

# INTRODUCTION

THE BOARD AND MEMBERSHIP OF APUNIPIMA CAPE YORK HEALTH COUNCIL HAVE A CLEAR VISION FOR THE FUTURE:



**Community  
controlled primary  
health care  
for Cape York**



**Wellness  
improvement  
through the  
Apunipima Way**



*Apunipima means  
‘United – All in one’  
in Injinoo Ikya.*

The organisation bearing this name was conceived at the Pajinka Wilderness Lodge, near Injinoo at the tip of Cape York in 1994. The Apunipima Cape York Health Council (Apunipima) was the first community controlled health organisation to cover the Cape York region and represented a new approach in Aboriginal and Torres Strait Islander health services. It had a mandate to present health related issues from 17 Cape York Aboriginal Communities to both the Cape York Land Council and the then Aboriginal and Torres Strait Islander Commission Peninsula Regional Council.

Since then, Apunipima has expanded from an advocacy role to include the provision of more holistic primary health care services in 11 of these communities. Comprehensive primary health care is achieved through an alliance with all other services, both health and human service, operating in the Cape York communities.

## THE APUNIPIMA WAY



The “Apunipima Way” is a philosophy of service planning and delivery for the people by the people. It underpins the way Apunipima approaches and carries out its business. The Apunipima Way is informed by Cape York Aboriginal and/or Torres Strait Islander peoples:

- Traditions, culture, values, beliefs, and practices
- Kinship connections to each other, the land, and the environment
- Unique knowledge that contributes to healing, good health, and wellness.

The Apunipima Way, reinforces the right to self-determination. The right to self-determination, means that Aboriginal and/or Torres Strait Islander Peoples have the freedom to live well and to live according to their values and beliefs. There are four ways in which Aboriginal and/or Torres Strait Islander Peoples exercise self-determination:

- Having a choice in determining how their lives are governed and their development paths.
- Participating in decisions that affect their lives.
- Having control over their lives and future including economic, social and cultural development.
- Having the means by which every person might achieve their full potential

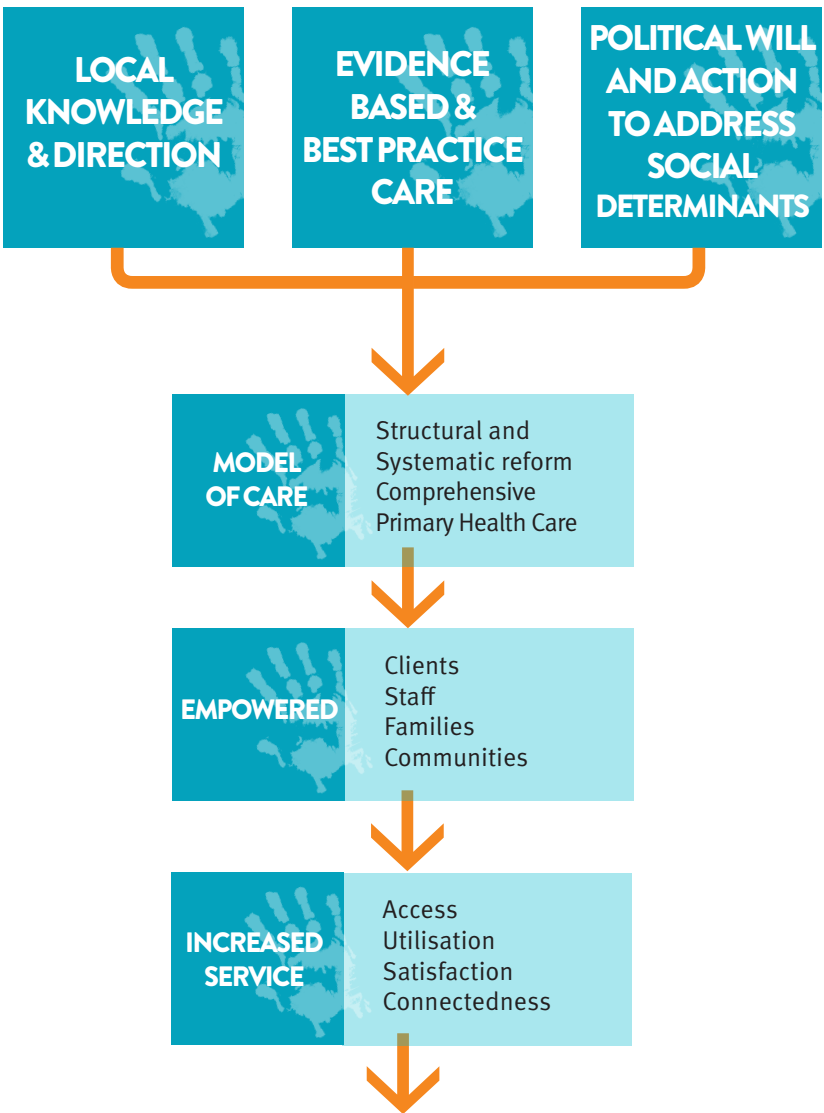
When determining outcomes and making value judgments about Aboriginal and /or Torres Strait Islander Peoples, Australian society and its public institutions must acknowledge the extensive and rich history, heritage, culture and knowledge of Aboriginal and/or Torres Strait Islander Peoples. Further, diversity of cultural attitudes must be respected to ensure that any policies, interactions and initiatives are informed, respectful and ethically sound”. (United Nations Declaration on the Rights of Indigenous Peoples, 2007)

