



Working with Queensland Aboriginal and Islander Health Council

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Health equity

for Aboriginal and
Torres Strait Islander people



Our vision is to
eliminate the
disparities in
health and wellbeing
experienced by
Aboriginal and Torres
Strait Islander peoples
in Queensland.

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Who are we?

The Queensland Aboriginal and Islander Health Council (QAIHC) is the peak body for the 26 Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland, two Regional Bodies, 14 Associate Members and one Affiliate Member. Together, we form the ATSICCHO Sector.

Established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders, QAIHC was originally designed as an advocacy body controlled by ATSICCHO Members across Queensland.

Today, QAIHC is still controlled by our Members but we are now much more than an advocacy organisation. We are also responsible for strengthening Member capability and capacity; supporting the strategic growth and development of the ATSICCHO Sector; and ensuring that the integrity of the ATSICCHO holistic Model of Care is maintained in Queensland. We also represent our Members through our affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and are regarded as an expert in our field.

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Why are we important?

QAIHC represents and strengthens the ATSICCHO Sector and ensures that an Aboriginal and Torres Strait Islander perspective is embedded into health system leadership, design and service delivery in Queensland.

QAIHC keeps Members informed and aware of state and national developments, issues and priorities and works closely with Members to reduce and address challenges, barriers and red tape that prevents them from delivering quality, comprehensive primary health care services.

QAIHC also provides leadership and an Aboriginal and Torres Strait Islander perspective during the development or amendment of public policy. This means that government health policies and other measures are often subject to consultation and negotiation with QAIHC.

Collectively, QAIHC Members delivered more than 60 health clinics across the state in 2018, growing from 54 in 2017. The ATSICCHO Sector remains one of the largest employers in Queensland, importantly the Sector wage costs exceed \$200 million dollars, these wages and jobs contribute to your local economies.



“ QAIHC...provides
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Community Control

¹HealthInfoNet. Map of Aboriginal and Islander health/ medical services. Available at: <https://healthinfonet.ecu.edu.au/key-resources/health-professionals/health-workers/map-of-aboriginal-and-islander-healthmedical-services/>

²Wiley Online Library. Can clinical governance deliver quality improvement in Australian general practice and primary care? A systematic review of the evidence. (2010) Available at: <https://onlinelibrary.wiley.com/doi/abs/10.5694/j.1326-5377.2010.tb04071.x>

³Australian Institute of Health and Welfare. Indigenous primary health care: results from the OSR and nKPI collections Supplementary data tables—OSR episodes of care. (2020). Available at: <https://www.aihw.gov.au/getmedia/5c592597-f72c-44b1-8824-96b19093bcaa/aihw-IHW-226-2018-19-episodes-of-care.XLSX.aspx>

⁴Commission, Q. P. Service Delivery in remote and discrete Aboriginal and Torres Strait Islander communities. (2017) Available at: <https://qpc.blob.core.windows.net/wordpress/2018/06/Chapter-17-Health-and-wellbeing.pdf>

Self-determination of Aboriginal and Torres Strait Islander peoples drove the need to address health inequalities within Australia and, in 1971, the first Aboriginal Medical Service (AMS) was established in Redfern, New South Wales. There are now over 140 AMSs throughout Australia providing primary health services to the community whom control it.¹ The AMS sector have been attributed to leading the way in clinical governance in Australia.² A recent national report provided by the Australian government stated that in 2015–16 Aboriginal and Torres Strait Islander specific primary health care (AMSs) provided 3.9 million episodes of care to around 460,000 Aboriginal and Torres Strait Islander Australians.³

Currently, AMSs are titled Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHO) in Queensland. A recent inquiry examining how resources can be best used to meet the needs of Aboriginal and Torres Strait Islander populations, found overwhelmingly that ATSICCHOs provide a culturally safe, accessible and comprehensive service to the communities.⁴

Aboriginal and Torres Strait Islander peoples in local communities are the foundation of Aboriginal and Torres Strait Islander community controlled organisations.

For an organisation to be 'Aboriginal and Torres Strait Islander Community Controlled' it must form a majority membership from the local Aboriginal and/or Torres Strait Islander community. The membership mandates the

organisation to act in the interests of the members and their community. The Board of Directors are elected from the membership, and accordingly community engagement mechanisms are inherently built into community controlled structures.

Community elected Boards represent the ultimate expression of our self-determination.

There are significant variations of governance structures across the 26 ATSICCHOs in Queensland. Regardless of their structure, ATSICCHO Boards must have the support of the community and be adequately represented by the community where the service is located. This can often present difficulties, particularly for areas where multiple traditional owner/family groups are represented. However difficult, true representation is paramount to ensure their local community is the organisation's primary focus.

In addition to the standard governance burdens of financial and legal responsibilities, Boards of ATSICCHOs have the added responsibility of representing community needs, beliefs and values. This essential element of the Model of Care is a contributor to its success as it represents ultimate consumer engagement.

