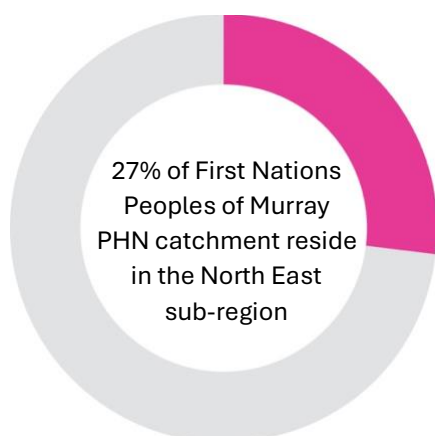


First Nations in North East Victoria

Approximately 5100 First Nations people reside in the North East sub-region of the Murray PHN catchment, representing 27 per cent of the total First Nations population (ABS, 2021). The region covers eight LGAs: Albury, Alpine, Benalla, Indigo, Mansfield, Towong, Wangaratta and Wodonga.





ACCHOs in the region


- Albury Wodonga Aboriginal Health Service (AWAHS)
- Mungabareena Aboriginal Cooperation







Key findings

Barriers to accessing healthcare and the provision of health and wellbeing services

Domain	Finding
 <p>Autonomy, empowerment and recognition</p>	<p>Burdensome reporting requirements for ACCHOs, with consultation participants noting that reporting requirements are the same across all service funding opportunities, regardless of size.</p> <p>Organisational change is required to build Cultural Safety. However, the lack of information on the number of First Nations clients is often used as a reason not to commit to increased safety, although it was noted that Ask the Question training is helping with this. There are currently extensive waitlists for doctors, with GPs in the area facing high workloads which is adding a barrier to being able to secure time for training and perform Culturally Safe practice.</p>
 <p>Social and emotional wellbeing</p>	<p>There is a lack of sufficient mental health services, culturally appropriate holistic support and support for co-existing AOD and mental health concerns. Existing mental health services have long waitlists. Census data from 2021 indicates that the region has the highest rate of reported mental health conditions by First Nations Peoples (aged 0-14 years) and the second highest rate of reported mental health conditions (across all age groups) in the Murray PHN catchment, which was highest in the Wodonga IARE (including LGAs of Alpine, Indigo, Towong, Wangaratta and Wodonga).</p>
 <p>Access to services</p>	<p>There is a lack of adequate funding for ACCHOs. Consultations revealed that ACCHOs need more infrastructure and funding to meet service demand. They emphasised that funding is insufficient to support the extra time and care required for holistic, person-centred care for First Nations Peoples.</p> <p>Systemic racism is experienced across the health system. Participants highlighted that prior experiences of racism cause First Nations Peoples to delay or avoid accessing care, and identified a need for high-quality mainstream service options to support choice and control for First Nations Peoples.</p> <p>There are rising costs to access healthcare and specialists, which is concern for this region where there is socioeconomic disadvantage.</p> <p>Transport and support is needed to attend appointments and referrals in Melbourne. Participants noted that the level of support varies greatly from different services and includes considerations such as food and accommodation.</p> <p>Inadequate funding to support transport to access regular healthcare in the region. ACCHOs in the region highlighted that they provide substantial, but inadequately funded, transport services for clients.</p> <p>Difficulties in service provision across large geographical areas. ACCHOs highlighted examples where Community members request services from towns such as Mansfield and Yarrawonga. These areas sit between the catchments of Rumbalara and AWAHS, and these ACCHOs are unable to provide outreach services across the large area. A lack of local services was also noted for Benalla and other smaller towns across the region.</p> <p>Lack of sufficient GP services and no services providing out of hours care.</p> <p>A lack of appropriate services for older First Nations Peoples and Elders. Data shows that the highest rate of potentially preventable hospitalisations (PPHs) in the region occurred in First Nation people aged 65+. However, this rate was still 27 per cent lower than the state rate.</p>

	The region has the highest rate of semi-urgent and non-urgent ED presentations by, and multi-morbidities (three or more long-term conditions) in First Nations Peoples in the catchment.
 Workforce	Challenge of recruiting trained Aboriginal Health Practitioners and Aboriginal Health Workers. ACCHOs highlighted they can't compete with the salaries that mainstream services are able to provide. However, it was noted that traineeships work well to increase the identified workforce.

Enablers to access and opportunities to support the region

Domain	Finding
 Autonomy, empowerment and recognition	<p>Opportunity for Murray PHN to provide clearer directives on Cultural Safety requirements and hold services accountable to it. This will ensure momentum at senior/executive levels for the organisational change required.</p> <p>Opportunity to coordinate Cultural Safety work in mainstream services to share knowledge and skills, and to collaborate on initiatives e.g. development of Reconciliation Action Plans.</p>
 Health and chronic conditions	Need to increase preventative health initiatives to support good health outcomes for First Nations Peoples. This includes promoting 715 health checks, health education, and support for Community and social connection.
 Access to services	<p>Increased funding for outreach services. For example, the AWAHS medical van was highlighted as a successful solution to providing care outside of Albury/Wodonga. The van provides outreach services, with staff able to build trust and connections with local community.</p> <p>Increased use of digital health, including digital home monitoring of chronic diseases, to support high-quality person-centred care. Providing more digital options could potentially address barriers to accessing supports.</p> <p>Partnerships and collaboration enabling person-centred care. Examples include Mungabareena working with correction services to build Cultural Safety. Another exemplar collaboration was between AWAHS maternity and Albury Wodonga Health midwifery to support First Nations mums.</p>
 Workforce	Need for increased First Nations workforce across the region's hospitals and mainstream health services , noting that this provides a strong signal that services are dedicated to Cultural Safety.