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PRIMARY, SECONDARY AND TERTIARY
HEALTH CARE SERVICES TO
ABORIGINAL COMMUNITIES

(Including an appendix)

Core Functions of Primary Health Care in Aboriginal
Community Controlled Health Services (ACCHS)

The Aboriginal Health & Medical Research Council
of New South Wales
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Foreword

The *AH&MRC Monograph Series* provides an important forum for critical analysis and review of Aboriginal health issues from an Aboriginal community health perspective. The *Series* is produced by the Aboriginal Health & Medical Research Council of New South Wales (AH&MRC), formerly the NSW Aboriginal Health Resources Co-operative Ltd. The latter was established as a result of a recommendation within the *Brereton Report* - a review into Aboriginal health undertaken by the NSW Task Force on Aboriginal Health during 1982 and 1983.

The subject of this inaugural publication within the *AH&MRC Monograph Series* is a timely contribution and provides a definitive summary of and a practical guide to a very important area of health. The various distinctions between Primary, Secondary and Tertiary health care, and the respective roles of each service provider, are crucial in the efficient delivery of health services to Aboriginal people.

There is no ambiguity within the *National Aboriginal Health Strategy (NAHS)* concerning the importance of the Aboriginal Community controlled health sector itself to deliver culturally appropriate primary health care to Aboriginal people. Further, its recommendation for the expansion of Aboriginal health services, for both large services and small satellite clinics throughout the nation, is essential if the ill health of Aboriginal people is to be redressed. The duplication of primary health care services outside of the Aboriginal Community is not only counterproductive but leaves it open to the criticism that the NAHS insightful analysis is being circumvented. This may reflect a reluctance to utilise the creative energy of Aboriginal people to assume responsibility for returning to the health enjoyed prior to British colonisation or it might simply be a lack of comprehension of the issues being raised within this document.

The many positive experiences of working together with committed people at each level of government to implement the NAHS are both encouraging and humbling. However, if this publication can in some way provide support for expanding much needed services within this State and enhance autonomy and self determination for Aboriginal people, enabling the Community itself to perform the onerous task of ameliorating ill-health within Aboriginal communities, it will have been well worth while.

While more comprehensive and detailed analyses, reviews, historical appraisals, policy analyses, research reports and epidemiological studies will follow, no more important statement can be made than this concise document to ensure that costly and unnecessary detours are avoided in meeting the awesome responsibility confronting us.

Appreciation is extended to the Office of Aboriginal & Torres Strait Islander Health within the Department of Health and Aged Care for funds to publish this Volume and Volume 2, *Ethical Guidelines for Research into Aboriginal Health* and Volume 3, *A Brief History of Health within Aboriginal Communities in NSW*, as 'Special Projects of Significance' within the Aboriginal Health Recruitment Program administered by NACCHO. It is envisaged that they will be of immediate application and assistance to newly recruited staff in Aboriginal health. The documents are also considered an invaluable resource for those employed within the health field in general and a source of reliable information for those committed to the health of Aboriginal people.

The Editorial Committee

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PRIMARY, SECONDARY AND TERTIARY HEALTH CARE SERVICES TO ABORIGINAL COMMUNITIES

Whilst there is natural overlapping in the different types of health care the distinctions between Primary, Secondary and Tertiary Health Care are very important to properly understand the role and necessity for Aboriginal Community Controlled Health Services. Where there are detectable breakdowns in health service delivery, failure to grasp the importance of each level of health care can usually be seen as the causative factor. This has ramifications in funding uncertainties, state and federal ambiguities for financial responsibility; actual role for State and Federal health staff, including Aboriginal health workers employed by government agencies and departments, all of whom have vital roles in redressing Aboriginal ill health.

Primary Health Care

The definition for Aboriginal health places the health of Aboriginal people in a wider context than receiving mere technical medical assistance. Primary medical care, whilst often used as synonymous with primary health care, should be clearly distinguished. Primary health care includes the provision of primary medical care, which is one of the important services provided by ACCHS's and is, therefore, a selective component of primary health care. Where arguments for duplication of service arise they are usually the result of disregarding or not comprehending this crucial distinction.

