

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

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Background

This paper presents a regional commentary on the three Australian projects. The three Australian projects include: The Victorian Aboriginal Health Service Ltd (VAHS), Melbourne, Victoria, *Forty Years of Comprehensive PHC*; Central Australian Aboriginal Congress Inc. (Congress), Alice Springs, Northern Territory, *Ingkintja, Male Health Program*; and Urapuntja Health Service (UHS), Utopia, Northern Territory, *Outstation health care*. The paper highlights common themes and lessons in respect to the *Revitalising Health For All* project in the context of Aboriginal health in Australia. The Commentary was commissioned at the Adelaide, *Revitalising Health For All* workshop, 28-29 October 2010. It was agreed that the writing of the Commentary (and the associated conversation among the participating projects) would be a way to represent the project work carried out in Australia.

Aims and Objectives

The purpose of the regional commentary is to:

- contextualise the findings of the three case studies in relation to the history of Indigenous affairs in Australia, particularly Indigenous health, and the history of comprehensive primary health care in Australia;
- generalise on the basis of the three case studies, having regard to the wider context, towards more widely applicable (but still tentative) insights into causes, principles and strategies for Indigenous health development and for comprehensive primary health care;

Methods

The Aboriginal organisations participating in the global study have asked deep questions about the nature of the problems which their communities are facing. Moreover, they have sought to identify the strategies which their organisations are deploying. The commentary endeavours to document these using the headings 'causation', 'agency' and 'strategy'. We have reflected on each of the project reports against this framework and drawn some tentative conclusions from this reflection. Informing this analysis is the macro micro principle (Legge, Gleeson, Wilson, Wright, McBride, Butler, & Stagoll 2007) which argues for the integration of strategies conceived at the macro level with strategies directed at the personal and immediate level.

Results

Community involvement, at the board, staff and broader community level, is fundamental to the Aboriginal Community Controlled Health Organisation (ACCHO) model. Each of the three projects illustrate different aspects of this aspect of the ACCHO model from the representation of each outstation on the board of Urapuntja Health Service, to the role of Aboriginal health staff and community consultation in the Ingkintja Male Health Program in Alice Springs, to the sequence of outstanding community leaders who have worked in a voluntary capacity on the board or with program activities at the Victorian Aboriginal Health Service.

Conclusion

This paper reviews the three Australian projects and assembles our comments in accordance with a framework that includes: causation (history, macro-environments, local environments, families and individuals, ill-health); strategy and agency.