



MOORUNDI

***Aboriginal Community Controlled
Health Service Inc.***

Strategic Plan

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Introduction

Message from the Chairperson

As Chairperson of the Board I am happy to present the Moorundi Aboriginal Community Controlled Health Service Incorporated's Strategic Plan for 2017 – 2020.

The Strategic Plan will guide our Governance, activities and service direction for the next Three Years.

The Plan will be provided in a number of formats to make it accessible for anyone wanting to understand the Direction and Business of Moorundi Aboriginal Community Controlled Health Service Incorporated.

The development of an Aboriginal Community Controlled Health Service Incorporated for the Murray lands, Fleurieu and Adelaide Hills Areas has been on the Health and Community Agenda for a long period of time.

It allows Community to be at the forefront of decision making around how they want Health Services delivered to them.

This opportunity could not have happened without the dedication of many people, in particular I want to thank our past Chief Executive Officer's, Transition Managers and past Board Members for their sacrifices and commitment.

Rick Hartman

Chairperson – Moorundi Aboriginal Community Controlled Health Service

Our Organisation

Where we are now

Moorundi Aboriginal Community Controlled Health Service is an incorporated not for profit organisation, under the Associations Incorporations Act (SA) 1985, registration number A41961. Moorundi obtained its Australian Business Number in July 2013, 51885775376 and was registered for GST from 10 Mar 2015.

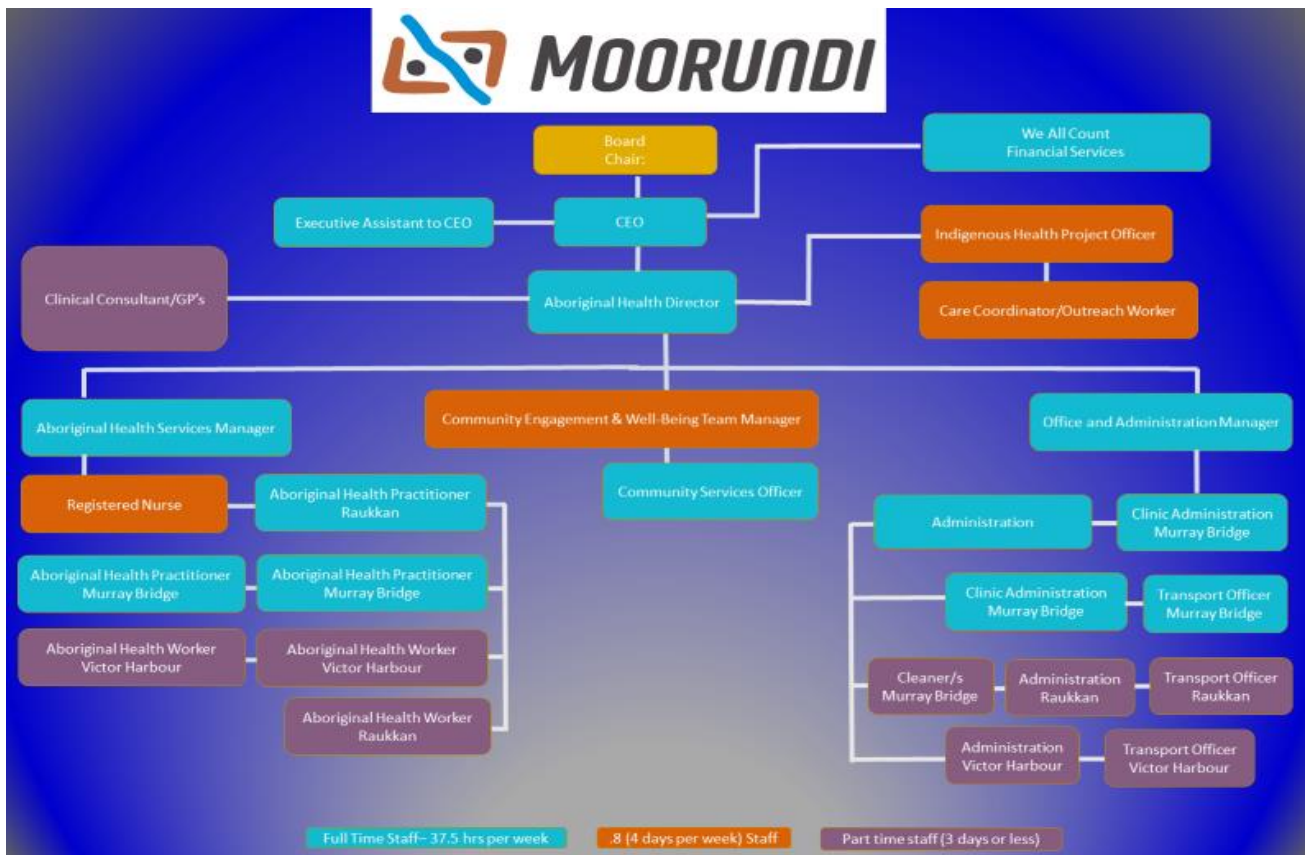
Moorundi was also registered in July 2015 as a charitable organisation with the Australian Charities and Non-Profits Commission. As such it holds the following status:

- Deductable gift recipient
- GST Tax Concessions
- Income Tax Exemption
- FBT Exemption.

Governance Structure



Organisational Structure



Locations

Office/Service Locations

Administration & Social and Emotional Wellbeing Team

2 – 4 Clara Street, Murray Bridge



Murray Bridge Wellness Centre

11A Standen Street, Murray Bridge



Raukkan Wellness Centre
Lealinyeri Road, Raukkan



Victor Harbour Wellness Centre
Victor Harbour Hospital, Cynthia Rymill Wing
56 Bay Road, Victor Harbour

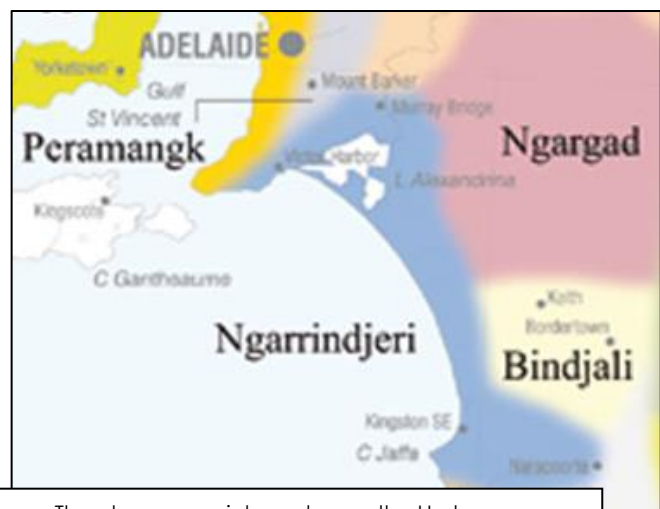


The Health Needs of Our Community

Our community incorporates all of the Ngarrindjeri Ruwe. The Ngarrindjeri (meaning The People) are a group of 18 clans (Iakinyeri) with similar language dialects and family connections and are the traditional Aboriginal people of the lower Murray River, western Fleurieu Peninsula, and Coorong.

The traditional Ngarrindjeri areas extend from Mannum downstream through Murray Bridge and Victor Harbor and along the coast through Goolwa to Cape Jervis, including Lake Alexandrina and Lake Albert, from Murray Bridge through Taillem Bend, Wellington, Meningie and the Coorong to Kingston SE.

