

Ways of working in Aboriginal and Torres Strait Islander Community Controlled Health Organisations: describing a conceptual model of comprehensive primary healthcare characteristics

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Submitted: 10 April 2024; Revision requested: 29 April 2025; Accepted: 8 July 2025

Abstract

Objective: This research sought to describe a conceptual model of Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) primary health care, and the fundamental role ATSICCHOs exercise in addressing critical service gaps needed to achieve equitable outcomes for Aboriginal and Torres Strait Islander peoples.

Methods: ATSICCHO representatives governed the research process. A sequential mixed-method approach for articulating the ATSICCHO model drew upon scoping review evidence, case study evidence, and expert consultations.

Results: Culture is central to ATSICCHO service delivery and entwined within nine discrete characteristics: self-determination and empowerment, community control and community participation, culturally appropriate and skilled workforce, holistic health care, accessible health services, flexible and responsive approach to care, relationship building and advocacy, comprehensive health promotion and continuous quality improvement. Aboriginal and Torres Strait Islander governance, leadership and workforce are common enablers, and challenges often relate to funding, workforce recruitment and building relationships with multiple partners.

Conclusion: ATSICCHOs exemplify culturally-centred, comprehensive and accessible primary health care and empower Aboriginal and Torres Strait Islander people.

Implications for Public Health: This model can guide the expansion of the ATSICCHO sector and offer comprehensive primary health care insights to the broader Australian health system.

Key words: Aboriginal and Torres Strait Islander peoples, primary health care, service delivery, Aboriginal and Torres Strait Islander Community Controlled Health Organisations, Aboriginal governance

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Aust NZ J Public Health. 2025; Online: <https://doi.org/10.1016/j.anzjph.2025.100267>

Introduction

Australia's health system continues to work towards providing accessible, quality and safe health care for Aboriginal and Torres Strait Islander peoples. A major achievement and contribution to these efforts was initiated by Aboriginal and Torres Strait Islander people who, from deep frustration and profound need, and with the support of several non-Indigenous medical and nursing allies, established the first Aboriginal primary healthcare service in 1971 in Redfern, New South Wales.^{1,2} Since the first service, the model of primary health care has organically and purposefully grown over five decades. There is now a sophisticated national network funded by the Commonwealth Government comprising more than 140 Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSI CCHOs).³ Aboriginal and Torres Strait Islander peoples understand that wellbeing is dependent upon an array of holistic factors and the collective wellbeing of the community. The ATSI CCHO model of primary health care embodies this standpoint and is founded on the worldview first articulated in the 1989 National Aboriginal Health Strategy that health is "not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community" (p.5).⁴ ATSI CCHOs seek to tackle the underlying structural causes that contribute to poor health outcomes in Aboriginal and Torres Strait Islander communities and in doing so "transcend the concept of a specialised medical clinic and function as community spaces through which Indigenous people attempt to deal with their immediate health needs" (p.472).¹ As such, ATSI CCHO primary health care is consistent with the World Health Organization's model that comprises integrated primary care and public health functions, action on the broader determinants of health, and efforts to empower individuals, families and communities to take charge of their own health.⁵

It is evident that the Australian mainstream health care systems' ability to provide access to culturally safe and appropriate healthcare services for Aboriginal and Torres Strait Islander peoples is challenged and insufficient. Scoping review evidence has identified inadequate interagency linkages and referrals, socioeconomic barriers, reliance on medical models and cultural incompetence of health care providers among the challenges to mainstream primary health care.⁶ Unmet service needs are common, with close to one-third (30%) of Aboriginal and Torres Strait Islander peoples reporting they did not see a healthcare provider when they needed to in the previous 12 months, a preference for Aboriginal-specific services (i.e. Aboriginal medical services and community clinics) and incommensurate access to such services across most geographic regions.⁷ Contributing factors to the significant gap in health outcomes and life expectancy experienced by the Aboriginal and Torres Strait Islander population include unfair and racist treatment, which can lead to avoidance of health and government services.⁸ Experiences of racism are reported four times more often by Aboriginal and Torres Strait Islander peoples compared with other Australians.^{9,10} In 2020, more than half (52%) of Aboriginal and Torres Strait Islander people reported experiences of racism in the past 6 months.¹⁰ Given that mainstream services that exhibit little understanding or respect for culture feel unwelcome to Aboriginal and Torres Strait Islander people,¹¹ tailored services that are

culturally safe, respectful and accessible are paramount to successful outcomes.

