The Apunipima Model of Care

An holistic approach to health and wellbeing for Communities and Families in Cape York

Part A: Overview and Philosophy
Part B: Operational Guidelines (currently in development)

Sub document of the "Apunipima Way"

Version 1.0
Reference No.: 5027 CSS

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## Document Control

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<th>Status</th>
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<th>Author</th>
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<td>1.0</td>
<td>Approved</td>
<td>Executive Manager: Primary Health Care</td>
<td>Family Centred PHC Working Group</td>
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## Amendments

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<td>2008</td>
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<td>Comprehensive Primary Health Care and the Family Centred Approach for Cape York - Discussion Paper</td>
<td>2009</td>
<td>Mark Wenitong</td>
</tr>
<tr>
<td>Comprehensive Primary Health Care and the Family Centred Approach for Cape York- rewritten to reflect increased service delivery capacity</td>
<td>2010</td>
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<td>Operational Application of the Family and Community Centred Model of Care - updated to reflect how model works on the ground</td>
<td>2012</td>
<td>Jill Thomas and FCPHC working group</td>
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<tr>
<td>Apunipima Model of Care - updated strategic document</td>
<td>July 2014</td>
<td>Lou Livingstone and FCPHC working group</td>
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## Summary

The purpose of this document is to outline the Apunipima Model of Care.

This family centred approach keeps people well by using a health worker led model supported by multidisciplinary teams. It ensures access and engagement in health including home visiting, early intervention, active prevention and management of chronic disease, and provides best practice care.

It links with the Apunipima Board’s vision to achieve wellness through the overarching Apunipima Way- strengthening community capacity, financial and social empowerment as well as providing a safe, quality health service.
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Executive Summary

Why a model of care?
The purpose of this document is to outline the Apunipima Model of Care. This outlines key differences to the way Apunipima provides care, with an emphasis on prioritising access and prevention. We believe this will make a difference to outcomes on Cape York.

How does this fit in with the Apunipima Way?
A key element of the Apunipima Way is a comprehensive model of care that enables a holistic approach to improve health and wellbeing for communities and families in Cape York. The model supports the achievement of our vision to achieve wellness through the overarching Apunipima Way - strengthening community capacity, financial and social empowerment as well as providing a safe, quality health service.

What is the model of care?
Apunipima's model of care is based around empowering Cape York people by providing culturally competent, comprehensive primary health care services that strengthen Cape York people’s right to self-determination through a Community Controlled Health Service.

Apunipima’s model of care has five domains:

Driven by Community and Aboriginal and Torres Strait Islander Leadership:
Apunipima has a Cape York elected Aboriginal and Torres Strait Islander board of directors and fulfils the NACCHO requirements for an Aboriginal community controlled health service. The Board sets the strategic directions for the organisation, and hence this is the key institutional structure for Cape York communities to govern their own health services. Apunipima has Aboriginal and Torres Strait Islander leadership central to its approach both institutionally and communally. Apunipima also provides a health care service that is locally led. This means that the local community based workforce and volunteers provide leadership and direction about the delivery of health services through locally developed community health plans.

Embedding Social, Emotional, Cultural, Environmental and Spiritual Wellbeing:
Apunipima’s model emphasises health and wellness as a goal and that overall health outcomes can be improved by embedding and supporting, social, emotional, environmental, spiritual and cultural wellbeing into its primary health care approach. This can be achieved through ensuring that cultural approaches are central to the services provision and management and that these support enabling protective factors, community control, supportive Indigenous leadership structures, such as Aboriginal law and protocols, language, connection to place, family and, kinship bonds within family and community, as well as Aboriginal spirituality and cultural identity.

Addressing Social and Cultural Determinants that Impact on Health: Apunipima is able to work collaboratively to address the social and cultural determinants that impact on health through a clear focus on advocating to address the environmental and socio-economic conditions in which people live, work and play. Generational wellbeing and Good health for Aboriginal and Torres Strait Islanders living in Cape York requires a consideration of in utero factors, early life approaches with supportive family environments as well as individual lifestyle factors, access to health care, social and community networks, living and
working conditions (including adequate shelter, access to affordable healthy food, water and sanitation), access to education, employment, positive early life experiences, culture, traditional custom, as well as freedom from racism and the presence of discrimination.