The Moorundi Aboriginal Community Controlled Health Service Region includes the Peramangk people. The territory of the various family groups identified as Peramangk extended in a crescent



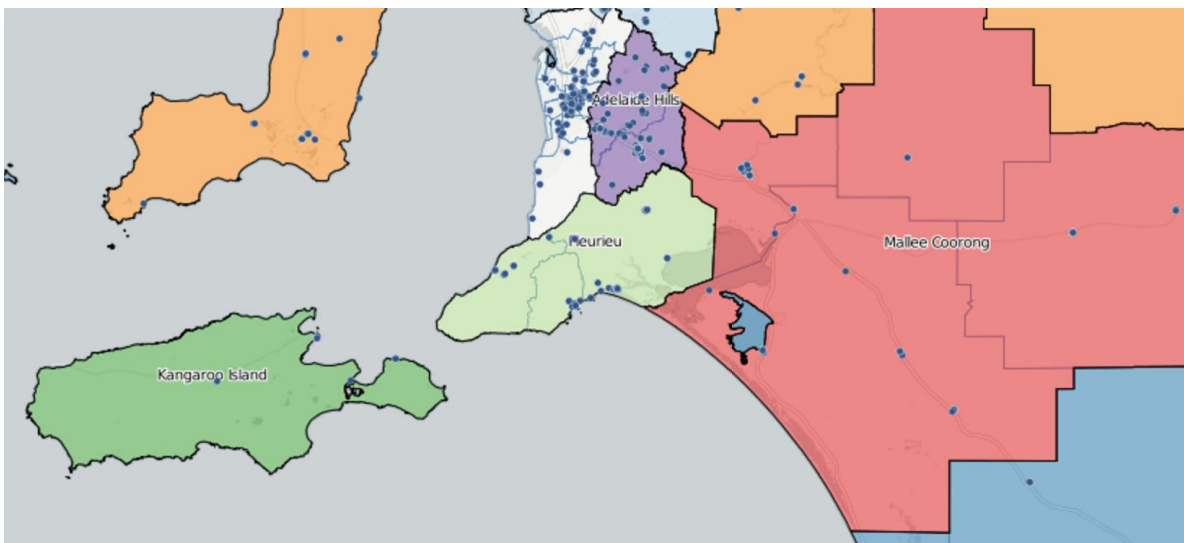
Source: The above map is based upon the Horton Indigenous Map of Australia © Aboriginal Studies Press, AIATSIS, and Auslig/Sinclair, Knight, Merz, 1996. The full map is available on the AIATSIS website.

shape from Myponga across to Currency Creek, swinging north along the western ridge line of the Mt Lofty Ranges.

Aboriginal people on Kangaroo Island describe a diverse cultural ancestry, including a Tasmanian lineage.

The forced and voluntary movement of Aboriginal people over the last 200 years has seen many non-traditional owners being welcomed into the Region to make their homes.

Our service area incorporates the Adelaide Hills, Fleurieu, Murray Mallee (Mallee/Coorong) and Kangaroo Island.



There are approximately 1827 Aboriginal and Torres Strait Islander people in our community.

| Statistical Area | 1996 | 2001 | 2006 | 2011 |
|------------------|-------------|-------------|---------------------------------|------|
| Adelaide Hills | 219 | 250 | 351 | |
| Kangaroo Island | 35 | 39 | (included in Southern Fleurieu) | 49 |
| Murray Mallee | 970 | 1113 | 1082 | |
| Fleurieu | 166 | 269 | 394 | |
| Total | 1390 | 1671 | 1827 | |

Health Services in the area include:

| Service Type | Adelaide Hills | Fleurieu | Kangaroo Island | Murray Mallee |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-----------------|---------------|
| General Practices | 24 | 11 | 1 | 7 |
| General Practice Outreach | 1 | 1 | 0 | 10 |
| General Practitioners | 92 | 60 | 6 | 33 |
| Nurses | 29 | 45 | 11 | 18 |
| Public Hospitals | 2 | 2 | 1 | 7 |
| Private Hospitals | 1 | 1 | 0 | 0 |
| Community Health Services | 1 | 3 | 1 | 9 |
| Visiting Specialists | 22 | 35 | 1 | 32 |
| Aged care facilities | 14 | 12 | 3 | 17 |
| Allied Health Service Providers | 168 | 155 | 20 | 48 |
| Immunisation Providers | 20 | 15 | 2 | 17 |
| Dental Services | 20 | 11 | 2 | 11 |
| Mental Health Services | 24 | 23 | 5 | 14 |
| Pharmacies | 18 | 16 | 1 | 15 |
| Aboriginal Community Controlled Health Organisations | Moorundi Aboriginal Community Controlled Health Service General Practice Clinics are yet to be operational. | | | |
| Aboriginal Services | 0 | 0 | 0 | 6 |