The national network of ATSI CCHOs is the major provider of primary healthcare services to Aboriginal and Torres Strait Islander people, making up 88% of all episodes of care provided by Aboriginal-specific primary healthcare services.⁷ The 2021 Australian census found 812,728 people identified as Aboriginal and/or Torres Strait Islander¹² and in 2021-2022 ATSI CCHOs provided 3.6 million episodes of care nationally.¹³ Each local service is governed by a board with community representatives so that services operate to meet local community needs through local community protocols and cultural requirements. In many locations they are the largest employer of Aboriginal and Torres Strait Islander people.³

ATSI CCHO primary health care is more integrated, coordinated and comprehensive than mainstream primary health care.^{14,15} ATSI CCHOs play a key role in increasing and improving access to comprehensive health care and social services through advocacy and creating and sustaining partnerships,¹⁶ including links with specialist services, social services and local hospitals.¹⁷ ATSI CCHOs provide holistic services to tackle social factors¹ that are recognised as key contributors to reduced life expectancy in Aboriginal and Torres Strait Islander peoples.¹⁸ Case studies of ATSI CCHO and mainstream primary healthcare services demonstrate differences in the comprehensive and multidisciplinary nature of services, community participation, cultural respect and accessibility strategies, preventive and health promotive work, and advocacy and intersectoral collaboration on the social determinants of health.¹⁹

Whilst the Aboriginal community-controlled model of comprehensive primary health care is well understood within the ATSI CCHO sector, it is poorly described in the literature. The characteristics of primary healthcare service delivery in ATSI CCHOs encompass the values, principles and components of service delivery.²⁰ While ATSI CCHOs across Australia range from small services with limited staff in remote communities to large regional or metropolitan services with hundreds of staff, there are common principles and practices that reflect Aboriginal and Torres Strait Islander ways of working and that are unique to the ATSI CCHO sector.

This Aboriginal and Torres Strait Islander-led study brought together researchers and representatives from the ATSI CCHO sector to describe and document the comprehensive community-controlled model of primary health care. We collectively sought to articulate what is unique about the ATSI CCHO comprehensive primary healthcare model. We also sought to identify perceived outcomes of ATSI CCHO primary health care, the enablers and challenges impacting the ATSI CCHO sector, and to co-design recommendations to address identified challenges that included policy responses.

Method

The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE) undertook this work across a five-year period (2015-2020). CREATE was led by the Wardliparingga Aboriginal Health Equity theme at the South Australian Health and Medical Research Institute, in partnership with the University of Adelaide and the National Aboriginal Community Controlled Health Organisation. CREATE applied Indigenous methodologies and was conducted by a team of Aboriginal and

Torres Strait Islander and non-Indigenous researchers. The research was governed by Aboriginal and Torres Strait Islander leaders and nominated non-Indigenous representatives (i.e., the Leadership Group) from across the ATSIICCHO sector, including national and jurisdictional peak bodies. This ATSIICCHO Leadership Group met on nineteen occasions over the life of the project, including an annual face-to-face meeting and up to two teleconferences each year. They provided cultural governance to the research team and strategic advice through identifying key research questions to explore through systematic reviews and in-depth case studies. Nine case studies were undertaken during 2015-2018 with ATSIICCHOs considered by the Leadership Group as demonstrating good practice in primary care across South Australia, Western Australia, Northern Territory, Queensland, Victoria and New South Wales. The case studies explored elements of ATSIICCHO operations and health service delivery models and were presented to the ATSIICCHO Leadership Group, who supported the interpretation of data, translation of findings and co-design of recommendations to inform policy. The methods used to undertake CREATE's in-depth case studies have been described in relation to ATSIICCHO workforce and aged care models.^{21,22}

Study design

A sequential mixed method co-production approach was used to describe the conceptual model of ATSIICCHO primary healthcare service delivery, drawing on evidence from international literature, in-depth case studies and the expert opinion of ATSIICCHO representatives. [Figure 1](#) describes the iterative approach, including the source of evidence, methods used, and how the conceptual model was refined over time.

- Step 1 We undertook a systematic scoping review of international literature and identified eight key characteristics of Indigenous primary healthcare service delivery. The review included a predominance of studies with Aboriginal and Torres Strait Islander peoples, along with First Nations populations from the United States, Canada, New Zealand, Papua New Guinea, Mexico and Peru.²⁰
- Step 2 The ATSIICCHO Leadership Group met during a two-day face-to-face meeting and considered the relevance of each characteristic to the ATSIICCHO context. They revised two characteristics, added an additional characteristic, and discussed examples of ATSIICCHO practices that demonstrate how characteristics are operationalised.
- Step 3 The ATSIICCHO Leadership Group next reviewed a draft model and recommended that the sector's advocacy and relationship-building activities be added as a tenth characteristic. They suggested that funding and accreditation be depicted as underpinning the model, as key requirements of ATSIICCHO health service delivery, and guided the research team to compile ATSIICCHO practices, enablers, challenges and outcomes from ATSIICCHO case studies.
- Step 4 The practices, enablers, challenges and outcomes of ATSIICCHO service delivery identified in ATSIICCHO case studies were synthesised to contextualise the characteristics depicted within the conceptual model.
- Step 5 The ATSIICCHO Leadership Group reviewed the updated model, discussed the challenges facing the sector and offered potential policy responses and recommendations that expanded upon those already identified within ATSIICCHO case studies.
- Step 6 The research team travelled to ATSIICCHOs in Tasmania and the Australian Capital Territory to present the draft model and seek input (note: these jurisdictions did not have representatives at Step 2, 3 and 5 meetings, while all other states and territories were represented). Practice-based examples provided by these ATSIICCHOs were incorporated into the finalised conceptual model. The ATSIICCHO Leadership Group confirmed the final model, which the Chief Investigator presented to the national peak organisation, the National Aboriginal Community Controlled Health Organisation.

