



**NATSIHWA**  
National Aboriginal and Torres Strait  
Islander Health Worker Association

# Policy Position Statement

## What is primary health care?

Primary health care (PHC) is the first level of contact that individuals, families and communities have with the health care system. This care is usually in a health service, but it may also be outside of the service, in people's homes, in a community meeting, a sports carnival or football match, at school or other community setting. In Aboriginal Community Controlled Health Services primary health care is an integrated care model based on evidence of scientific studies, socially and culturally accepted procedures and programs, and accessible technology and services in or close to the community.<sup>1</sup>

The delivery of primary health care encompasses health promotion strategies, nutritional and physical activity promotion and advice, social and community supports and environmental interventions, in addition to primary medical care. Whilst, there is an important focus on disease control and public health interventions because of the continuing burden of illness in the Aboriginal and Torres Strait Islander population, primary health care also fosters community governance and participatory process, community-focused leadership and education, capacity building and development.<sup>2</sup> It involves understanding the social, economic, cultural and political determinants and context of health and wellbeing for the individual, their family and the community.<sup>3</sup>

## Why is it important?

Comprehensive primary health care has been identified as a best practice approach in the delivery of health care services for Aboriginal and Torres Strait Islander people.<sup>4</sup> It delivers a care which is patient-focussed, may encompass their family and is integrated with other specialist services such as allied health specialist, mental health professionals and community services. The care is much more team-based than simply focusing on general-practitioner services.<sup>5</sup>

## The unique role of the health worker and practitioner in the health care system

Most Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners currently work within the primary health care setting, and predominantly in Aboriginal Community Controlled Health Services. In this setting, Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are patient advocates and have a fundamental role to play in ensuring health equity and improvement in services. However, this important workforce is often underutilised by the broader Australian health sector, not well recognised in the health care system and misunderstood by health policy makers as evidenced by the insufficient resources for the growth, development and enhancement of this workforce.

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*The importance of primary health care to improve health for Aboriginal and Torres Strait Islander people*



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NATSIHWA asserts that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners have the skills to be working across all levels of health care provision, including in prevention and health promotion, primary health care, secondary and tertiary health care, and palliative care (see Figure 1). They also participate in the delivery of allied health care interventions and support.