With all of these services there are very little Aboriginal and Torres Strait Islander people accessing them, or if they do access them, are not responded within a holistic framework. There are still people in our community who are dying from preventable and treatable diseases.

There are a myriad of reasons of why this would be, however, they are all connected to one aspect. Health provided by these services are not viewed in a holistic context. That is, Culture is at the centre of our health. Mainstream services currently do not respond to our cultural needs and beliefs and therefore cannot respond effectively to our health.



Health is not viewed in a wellbeing platform, it is viewed in an illness platform. As such the solutions are not a focus, but the problem.

Overview of the Strategic Plan

Our Mission: Taking control to holistically improve the health of our community from a cultural perspective

Our Values:

Culture, community and Yarlular Ruwe are at the forefront of everything we do. This incorporates being:

- Welcoming and inclusive
- Respectful
- Understanding and Non-judgemental
- Trust and Honesty
- Proud of who we are

Our Vision for the Future

Our lands, our waters, our people, all living things are connected, we long for the health of our ancestors to guide us in providing a focal point for all to connect to holistic and integrated health services

Bringing Community Together

- **Objective 1.1.**
Develop and Implement a Community Engagement Framework, inclusive of all Aboriginal and Torres Strait Islander people living and visiting Ngarrindjeri Ruwe

Quality, integrated and holistic health services

- **Objective 2.1.**
Develop a culturally oriented model of care ensuring adherence to accreditation and other standards
- **Objective 2.2.**
Develop a framework which integrates clinical care into social and emotional wellbeing principles
- **Objective 2.3.**
Implement the integrated and culture centric model of care

Growth Partnerships and Opportunities

- **Objective 3.1.**
Moorundi grows as an organisation to deliver quality integrated and holistic services
- **Objective 3.2.**
Moorundi becomes a leader in Aboriginal Health on Ngarrindjeri Ruwe
- **Objective 3.3.**
Moorundi is best placed to take advantage of financial opportunities to achieve financial sustainability

Our Mission

Taking control to holistically improve the health of our community from a cultural perspective.

Our mission speaks to how we want our health services to be delivered and why.

Within this mission we share how we view our health, in that central to our health is our culture. There are three key interconnected ways of being for the Ngarrindjeri people. Our Ruwe (Land), Our Culture and Our Community. They cannot be separated.

For Moorundi, holistic health includes looking at all aspects of health, in all life stages. We must look at the Spiritual, the Cultural, the Social, the Emotional, the Mental, the Physical. Health is not viewed in an illness framework like most health services we find in Australia. It is view from a wellbeing framework. Rather than focusing on curing illness, we focus on being healthy, whereby treating and curing illness is one part of the overall concept of health.

We want to be able to take control of our own health, we want to see services delivered how we would like them delivered, in that they respond to all our health needs and not just one aspect of health or one disease we may have. Only in this way will we see an improvement in the health of our community, which is the purpose of Moorundi, to improve the health and wellbeing of our community on our Ruwe with respect to our culture.

Our Values

Culture, community and Yarlular Ruwe are at the forefront of everything we do. This incorporates being:

- Welcoming and inclusive
- Respectful
- Understanding and Non-judgemental
- Trust and Honesty
- Proud of who we are

The Ngarrindjeri philosophy starts with Culture, Community and Ruwe. This means that we will be:

Welcoming and Inclusive

Making sure that every person who walks through the door to get health services feels like they belong and are connected with their community and with their health service.

