



Jirntangku Miyrta, One Shield for All

The Katherine West Health Board Aboriginal Corporation

Presented By:
Joseph Cox - Chairperson

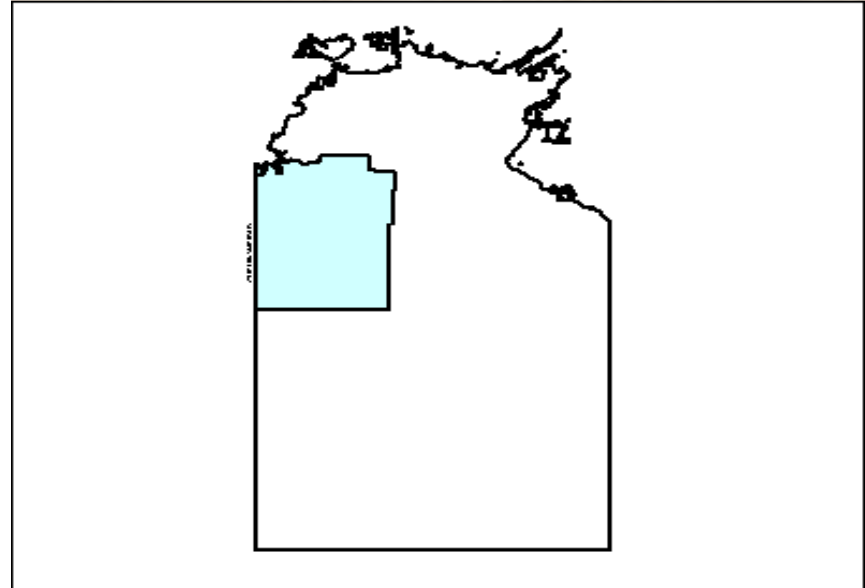
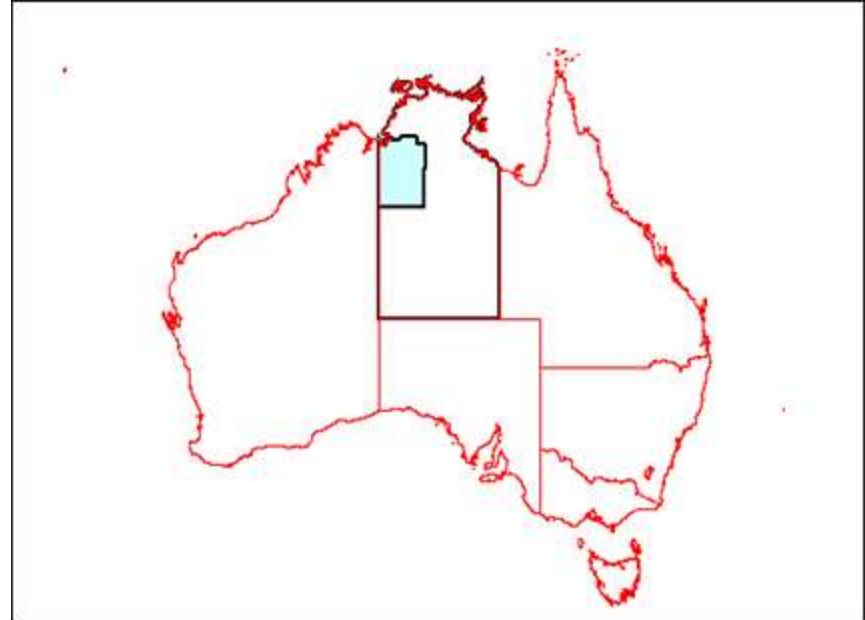
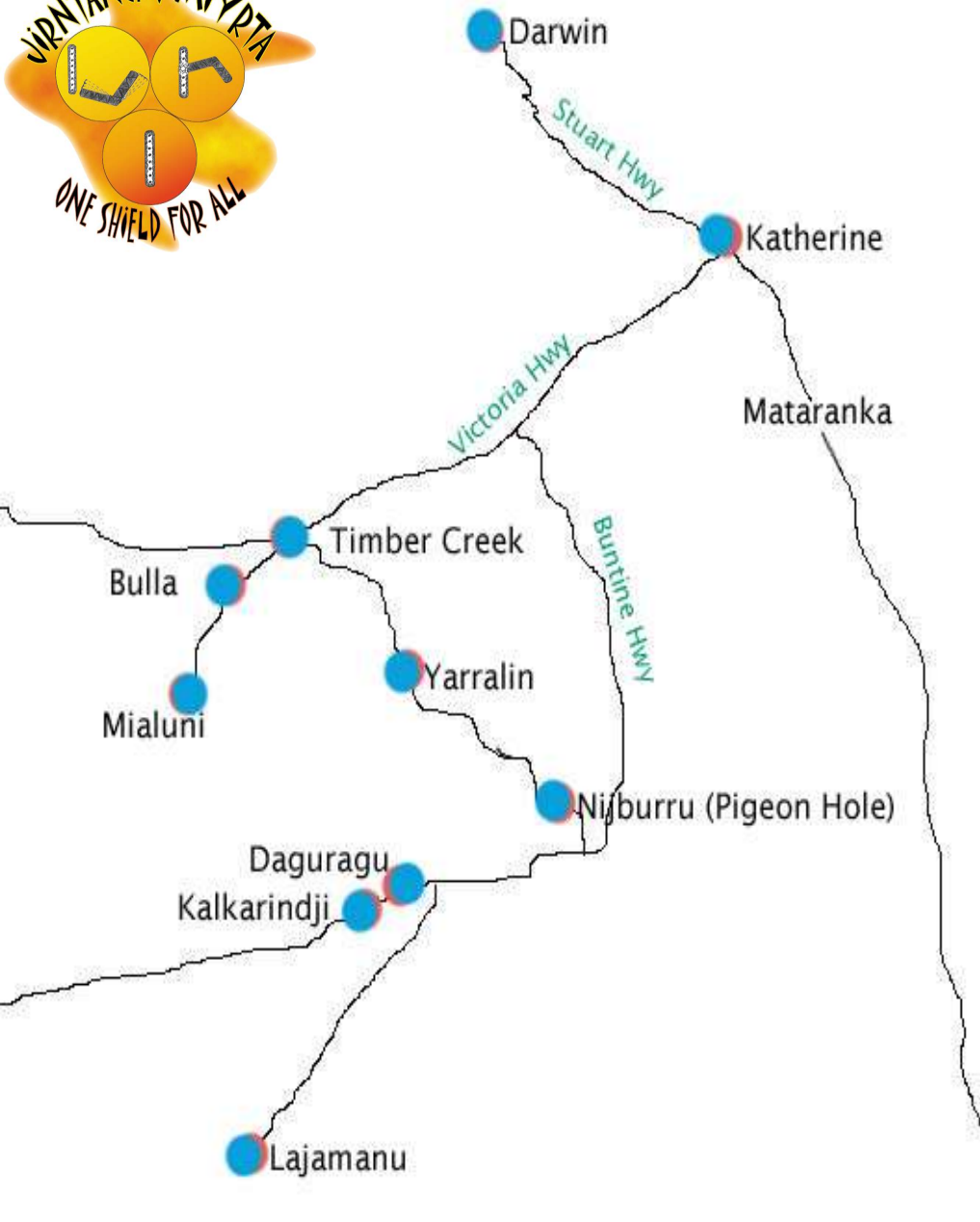
Jack Little - Honorary Board Member

