

## Developing locally specific 'wellbeing models' for Aboriginal and Torres Strait Islander peoples living with chronic disease

**Carol Davy<sup>1</sup>, Maida Stewart<sup>2</sup>, Margaret O'Brien<sup>2</sup>**

<sup>1</sup>Sahmri; <sup>2</sup>Danila Dilba Health Services

The Wellbeing Study Team (in alphabetical order): Timena Ahmat, Gary Brahim, Alex Brown, Carol Davy, Anna Dowling, Shaun Jacobson, Tania Kelly, Kaylene Kemp, Elaine Kite, Fiona Mitchell, Tina Newman, Margaret O'Brien, Jason Pitt, Bernadette Rickards, Kesha Roesch, Christine Saddler, Leda Sivak, Maida Stewart, Tiana Thomas

Access to appropriate, affordable and acceptable comprehensive primary health care is critical for preventing and managing chronic disease. Yet the obstacles faced by Aboriginal and Torres Strait Islander peoples attempting to access primary health care services are many. While appropriate infrastructure, sufficient funding and knowledgeable health care professionals are crucial, these elements alone will not lead to accessible primary health care services for all Aboriginal and Torres Strait Islander peoples.

Re-defining the way in which care is delivered in order to reflect Aboriginal and Torres Strait Islander peoples' needs and values is essential for improving the accessibility and acceptability of primary health care services. Chronic care models that are currently in use within primary health care settings, however, do not generally focus on important roles of culture, spirituality, Country and family in maintaining health and wellbeing.

Developed by and for Aboriginal and Torres Strait Islander peoples, the Wellbeing Framework aims to assist primary health care services to improve the quality of life and quality of care, as well as the health outcomes, for Aboriginal and Torres Strait Islander peoples living with chronic conditions. The Wellbeing Framework consists of two *core values* that are fundamental to the provision of care for Aboriginal and Torres Strait Islander peoples. It also sets out four *essential elements* that can assist primary health care services to support the wellbeing of Aboriginal and Torres Strait Islander peoples living with chronic disease. Every element is supported by *four principles*. Underpinning each principle is a number of practical and measurable *applications* that suggest ways in which the principle could be applied.

This presentation will provide unique insights into how the Wellbeing Framework was developed and will reflect on the value of two-way learning within collaborative research projects. It will also discuss how primary health care services will, in collaboration with their own communities and clients, be able to adapt the core values, elements, principles and applications of the Wellbeing Framework into locally relevant Wellbeing Models to support the wellbeing of individuals, families and communities in the context of chronic disease. The presentation will conclude with a discussion of ways in which the Wellbeing Framework can already be applied to chronic disease policy and practice.