Results

Characteristics of ATSIICCHO primary healthcare service delivery

The conceptual model of ATSIICCHO comprehensive primary health care is depicted in [Figure 2](#). The model highlights that culture is central to ATSIICCHO health services and related to all other characteristics of service delivery. Many other characteristics are also interrelated: for example, self-determination and empowerment is an intrinsic principle of community control and community participation, and holistic health care; relationship building and advocacy is fundamental to comprehensive health promotion and holistic health care; and continuous quality improvement relates to all areas of ATSIICCHO service provision, workforce and governance. Accreditation and funding are depicted as essential requirements, since ATSIICCHOs must meet national accreditation standards and must negotiate, secure and administer adequate funding to deliver services to communities. The characteristics are described below, with [Table 1](#) providing examples of ATSIICCHO practices related to each characteristic.

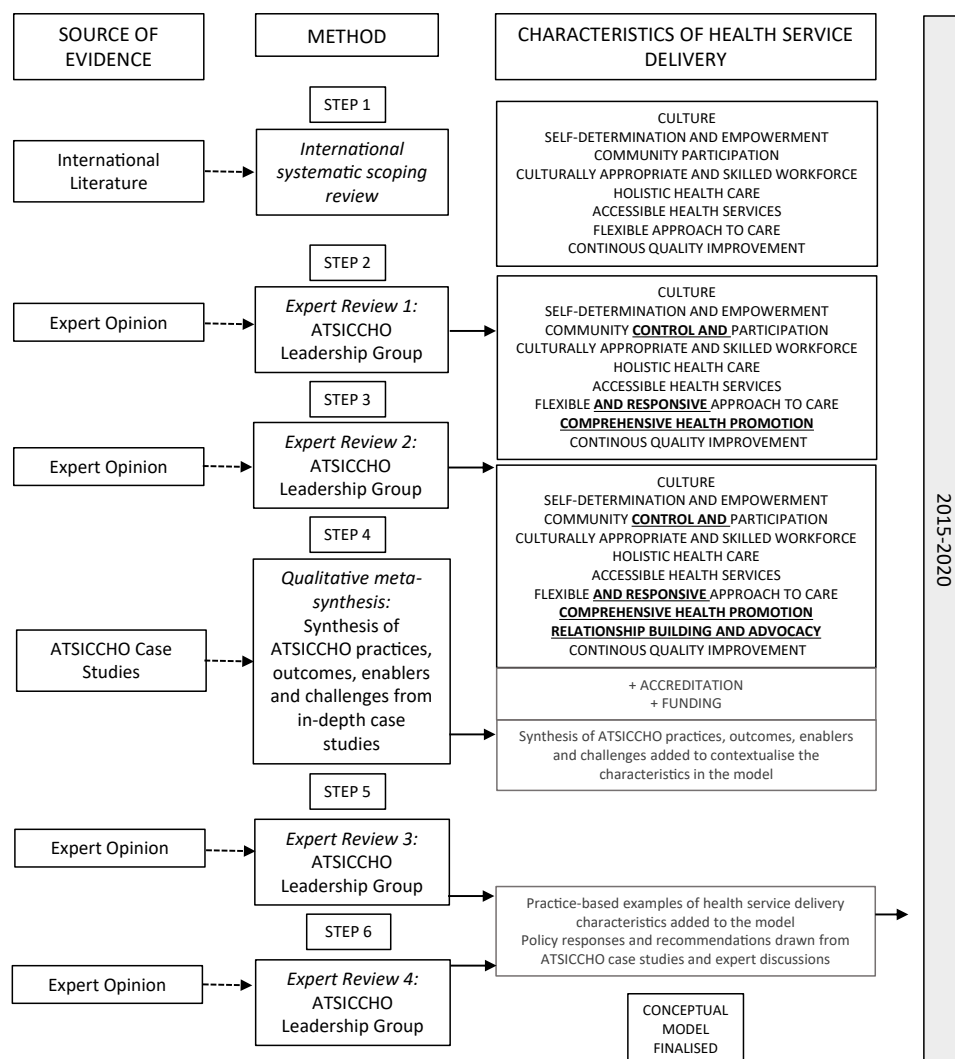
Culture

Aboriginal and Torres Strait Islander cultures are central to ATSIICCHO health service delivery, and culture is the unique characteristic that makes ATSIICCHOs distinct from other primary healthcare services. Embedding culture within all elements of service delivery is key to creating a culturally safe and comprehensive primary healthcare service that is oriented to the needs of community. In line with cultural practices, ATSIICCHOs focus on the needs of individuals, families and communities and respect the unique cultural needs of men and women.

Self-determination and empowerment

Self-determination and empowerment are fundamental to all ATSIICCHO health service delivery. They are embedded within Aboriginal and Torres Strait Islander ways of working, are central to the Aboriginal community-controlled model of ATSIICCHO governance, and are reflected in the empowerment of Aboriginal and Torres Strait Islander workforce. ATSIICCHO staff empower clients and families to make their own decisions and take control of their health.