**Providing Population and Primary Health Care Services:** The model recognises the value in combining the full spectrum of interventions from prevention and promotion to health protection, early intervention, screening, diagnosis, treatment and care and integrates and balances action between them. Effective population based approaches include systematic care, via a family and household approach, collection and analysis of local health data, and responsive programs and services. Achieving changes in lifestyles or social and physical environments can lead to more improvements in health than would be achieved by emphasis on treatment services only. This includes advocating beyond the health service, promotion and all aspects of prevention as well as an emphasis on links between community with primary health care centres and best practice care for all.

**Through a Community and Family Centred Approach:** Apunipima’s family centred approach hinges on an understanding of the communities concepts of family and kinship and the responsibilities associated with this. The key access point to the health service identified as a regular health worker visit to family/households. All households in a community will be systematically engaged by Aboriginal and Torres Strait Islander Health Workers and offered ongoing support through an Individual and family health plan. By acknowledging existing strengths, skills, competencies, knowledge, and abilities of families and communities, people are encouraged to gain control of their physical, emotional and spiritual environment. This includes an early childhood and family centric approach to providing health services and preventative measures.
Background

This document revisits and builds on several reports and documents that have been developed by and for Apunipima Cape York Health Council over the past ten years. These reports have all highlighted the need to ensure that Apunipima provides a holistic approach to health and wellbeing. In May 2008 at the Cape York Regional Health Forum Apunipima tabled a Framework that was developed for them by JTA International. This Framework provided an overarching structure to guide the development of community level operational/action plans for the key health areas of: Maternal and Child Health; Chronic Diseases; Mental Health, Substance Abuse, and Social and Emotional Wellbeing.

In 2010 The Comprehensive Primary Health Care and the Family Centred Approach for Cape York was developed to take into account the specific model of service delivery appropriate for remote Aboriginal communities in Cape York. This model was further developed over the following 4 years to reflect the whole of community approach, plans for transition of primary health care services to community control, and current thinking on the model of care.

This approach was further refined in 2012 with the development of the Operational Application of the Family and Community Centred Model of Care, which has been condensed and refined further in this document.

Introduction

The “Apunipima Way” is a comprehensive approach to the planning and delivery of primary health care services for remote Aboriginal and Torres Strait Islander communities of Cape York. A key element of the Apunipima Way is a comprehensive model of care that enables a holistic approach to improve health and wellbeing for communities and families in Cape York. The philosophy of Apunipima’s model of care is based around empowering Cape York people by providing culturally competent, comprehensive primary health care services that strengthen Cape York people’s right to self-determination through a Community Controlled Health Service.

Through an Aboriginal and Torres Strait Islander led service that considers the social, emotional, spiritual and cultural needs of communities and families in Cape York, Apunipima is able to work collaboratively to address the social and cultural determinants that impact on health. This requires a community based collaborative approach for each community that includes all of Apunipima’s programs and services as well as the community, other health services, housing, education, employment, recreation, family services, crime prevention, justice sectors and all levels of government.

This document outlines the overarching philosophy of Apunipima’s model of care and will be followed by operational guidelines that further describe the implementation within each community.

Core domains of Apunipima’s model of care

There are 5 domains to the Apunipima model of care that combine to enable a Comprehensive Primary Health Care service to be delivered.

- Driven by Community and Aboriginal and Torres Strait Islander Leadership
- Embedding Social, Emotional, Spiritual, Environmental and Cultural Wellbeing
- Addressing Social and Cultural Determinants that Impact on Health
- Providing Population and Primary Health Care Services
- Through a Community and Family Centred Approach

All these domains are supported through a strong foundation of Corporate Governance and Infrastructure. This includes a commitment to strong management and leadership, workforce and HR management, staff development, as well as training and education. Other components of management include financial management, administrative legal and other services, infrastructure and infrastructure management and appropriate information technology. This is underpinned by a commitment to quality systems through ISO and AGPAL and to operational research support to ensure new work remains relevant to our setting.

**Driven by Community and Aboriginal and Torres Strait Islander Leadership**

Apunipima’s goal is to achieve community control of health care across Cape York. Aboriginal Community Controlled Health Services are widely regarded as providing culturally competent, comprehensive primary health care services and therefore, strengthen Aboriginal and Torres Strait Islander peoples’ right to self-determination. They have a track record of delivering improved health outcomes in communities where other health services have not. Where the community controls the primary health care centre and has a sense of that ownership, they are significantly more likely to seek and access health care through that service.