Primary health care is the first point of contact a person encounters with the health care system. In mainstream health throughout Australia primary health care is normally provided by general practitioners, community health nurses, pharmacists, environmental health officers etc. although the term usually means medical care. In the Aboriginal community the first contact with the health system is usually through an ACCHS or satellite clinic.

Primary health care, within the context of the Aboriginal Community Control model, has much in common with the World Health Organisation definition that states:

“Primary Health Care” means “...essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individual and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It

forms an integral part both of the country's overall health system, of which it is the central function and main focus, and the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing care as close as possible to where people live and work, and constitutes the first elements of a continuing health care process.”
(Alma-Ata Declaration, 1978.)

The provision of this calibre of health care services requires an intimate knowledge of the community itself and its health problems with a community response for the most effective and appropriate way that identified health problems can be addressed. These programs would include promotive, preventative, curative and rehabilitative services. (Adapted from the W.H.O. Alma-Ata Declaration 1978)

Within the context of services provided by an ACCHS, primary health care incorporates numerous health related disciplines and services and in addition to the provision of primary medical care with its clinical services treating diseases and its management of chronic illness, includes pharmaceuticals, counselling, preventive medicine, pre and post natal care and the various other services described within the NACCHO definition for ‘Aboriginal Health Related Services’:

“Aboriginal health related services” means those services covered by the Aboriginal holistic definition of health including, but not restricted to, such services as health promotions and disease prevention services, substance misuse, men’s and women’s health, specialised services to children and the aged, services for people with disabilities, mental health services, dental care, clinical and hospital services and those services addressing, as well as seeking the amelioration of, poverty within Aboriginal communities.

Other terms used to describe the functions and activities of an ACCHS are Co-ordinated Care or Integrated Care. This wider area of health care responsibility refers to the quality rather than the quantity of health care.

The primary health care that the Aboriginal community controlled health sector has been providing since its inception has been integrated care. Recent usage by the mainstream sector of such terms as ‘Holistic Health’, ‘Co-ordinated Care’, ‘Integrated Health Care’, ‘Health Partnerships’ and ‘Non-body Parts Approaches to Health’, have all been direct contributions that the Aboriginal community controlled health care sector has made to the Australian health system.

Co-ordinated care or Integrated care, as a comprehensive approach to health, is what Aboriginal medical services routinely provide to their constituency, which in effect is best possible practice in primary health care. It is not motivated from

some philosophical or political position but arises out of pragmatic experience within the Community itself and from the necessity to adequately and comprehensively provide meaningful, effective and culturally appropriate health services.

Whilst it is considered the only viable method for treating ill health in the Aboriginal community it also has financial benefits. Its educational component means that preventative medicine is a vital part of the service and its programs and services are presented in a culturally appropriate manner, hence maximising their potential for success. Its only limitations are the acknowledged lack of resources and training.

Primary Health Care within the Aboriginal community controlled health sector means those activities that are necessary to provide social and emotional support to better equip the healing process. In addressing the needs of Aboriginal communities seeking to regain stability and cultural wellbeing any attempt to further alienate health services from their indigenous base would be counterproductive.

Primary or Co-ordinated health care will naturally involve liaison with other forms of primary health care agencies such as general practitioners, community health services, pharmacists and local government. It will also include such services as referral and/or transportation to secondary health care (hospitals) or tertiary health care (specialists) where these are unavailable within an ACCHS. The diverse provision of services includes counselling; health education; preventative medicine; provision for supporting people with disabilities; liaison with families and school children; family health strategies; sexual health programs; counselling for bereavement and illness; funeral arrangements; integration with other pertinent social and economic services; liaison with other health and social agencies; the implementation of health programs; health promotions; data collection and other public health services. For a detailed summary see appendix "*Core Functions of Primary Health Care in Aboriginal Community Controlled Health Services (ACCHS).*"

What has to be stated is that these services are provided by ACCHS's in a supportive environment, free of racial intimidation and yet carried out under financial strictures not evidenced in other health agencies.