Ngarrindjeri Ruwe has many Aboriginal and Torres Strait Islander language groups who live work and have families. All are welcomed at Moorundi, as are Non-Aboriginal people with Ngarrindjeri or other Aboriginal and Torre Strait Islander families.

Respectful

We will show respect to everyone, no matter who you are, no matter where you come from, and no matter what concerns you may have. Every person has the basic human right to being respected as a person. In return we will ask for respect to be shown to us.

Understanding and Non-Judgemental

Moorundi as an organisation and individuals within it will always seek to understand our clients and families. We will not judge people based on their situation or any health care need and we will work to dispel stigma associated with their situation.

Trust and Honesty

We will be honest with our communications, we will not mislead, misinform, misdirect or pass the buck. We will work to gain your trust to deliver the health service that you expect and treat it with the utmost respect and concern. We will treat your confidential information with the utmost care and ensure we adhere to the National Privacy Principles.

Proud of who we are

We are part of the Ngarrindjeri community and we are proud of our Ngarrindjeri heritage. We will take pride in everything that we do and always work to deliver our service to the highest quality standard that our community expects from us.

Our Vision

Our lands, our waters, our people, all living things are connected, we long for the health of our ancestors to guide us in providing a focal point for all to connect to holistic and integrated health services

The vision for Moorundi Aboriginal Community Controlled Health Service vision is based on who we are and where we want to be. Moorundi is not separate to the community, we are a part of the community and as such we have responsibilities to our culture and our lands. We are proudly Ngarrindjeri, and we have a responsibility to provide a safe place and space for our community to engage in health services that meet their needs. We envision providing that safe place of healing, in being a focal point for people to access health services that incorporates the Spiritual, the Cultural, the Social, the Emotional, the Mental and the Physical. That this safe space of healing focuses on wellbeing, including preventative health measures not only on clinical care.

Our Goals

Bringing Community Together

Our first goal which is central to all the other goals is bringing community together. We cannot deliver health services merely from a clinical care perspective. The health of our community depends on the health of our culture which depends on the health of our lands. When our culture is not well, then our community is not well. We are strong when we are together and not well when we are disconnected.

Ensuring that we, as part of our community, are focused on the health and wellbeing of our community and our culture will ensure improved health outcomes for all Aboriginal and Torres Strait Islander people on Ngarrindjeri Ruwe.

Quality, integrated and holistic health services

Our second goal is to deliver quality, integrated and holistic health services to ensure an improvement in the health outcomes for all Aboriginal and Torres Strait Islander people on Ngarrindjeri Ruwe.

Quality means that we will deliver services to the expectations of all industry service standards and to our own standards and the standards expected by the community.

Integrated means that we will work with and connect to the health and support services available on Ngarrindjeri Ruwe to ensure that we ascertain the best services available for our people.

Holistic means that we will listen to what our clients say about their overall health, their situation and their environment and look at different ways to achieve better health which encompasses health determinants.

Growth, Partnerships and Opportunity

Our third goal is to grow our organisation, our service and our infrastructure to support the two ambitious goals of Bringing Community Together and Quality, integrated and holistic health services. Currently, Moorundi is a newly established organisation with minimal service delivery. In order to reach these goals, and to improve the health outcomes for all Aboriginal and Torres Strait Islander people on Ngarrindjeri Ruwe we need to grow and expand. Expand in service provision, grow our organisations capacity and ensure we have the right infrastructure to deliver these services. We recognise we cannot do this alone, and so, we need to establish long lasting and trusting relationships with our partners. We also need to be prepared and responsive to opportunities that present.

Our Objectives and Strategies

Our Objectives are linked with our goals and our actions or strategies are objective bound. In order to deliver our goals the following overall objectives and our specific strategies will drive our success.