Figure 1: Co-designing a conceptual model of ATSIICHO health service delivery: key steps of the co-design process, drawing on international literature, expert review and in-depth case studies with ATSIICHOs.



Community control and community participation

Community control encompasses custodianship of the service by the community and governance provided by the Board of Directors. ATSIICHO governance includes cultural, strategic and clinical governance practices. ATSIICHOs promote community participation through engaging with, and consulting, community members to tailor services to local needs and priorities.

Culturally appropriate and skilled workforce

ATSIICHOs are one of the leading employers of Aboriginal and Torres Strait Islander peoples and recognise the cultural, family and professional obligations and responsibilities of their staff. Aboriginal and Torres Strait Islander staff understand the lived experience of their communities including kinship structures and cultural obligations, and ensure that the needs of ATSIICHO clients are met according to cultural protocols in addition to clinical standards. ATSIICHOs invest in the development of cultural

competency for the non-Indigenous members of their workforce, and in effective intercultural team-work.

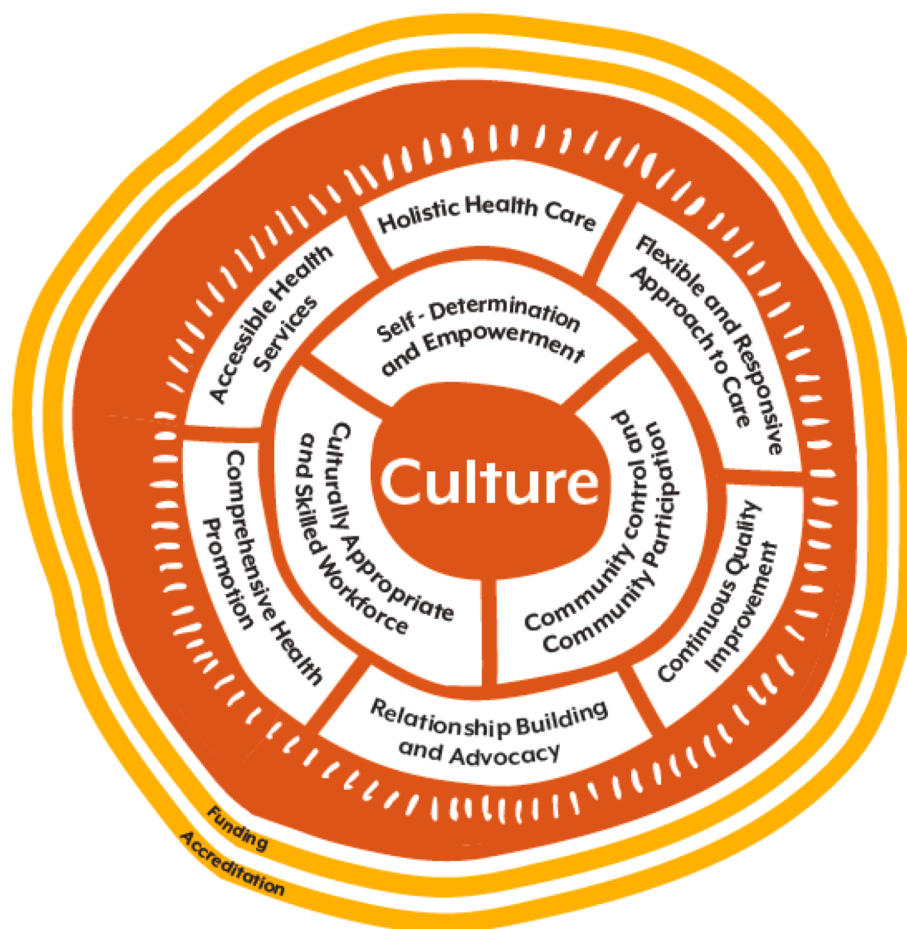
Holistic health care

ATSIICHOs provide holistic primary health care that considers the social, emotional, mental, physical and cultural wellbeing of individuals, families and the whole community. ATSIICHOs strive to provide a diverse range of services and address the social determinants of health. These services are provided across the lifespan, from pre-natal care through to care for Elders.

Accessible health services

ATSIICHOs go to great lengths to provide accessible primary health care at no cost (or minimal cost) and tailor services to community needs in relation to where and how services are delivered. ATSIICHOs promote community awareness of their services to maximise engagement and access.

Figure 2: Conceptual model of ATSI CCHO Primary Health Care Service Delivery Characteristics.



Flexible and responsive approach to care

ATSI CCHOs strive to be flexible and responsive and tailor services to meet the changing needs of their local communities. This may include delivering services outside of the standard health clinic model, such as home visits and outreach services.

Comprehensive health promotion

ATSI CCHOs practise comprehensive health promotion through five action areas that promote: tailored health care, culturally safe environments, cultural pride and personal skills, united and empowered communities, and equity-focused public policy. These action areas are focus on prevention and early intervention, and building health knowledge and understanding.