Dr Andrew Bell - Primary Healthcare Director

David Lines - Community Development Manager

Sean Heffernan - Chief Executive Officer

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Regional Health Board Model

- A model for providing primary health care across a large region controlled by the community
- You can develop a health service that suits your communities, that works how you want it to work



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The boomerang represents sickness.
The shield represents the Health Centres.

*The boomerang hits the shield.
The boomerang bounces off the shield.
The shield stands protective against sickness as one*

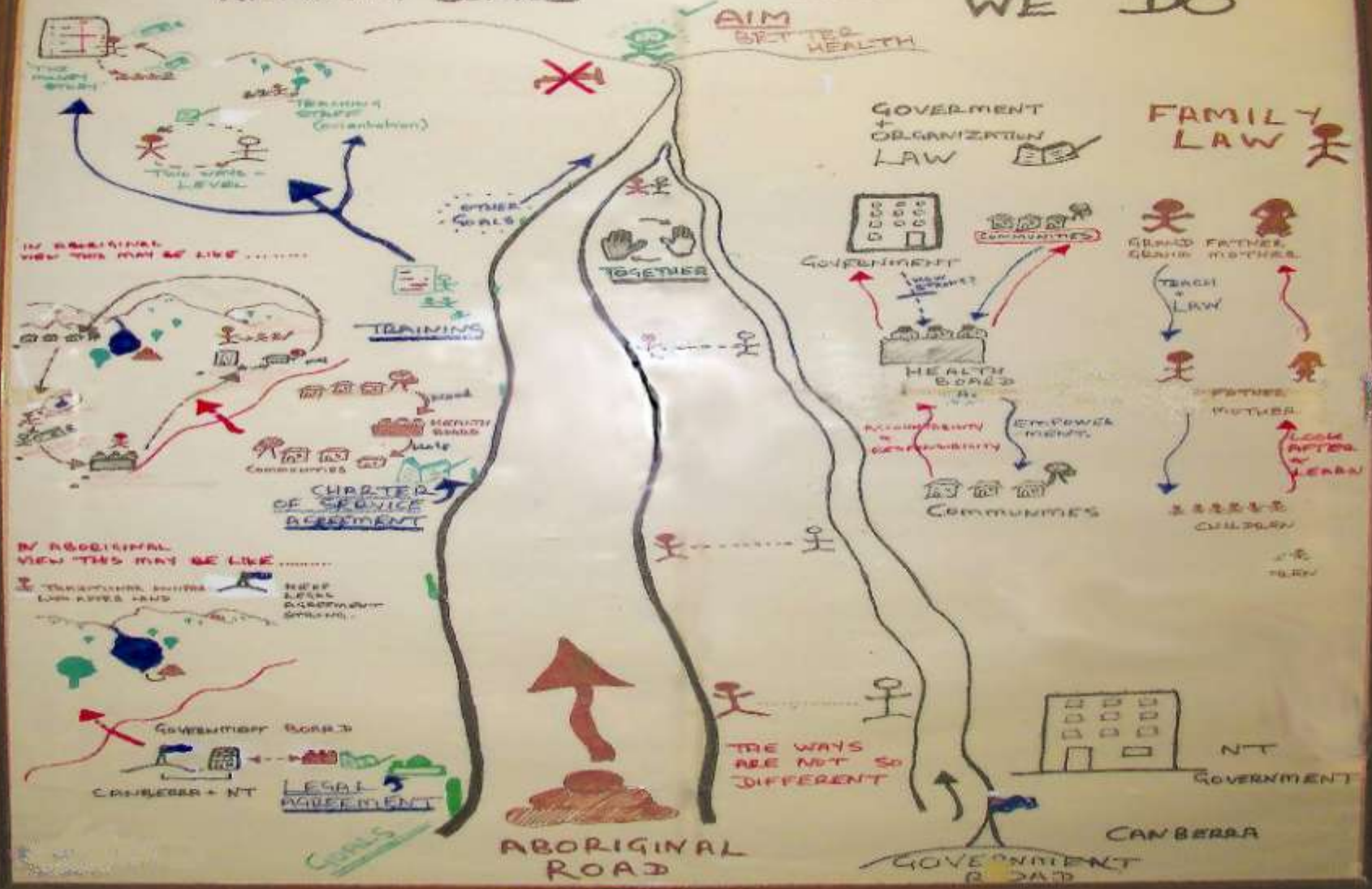
The name Jirntangku Miyrta means “One Shield for All.” This symbolizes the Katherine West Health Board philosophy that one shield is representative of all people and language groups in the Katherine West region.



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KATHERINE HEALTH BOARD

WHAT WE DO



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- Katherine West has grown up because of that commitment from Aboriginal People
- From the grass roots
- If people want their health service to work they've got to really commit them selves



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A Brief History of Katherine West Health Board

- **1995-96 – Coordinated Care Trial Proposal & Funding model**
- **1996-1998 Interim Board**
 - Proposal development
 - Community consultation
 - Governance Training
 - Health Service Planning
- **1998 Incorporated as purchasing body**
- **1999-2001 Transition to service provider**
- **2009 - 10 years of service delivery**

1999 KWHB Health Service Development Plan

- **Raise acute clinical care to a level of safety for communities and staff**
- **Develop structured population health and preventative health programs**
- **Community development and cultural integration of health service with communities**

KWHB in 2009

- **Provider and employer of primary care and population health services to whole population (3300, 90% indigenous)**
- **Ongoing success based on:**
 - **Close relationship between Board, Management team and staff & communities**
 - **Community input**
 - **Cultural oversight of management and service delivery**
 - **Secure funding**

Key Factors in Success

- **Extensive Community Consultation**
- **Realistic Core Funding / Funds Pooling model**
- **Large enough to have capacity and stability / small enough to be community focused**
- **Integrated Leadership: Board and Staff**
- **Multidisciplinary teams/Multidisciplinary management**
- **Strong Emphasis on Systems and Quality**
- **Networked Electronic Health Record and data system**

NT Expanding Primary Health Care Initiative

- **Partnership: OATSIH, AMSANT & NT DHF**
- **NT wide reform of Indigenous Primary Health Care**
- **New PHC funding / virtual funds pooling model**
- **Adjusted per capita funding formula**
- **Regional Health Services with local Steering Committees or Boards**
- **Core PHC definition / Pathways to Community Control**
- **System wide approach to CQI, Key Performance Indicators, workforce....**



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Cultural safety and listening to the community

- Open community meetings
- Ngumbin reference group
- Cross cultural communication



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Benefits of the Regional Model

- Regional model
- Quality staff and Integrated model
- Flexible model and localised solutions
- KWHB model driving reform in NT
- Greater resourcing



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