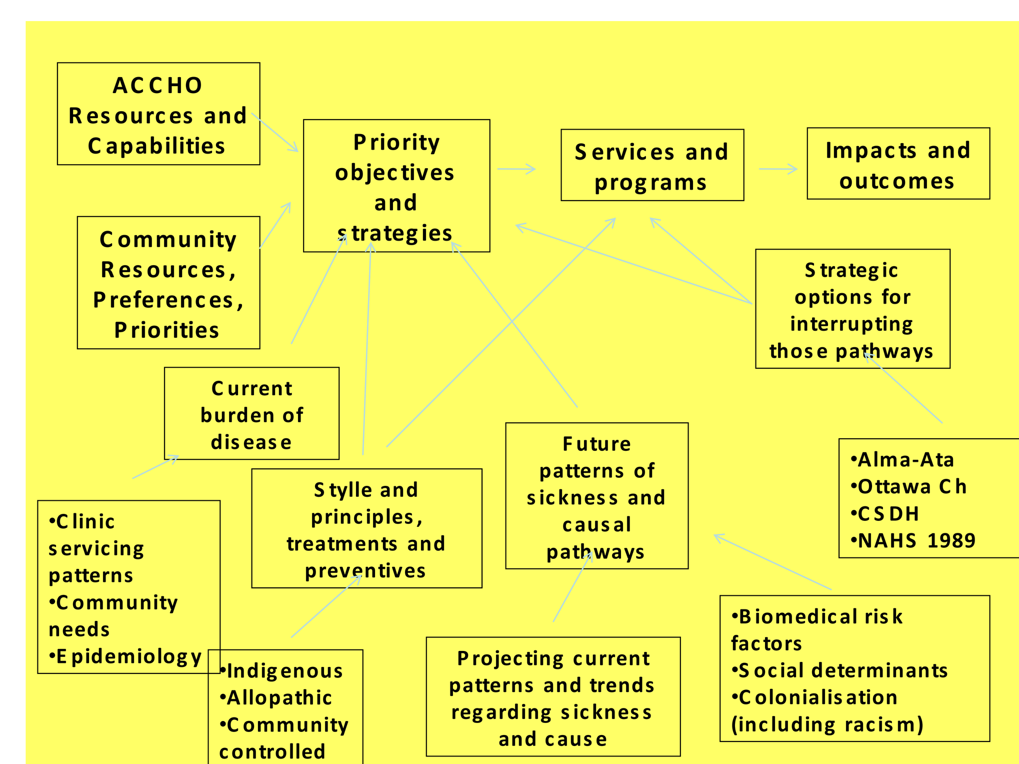
*A history of invasion, colonisation and dispossession and the subsequent waves of official policy and the changing relationship of Aboriginal people to the rest of Australian society.

* A history of official policy and program administration since the establishment of the Aboriginal health service in Redfern in 1971.

* Debates around the strategic underpinnings of Aboriginal health policy since 1971 (when Redfern was established), globalisation, neoliberalism and global warming.

•Relations between Aboriginal Australia and the wider global networks of Indigenous solidarity.

•A multi-faceted environment in which we work, as the diagram below demonstrates.



The Case Studies

The Victorian Aboriginal Health Service Ltd (VAHS) Fitzroy, Victoria: *Forty Years of CPHC*. (Below)

Central Australian Aboriginal Congress Inc. (Congress), Alice Springs, Northern Territory: Ingkintja, *Male Health Program.* (Below)

Urapuntja Health Service (UHS), Utopia, Northern Territory: *Outstation health care*. (Below)

All are Aboriginal Community Controlled Health Organisations (ACCHOs).

What have we learnt

High quality clinical services is a critical part of the work of ACCHOs. All three participating projects commit strongly to quality and efficiency in service delivery but it is not easy nor is it cheap.

Community involvement, at the board, staff and broader community level, is fundamental to the ACCHO model. Each of the three projects illustrates different aspects of community involvement.

Referral relationships are critical; not just to more specialised medical units but to various kinds of specialised expertise. This can be challenging when those units or experts are embedded in mainstream institutions.

Intersectoral collaboration is critical to addressing the social determinants of health, more macro & longer term factors. There are barriers, some have been imposed through state/territory and federal policies.

Indigenous health disadvantage is not just about poverty or ‘low SES’. Colonisation and on-going racism are part of what maintains the ‘gap’.

Leadership in Indigenous affairs cannot be under-estimated. leadership in: understanding the issues that communities are facing including the causes of the causes; the development of strategies which work at the personal and immediate level but also at the macro and longer term level; breaking new ground and carrying the rest of us along.

Indigenous health has been retarded in some significant aspects by unwise, inappropriate and occasional malignant policy making in Canberra and other capital cities. This presents particular challenges for the Indigenous health movement

The projects have…

Affirmed Aboriginal Community Controlled Health Organisations and the role they play. We acknowledge that Aboriginal community controlled health care in Australia antedates the Alma-Ata Conference and Declaration. In fact the national peak body NAIHO (National Aboriginal and Islander Health Organisation) participated in the Alma-Ata Conference and the drafting of the Declaration.

Contextualised each case study in relation to the history of Indigenous affairs, particularly Indigenous health, and the history of comprehensive primary health care in Australia;

Generalised insights into causes, principles and strategies for Indigenous health development and for comprehensive primary health care; and

Suggested some next steps, regarding Indigenous health development, including training, political advocacy and research which will advance the more clearly identified strategies and help to clarify the critical uncertainties.

Acknowledgements

•The Victorian Aboriginal Health Service Ltd (VAHS).
•Central Australian Aboriginal Congress Inc. (Congress).
•Urapuntja Health Service (UHS).
•Cooperative Research Centre for Aboriginal Health.
•The Lowitja Institute.
•Victorian Aboriginal Community Controlled Health Organisation (VACCHO).
•Queensland University of Technology, Monash University, The University of Melbourne, La Trobe University and Flinders University.
•Teasdale-Corti Global Health Research Partnership Program (Canadian Global Health Research Initiative- Canadian Institutes of Health Research, International Development Research Centre, Health Canada, and the Canadian International Development Agency).