



NACCHO and AGPN

Memorandum of Understanding

Workplan for November 2007 – June 2008

NACCHO and AGPN have identified four key areas for attention over the next 12 months.

Key Area 1 – Establishing and monitoring relationships across our Networks

Initiative	Description	Implementation	Timeframe	Initiated by:
<i>Relationships</i>	Promote the development of relationships between Divisions and Aboriginal Community Controlled Health Services (ACCHSs)	<ul style="list-style-type: none"> Seek input from appropriate Divisions of General Practice, ACCHSs, State Based Organisations (SBOs) and NACCHO state affiliates on current status of relationships. Actively promote successful partnerships and projects between network members and local Aboriginal communities through Dynamic Divisions and the AGPN Network Resource Centre. Encourage Divisions to invite Aboriginal peoples using ACCHSs as members on consumer committees. Develop guidelines to assist the development of local level agreements between Divisions and ACCHSs¹. Develop and promote uptake of a code of conduct to promote Aboriginal health equity. Establish a forum for a joint annual meeting between AGPN and NACCHO. 	Release survey early 2008	AGPN and NACCHO
<i>Cultural Safety Training</i>	Actively promote the uptake of Cultural Safety Training (CST) across the network at all levels	<ul style="list-style-type: none"> A nationally funded CST program is in development by the Aboriginal Health Council of Western Australia (AHCWA). Support the national roll-out which will be coordinated and auspiced by NACCHO. 	When confirmed	NACCHO
<i>Recruitment</i>	Actively promote the use of the AGPN website to create awareness of opportunities of working in ACCHS across Australia	<ul style="list-style-type: none"> Work with NACCHO and the Workforce Information and Promotion Officers (WIPOs) to develop content for the AGPN website. 		NACCHO
<i>Identification</i>	Promote identification of the Aboriginal and Torres Strait Islander population in general practice	<ul style="list-style-type: none"> AGPN to promote a systematic approach by Divisions in supporting general practices to consistently identify and record Aboriginal or Torres Strait Islander origin for patients² for the practice register / recall / reminder systems³. 	Annual	AGPN

¹ Guidelines could cover topics such as: establishing a relationship; identifying local champions and enablers; promoting identification of Aboriginal people in general practice; corporate governance training; cross cultural training; locum and staffing support to ACCHSs.

² Patients of Aboriginal and / or Torres Strait Islander patients with *diabetes*, *asthma*, or who have participated in a *General Practice Mental Health Care Plan*.

<i>Monitoring</i>	Monitor Divisional program delivery to the Aboriginal and Torres Strait Islander population and status of relationships with ACCHSs.	<ul style="list-style-type: none"> • AGPN to share the results of an inventory of divisional Aboriginal health programs that we are required to do under our core contract. • Jointly discuss recommendations for improvements/barriers, at a joint annual meeting. 		AGPN
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³ The Division's collaborations with key stakeholders (for example, local government, regional health services, non-government organisations, consumer groups, relevant Indigenous health organisations, the SBO, other health service providers etc) influence local primary health care policy, planning and service delivery.

Key Area 2 – General practice accreditation

Initiative	Description	Implementation	Timeframe	Initiated by:
<i>GP accreditation</i>	Promote cooperation between Divisions and ACCHSs to increase general practice accreditation in ACCHSs to the national benchmark	<ul style="list-style-type: none"> Actively encourage SBOs and local divisions to assist ACCHSs in accreditation and professional development opportunities. 	Immediate	AGPN
<i>Guidelines for accreditation</i>	Development of guidelines	<ul style="list-style-type: none"> Develop guidelines for Divisions about assisting ACCHSs in preparing for accreditation review. 	Maybe supported by OATSIH under the 2007-08 Budget	AGPN

Key Area 3 – Child and Family Health

Initiative	Description	Implementation	Timeframe	Initiated by:
<i>Improving the health of Aboriginal children and families</i>	Exploration of opportunities to improve the health of Aboriginal children and families	<ul style="list-style-type: none"> Jointly advocate for Australian Government funding to extend exemplar site initiatives (e.g. Mums and Bubs program from the Townsville Aboriginal and Islander Health Service) to other ACCHSs according to the NACCHO-Oxfam Equality in Health Plan. Jointly advocate for Australian Government initiatives to address the suboptimal vaccination rates in Aboriginal children Jointly discuss opportunities for integrated involvement in other federal Budget initiatives and other programs.⁴ 	Ongoing	NACCHO and AGPN
<i>Healthy for Life</i>	Evaluation of this initiative and support for Aboriginal governance of data	<ul style="list-style-type: none"> Jointly promote NACCHO's recommendation that Healthy for Life data be managed according to guidelines that are culturally respectful, approved by NACCHO, and cover the collection, storage and use of Aboriginal people's health and health-related information. 	Immediate	NACCHO and AGPN
<i>Health @ Home</i>	Nurse-led home visiting services to all Aboriginal children in target regions from 0-2 years in remote and outer regional areas	<ul style="list-style-type: none"> Jointly promote the need to ensure the initiative is culturally appropriate, integrated with ACCHSs and general practices, and is led by Aboriginal peoples. Jointly promote the need to ensure that Aboriginal Health Workers and Aboriginal nurses play a lead role in the delivery of home visiting programs. Jointly promote the need to ensure data collection adheres to an Aboriginal governance model. 	Immediate	NACCHO and AGPN

⁴ For example: Triple P (Positive Parenting Program)

Key Area 4 – Chronic Disease Management

Initiative	Description	Implementation	Timeframe	Initiated by:
<i>Chronic disease</i>	Identify activities aimed at reducing the incidence and improving the management of chronic disease in Aboriginal people	<ul style="list-style-type: none"> Jointly meet to discuss collaborative approaches to chronic disease initiatives. Promote utilisation of the Aboriginal and Torres Strait Islander specific versions of the Lifescrpts resources (which were developed in collaboration with NACCHO). 	Ongoing	AGPN and NACCHO
<i>Healthy Active Australia</i>	Grants are provided for physical activity projects in the community to make it easier for adult and older people to take part in physical activities and social interaction to improve their weight and overall health	<ul style="list-style-type: none"> Jointly promote the need for this initiative to provide proportionate resources towards programs for Aboriginal peoples especially through ACCHSs. 	Ongoing	AGPN and NACCHO
<i>Child and adult health checks</i>	Promotion of MBS adult and child health checks	<ul style="list-style-type: none"> Through promotional activities, including notices, websites and / or training sessions, promote activities that encourage uptake by general practice of opportunistic health checks for every Aboriginal client. 	Ongoing	AGPN
<i>Diabetes</i>	A new Medicare item will be introduced for GPs to develop a "Diabetes Risk Plan" for patients identified as 'high risk'. Divisions will be funded to help GP-identified high risk patients to access an accredited subsidised lifestyle modification program. The role of Divisions is to purchase or provide the lifestyle modification programs.	<ul style="list-style-type: none"> Jointly consider adaptations necessary to ensure this measure is effective for Aboriginal peoples and its roll-out builds ACCHSs capacity. Jointly offer these solutions to the Department of Health and Ageing. Jointly make recommendations for supports necessary for Aboriginal people to access culturally appropriate lifestyle modification programs. 	Immediate	NACCHO and AGPN