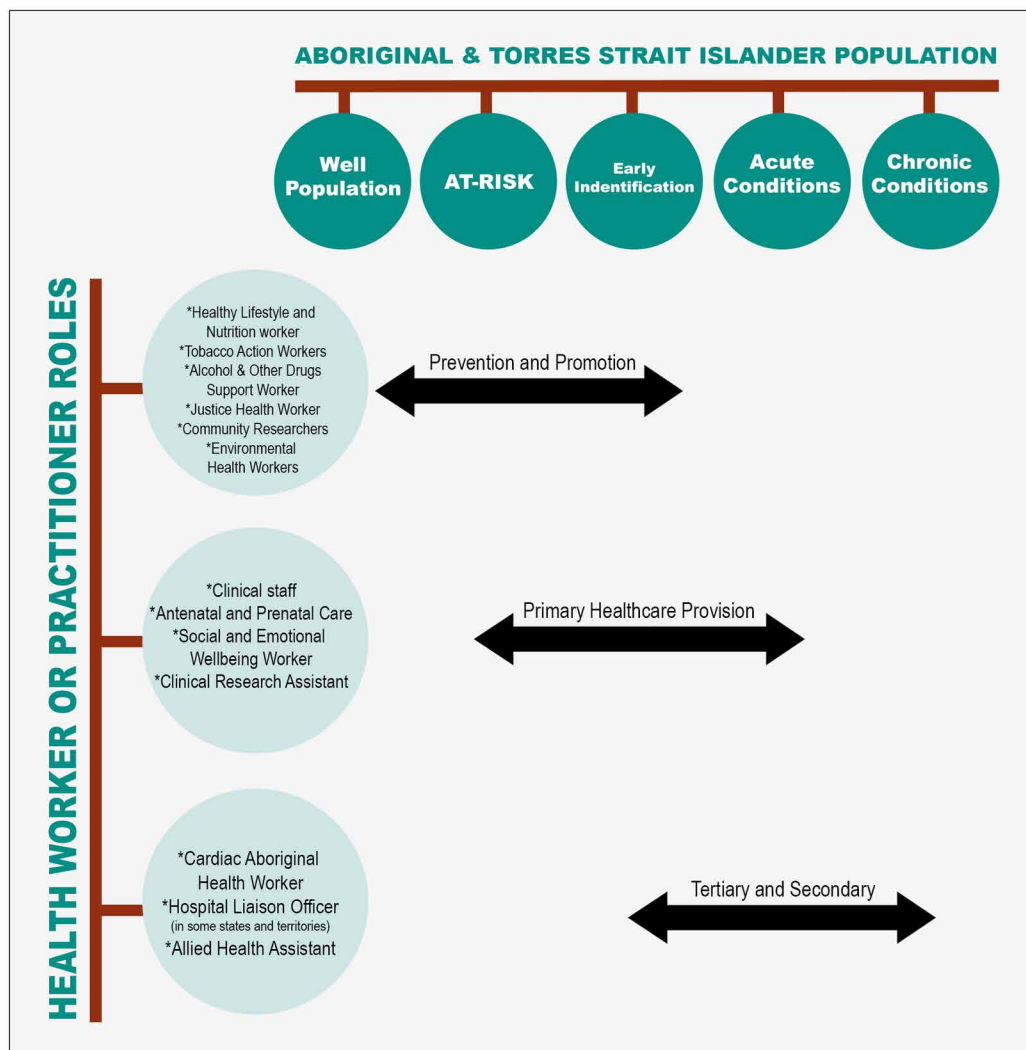
This workforce is vital to prevention and health promotion and early primary health care stages. This means that their health care provision helps to reduce clients entering acute and tertiary care.

Unlike other health professions (for example, doctors, allied health), this workforce has flexibility to move across a different health care settings. Providing a unique insight from both their experiences of the health care sector and their lived experiences of the community.

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Figure 1: Roles of Aboriginal and Torres Strait Islander Health Workers and Practitioners across the health sector







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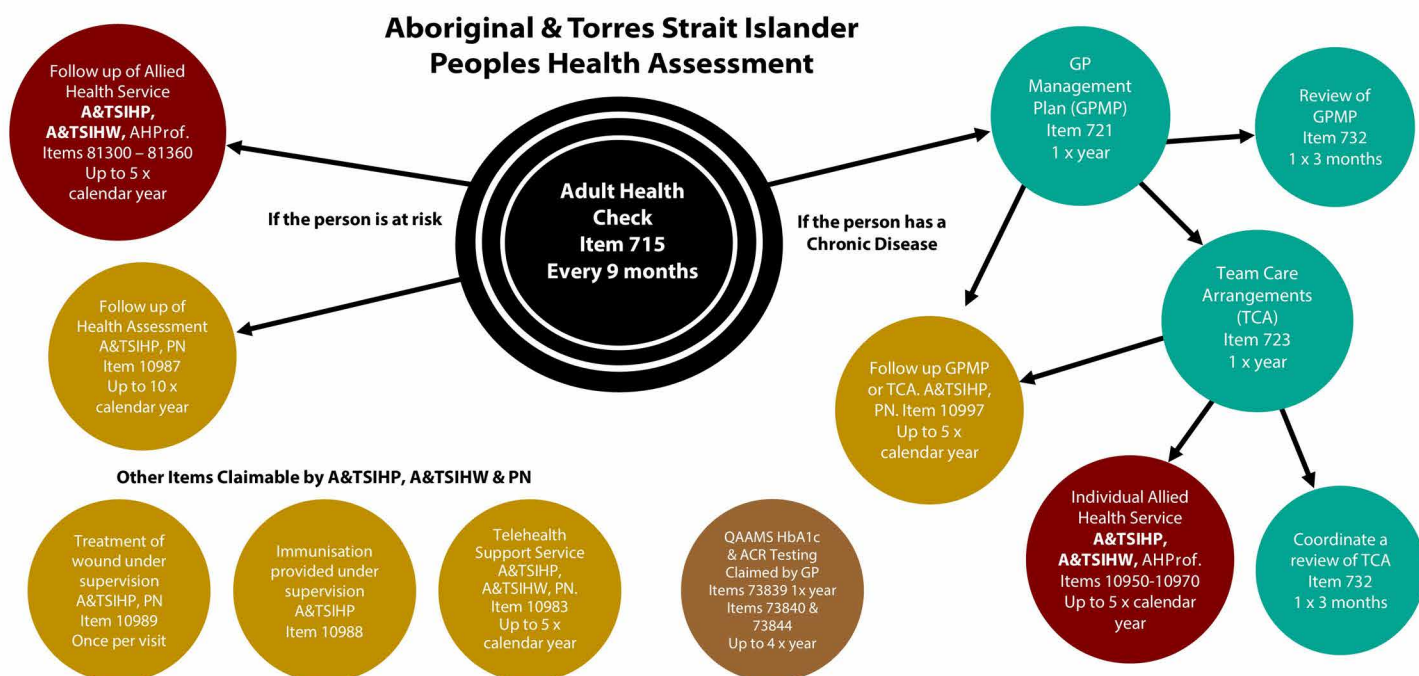
### Medicare Benefit Items in primary health care claimed by Health Practitioners and Health Workers

