Central Australian Aboriginal Congress

Mechanisms
- Accessible, locally delivered
- Community driven (Community controlled)
- Mix of prevention, promotion, treatment, and rehabilitation
- Multi-disciplinary team work (inc. AHWs)
- Intersectoral and interagency collaboration
- Cultural respect
- Promote economic paradigm consistent with public health

Context
- Social Justice and Social View of Health
- Chronic disease epidemic
- Resources available for health in community
- Educational disadvantage (inc. for employing staff)

Inputs / Resources
- Staff, FTE, Funding
- Catchment Area + Remote

Activities
- Planning, monitoring, management, administration, Health development, Capacity building for remote health, Continuous Quality Improvement
- AHW training, registrar program, supporting medical, social work, psyc, midwifery, nurse, AHW students, supporting junior and OS doctors, encourage local doctors
- Support development of ACC PHCs, Improve models of ACC PHCs, Intersectoral committees eg AS Trans, Plan, PAAC, early childhood
- GP, pharmacy, chronic disease, hearing, children’s programs, frail aged & disabled, dental, specialists, immunisation, health checks, sexual health, allied health, preschool program
- Antenatal care, birthing, sexual health, ANFP program, specialist clinic, dispensary, health checks, cultural program, YWCHEP
- Therapy, youth outreach & drop in, Safe and Sober, targeted family support, …… FWPB, suicide prevention, community development, advocacy
- Headspace, youth advisory group, GP, psyc services, community development
- Remote health services (direct and auspiced) inc. podiatrist, diabetic nurse, nutritionist, GPs, nurses, AHWs
- Long daycare

Individuals
- Services that are:
  - Encouraging of individual and community empowerment and dignity
  - Responsive to community needs
  - Holistic
  - Efficient and Effective
  - Used by those most in need
  - Culturally respectful
  - Compassionate

Community

Family

Community participation
- Build capacity of remote PHCs

Local community health prof.s
- Stable, skilled workforce

Achieve change in SDH
- Strengthen ACC PHC field

Sustainable CPHC oriented health system
- Full Aboriginal employment at Congress
- Achieve Aboriginal community controlled PHCs in all communities

Improving health and wellbeing of individuals and communities
- Improving quality of life in our community
- Increasing dignity in the community (through true holistic service that encompasses social, emotional, self-worth, empowerment)
- Reducing avoidable premature mortality

Increase child and maternal health
- Increase rate of healthy weight babies

Reduce rates of disease and disability
- Reduce progress and impact of disease and disability
- People feel cared for

Increase social and emotional wellbeing in community
- Reduce rates of suicide

Reduce rates of STIs
- Reduce rates of violence
- Increase men’s health and wellbeing

Improve health, wellbeing, access to health care in remote NT

Improve outcomes for children

Socio-political context
- Political environment
- Close the Gap
- Northern Territory Emergency Response

Organisational Operating Environment
- Physical work environment, infrastructure
- Complexity of interaction between Indigenous knowledge & culture and Western styles of professional practice in the context of 21st Century life

Outputs: Service Qualities
- Skilled, satisfied workforce