Providers of Primary Health Care to the Aboriginal Community

Numerous Aboriginal Community Controlled Health Services have witnessed an ever-growing tendency by mainstream health services, or even hospitals, to utilise Aboriginal health funding in attempts to duplicate primary care services provided

by ACCHS's. Such attempts are futile as ACCHS's are unique and cannot be successfully duplicated.

It is widely acknowledged that Local, State and Federal governments have obligations from within their global health budgets to provide health services to Aboriginal people as they would to any other citizen in this country and access to these services by Aboriginal people should be a priority for the mainstream health sector.

However, the argument advanced by some mainstream services to justify accessing Aboriginal health funding is that there is better infrastructure, management and program support within the mainstream health sector to provide a given program. Where this is the case it may be because of neglect in implementing the funding recommendations within the *National Aboriginal Health Strategy (NAHS)* which, in addition to recommending adequate resourcing of existing services, recommended expansion of Aboriginal Health Services and smaller Aboriginal health clinics throughout the country. Skill transfer, education and training, and adequate resourcing of ACCHS would provide more positive, cost effective and comprehensive results than attempts at duplicating primary health care provision.

This counter-productive exercise is also prevalent in case specific program money which federal, state and autonomous regional health bodies can divest into mainstream services. Such programs as Otitis Media, family health, diabetes, mental health, antenatal and post natal care, certain screening, immunisation, sexual health and environmental health are programs which by their very nature all require intimate and consistent close contact with the Aboriginal community. However, these essentially community programs can have their funding allocation diverted to agencies, universities and mainstream services rather than to ACCHS's, or at the State level the AHRC, which have direct and intimate contact with Aboriginal families and children - the very community people who require these essential services.

Aboriginal Health Workers employed by the mainstream health sector perform important roles providing preventative health education and health promotion programs in addition to the vital task of facilitating access and equity to secondary and tertiary health care services for Aboriginal people.

These necessary and complementary duties are important in the overall provision of health services to Aboriginal people which should not be jeopardised by perceived responsibilities which merely duplicate existing Community initiatives or compete with the Aboriginal community controlled health sector in its provision of primary health care services - services which it can provide quite easily and more efficiently.

There are circumstances where the provision of primary health care by the mainstream sector is necessary and unavoidable in the absence of an ACCHS or lack of certain services within a given Aboriginal community. However, where there is such a deficiency this should be proactively addressed. In areas where ACCHS's are available, or where provision of services can be provided easily to satellite Aboriginal health clinics, the Aboriginal community controlled health sector should be properly resourced, consistent with the principles of the *Alma-Ata Declaration* and the *NAHS*.

Secondary Health Care

Secondary health care refers to those services particularly provided by hospitals and the provision of primary care within ACCHS's is an important bridge in accessing and utilising secondary care services. There is an acknowledged movement today to minimise hospitalisation, where medically possible, not solely for less patient bed days but also to avoid unnecessary expensive ancillary services.

An ACCHS is strategically placed to work closely with hospitals. It facilitates, and can act as a supportive agent, in the necessary transition to secondary care where necessary and can minimise preventable hospitalisation by its educational, preventative and early intervention services provided by trained Aboriginal health workers. The integrated services provided by ACCHS's are not only therapeutic but also cost effective, minimising the need for secondary health care services. However, where hospitalisation is necessary ACCHS's can be effective in providing transport and support network services and the role of the Aboriginal health worker in the mainstream health can be of great assistance in facilitating Aboriginal people to access secondary health care.

Tertiary Health Care

Tertiary Health Care refers to those specialist services mostly provided by the private medical profession. Aboriginal Community Controlled health services can provide tertiary services through medical specialists and allied health professionals visiting their Services for routine clinics. Where tertiary services are available in rural and remote areas these are mostly provided through private clinics or within hospitals by visiting specialists, however, both have similar experiences of drastic shortages in specialist health care.

Whatever levels there may be in accessing tertiary care there is a dearth of specialist health services available to Aboriginal people in rural and remote areas, and when available through the visits of specialists, there are long waiting lists between widely spaced appointments. Efforts to provide best possible practice

are continually compromised and the only alternative immediately available is for ACCHS's to provide transportation to distant regional centres or capital cities where these services are more readily available. The Commonwealth funded IPTAAS program offers little respite in terms of addressing the major issues surrounding transportation, accommodation and ultimately actual access to services for Aboriginal people living in rural and remote parts of NSW.