Aboriginal and Torres Strait Islander Health Workers and Health Practitioners with recognised qualifications (Cert III A&TSI PHC and/or Cert IV A&TSI PHC – practice) are eligible to claim Medicare Benefit Items for their services. Many of these are associated with Adult Checks (MBI 715) and follow-up chronic disease management plans, see Figure 2.

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Figure 2: Aboriginal and Torres Strait Islander Health Worker and Health Practitioner claimable Medicare Benefit Items



#### KEY

A&TSIHW – Aboriginal/Torres Strait Islander Health Worker (Cert III A&TSI PHC)  
A&TSIHP – Aboriginal/Torres Strait Islander Health Practitioner (Cert IV A&TSI PHC – Prac.)  
AHPProf – Allied Health Professional  
PN – Practice Nurse  
Calendar Year – 1 January to 31 December  
1 x year – may only be claimed once in a 12 month period



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## NATSIHWA's position

*Comprehensive approaches to primary health care are essential to improving health outcomes for Aboriginal and Torres Strait Islander people. Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are operationalising the front line in primary health care and are strong advocates for their clients and communities.*

*With increased workforce development, aligned professional development and capacity building, and greater resources for positions across the health care system, our workforce could be operationalised and more utilised to work across the spectrum of health care and in delivery of health care services.*

**Josslyn Tully, NATSIHWA Chairperson**  
**Endorsed by the NATSIHWA Board on**

**Please send any comments on this Policy Position Statement to [policy@natsihwa.org.au](mailto:policy@natsihwa.org.au).**

## References

- <sup>1</sup>Couzos, S., Murray, R. (2008). Aboriginal Primary Health Care: An evidence-based approach, Third Edition, Oxford University Press, Melbourne.
- <sup>2</sup>Wakeman, J., Humphreys, J.S., Wells, R., Kuiper, P., Jones, J.A., Entwistle, P., and Kinsman, L. (2009) Features of effective primary health care models in rural and remote Australia: a case study analysis, Medical Journal of Australia; 191 (2): 88-91.
- <sup>3</sup>World Health Organization. (1978). Declaration of Alma-Ata. International Conference on Primary Health Care (p. 3). USSR: World Health Organization.
- <sup>4</sup>Kuipers, P., Harvey, D., Lindeman, M., & Sothers, K. (2014) Aboriginal and Torres Strait Islander health practitioners in rural areas: credentialing, context and capacity building, Rural and Remote Health, 14: 2897.
- <sup>5</sup>Panaretto, K., Wenitong, M., Button, S., & Ring, I. (2014). Aboriginal community controlled health services: leading the way in primary care. Medical Journal of Australia, 11, 649-652.