The Apunipima Way embodies the organisation’s dual goals of strengthening community capacity through social and economic empowerment and providing safe, quality health services. This is achieved by enabling local ownership and informed decision making that strengthens Cape York people’s right to self-determination and guides how Apunipima provides them with culturally competent, comprehensive primary health care. The organisational values that drive the Apunipima Way are:

- Holistic approach to maintaining health and providing care
- Family centred
- Accountability
- Integrity
- Respect

# SUMMARY OF APUNIPIMA MODEL OF CARE PROGRAM LOGIC

The Apunipima Model of Care program logic demonstrates how implementation of the five core principles will empower Aboriginal and/or Torres Strait Islander individuals, families and communities to direct health service planning, design, delivery, research and evaluation in Cape York. This will lead to increased service access, utilisation and satisfaction with health service delivery. The end result will be improved health outcomes producing strong, well, capable and healthy communities and healthy generations.



## HEALTH IMPROVEMENT

- Strong communities
- Well communities
- Capable communities
- Healthy communities
- Healthy generations

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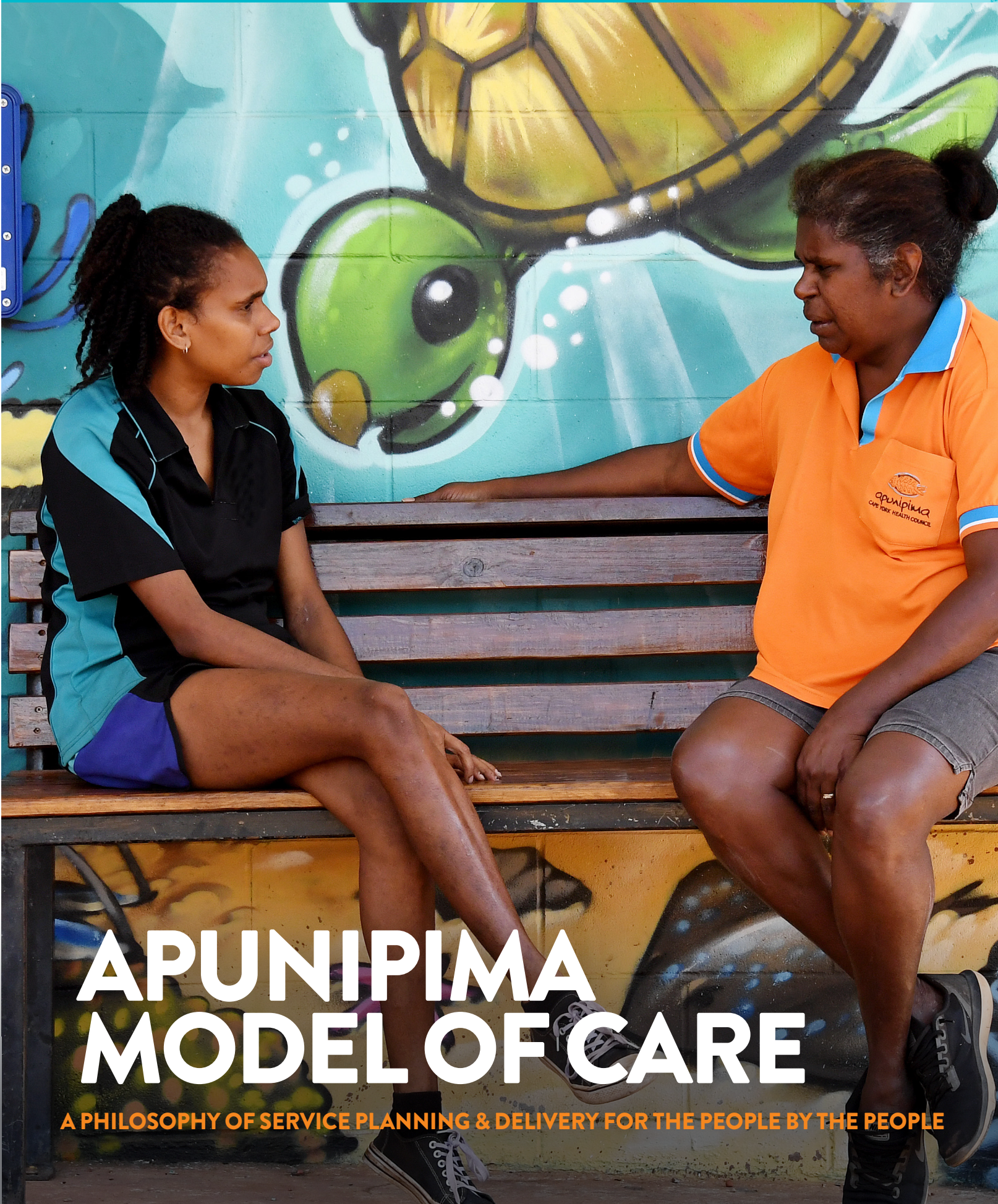