Relationship building and advocacy

ATSI CCHOs invest in building relationships and advocating with a broad range of partner organisations. Partnerships can be formal and informal and may include local health and social services, other ATSI CCHOs, peak bodies, and government departments. Accountable relationships with partners enable a coordinated local health and social services system, promote client access to other services and strengthen the cultural safety of environments beyond the ATSI CCHO.

Continuous quality improvement

ATSI CCHOs continually review their programs and services to improve the way they respond to changing community priorities and needs. Quality improvement processes are integrated within all teams and programs. They may differ across ATSI CCHOs but consistently include collecting and analysing relevant data through internal reviews and through engaging with local community members to look for ways to improve service delivery.

Perceived outcomes of ATSI CCHO health service delivery

The perceived outcomes of ATSI CCHO health service delivery include improved health outcomes, increased access to services, tailoring of services to community need, enhanced integration of services with partner organisations, culturally safe and responsive care, and improved capacity and empowerment of Aboriginal and Torres Strait Islander workforce.

Enablers of ATSI CCHO health service delivery

Effective ATSI CCHO leadership and governance are reported to enable ATSI CCHO health service delivery. Respected and experienced leaders within the ATSI CCHO executive and Board of Directors develop effective organisational structures and respectful, collaborative and accountable external partnerships that are key to supporting clients with their holistic health

Table 1: Aboriginal and Torres Strait Islander Community Controlled Health Organisation practices relating to each characteristic.

ATSICCHO characteristic	ATSICCHO practices
Culture	<ul style="list-style-type: none"> - Respect for and incorporation of local cultural lore, values, customs, ceremonies, beliefs and spirituality in all service delivery. - Employment of Aboriginal and Torres Strait Islander staff. - Use of local Aboriginal and Torres Strait Islander language, artwork and signage to create welcoming spaces. - Development of culturally appropriate health promotion resources.
Self-determination and Empowerment	<ul style="list-style-type: none"> - Empowering communities through cultural days, camps and reconciliation events leading to increased social connectedness and cultural pride. - Providing employment, training and leadership opportunities to strengthen local Aboriginal and Torres Strait Islander health workforce and create positive role models. - Enacting collective self-determination through the ATSICCHO governance model.
Community control and community participation	<ul style="list-style-type: none"> - Custodianship by ATSICCHO members from the local Aboriginal and Torres Strait Islander community. - Governance by the local Aboriginal and Torres Strait Islander community through the Board of Directors. - Respecting the role of Elders in the work and governance of the ATSICCHO. - Community consultation and collaboration to ensure programs and services are culturally responsive, accessible and tailored to local needs.
Culturally appropriate and skilled workforce	<ul style="list-style-type: none"> - Recruiting and growing Aboriginal and Torres Strait Islander staff through a commitment to identified positions, clear career pathways and by providing mentoring, training and development opportunities for non-clinical as well as clinical roles. - Providing supportive culturally safe environments that recognise the cultural, community and family obligations of staff and where workforce feel supported. - Ongoing cultural competency training for all staff. - Two-way learning between Aboriginal and Torres Strait Islander and non-Indigenous colleagues including cultural mentorship.
Holistic healthcare	<ul style="list-style-type: none"> - Comprehensive primary health care that promotes social, emotional, cultural, mental, physical and spiritual wellbeing. - A diverse range of services (e.g. maternal and child health, disability services, chronic disease care). - Supporting clients to address social needs such as housing security, social security payments, education and employment. - Advocacy such as with Centrelink, employment services, child protection services and the justice system. - Some ATSICCHOs offer additional services such as environmental health, bush foods, traditional healing and early childhood education.
Accessible health services	<ul style="list-style-type: none"> - Providing affordable health care. - Delivering, where possible, a broad range of services in a variety of locations and settings. - Walk in appointments, transport, increased opening hours, home visits and outreach. - Delivering acceptable care that includes cultural respect, trust, privacy, confidentiality and social justice. - Enhancing community awareness of services (e.g. brochures, guest speakers during community lunches, referrals across ATSICCHO teams).
Flexible and responsive approach to care	<ul style="list-style-type: none"> - Tailoring services in response to local needs ensuring they are relevant, culturally safe and effective. - Delivering services outside of the health clinic model such as home visits and pop-up clinics during community events. - Creating partnerships to strengthen cooperation across sectors and promote flexible and responsive care in partner services.
Comprehensive health promotion	<ul style="list-style-type: none"> - Orienting primary health care to meet community need: designed by community, for community. - Providing culturally safe spaces in the ATSICCHO and promoting culturally safe spaces in mainstream services. - Strengthening cultural pride and personal skills through role modelling, mentoring and education. - Strengthening and uniting local communities. - Advocating for public policies that achieve equity for Aboriginal and Torres Strait Islander people.
Relationship building and advocacy	<ul style="list-style-type: none"> - Building and maintain relationships with multiple partner organisations and funders. - Advocating on behalf of clients and communities to promote access to services. - Advocating to other services to adapt their models of care to better meet client needs. - Providing cultural advice, support and direction to government departments, partner organisations and research bodies through participation in forums, working groups and research activities.
Continuous quality improvement	<ul style="list-style-type: none"> - Engaging with community to understand local priorities and seek feedback on what is and isn't working. - Collecting and analysing relevant data to enable program evaluation and development. - Designing and implementing improvements. - Monitoring and evaluating whether improved processes and outcomes are achieved over time.