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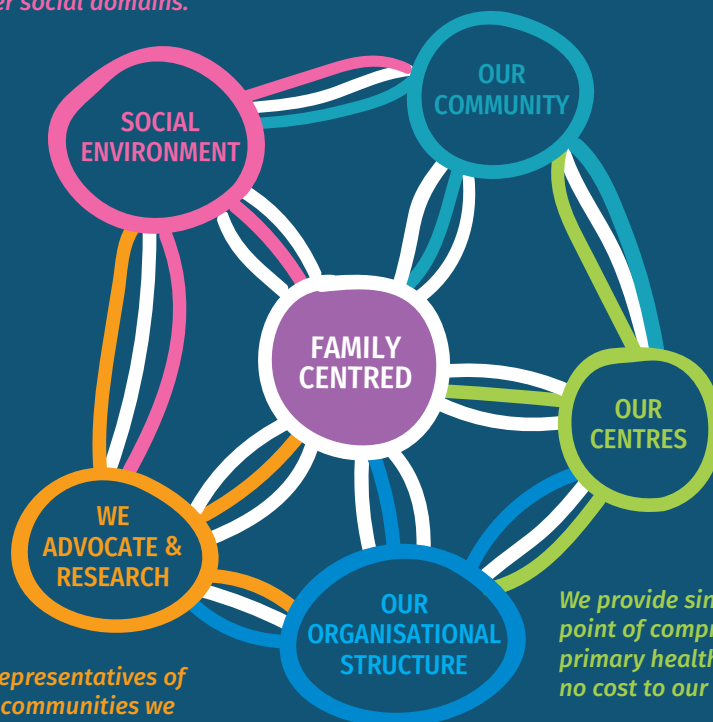
for Aboriginal and Torres Strait Islander people

QAIHC's ATSICCHO Model of Care

We understand that our people are only as strong as their communities.

We acknowledge the impact of social determinants on our health and work with community to advance other social domains.

Our service delivery is guided by our cultural values. We provide a care environment that is culturally safe and engage our communities and consult on matters that affect them. We value capacity building of individuals, families and communities.



As representatives of our communities we advocate for the health needs of our families.

We practice data sovereignty and build partnerships with key stakeholders to enhance our evidence base.

We have a highly skilled Aboriginal and Torres Strait Islander workforce committed to Continuous Quality Improvement.

We provide assistance to our patients to reduce practical barriers and actively practice clinical excellence.

We provide single-point of comprehensive primary health care at no cost to our patients.

Our multidisciplinary team is coordinated by Aboriginal and Torres Strait Islander Health Workers. Our patients have access to a range of clinicians on site.

Our Members

The QAIHC Membership consists of 26 Full Members, two Regional Bodies, 14 Associate Members and one Affiliate Member.