The Apunipima Board is made up of locally elected regional directors from Cape York, and expert independent directors appointed by the Board, under the Corporations Act 2001. These expert directors bring financial, governance, research and population health expertise to the Board. Grass roots community governance is represented through Health Action Teams providing an avenue for community engagement in population health initiatives and service delivery and as a community entity to provide input and receive feedback on how services are responding to community health needs via community health plans and reporting.
Each community has a Health Action Team or appropriate community group e.g. Traditional Owners, Council, Justice, Men’s and Women’s groups. Members provide input into health service delivery and programs and also receive reports about health service activities in their communities.

Community engagement in health care means that the community, including Traditional Owners are involved in driving responses to health care priorities. This is done through the Community Health Plans, where priorities are identified in regards to health needs in each community. These plans are developed on a three year basis with yearly operational priorities identified in consultation with the Health Action Teams and inform the development of all of Apunipima’s program plans that identify health service delivery. This is to ensure they are constantly being updated and fed back into the community health reports as a quality improvement cycle.

The Community Health Plans also inform the format and emphasis of the community health reports that are produced on an annual basis. These reports collate data in a format that is accessible and meaningful for community members, using data initially derived from Apunipima and partner organisations. These reports are now developed with ongoing community feedback and requests for further health information. The community health reports are presented to the Health Action Teams or other appropriate local groups (Local Advisory Groups, Council, Justice, Men’s and Women’s Groups) through meetings where they are discussed and explained by Apunipima staff. A period of yarning and reflection is encouraged after presentation of the health reports to a community health action team, before formal feedback is collected.

Apunipima provides a health care service that is locally led. This means that the local community based workforce and volunteers provide leadership and direction about the delivery of health services. Our workforce strategy is central to improving education, the local economy and creating meaningful employment in communities. The Apunipima approach aims to empower and train more local Aboriginal and Torres Strait Islander people in health leadership for their communities, as we know that delivering a health service alone does not improve health outcomes.

Aboriginal and Torres Strait Islander health staff are skilled health professionals that have a unique capacity to broker health care for and with individual community members, and more broadly to understand the community’s needs and concerns. The cultural context is central to developing trust and enabling community members to engage with health services in a culturally safe way.

Aboriginal and Torres Strait Islander Health Workers are supported by a multidisciplinary team of health professionals that are either based in community or provide regular visiting services to each community. The Apunipima approach is to build the collaboration aspects of multidisciplinary team approaches to make sure the different health professions have an understanding of the other professions, their place in the primary health care team and are oriented to the needs of the individuals and families rather than specific disciplines. Whilst not all members of the multidisciplinary team are from Aboriginal or Torres Strait Islander backgrounds, cultural competency is paramount in staff recruitment, orientation and training.

To improve health outcomes and increase access rates to health services, Apunipima provides a community based approach to ensure that services are relevant to community needs and priorities. Community priorities and community based population health data, current service and logistic considerations guide the development and delivery of services. Services delivered in each community are informed and guided by the leadership of the Health Action Team, Council or other community groups and local health staff at the community level.
Embedding Social, Emotional, Spiritual, Environmental and Cultural Wellbeing

The Apunipima model of care emphasises health and wellness as a goal. It aims to redress the entrenched health, social, and emotional inequities that have challenged Aboriginal and Torres Strait Islander people in Cape York over many years. It acknowledges that the current state of overall poor health for Aboriginal and Torres Strait Islander peoples is as much a human rights and social justice issue as it is a state of physical and social impairment.

Apunipima believes that overall health outcomes can be improved by further embedding social, emotional, spiritual and cultural wellbeing into their primary health care approach. This can be achieved through enabling protective factors such as connection to land and ancestry, enduring kinship bonds within family and community, and the unique spirituality and cultural identity that is central to being an Aboriginal or Torres Strait Islander.

Spirituality is the foundation of Aboriginal and Torres Strait Islander peoples’ identity. Spirituality binds and connects Aboriginal and Torres Strait Islander people to one another and to their land. This strong spiritual bond provides grounding, a sense of purpose in life and a space for healing, all of which are important in any primary health care response. There is an increasing body of evidence demonstrating that protection and promotion of traditional knowledge, connection to country, family, culture and kinship all contribute to community cohesion and personal resilience.

In the context of Cape York, access to holistic health and wellbeing services supported equally by Western medicine and traditional health approaches is fundamental. The Apunipima model of care has been developed with the vision that traditional healers and health professionals will work together to promote and restore health and wellbeing throughout Cape York. Given the diversity of Aboriginal and Torres Strait Islander cultures, it is vital that the implementation of this framework is tailored to each cultural and community context in which it is applied.