ATSICCHO = Aboriginal and Torres Strait Islander Community Controlled Health Organisation.

needs. Strong organisational culture and effective operational systems, policies and procedures enable the ATSICCHO to manage multiple and complex funding streams and include clear communication and referral pathways across ATSICCHO teams. Aboriginal and Torres Strait Islander and non-Indigenous workforce who are culturally safe, committed, united and skilled are crucial to the effectiveness of ATSICCHO health service delivery. Community consultation and engagement ensures that services are tailored to local needs through continuous quality improvement processes.

Common challenges impacting ATSICCHOs and proposed policy responses

The principal challenges of ATSICCHOs relate to funding that is restrictive, insufficient or short term, and that results in burdensome reporting and administrative complexity. Short-term funding also adversely impacts on attracting, retaining and strengthening the capacity of staff. The time and resources required to build and maintain partnerships with numerous external organisations increases the burden on ATSICCHOs. Table 2 presents a summary of key challenges facing ATSICCHOs and

Table 2: Aboriginal and Torres Strait Islander Community Controlled Health Organisation challenges and potential policy level actions.

Domain	Challenge to effective ATSI CCHO health service delivery	Potential policy level actions
Funding	Insufficient funding of ATSI CCHO comprehensive primary health care including unfunded services (e.g. transport, home visits, funeral support), lack of funding for program evaluation, and staff wage increases unmatched by government funding	Funding agreements to adequately resource the ATSI CCHO comprehensive primary healthcare model, including evaluation of programs and workforce salary increments
	Restrictive funding agreements including programs with pre-determined priorities or that do not support a comprehensive social determinants of health approach	Funding agreements to incorporate flexibility that enables ATSI CCHOs to consult with their communities to identify local priorities and tailor services to local needs
	Short-term funding and de-funding of programs	Funding agreements should provide long-term, sustainable funding for ATSI CCHO programs and services
	Challenges in seeking funding, including the considerable time and resources needed to prepare tenders and funding submissions	Funding opportunities through tenders and funding submissions to have reasonable timeframes and be promoted to the ATSI CCHO sector. The ATSI CCHO sector would benefit from capacity-building initiatives to support the preparation of competitive submissions
	Competing for Aboriginal health funding with non-Indigenous organisations	ATSI CCHOs to be recognised as the experts in Aboriginal comprehensive primary health care and the preferred recipient of funding for Aboriginal and Torres Strait Islander initiatives
	Complexity in coordinating multiple sources of funding, including reporting burden	The frequency and complexity of reporting to be streamlined to reduce the burden on the ATSI CCHO sector. The sector requires additional resourcing for administration, including IT, data and reporting, and financial management.
	MBS funding models don't always align with Aboriginal ways of working	MBS to consult with the ATSI CCHO sector regarding MBS items needed to support cultural ways of working
Workforce	Aboriginal and Torres Strait Islander workforce supply shortage	The workforce supply shortage to be addressed as an urgent priority through a range of targeted workforce initiatives
	Low staff salaries due to inadequate funding of ATSI CCHO programs	Funding agreements to provide greater resourcing for ATSI CCHO programs, so that ATSI CCHO staff can be remunerated fairly and in line with other sectors (e.g. government health services)
	Challenges in recruiting and retaining staff, particularly Aboriginal and Torres Strait Islander staff	
	Staff stress due to the 24/7 nature of working for community	Wellbeing initiatives for ATSI CCHO health workforce to be considered when implementing strategic documents such as the <i>'National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2021-2031'</i>
	Attracting funding for workforce training and capacity-building initiatives	NACCHO to be funded to develop workforce professional development and capacity-building initiatives for ATSI CCHO workforce at all levels
	Lack of training available for ATSI CCHO managers	
	Considerable time and resource investment in capacity strengthening and mentoring staff	Funding agreements to recognise (and resource) the significant efforts ATSI CCHOs undertake to strengthen the capacity of Aboriginal and Torres Strait Islander workforce
Building an awareness in non-Indigenous ATSI CCHO staff around cultural ways of working	Funding agreements to recognise and resource the cultural mentoring ATSI CCHOs undertake with non-Indigenous clinicians and workforce regarding cultural ways of working	
Advocacy and partnerships	Building and maintaining relationships with numerous external partners	Funding agreements to recognise and resource the considerable relationship-building efforts and advocacy activities undertaken by the ATSI CCHO sector
	The constant advocacy that ATSI CCHOs undertake with governments, funders and partners to raise awareness about the value system of ATSI CCHOs, about the role ATSI CCHOs play, and to advocate for better policies and funding models for Aboriginal and Torres Strait Islander peoples	
Sector reforms	Staff investment required to adopt new systems, processes and terminology when taking on additional service delivery or experiencing sector reforms (e.g. aged care reforms)	Policy makers consider undertaking an ATSI CCHO impact assessment when major initiatives and reforms are being developed that potentially impact the ATSI CCHO sector. Consider and resource the ATSI CCHO sector in the development and dissemination of reform-related information and training.