Goal 1. Bringing Community Together

Objective 1.1. Develop and Implement a Community Engagement Framework, inclusive of all Aboriginal and Torres Strait Islander people living and visiting Ngarrindjeri Ruwe

- Strategy 1.1.1. Develop an engagement policy by 30 June 2017
- Strategy 1.1.2. Complete a Community Event Calendar by 30 June 2017
- Strategy 1.1.3. Implement the engagement policy by 30 June 2018
- Strategy 1.1.4. Identify funding for Community Events by 30 June 2018
- Strategy 1.1.5. Develop and participate in a bi-annual cultural event by 30 June 2019
- Strategy 1.1.6. Participate in and/or develop the following events annually:
 - Health Fair
 - CTG DAY
 - Reconciliation Week
 - NAIDOC Week
 - Sorry Day
 - Netball and Football Carnivals

Goal 2. Quality, integrated and holistic health services

Objective 2.1. Develop a culturally oriented model of care ensuring adherence to accreditation and other standards

- Strategy 2.1.1. Develop a service model which incorporates culture in clinical service delivery by June 2017
- Strategy 2.1.2. Engage the community into the development of the model of care by December 2017
- Strategy 2.1.3. Identify financial options and sustainability opportunities to support the model by June 2018
- Strategy 2.1.4. Develop and implement policies procedures and practices which incorporate evidence based best practice, standards and continual quality improvement cycles by December 2017
- Strategy 2.1.5. Develop and implement a monitoring system which is based on the National Aboriginal and Torres Strait Islander Health Performance

Framework by June 2018 and deliver to the Board of Management every quarter.

Strategy 2.1.6. Develop and implement a communications plan by September 2017

Objective 2.2. Develop a framework which integrates clinical care into social and emotional wellbeing principles and incorporates:

- Client centred service provision
- Whole of life situations and life stages
- Mindful of the Spiritual, Mental, Cultural, Physical, Emotional and Social and
- Incorporates other service providers.

Strategy 2.2.1. Develop a service map by September 2017

Strategy 2.2.2. Complete client pathway mapping and incorporate clinical care provision based on a 715 Preventative Health Assessment for Aboriginal and Torres Strait Islander peoples by June 2018

Strategy 2.2.3. Develop a service network which includes referral pathways to ensure the holistic service provision, using the client pathway mapping as the basis, ensure there is a mechanism for follow-up, reporting back and follow-up plans by June 2019

Objective 2.3. Implement the integrated and culture centric model of care

Strategy 2.3.1. Make standards and practices available to all staff by June 2018

Strategy 2.3.2. Incorporate the details of the model of care into staff job descriptions by June 2018.

Strategy 2.3.3. Implement financial systems, funding, and budget forecasts at June 2017, June 2018, June 2019, June 2020, June 2021, June 2022.

Strategy 2.3.4. Ensure a continual quality improvement process is implemented by June 2018

Strategy 2.3.5. Undergo health clinic accreditation process by June 2018.

Strategy 2.3.6. Deliver services as according to the model of care by June 2018

Strategy 2.3.7. Evaluate the model by June 2020 to determine any service improvement changes required.

Strategy 2.3.8. Implement Board of Management Approved Evaluation Recommendations

Strategy 2.3.9. Evaluate the model by June 2222 to evaluate the success of the service model in achieving the vision of the Board of Management.

Goal 3. Growth Partnerships and Opportunities

Objective 3.1. Moorundi grows as an organisation to deliver quality holistic and integrated services

Strategy 3.1.1. Grow services to ensure holistic service provision by 2022.

These services are to include:

- Social and Emotional Wellbeing and Mental Health
- Clinical General Practice Services
- Preventative Health Measures including lifestyle programs (E.g. Nutrition, Smoking, Physical Activity, Health Promotion and Education)
- Alcohol and Other Drugs
- Allied Health Services
 - Sexual Health
 - Dental Health
 - Eye Health
 - Ear Health
- Pharmacy Services, QUMAX and Medication Management
- Mothers and Babies
 - Antenatal Care
 - Antenatal Education and Support Services
 - Postnatal Support Services
- Children and Family
 - Immunisation
 - Development and Parenting Classes
 - Working with families around Child Protection Issues
- Young people
 - Suicide prevention
 - Health Education
- Elders
 - Healthy Ageing
 - Aged Care
 - Cultural and Social Support
- Chronic Disease Management
 - Cancer
 - Respiratory
 - Diabetes
 - Kidney Disease
 - Cardiovascular Disease
 - Musculoskeletal

Strategy 3.1.2. Develop and implement a workforce development plan by 2018 and update annually.