The difficulties with specialist services are compounded when issues relating to State borders are taken into consideration. In many cases reimbursement for services across borders are not forthcoming. Whilst numerous reports and needs analyses have been undertaken by ACCHS there is no concomitant or reciprocal response to provide adequate specialist services to rural and remote communities. This, admittedly, affects both Aboriginal and non-Aboriginal patients but there is a greater percentage of Aboriginal people adversely affected.

The serious lack of specialist services in rural and remote areas can be partly addressed through Local, Regional and State health planning that can comprehensively address deficiencies in specialist health services. However, as plans constantly require amendment, the ongoing role of the Aboriginal health worker in the mainstream health sector can be most effective in this crisis by working together with ACCHS's to ensure that Aboriginal people in rural and remote areas have better access to tertiary health services.

CORE FUNCTIONS OF PRIMARY HEALTH CARE IN ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES (ACCHS)

Primary Health Care

Primary Health Care is essential, integrated care based upon practical, scientifically sound and socially acceptable procedures and technology made accessible to communities as close as possible to where they live through their full participation in the spirit of self-reliance and self-determination. The provision of this calibre of health care requires an intimate knowledge of the community and its health problems, with the community itself providing the most effective and appropriate way to address its main health problems, including promotive, preventative, curative and rehabilitative services. (Adapted from the W.H.O. Alma-Ata Declaration 1978)

Primary Health Care is the first level of contact of individuals, families and the community with the health care system and in Aboriginal communities this is usually through an Aboriginal Community Controlled Health Service (ACCHS) or satellite Aboriginal community health clinic that it services.

Primary Health Care, within the holistic health provision of an ACCHS, provides the sound structure to address all aspects of health care arising from social, emotional and physical factors. It incorporates numerous health related disciplines and services, subject to its level of operation, available resources and funding. In addition to the provision of medical care, with its clinical services treating diseases and its management of chronic illness, it includes such services as environmental health, pharmaceuticals, counselling, preventive medicine, health education and promotion, rehabilitative services, antenatal and postnatal care, maternal and child care, programs and necessary support services to address the effects of socio-somatic illness and other services provided in a holistic context and included in the NACCHO definition for 'Aboriginal Health Related Services'.

“Aboriginal health related services” means those services covered by the Aboriginal holistic definition of health including, but not restricted to, such services as health promotions and disease prevention services, substance misuse, men’s and women’s health, specialised services to children and the aged, services for people with disabilities, mental health services, dental care, clinical and hospital services and those services addressing, as well as seeking the amelioration of, poverty within Aboriginal communities.”

This all inclusive, integrated health care refers to the quality of health services. It is a comprehensive approach to health and arises out of the practical experience within the Aboriginal community itself to provide effective and culturally appropriate health services to its communities.

The following list of core services are those which are provided, subject to adequate funding, in many ACCHS's and reflect the Aboriginal definition of holistic health:

“**Aboriginal health**” means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.”

Core Functions of Primary Health Care in (ACCHS)

1. Medical Care

(i) Clinical Health Services

Clinical Health Services may include, but not be restricted to, the following services provided by medical practitioners and/or appropriately qualified allied health professionals, trained Aboriginal Health Workers or qualified nursing staff using standard treatment procedures:

- Diagnostic and clinical care
- Treatment of illness/disease
- Management of chronic illness
- Referral to secondary health care (inpatient hospital and other health residential facility) and tertiary health care (specialist services and care) when not available at the ACCHS
- Dialysis services and endocrinology referral
- Collections for pathology testing and/or referral
- Radiology services or referral
- Sterilisation of equipment meeting Australian standards
- Respiratory disease testing, services and referral
- Cardiovascular testing, services and referral
- Outreach clinical health services to satellite clinics or communities without services
- Clinical health services to prisons and institutions
- Domiciliary health care

(ii) Pharmaceutical Services

- Prescription of medication and drugs
- Pharmaceutical supplies, (subject to State and Federal legislation and mindful of the *W.H.O. Alma Ata Declaration* advocating provision of essential drugs)

