

# ABORIGINAL HEALTH PROMOTION AND CHRONIC CARE PARTNERSHIP PROGRAM GUIDELINES

## Executive Summary



## EXECUTIVE SUMMARY

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There are significant inequalities in the health status of Aboriginal Victorians compared to non-Aboriginal Victorians. The life expectancy of Aboriginal Victorians is seventeen years less compared to the rest of the population, and there is a greater likelihood of hospitalisation, and at a much earlier age for diabetes, renal disease, cardiovascular disease and respiratory diseases – compared to non-Aboriginal Victorians. As a response to this, the Victorian Government has allocated \$1.7 million in 2005-06 (\$7.06 million over four years) to prevent and better manage chronic disease in Aboriginal people in nine geographical areas across Victoria through the Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership.

The AHPACC Partnership is a new program model developed through a consultative process between the Department of Human Services (DHS) and the Victorian Aboriginal Council on Koori Health (VACKH) subcommittee.

The vision for the AHPACC Partnership:

*Aboriginal Victorians can access primary health care that is culturally respectful and addresses aspects of health including prevention, promotion and treatment, underpinned by principles of self determination and collaboration, and endeavours to achieve a quality of life for Aboriginal people, equal with all other Victorians.*

The AHPACC Partnership will support Community Health Services (CHSs) and Aboriginal Community Controlled Health Organisations<sup>1</sup> (ACCHOs) work in partnership to improve health outcomes for Aboriginal Victorians with/at risk of chronic disease.

The AHPACC Partnership will achieve this through:

- Increased access to primary health care services by Aboriginal Victorians.
- Improved clinical service delivery, coordination and continuity of care, and support for chronic disease self-management approaches.
- Coordinated approaches to health promotion planning, implementation and evaluation by building upon other programs, for example, those targeting nutrition, physical activity, smoking cessation, mental health and wellbeing, healthy weight.
- Increased capacity of CHSs in the provision of culturally sensitive services.
- Workforce development (including accredited training) and organisational support for both Aboriginal and mainstream workers and organisations in the implementation and evaluation of the AHPACC Partnership.

This new program model includes the establishment of new positions supporting health promotion and access to chronic disease prevention and management services by Aboriginal persons. In addition to this, the individual and joint roles of partner organisations and the acknowledgement of Aboriginal cultural influences including historic, cultural and social contexts of communities need to underpin the planning, implementation and evaluation of the AHPACC Partnership.

*Interim Program Guidelines: AHPACC Partnership* have been developed for local CHSs and ACCHOs (and relevant partners), to guide the planning and implementation of the AHPACC Partnership. These Guidelines describe, in some detail, the following:

- Goals, objectives and outcomes of the AHPACC Partnership.

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<sup>1</sup> The term 'Aboriginal Community Controlled Health Organisation' is a collective terms used for Aboriginal organisations with a focus on delivery of health services, but in the case of the AHPACC Partnership documentation, also includes one Aboriginal organisation which is an Aboriginal Community Controlled (not health) Organisation.

- State-wide program standards ensuring some consistency while enabling local innovation and local needs to be addressed.
- Program model including collaborative arrangements between CHSs and ACCHOs, client recruitment and Aboriginal and Torres Strait Islander identification, processes for GP liaison, access to chronic disease services, self management approaches, care planning, roles of partner organisations in program delivery, the development and maintenance of culturally appropriate recall and reminder systems, and approaches for integrated health promotion targeting chronic disease prevention.
- Key relevant programs supporting health promotion and chronic disease prevention/management to ensure AHPACC Partnership implements integrated approaches and builds upon existing work.
- Scope of roles for the new health promotion and chronic care position/s, and qualifications and training options that will be made available.
- Steering committee arrangements.
- Partnership protocol and the key elements to the development of this protocol.
- Data collection and evaluation requirements of partner organisations, and the support that will be provided to organisations to facilitate this work.
- Accountability requirements.

The commitment by the CHSs, ACCHOs and other local partners to working collaboratively is key the development of the AHPACC Partnership model and improving health outcomes for Aboriginal Victorians with, or at risk, of chronic disease.

**For further information see AHPACC Partnership website:**  
[www.health.vic.gov.au/communityhealth/AHPACC](http://www.health.vic.gov.au/communityhealth/AHPACC)