Strategy 3.1.3. Ensure all current and future facilities meet service and quality standards by 2020

Strategy 3.1.4. Ensure a purpose-built facility in Murray Bridge is scoped and costed with options assessed against available facilities by 2018, and are built according to health and building standards by 2020.

Objective 3.2. Moorundi becomes a leader in Aboriginal Health on Ngarrindjeri Ruwe by June 2022

Strategy 3.2.1. Establish and lead an Aboriginal Health and Support Service Network by June 2018

Strategy 3.2.2. All medical and health research conducted on Ngarrindjeri Ruwe is completed in partnership with Moorundi by June 2020, whereby:

- Accountability for research is clearly defined and there is a process of outcomes of research
- Moorundi owns the information produced and
- People from our community are to be upskilled to deliver research

Strategy 3.2.3. Formal Partnerships are established to deliver health services to Aboriginal people on Ngarrindjeri Ruwe each financial year. This includes partnerships with:

- The Australian Government
- The Government of South Australia
- Other Non-Government Organisations
- Other service providers, including General Practitioners and Allied Health Professionals.

Objective 3.3. Moorundi is best placed to take advantage of financial opportunities to achieve financial sustainability

Strategy 3.3.1. Identify funding opportunities and or undertake fundraising events to grow Moorundi services on an annual basis.

Strategy 3.3.2. A process is completed to include financial modelling on all new projects programs and services by June 2018.

Strategy 3.3.3. Financial modelling on MBS Billing is completed by June 2018.

Our Performance

Monitoring of this Strategic Plan will be completed by the Board of Management. The CEO will complete performance reporting every three months on progress through CEO Reports.

A performance framework to support the plan based on the National Aboriginal Health and Torres Strait Islander Health Performance Framework will be completed as part of the Plan's progress as baseline data systems have yet to be established.

It will include the National Minimum Dataset Aboriginal Community Controlled Health Organisation's Primary Health Care indicators:

| nKPI | Indicator |
|--------|----------------------------------------------------------|
| PI01 | Birthweight recorded |
| PI02 | Birthweight result (low, normal or high) |
| PI03 | Health assessment (MBS item 715) |
| PI04 | Fully immunised children |
| PI05 | HbA1c test recorded (clients with type 2 diabetes) |
| PI06 | HbA1c result (clients with type 2 diabetes) |
| PI07 | GP Management Plan (MBS item 721) |
| PI08 | Team Care Arrangement (MBS item 723) |
| PI09 | Smoking status recorded |
| PI10 | Smoking status result |
| PI11 | Smoking status results of women who gave birth |
| PI12 | BMI (overweight or obese) |
| PI13 | First antenatal care visit |
| PI14 | Influenza immunisation (aged 50 and over) |
| PI15 | Influenza immunisation (type 2 diabetes or COPD clients) |
| PI16 | Alcohol consumption recorded |
| PI17** | Alcohol consumption result |

| nKPI | Indicator |
|---------|---------------------------------------------------------------------------------|
| PI18 | Kidney function test recorded (type 2 diabetes or CVD clients) |
| PI19 | eGFR and ACR results |
| PI20* | Necessary risk factors assessed to enable cardiovascular risk assessment |
| PI21 ** | Absolute cardiovascular risk assessment result |
| PI22 | Cervical screening recorded |
| PI23 | Blood pressure recorded (clients with type 2 diabetes) |
| PI24 | Blood pressure less than or equal to 130/80 mmHg (clients with type 2 diabetes) |