The Apunipima model of care is a strengths-based approach to wellbeing that supports individuals and communities in Cape York to promote healthy living and wellbeing around strengthening culture through wellbeing initiatives such as music dance language and ceremony. Environmental sustainability and primary health care are critically linked as determinants of health.

“Aboriginal and Torres Strait Islander peoples also have a deep spiritual relationship with the land; they feel at one with their ancestral territory and feel responsible for the healthy maintenance of the land—its waters and soils, its plants and animals—for both themselves and future generations. Land is where their ancestors are buried and where sacred places are visited and revered.”

Addressing Social and Cultural Determinants that Impact on Health

Through an Aboriginal and Torres Strait Islander led service that considers the social, emotional, spiritual and cultural needs of communities and families in Cape York, Apunipima is able to work collaboratively to address the social and cultural determinants that impact on health. This requires a collaborative approach within each community. The Apunipima model of care focuses on

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advocating to address the environmental and socio-economic conditions in which people live, work and play. Good health for Aboriginal and Torres Strait Islanders living in Cape York requires a consideration of individual lifestyle factors, access to health care, social and community networks, living and working conditions (including adequate shelter, access to affordable healthy food, water and sanitation), access to education, employment, early life experiences, culture, racism and presence of discrimination and social supports.

Current studies show that strong cultural links and practices improve outcomes across the social determinants of health. As described by Dr Ngiare Brown from the National Aboriginal Community Controlled Health Organisation (NACCHO) “the cultural determinants of health originate from and promote a strength based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. Exploring and articulating the cultural determinants of health acknowledges the extensive and well-established knowledge networks that exist within communities, the Aboriginal Community Controlled Health Service movement, human rights and social justice sectors”.

Consistent with the thematic approach to the Articles of the United Nations Declaration on the Rights of Indigenous Peoples cultural determinants include, but are not limited to:

The Declaration on the Rights of Indigenous Peoples

Article 18
- Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision making institutions.

Article 19
- States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.

Article 23
- Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Providing Population and Primary Health Care Services

The Apunipima model of care takes a population health approach to health service delivery by recognising the value in combining the full spectrum of interventions from prevention and promotion to health protection, early intervention, screening, diagnosis, treatment and care and integrates and balances action between them. There is recognition that achieving changes in lifestyles or social and physical environments can lead to more improvements in health than would be achieved by spending more money on treatment services only. This reflects Apunipima’s

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approach to the delivery of population based primary health care services in Cape York. This includes advocating beyond the health service, promotion and all aspects of prevention as well as an emphasis on links between community with primary health care centres and best practice care for all.

The Apunipima model of care recognises that reducing the incidence, prevalence and impact of preventable chronic disease also leads to other substantial health benefits including increased resistance to infection, improved mental health and decreased risk of falls in older people. The major risk factors for chronic disease are influenced by the physical, social and economic environment including early life experience. There are opportunities to integrate strategies across a range of settings to address these risks and create supportive environments. Preventing chronic disease requires a multi-strategy approach such as making ‘healthy choices the easier choices’ in communities, building organisational capacity to promote health, early identification and management, social marketing and communication, delivery of healthy lifestyle and behaviour change programs.

Conventional primary health care prevention has often focused on the tertiary and individual level; however by including upstream activities more sustainable and effective outcomes will be achieved and health issues can be addressed at both a population and community level.

Apunipima’s population and primary health care services are developed acknowledging Aboriginal and Torres Strait Islander cultural influences and the historical, social and cultural context of communities. The services affirm and reflect the values of Cape York Aboriginal and Torres Strait Islander culture within and between communities. The Health Promotion Framework ¹ (Figure 1) describes the range of health promotion strategies that Apunipima staff and partners can influence. From individual through to whole of population/community approach, this framework also summarises how we build health promotion into all aspects of primary health care work.

Figure 1: Health Promotion Framework ⁴

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<tr>
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<td>Community action and community participation</td>
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<tr>
<td>Health education, health counselling and skill development</td>
<td>Cross sector partnerships &amp; community capacity</td>
</tr>
<tr>
<td>Social marketing</td>
<td>Policy development and review and economic and regulatory activities</td>
</tr>
<tr>
<td>Internal partnerships &amp; organisational capacity</td>
<td>Cross sector partnerships &amp; community capacity</td>
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Comprehensive primary health care services encompass a multidisciplinary range of services and programs that are accessible, equitable, continuous, culturally respectful, safe, effective and efficient;

This includes illness prevention, health promotion and advocacy; services which empower individuals and the population to prevent risk behaviours and better self-manage chronic conditions.