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our health in our hands



# APUNIPIMA MODEL OF CARE

A PHILOSOPHY OF SERVICE PLANNING & DELIVERY FOR THE PEOPLE BY THE PEOPLE

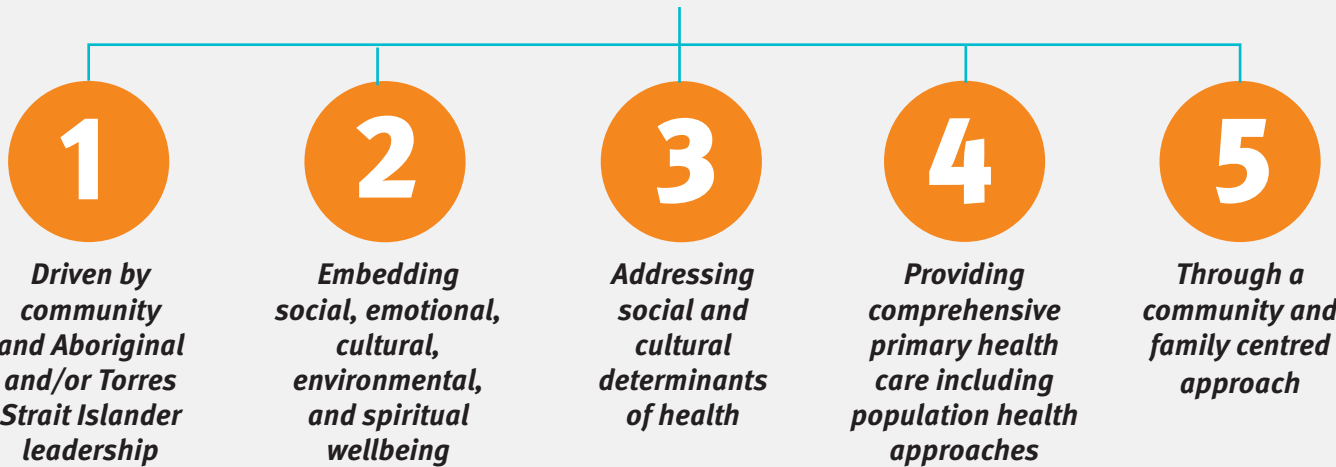


# APUNIPIMA MODEL OF CARE

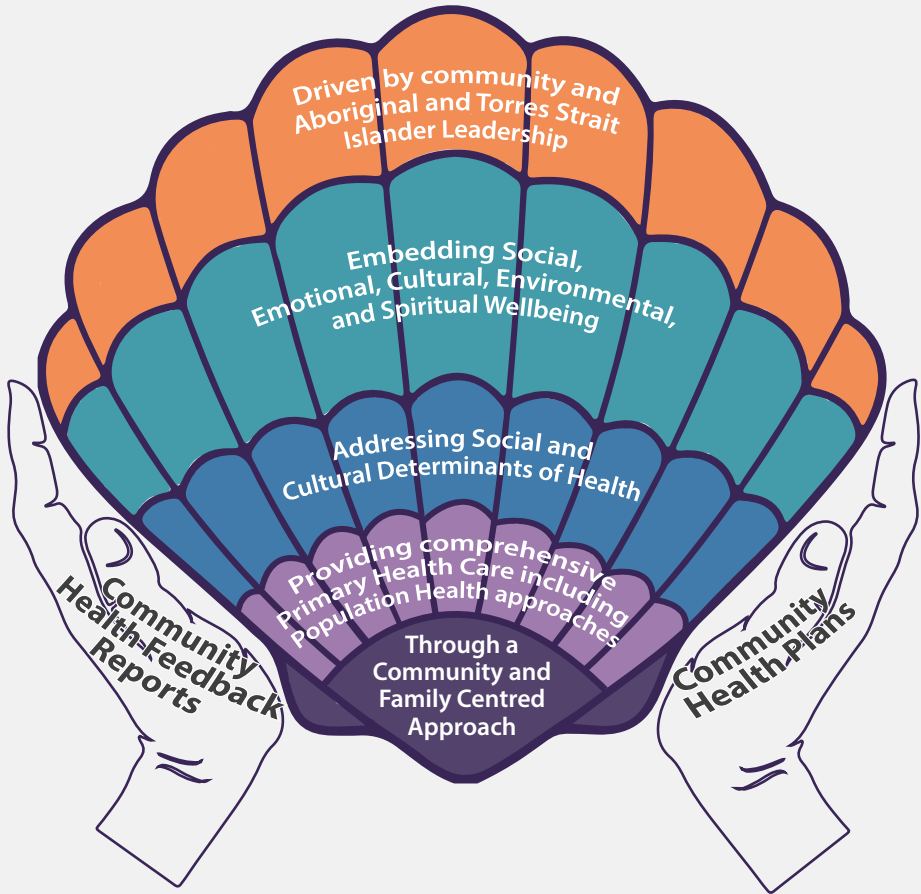
# CORE PRINCIPLES

The Apunipima Model of Care is grounded in the Apunipima Way and built on five core principles. The Model of Care identifies a process of care delivery that facilitates wellness and maintenance of good health.

## THE 5 CORE PRINCIPLES



These principles and the interaction with the community is illustrated in the diagram to the right, a conceptual diagram of the Apunipima Model of Care. The guiding principles for the Apunipima Model of Care are in the hands of an informed Cape York community. The hands holding the oyster shell represent the organisation being community driven and informed by local health plans on the one hand and being accountable to the community on the other. At the core of service delivery is the principle of a community and family approach, which is supported by a system of care that specifically addresses the community needs in a way that will achieve our vision and mission.



Supportive foundations through strong community, clinical and corporate governance

### PRINCIPLE 1:

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

Aboriginal and/or Torres Strait Islander leadership and direction for health services in Cape York is achieved by:

- Electing a Board from the Apunipima membership in Cape York communities that sets the strategic planning and policy directions for the organisation
- Supporting Local Health Action Teams to provide community-based governance and protocols for the local health service
- Implementing evidence informed community health plans endorsed by the Health Action Teams
- Employing Aboriginal and/or Torres Strait Islander primary health care managers to lead and manage services at local community, regional and executive levels
- Employing local community people as staff and trainees
- Building the capacity of community experts (local Aboriginal and/or Torres Strait Islander staff) by partnering them with content experts
- Creating peer mentors, coaching environments and opportunities
- Delivering care using a 'health worker led' and community informed approach to service provision
- Ensuring non-Aboriginal and/or Torres Strait Islander staff engage with local Aboriginal and/or Torres Strait Islander staff who can lead and advise on local delivery practices

### PRINCIPLE 2:

*Embedding Social, Emotional, Cultural, Environmental and Spiritual Wellbeing*

Social, emotional, cultural, environmental and spiritual wellbeing are embedded in service delivery by:

