Corporate and community: strengthening governance in the Aboriginal community controlled health sector

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Introduction: The first Aboriginal Community Controlled Health Service (ACCHS) was established over 40 years ago in response to the urgent need to provide appropriate, accessible primary health care services for Aboriginal and Torres Strait Islander people in Sydney.

Despite the various changes of government and levels of support, the number of ACCHSs has grown to over 150 located in urban, regional, rural and remote regions across Australia.

Many ACCHSs are now large million-dollar multi-service organisations that have adapted with the growing demands and external changes in the Australia health care system.

The current national health reform agenda and the regulatory reforms to the not-for-profit sector impact significantly on the governance structures and ways that ACCH services do business.

ACCHs are in the unique position of complying with stringent regulations and accountabilities (corporate governance), while also fulfilling community obligations imbedded in the NACCHO philosophy of ‘Aboriginal community control’ (community governance).

Opportunities to reform, coordinate and strengthen the ACCH sector are being presented, with the longer term vision of self-regulation having the political support of the current Minister for Indigenous Health, Warren Snowdon MP.

The NACCHO Governance and Member Support (GMS) Initiative was established in 2012 to extend the capacity and support for ACCH services to achieve and maintain good practice in governance.

A Sector Governance Network (SGN) was established, comprising representation from each state and territory affiliate. This ensures consultation, ownership and standards are culturally appropriate, driven by the members, and sustainable.

GMS support functions are administered by each state and territory affiliate, focusing on a strengths-based, preventative approach.

For the first time, the ACCH sector has endorsed a national sector standard for good governance. The NACCHO National Principles and Guidelines for Good Governance draws on existing corporate governance standards and includes elements for community governance. This is the benchmark on which the ACCH sector will measure, monitor and grow.

In addition, work is under way on sourcing:
• governance training and development programs
• preferred providers of business support services
• resources, tools and infrastructure that are compliant with the range of accreditation and reporting accountabilities of ACCHSs.

**Conclusion:** There is extensive international evidence that community control and governance has a beneficial effect on health. The opportunity costs of prevention and self-regulation outweigh the financial and social consequences of government intervention and administration. Investment in health also needs to focus on supporting reform of systems in changing environments.