Key is local participation of the community in planning, organisation, operation and evaluation; strategies to address the health needs of individuals and communities by improving their health literacy; and evidence-based services and programs delivered by skilled professionals.

Self-management and its support are key elements in effective chronic disease management for individuals. Supporting effective self-management addresses the key articulation between health service “delivery” and “individual patient responsibility”. This is a supportive framework that hinges on the interaction between the health professional and patient being a two-way negotiation, based on the patients’ context rather than the health professional’s generic approach to management.

Within the Apunipima model of care, health service programs are developed in consultation with community and other stakeholders. Skilled professionals use current evidence-based and/or best practice approaches, tailored to suit communities by applying the Social, Emotional, Spiritual and Cultural Wellbeing Framework outlined previously.

Through a Community and Family Centred Approach

Apunipima’s model of care reflects the Aboriginal and Torres Strait Islander concepts of family and kinship and the responsibilities associated with this. The family centred approach hinges on the key access point to the health service being a regular health worker visit to family/households. All households in a community will be systematically engaged by Aboriginal and Torres Strait Islander Health Workers and offered ongoing support through an Individual and family health plan. These plans identify important family support networks. Apunipima works with families and their networks across the life span (including pre conception and pregnancy) to help build capacity and facilitate their own family members’ health and wellbeing.

This centrally address the interventions that prioritise early childhood approaches to primary health care to be able to get generational change in our communities.

The Apunipima model of care reflects the connection between the family and community, as for many Cape York people; ‘The family is the community’. Family is the cornerstone of Aboriginal and Torres Strait Islander culture, spirituality and identity. By acknowledging existing strengths, skills, competencies and abilities of families and communities, people are encouraged to gain control of their physical, emotional and spiritual environment. The effect of this, is not only improved health of individuals within the family but a healthier environment for children to grow and be nurtured.

Apunipima’s community based approach to improving health and wellbeing targets each community in Cape York and aims to provide services and address issues that exist at a community level. This approach focusses on health and wellbeing and influences the local social

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and cultural determinants that impact on health. Putting an emphasis on community requires a holistic and integrated approach to service delivery.

It provides a systematic population based approach to disease prevention, early detection and management. Addressing risk factors for ill health, the model can identify household and family demography and population numbers. Most importantly it improves engagement with health and access for those people who rarely attend health centres or services.

**Strong Supportive Foundations**

Providing excellent primary health care requires a strong foundation of support services and functions. While it is not intended that this Model of Care addresses in detail all the functions required it acknowledges the wide range and scope including the need for strong Corporate Governance and Infrastructure.

The Northern Territory Aboriginal Health Forum identified functions that need to be in place to support the provision of health services are to include the including the availability and support of well-trained staff, financial management, infrastructure, information technology, administration, management and leadership, and systems for quality improvement across the organisation. The forum also acknowledged the strong need for community controlled health services to have a strong advocacy role on behalf of communities and individuals on local and regional issues; be actively involved in and lead research that informs health service delivery and actively participate at local, state and national levels in health policy and planning. 6

Issues of human resources (especially workforce issues of training, distribution and adequacy), financial resources (such as budget implications and management and reporting), information issues (such as IT and multi communication systems) and other material resources (such as buildings, transport and equipment) will need to be in place to support the model of care. However, the availability of an Aboriginal and Torres Strait Islander workforce in sufficient numbers and with adequate skills, knowledge and ability is recognised as one of the most critical factors impacting on accessibility by communities to an appropriate and affordable health service and a key priority area for Apunipima.

Apunipima strives for good governance with a key focus on inclusiveness, openness, honesty and accountability. Key elements adopted include Accountability - the organisation is answerable for its behaviour; Participation - the community is involved in decision making; Predictability - relevant laws and regulations are applied and Transparency - all information pertaining to activities is made available to the communities.

It is essential that sound governance is demonstrated in order that the communities are fully supportive of Apunipima’s program initiatives and willingly contributes to efforts to improve the health and wellbeing for Communities and Families in Cape York.

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6 Northern Territory Aboriginal Health Forum (October 2011). Core functions of primary health care: a framework for the Northern Territory
Summary

Apunipima’s family centred approach keeps people well by ensuring access and engagement in health including home visiting, early intervention, active prevention and management of chronic disease, and providing best practice care using a health worker led model supported by multidisciplinary teams.

It links with the Apunipima Board’s vision to achieve wellness through the overarching Apunipima Way- strengthening community capacity, financial and social empowerment as well as providing a safe, quality health service.