- Developing cultural competence in staff by providing structured, ongoing cultural capability training and a comprehensive community-based orientation
- Providing gender and age appropriate programs and services provision in appropriate locations (e.g. health camps on country)
- Recognising that in each health interaction there is a reciprocal knowledge exchange and that the views and beliefs of community members are valid
- Providing social and emotional wellbeing services through Wellbeing Centres that are integrated with central Primary Health Care through case conferencing and case management
- Using appropriate strength-based and trauma-informed therapeutic approaches. Engaging community elders for advice and information on customs associated with health care provision, including access to and recognition of the role of traditional medicine and traditional healers
- Providing a service environment that is safe, trustworthy and welcoming.
- Embedding protective factors, including Aboriginal and/or Torres Strait Islander lore, into policies and service delivery approaches
- Engaging with local traditional owner groups when establishing facilities in communities
- Implementing a research program driven by Cape York priorities and Aboriginal and/or Torres Strait Islander world views to develop the evidence base for service delivery in Cape York

### PRINCIPLE 3:

*Addressing Social and Cultural Determinants that Impact on Health*

Social and cultural determinants that impact on health are addressed by:

- Working collaboratively across sectors including housing, education, employment and justice to address health determinants
- Participating in community level and regional interagency meetings that discuss action on the social determinants of health
- Building working relationships with Cape York Mayors through forums and meetings
- Using social marketing to promote health and facilitate changes that will address the environmental and socio-economic conditions in which people live, work and play
- Delivering health promotion programs and interventions that target social determinants of health
- Implementing workforce development strategies that address social determinants of health related to employment and education
- Setting Aboriginal and/or Torres Strait Islander workforce targets for the organisation
- Supporting other health service providers to become familiar with community customs and practices to ensure they are respectful to health consumers
- Encouraging and using community entrepreneurs to establish businesses that address local service gaps, e.g. security services, community-based catering and cleaning services

### PRINCIPLE 4:

*Providing Comprehensive Primary Health Care including Population Health approaches*

Apunipima provides comprehensive primary health care by:

- Facilitating Cape York communities' access to the full spectrum of health interventions including community development and advocacy, health promotion and education, disease prevention, early detection, evidence-based short-term treatment and longer-term care and palliative and end-of-life care
- Involving patients and their families as partners in care
- Offering a full range of primary health care services to address mind, body and spirit as a holistic approach to wellbeing
- Encouraging wellness and self-management of health and chronic conditions
- Working with other sectors to seek to address the underlying social and environmental determinants of health
- Taking a population health approach to promoting wellness and preventing disease, not just a focus on individuals
- Creating supportive environments for healthy living
- Using a multidisciplinary team approach to delivering evidence-based best-practice care, while acknowledging traditional healers and traditional medicine
- Implementing systematic care supported by an integrated health information system
- Providing a culturally safe decision-making process for completing assessments and obtaining informed consent
- Providing holistic whole of lifespan care, with a particular focus on underserved and vulnerable groups, e.g. adolescent friendly service structures and programs
- Integrating centre based service delivery with other programs within Apunipima, e.g. social and emotional wellbeing services and health promotion activities
- Delivering services in partnerships with other health services providers through formalised memorandum of understanding and service agreements
- Providing information and education about available options to patients to enable active participation in decision making about treatment, care, wellbeing and issues of concern
- Offering a flexible approach to care by delivering services and events in centres and offsite, e.g. respite and residential care, family homes, and outstations
- Building staff capacity to ensure they have the skills, knowledge and confidence to deliver comprehensive primary health care including social emotional wellbeing services in a culturally competent manner
- Using a value-based approach by aligning care with the client's health and quality of life goals, in an economically sound way

### PRINCIPLE 5:

*Through a Community and Family Centred Approach*

Apunipima provides a community and family centred approach by:

- Recognising that individuals are part of a family and community network when determining care needs
- Working with individuals and families to identify barriers to accessing secondary and tertiary level care and advocating on their behalf for solutions that support their needs
- Being responsive to community needs through delivery methods that work for the individual, family and community
- Acknowledging the complexities and strengths of kinship systems in the planning and delivery of health care
- Acknowledging existing strengths, skills, competencies, knowledge and abilities of families and communities to make decisions and solve problems
- Working with families and communities as a whole in the provision of education and support to promote health and address social determinants of health
- Providing health services where families are comfortable to come together

*In addition to community governance embedded through our Board and local community structures and systems, our service delivery principles are supported by a strong foundation of corporate and clinical governance. This includes a commitment to strengthen service management and leadership, workforce and human resource management, through staff development, education and mentorship. Other important organisational components include financial management; administrative, legal and compliance services; infrastructure management; and appropriate information technology. This is underpinned by a commitment to implement quality systems through ISO, AGPAL and HSQF accreditation.*