ATSI CCHO = Aboriginal and Torres Strait Islander Community Controlled Health Organisation.

potential policy-level responses and recommendations. To provide accessible, quality, culturally safe care to their communities, ATSI CCHOs must be adequately resourced and have the flexibility to adapt programs and services in response to community priorities and feedback. Programs to strengthen capacity and retain Aboriginal and Torres Strait Islander workforce are also needed to deliver quality, culturally safe care.

Discussion

The described conceptual model highlights that culture is central to ATSI CCHO comprehensive primary healthcare service delivery and both guides and underpins all other characteristics. Evidence of the relationship between cultural factors and health and

wellbeing outcomes for Aboriginal and Torres Strait Islander peoples is limited but emerging.²⁵⁻²⁷ A document analysis of annual reports has demonstrated the extensive efforts ATSI CCHOs undertake to strengthen the cultural determinants of health and address the social determinants of health at both intermediary and structural levels.²⁸ Clients value the cultural safety of ATSI CCHOs in addition to the Aboriginal identity and respectful behaviour of ATSI CCHO staff, and the holistic nature of care which includes social services, cultural events and group activities to provide connection to community and culture.²⁹ Strategies for culturally respectful care have been reported to include employment of Aboriginal staff, welcoming spaces, the integration of cultural protocols, a social view of health and strategies to promote access.³⁰

The developed model extends previous frameworks such as the *Core functions of primary health care: a framework for the Northern Territory* that includes: clinical services; health promotion; corporate services and infrastructure; advocacy, knowledge and research, policy and planning; and community engagement, control and cultural safety.³¹ It also expands the conceptual framework developed by Campbell and colleagues¹⁶ that guided a synthesis of evidence relating to outcomes of Aboriginal community-controlled services. The framework included community control and self-determination, knowledge and expertise, employment and training, clinical services and health promotion, quality health care, and social determinants of health.

The pivotal role of the Aboriginal and Torres Strait Islander community-controlled sector has been recognised in the *National Agreement on Closing the Gap*,³² which for the first time in Closing the Gap history was co-designed and co-signed by the sector's peak body, the Coalition of Peaks.³³ "Building the Community-Controlled Sector" was identified as one of four priority reforms with the Agreement stating that: "Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander peoples, achieve better results, employ more Aboriginal and Torres Strait Islander peoples and are often preferred over mainstream services" (p.8).³² Our conceptual model describes the key characteristics of ATSIICCHO ways of working that can be used to guide an expansion of the ATSIICCHO sector across the states and territories of Australia. Learnings from services that have previously transitioned from government services to community-controlled organisations should also inform these efforts.³⁴ Our work also provides an evidence base for the predominant challenges that must be overcome with appropriate policy-level actions.

For ATSIICCHOs to be successful in meeting the needs of their local communities, the fundamental challenges that must be addressed relate to funding, workforce supply and the development of respectful and effective partnerships. Funding that is insufficient, short term or insecure can lead to staff turnover and loss of corporate knowledge and community connections. Funding that is prescriptive and/or restrictive means that ATSIICCHOs cannot respond to and tailor services to community needs. The reporting burdens and complexity of administering funding from multiple government departments and other funders have long been highlighted³⁵⁻³⁷. ATSIICCHOs require funding that is sufficient, flexible, and secure to enable the sector to address complex workforce challenges in relation to the recruitment, retention and capacity development of ATSIICCHO staff over the longer term. There is an Aboriginal and Torres Strait Islander health workforce shortage across multiple clinical roles,³⁸ and ATSIICCHOs invest considerable time and resources in the capacity development of both Aboriginal and Torres Strait Islander and non-Indigenous staff. Recent investment of more than \$50 million towards training Aboriginal and Torres Strait Islander health practitioners is welcome news.³⁹ A national training scheme is needed for board members, administrators and multidisciplinary staff that fulfil key roles in the ATSIICCHO sector. Mechanisms to strengthen continuity of care across ATSIICCHOs, local hospitals, social services and specialist services must also be established, along with efforts to systematically identify and address service gaps across all states and territories. Key gaps identified by

Aboriginal and Torres Strait Islander health services include mental health, youth and alcohol and other drugs services⁷ though regional audits and targeted responses will be necessary. Once the fundamental challenges impacting the sector are addressed, ATSIICCHOs will be in a stronger position to achieve improved holistic health outcomes for their communities.

