

The PHNs

The Federal Government has established PHNs across the country to bridge the gap of health inequity and access by building a collaborative and responsive health care system. PHNs are committed to improving the patient experience of the health system.

The PHNs main aims are to:

- Increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Improve coordination of care to ensure patients receive the right care in the right place at the right time.

Aboriginal Health Portfolios

Aboriginal Health planning is embedded throughout all Country SA PHN and Adelaide PHN's portfolio areas. Our community collaboration and stakeholder engagement frameworks have an Aboriginal voice – from our Boards through to our Primary Health Care Committees and Health Priority Groups.

Portfolio teams identify local level health issues and then work to improve outcomes – through better coordination of existing services or by filling gaps in the current system.

PHNs are committed to addressing the federal governments national priority of improving the health status of Aboriginal and Torres Strait Islander peoples.

The focus is to work across all health sectors, engage with individuals, communities, Aboriginal organisations and mainstream health care providers to ensure there is an understanding of the local systems and health care needs.

Our work is guided by a clear approach and clear objectives, with the needs of Aboriginal and Torres Strait Islander people and communities at the centre of everything we do.



Contacts

Closing the Gap Regional Teams

Relevant Contacts Country SA

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Southern Adelaide Team

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Northern Adelaide Team

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Noarlunga

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Aboriginal Community Controlled Health Services

Relevant Contacts Country SA

Port Augusta

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Port Lincoln

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Ceduna

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Oak Valley

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Murray Bridge

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Alice Springs

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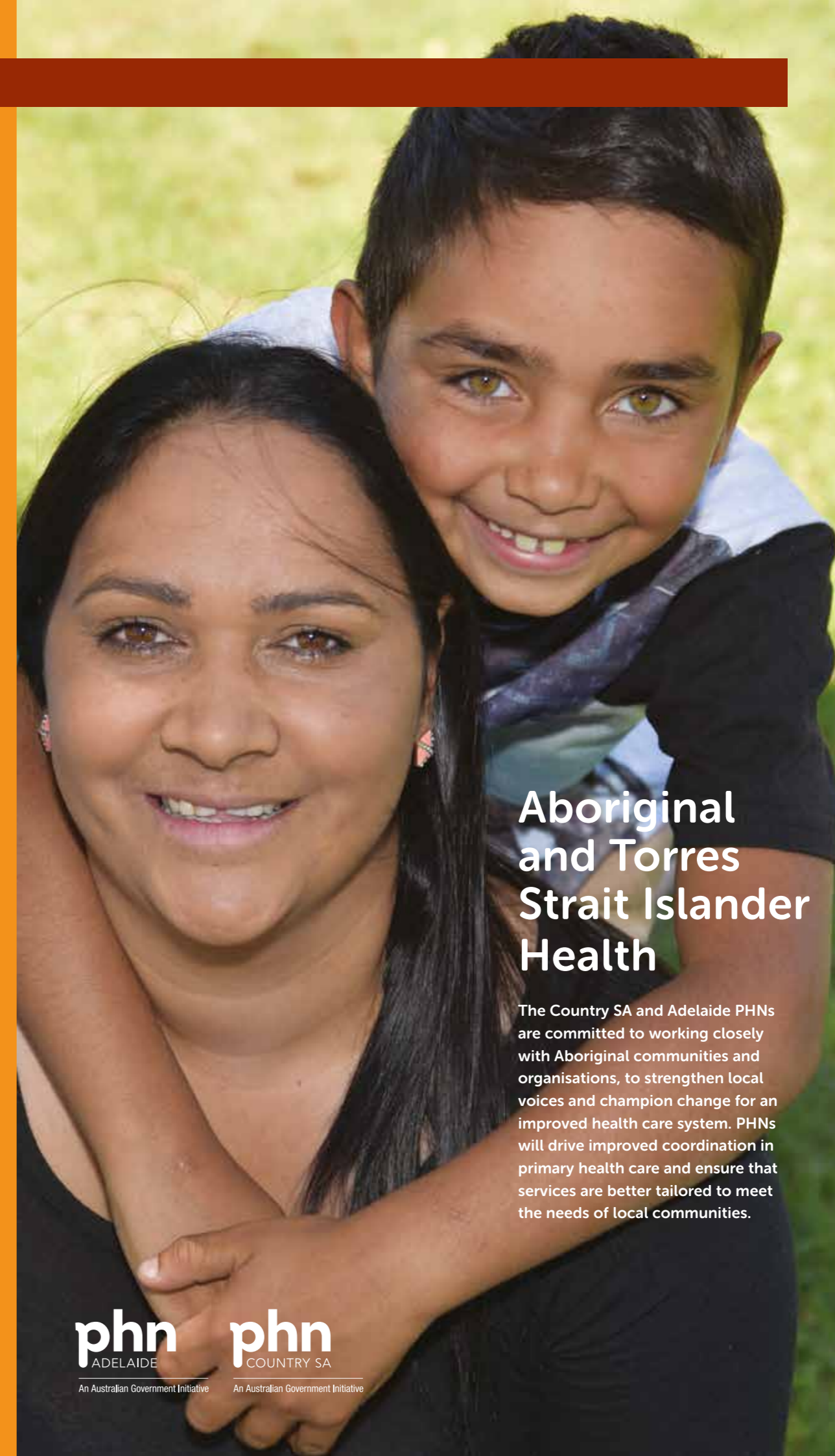
Relevant Contacts Adelaide Metro

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Adelaide

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Aboriginal and Torres Strait Islander Health

The Country SA and Adelaide PHNs are committed to working closely with Aboriginal communities and organisations, to strengthen local voices and champion change for an improved health care system. PHNs will drive improved coordination in primary health care and ensure that services are better tailored to meet the needs of local communities.