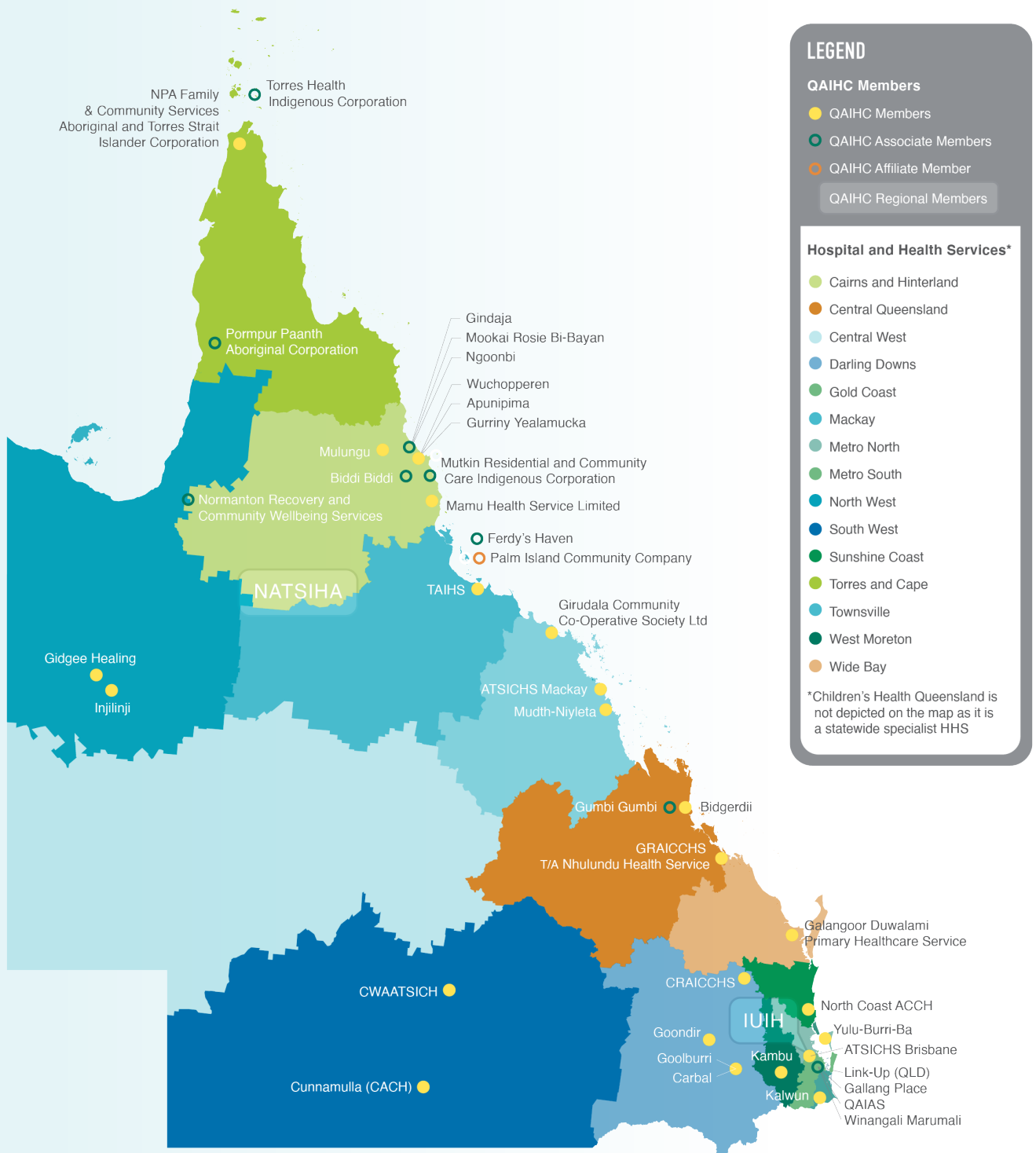
Our Members are part of the health system architecture. They improve health, create jobs and ensure Aboriginal and Torres Strait Islander peoples receive culturally appropriate health care. They operate from 60 clinics across Queensland, giving us a vast, state-wide perspective of Aboriginal and Torres Strait Islander health.

Our Members determine our work program and policy positions through their participation in committees, taskforces and the Board. A record number of CEOs are now actively involved in one or more of these groups. The full Membership meets yearly, and both the Chairperson and Chief Executive Officer are in regular contact with Member CEOs.

QAIHC Membership is open to all Aboriginal and Torres Strait Islander Community Controlled Health Organisations in Queensland.

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Our Members:

	 Aboriginal & Torres Strait Islander Community Health Service Mackay Ltd.	 CAPE YORK HEALTH COUNCIL	 Aboriginal & Torres Strait Islander Community Health Service
	 Chartersville and Western Areas Aboriginal and Torres Strait Islander Community Health Limited	 CRAICCHS CHERBOURG REGIONAL ABORIGINAL & ISLANDER COMMUNITY CONTROLLED HEALTH SERVICES	 In unity we walk as one Cunnamulla Aboriginal Corporation for Health
 Galangoor Durrulami Primary Healthcare Service	 Gidgee Healing	 Giruddala Community Co-Operative Society Ltd	 Goolburri Aboriginal Health Advancement Co. Ltd.
 goondir health services	 GURRINY YEALAMUCKA HEALTH SERVICE ABORIGINAL CORPORATION	 INJILINJI Aboriginal & Torres Strait Islander Corporation for Children & Youth Services	 KALWUN
 kambu Aboriginal and Torres Strait Islander Corporation for Health	 MAMU HEALTH SERVICE LIMITED	 MUDTH-NIYLETA ABORIGINAL AND TORRES STRAIT ISLANDER CORPORATION PAST - PRESENT - FUTURE	 Mulungu Aboriginal Corporation Primary Health Care Service
 NHULUNDU HEALTH SERVICE	 NCACCH North Coast Aboriginal Corporation for Community Health	 NPA FAMILY & COMMUNITY SERVICE Aboriginal and Torres Strait Islander Corporation	 TAIHS Townsville Aboriginal & Islander Health Service
 Wuchopperen HEALTH SERVICE LTD	 Yulu-Burri-Ba Aboriginal Corporation for Community Health	REGIONAL MEMBERS	
		 IUIH institute for urban indigenous health	 Northern Aboriginal & Torres Strait Islander Health Alliance

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How to contact us

Want to know more about QAIHC?

VISIT US:

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JOIN US:

@qaihc, @qaihc_qld



The artwork featured in this booklet is called:

Travelling Spirits

By Casey Coolwell

Casey is a Quandamooka, Nunukul woman from Minjerribah (North Stradbroke Island) with links to the Eulo and Biri people of Bowen.

To see more of Casey's artwork, visit chaboo.com.au