A strength of this work was the long-term research partnership between ATSIICCHO sector representatives and the research team that ensured the conceptual model was grounded in current practice. Further, the model was built using multiple sources of evidence and reviewed and confirmed by ATSIICCHO representatives across several states and territories, which provides some assurance to the robustness of the model and trustworthiness of the findings. That said, the model represents a starting point for the conceptualisation of ATSIICCHO service delivery characteristics rather than a functional end-point. ATSIICCHOs and the Aboriginal and Torres Strait Islander communities they serve are diverse, and ways of working likely differ from one service to the next, depending on historical factors, community needs and priorities, and local governance models. The recommendations were made at a point in time, and developments in the intervening period could result in alternate policy responses being more relevant now. Still, we provide a detailed model for the conceptualisation of ATSIICCHO ways of working which, along with efforts to bolster the enablers of ATSIICCHO ways of working, can be used to guide an expansion of the sector in line with the National Closing the Gap priorities.³² It can also be used to inform curriculum development and strengthen workforce capacity-building for ATSIICCHO employees and visiting health professionals. We invite mainstream primary healthcare providers to review the ATSIICCHO service delivery model presented here and adopt elements that would strengthen the cultural safety and appropriateness of their service for Aboriginal and Torres Strait Islander clients. We also encourage mainstream services to connect with their local ATSIICCHO and build strong partnerships to ensure treatment and service continuity.

Conclusion

Our developed conceptual model highlights the centrality of culture in ATSIICCHO service delivery and the importance of holistic, flexible, responsive and accessible primary health care for Aboriginal and Torres Strait Islander peoples. This conceptual model can guide the expansion of the Aboriginal community-controlled sector heralded in recent policy initiatives. The ATSIICCHO model can offer comprehensive primary health care insights to the broader Australian primary health care system. Mainstream health services would benefit from reviewing and adopting key service design elements that increase the cultural safety, comprehensive and integrated suite of services provided to Aboriginal and Torres Strait Islander and non-Indigenous patients attending their clinics. Fundamental challenges facing the ATSIICCHO sector relate to funding, workforce supply and the development of respectful and effective partnerships and must be addressed so that ATSIICCHOs can concentrate their efforts on achieving holistic and improved health outcomes for their communities.

Conflicts of interest

No conflict to declare.

Funding

This study was funded by the National Health and Medical Research Council of Australia (NHMRC #1061242). AB was supported by a Senior Research Fellowship (NHMRC #1137563).

Ethics

The project sought and gained multiple ethics approvals across jurisdictions to undertake in-depth ATSI/CHO case studies and engage with ATSI/CHO representatives through the Leadership Group. The research was conducted in alignment with the principles of the South Australian Aboriginal Health Research Accord²³ and national guidelines for ethical research with Aboriginal and Torres Strait Islander people.²⁴

Ethical approval for this research was granted by the Aboriginal Health Research Ethics Committee (Protocol number 04-16-651), Aboriginal Health & Medical Research Council Ethics Committee of New South Wales (Protocol number 1123/15), Menzies School of Health Research Human Research Ethics Committee (Protocol number HREC 2015-2481), Central Australian Human Research Ethics Committee (Protocol number HREC-15-352), Western Australian Aboriginal Human Research Ethics Committee (Protocol number 680), University of Adelaide Human Research Ethics Committee (Protocol number H-2015-221), St Vincent Hospital Melbourne (HREC-A 110/16 and HREC/16/SVHM/136), University of Queensland Human Research Ethics Committee A (Approval number: 2017000181).

Acknowledgements

We would like to acknowledge and thank the CREATE Leadership Group who identified case study sites, guided the research team, informed the description of the conceptual model and contributed to the interpretation of findings. Special thanks to Ben Thomson, Fay Adamson, Patricia Lewis, Gokhan Ayturk, Chris Halacas and Damien Rigney who contributed as Leadership Group members or nominated delegates in the period the model was described. We would also like to acknowledge ATSI/CHO staff members within the case study sites who participated in the research. We acknowledge Chief Investigator Ngiare Brown, thank Karen Laverty and Kimberly Taylor who supported the research, and also thank CREATE research fellows Karla Canuto, Judith Gomersall and Carol Davy who were involved in early discussions on the draft manuscript. We also acknowledge and thank the following ATSI/CHOs and jurisdictional and national peak bodies for contributing to this work through representation on the CREATE Leadership Group or participation in best practice case studies: Aboriginal Community Services, Aboriginal Health Council of South Australia, Aboriginal Health Council of Western Australia, Aboriginal Medical Services Alliance Northern Territory, Apunipima Cape York Health Council, Central Australian Aboriginal Congress, Danila Dilba Health Service, Dhauwurd-Wurrung Elderly & Community Health Service Incorporated, Geraldton Regional Aboriginal Medical Service, Miwatj Health Aboriginal Corporation, Moorundi Aboriginal Community Controlled Health Service Incorporated, Port Lincoln Aboriginal Health Service, National Aboriginal Community Controlled Health Organisation, Nganampa Health Council, Nunyara Aboriginal

Health Service, Nunkuwarrin Yunti of South Australia Incorporated, Tasmanian Aboriginal Corporation, The Institute for Urban Indigenous Health, Victorian Aboriginal Community Controlled Health Organisation, Werin Aboriginal Corporation, and Winnunga Nimmityjah Aboriginal Health and Community Services.

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