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Country SA PHN and Adelaide PHN currently support Aboriginal and Torres Strait Islander communities through management of the Closing the Gap program.

Closing the Gap is an Australian Government initiative and falls under the Indigenous Australians' Health Programme (IAHP). Closing the Gap focuses on the better management of chronic conditions – particularly diabetes, renal disease, cardiovascular disease, cancer and/or respiratory disease.

Closing the Gap helps Aboriginal and Torres Strait Islander people have better access to primary health care. It improves the integration of primary care, allied health and specialist care, and enables other ancillary and follow-up activities which are necessary for effective chronic disease management.

Who is it for?

Closing the Gap is for Aboriginal or Torres Strait Islander people who have a chronic disease, with priority given to those who find it most difficult to access health care. As a guide, the people most likely to benefit from the Closing the Gap program are those:

- At greatest risk of experiencing otherwise avoidable hospital admissions;
- At risk of inappropriate use of services, such as hospital emergency presentations;
- Not using community based services appropriately or at all;
- Who need help to overcome barriers to access services; and
- Who require more intensive care coordination than is currently available.

The program helps people to:

- Access health care for chronic conditions;

- Coordinate advice, medical appointments and community support;
- Build community understanding of good health and wellbeing;
- Access financial assistance for supplementary services; and
- Secure financial and other assistance to overcome barriers to health care.

Under the program, clients can be supported by a professional who would act as an interface with primary health providers. Closing the Gap teams assist health service providers to support Aboriginal clients in a culturally safe way, fostering collaboration between mainstream primary care and Aboriginal health sectors.

GP practices can register for the Practice Incentive Payment Indigenous Health Incentive (PIPIHI) and receive Incentive Payments for chronic disease management of their Aboriginal and Torres Strait Islander patients. People registered by their GP as a Closing the Gap patient will be able to access medications free of charge (for concession card holders) or at a reduced cost.

Country SA PHN and Adelaide PHN are working together to ensure Closing the Gap programs in South Australia are fully interconnected to maximise the benefits to those who find it most difficult to access health care services.

We work across all health sectors engaging with individuals, communities, health care providers and Aboriginal organisations to ensure they understand local health care needs and systems.

Population

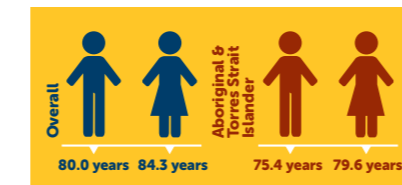
2011 census
1,596,72 people in SA



1.9%

Aboriginal and Torres Strait Islander people

Life expectancy



Country SA



Metro Adelaide

14,668

people identify as Aboriginal and Torres Strait Islander



(3.3%) people identify as Aboriginal and Torres Strait Islander – compared to 1.3% in metropolitan Adelaide

Closing the Gap Teams

The CTG teams are working with Aboriginal communities across their regions, and also provide outreach to more remote groups.

Closing the Gap teams include:

Care Coordinators

- Qualified health workers or registered nurses.
- Work with their clients to assist in accessing all the care needed to improve health.
- Help clients arrange appointments with doctors and other health care providers.
- Work closely with GPs to develop treatment plans for clients.
- Link in with other health care and support workers to make sure services are coordinated.
- Provide information about chronic conditions and other health concerns.
- Attend appointments with clients.
- Help with accessing medications.

Can access funding to help clients receive the health care they need in a timely way.

Aboriginal and Torres Strait Islander Outreach Workers

- Provide practical assistance to Aboriginal people to attend appointments and access health services.
- Assist the Care Coordinators to support patients with their health assessments/care plans.
- Establish links with local Aboriginal communities to encourage and support the increased use of health services.

- Liaise with health providers including GPs, Aboriginal Health Workers and administrative staff to support referral pathways.
- Assist to develop and distribute information and resources to the local Aboriginal and Torres Strait Islander community about available health services.

Indigenous Health Project Officers

- Promote Closing the Gap to local Aboriginal and Torres Strait Island communities and health service providers.
- Work with mainstream primary health care providers to deliver culturally appropriate primary care services.
- Increase uptake of Indigenous specific MBS items, including Indigenous health checks and follow-up items.
- Advocate for clients in the health system.
- Coordinate cultural awareness training.

Aboriginal Community Controlled Health Services

Aboriginal Community Controlled Health Services (ACCHSs) are incorporated Aboriginal organisations, initiated by and based in local Aboriginal communities. These services are funded and supported to provide comprehensive primary health care. The Closing the Gap teams work in partnership with ACCHSs to ensure Aboriginal Communities are able to access program support services.



- Closing the Gap (CTG) Adelaide Metro teams
- Closing the Gap (CTG) Country SA teams
- Aboriginal Community Controlled Health Service
- Town