- Pharmaceutical supply arrangements with hospital pharmacies or local pharmacists when not available at the ACCHS

(iii) Preventative Care

- Population health promotional program
- Early intervention
- Otitis Media examination and testing
- Immunisation
- Health education and promotion
- Socially communicable disease control, manuals and education programs
- Health protection supplies and distribution
- Antenatal instruction and classes
- Maternal and child care (0 – 5 years)
- Diabetic screening, testing and counselling
- Screening, individual and mass screening programs
- Vaccinations
- Infection control
- Injury/accident prevention education
- Outreach health promotional programs
- Dietary and nutrition education

(iv) Medical Records & Health Information System

- Up-to-date comprehensive Medical Record System
- Monitoring sheets and Follow up Files
- Health registers
- Health Information Data system
- Immunisation and vaccination registers

2. **Dental Health Services**

Dental Health Services may include, but not be restricted to, the following services provided by dental practitioners and/or appropriately qualified dental health workers or trained dental technicians using standard treatment procedures

(i) Dental Clinical Services

- Diagnostic and dental care
- Treatment of tooth decay/extraction
- Provision of dentures
- Orthodontic and specialist services
- Orthodontic and specialist services referral when not available at an ACCHS

- Sterilisation equipment meeting Australian standards
- Outreach dental services to satellite clinics or communities without dental services

(ii) Preventative Dental Care

- Dental health promotional program
- Early intervention
- Dental health education
- Dental health supplies and distribution

(iii) Dental Records & Information System

- Up-to-date comprehensive Dental Record System
- Monitoring sheets and Follow up Files
- Dental Health registers
- Health Information Data system

3. **Health Related Services and Community Support Services**

Subject to the type of service, Health Related Services and Community Support Services may include, but not be restricted to, the following services provided by medical practitioners, visiting physicians, appropriately qualified allied health professionals, trained Aboriginal Health Workers, qualified nursing staff or community personnel using culturally appropriate procedures and programs

- Social and emotional wellbeing services
- Psychiatric services and care
- Counselling and group activities
- 'Stolen Generations' counselling and Link-up services and support
- Cultural promotion activities
- Aboriginal traditional methods of healing
- Clinic usage as venue for visiting specialists
- Aged care services
- Paediatric Services
- Client follow-up and support
- Home and community care
- Assistance with surgical aids
- Podiatry services
- ENT Services
- Ophthalmology services
- Optometry services
- Advocacy work *e.g.* support letters for public housing issues
- Homelessness support and temporary shelter services

- Submission writing for community organisations
- Advocacy/interpreting services
- Community development work
- School based activities
- Transportation health services and Community bus activities
- Accommodation or assistance for visiting rural and remote patients
- Meeting of patients travelling long distance by public transport
- Deceased transportation and arrangements
- Funeral assistance
- Youth activities and counselling
- Satellite primary health services to remote outlying communities or towns without services
- Support services for people in custody
- Prison advocacy services
- Welfare services and food assistance
- Affordable and wholesome food provision
- Financial assistance for medical supplies or prescriptions
- Environmental health services
- Substance misuse counselling, education and promotions
- Detoxification services
- Needle exchange services
- Services for people with disabilities
- Men's and women's business services
- Family counselling services
- Crisis intervention services
- Audiometry services
- Audiology services
- Local or Regional Health Ethics Committee representation
- Community and ACCHS research and data analysis
- Formal in-service staff education and training
- Liaison with mainstream and private health sectors to assist in access and equity to secondary and tertiary health care services for Aboriginal people.
- Community, Shire Council, Regional Area Health Service, Hospital Board committee representation

The above list, whilst only a guide, includes certain specialists services (tertiary care) which can be available within the holistic health service provision of an ACCHS, depending upon the level of its operation, resources, funding and geographical location, or arranged through ACCHS clinics for visiting specialists and physicians or, in the absence of both of the above, by referral to the mainstream and private health care sectors with co-ordinated care provided by ACCHS medical practitioners, Aboriginal Health Workers and/or qualified nursing staff.